	Form	990-T	E	Exempt Organization Bus	ine	ss Incom	e T	ax Retu	rn	OMB No 1545-0047
				(and proxy tax unde				1912		2040
			For cal	lendar year 2019 or other tax year beginning		, and ending	. —	1110		2019
		ment of the Treasury if Revenue Service	•	► Go to www.irs.gov/Form990T for ins Do not enter SSN numbers on this form as it may	be ma	de public if your o	rganiza			Open to Public Inspection for 501(c)(3) Organizations Only
	A L	Check box if address changed		Name of organization (Check box if name ch	nanged	and see instruction	ns.)		(Em	ployer identification number ployees' trust, see ructions)
	B Ex	cempt under section	Print	CENTER FOR NONPROFIT A	DVA	NCEMENT			5	52-1139669
	X	_ ' ' ' ' '	or	Number, street, and room or suite no. If a P.O. box	, see ir	istructions.				elated business activity code instructions)
		408(e) 220(e)	Туре	1666 K STREET, NW, NO.						,
		408A530(a)		City or town, state or province, country, and ZIP or	foreig	n postal code				
		529(a)	L	WASHINGTON, DC 20006					541	L800
	C at e	ok value of all assets and of year	0.1	()		E04(a) 4		T 1404	(=\ 4===A	Dilhan Anna
	H En	394,1		G Check organization type X 501(c) corpution's unrelated trades or businesses.	oratior				(a) trust	Other trust
		de or business here	-		-			he only (or first) complete Parts I-		
				ice at the end of the previous sentence, complete Par	rts I an					
		siness, then complete		-	160 1 611	a ii, complete a co	iioddio	iii ioi cuon uodii	ionai wac	10 01
				poration a subsidiary in an affiliated group or a parent	t-subs	idiary controlled gro	oup?	•	Y	es X No
	lf "	Yes," enter the name a	ınd ident	tifying number of the parent corporation.						
				GLEN O'GILVIE			relepho	ne number 🕨	(202	2)457-0540
	Pa	rt I Unrelate	d Trac	de or Business Income		(A) Income		(B) Expen	ses	(C) Net
		Gross receipts or sale		·····						
		Less returns and allow		c Balance ▶	1c					
		Cost of goods sold (S			2		-			
		Gross profit. Subtract			3		\dashv	• • •		
	4 a	Capital gain net incon	4707 D	landining (%) (3 faction of the control of the cont	4a 4b		\dashv		_	1
	C	Canital loss deduction	が説ye rr eurinni r	sisived US Bank of Start	4c	······································			/	
	5	Income (loss) from a	partners	ship or ap Scorporation (attach statement)	5					
		Rent income (Schedu		MOV 2 3 2028	6					<u> </u>
		Unrelated debt-financ		me (Schedule E)	7			/.		
	8			nd rents from a controlled organization (Schedule F)	8		A	·		
認	9			on 501(e)(3)(@), or (fill) organization (Schedule G)	9		_			
9	. •	Explorted exempt acti			10		-		200	40 200
ö		Advertising income (S			11	/53,70	90.	5,	302.	48,398.
_		Other income (See in: Total. Combine lines		· ·	12	53,70	00.	5	302.	48 398
ヨ	Pa			ot Taken Elsewhere (See instructions for					502	48,398.
Ω				be directly connected with the unrelated busin			,			
SCANNED	14	Compensation of off	icers, di	rectors, and trustees (Schedule K)					14	
Ź	15	Salaries and wages				. 0 (•		15	
S	16	Repairs and mainten	ance		+ '	11102		•	16	
Ś	17	Bad debts			· f	11420			17	
	18	Interest (attach sche	dule) (s	ee instructions)	l	-			18	
	19 20	Taxes and licenses Depreciation (attach	Earm 46			20	_		19	
	20 21			n Schedule A and elsewhere on return		21a	 	· · · · · · · · · · · · · · · · · · ·	21b	-
	22	Depletion	ان ماراند /	n ochequie A and elsewhere on return		218			22	
	23	Contributions to defe	erred co	mpensation plans					23	
	24	Employee benefit pr	-						24	1
	25	Excess exempt expe	nses (So			-		•	25	
	26	Excess readership c	-	•					26	44,338.
	27	Other deductions (at				SEE ST	PATI	EMENT 1	27	1,100.
	28	Total deductions. A						••	28	45,438.
	29			ncome before net operating loss deduction. Subtract				•	29	2,960.
	30	Deduction for net op (see instructions)	erating I	loss arising in tax years beginning on or after Januar	y 1,2() 10			30	0.
ئر	31		axahle ii	ncome. Subtract line 30 from line 29					31	2,960.
			_	rwork Reduction Act Notice, see instructions.		···		<u> </u>	<u> </u>	Form 990-T (2019)
			•					J	()	` '

U	Tax uct	Joshed Willia Orill Good			310			1		
d	Foreign	organizations: Tax paid or withheld at soi	urce (see instructions)		5 1 d		7 1			
е	Backup	withholding (see instructions)			51e		7 1			
f	Credit f	or small employer health insurance premi	ums (attach Form 8941)		51f		7 1		_	
g	Other c	redits, adjustments, and payments:	Form 2439				7			
·	☐ Fo	orm 4136	Other	Total >	- 51 <mark>0</mark>		11			
52	Total p	ayments. Add lines 51a through 51g						3	,52	23.
53	Estimat	ted tax penalty (see instructions). Check if	Form 2220 is attached				53	1		
54	Tax du	e. If line 52 is less than the total of lines 49), 50, and 53, enter amount ow	ed		•	54			
55	Overpa	yment. If line 52 is larger than the total of	lines 49, 50, and 53, enter amo	ount overpaid .		10>	55	3	,11	11.
56	Enter th	ne amount of line 55 you want: Credited to	2020 estimated tax	3	,111. F	Refunded >	56			0.
ar	: VI :	Statements Regarding Certa	ain Activities and Oth	er Informa	tion (see instr	ructions)				
57	At any t	time during the 2019 calendar year, did the	e organization have an interest i	ın or a sıgnature	or other authorit	У		1	/es	No
	over a f	financial account (bank, securities, or othe	r) in a foreign country? If "Yes,"	the organization	may have to file	!				
	FinCEN	Form 114, Report of Foreign Bank and Fir	nancial Accounts. If "Yes," enter	the name of the	foreign country					
	here	>						į-		$\overline{\mathbf{x}}$
58	During	the tax year, did the organization receive a	distribution from, or was it the	grantor of, or tra	ansferor to, a for	eign trust?			\neg	X
	If "Yes,"	see instructions for other forms the organ	nization may have to file.						\neg	$\overline{}$
59	Enter th	ne amount of tax-exempt interest received	or accrued during the tax year	▶ \$					i	
		nder per alties of perjury, I declare that I have example to a declaration of preparer (other	nined this return, including accompa-	nying schedules an	d statements, and t	o the best of my kr	owledge a	and belief, it is tru	ie,	
ign	"	offection complete Declaration of preparer (other	t triair taxpayer) is based on air intorn	nation of which prej	Dater Has ally Kilow	_	May the IS	RS discuss this re	turn w	uth
ere		Menen de livre	1113/2020	CEO			•	er shown below (
		Signature of officer	Date	Title			nstruction	ns)? X Yes		No
		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PT	IN		
aic	i		On it	U.		self- employe				
	- oarer	JENNIFER S. HAN) WANTER	1 cary	1/13/20		P	006333	04	
	Only		LLC			Firm's EIN	>			
	 ,	1020 19T	H STREET NW, S	SUITE 80	0					
		Firm's address > WASHINGT	ON, DC 20036			Phone no.	(202	2) 293-		
3711	01-27-20							Form 990)- T (2	2019)
							_			

7

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation ► N/A					_
1 Inventory at beginning of year	1 1		_	Inventory at end of yea	r		6		_
2 Purchases	2		7	Cost of goods sold. Su	ibtract l	ine 6			_
3 Cost of labor	3		7	from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs		·	7	line 2			7		
(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	cquired	for resale) apply to			1
5 Total. Add lines 1 through 4b	5			the organization?					_
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	rsonal Property	Leas	ed With Real Pro	pert	y)	_
1. Description of property									
(1)									_
(2)								· -	_
(3)	•								_
(4)				•					_
	2. Rent receiv	ed or accrued				0/->-			_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	3(a) Deductions directly columns 2(a) ar	connected (b) (cted with the income in attach schedule)	
(1)									_
(2)									
(3)					****				
(4)									_
Total	0.	Total			0.				_
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter . ▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0	
Schedule E - Unrelated Del	ot-Financed	Income (see	instru	ctions)					_
			2	. Gross income from or allocable to debt-		Deductions directly con to debt-finance		perty	_
1. Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)	
(1)									
(2)									_
(3)								· · · · · · · · · · · · · · · · · · ·	_
(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 a 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)	ĺ			%					_
(2)				%					_
(3)				%					_
(4)				%					_
						nter 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	.	0	
Total dividends-received deductions in	Icluded in column	18			·	. •	-	0	

				Exempt	Controlled O	rganizatı	ions					
Name of controlled organization		2. Em identifi num	cation		irelated income e instructions)	ns) payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5	
(1)				 							-, ,	
(2)				T		Ī.,						
(3)												
(4)												
Ionexempt Controlled Organ	zations				-							
7. Taxable Income	8. Net unre (see	lated incon instructions		9. Total	l of specified pay made	ments	10. Part of colu in the controll gross		nızatıon's		ductions directly connected income in column 10	
(1)				<u> </u>					· · · · · · · · · · · · · · · · · · ·		 	
(2)												
(3)		•		<u> </u>		-						
(4)	1			<u> </u>	 							
,,,,							Add colur Enter here and line 8, (e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals						•			0.		0.	
Schedule G - Investme		e of a	Section	501(c)	(7), (9), or	(17) Oı	rganizatior	,			 	
,	ructions)				2. Amount of		3. Deduction		4. Set-	asides	5. Total deductions	
I. Desc	ription of income	1			Z. Amount of	псоте	directly conne (attach sched			schedule)	and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)											<u> </u>	
(4)												
					Enter here and		·····		.	•	Enter here and on page 1	
					Part I, line 9, co	olumn (A)	•	-			Part I, line 9, column (B)	
Totals				. •	· <u>l</u>	0.					0.	
Schedule I - Exploited (see instri		ctivity	/ Incom	e, Othe	er Than Ac	lvertis	ing Income)				
· · · · · · · · · · · · · · · · · · ·			2 -		4. Net incom	ne (loss)			<u> </u>		7 -	
1. Description of exploited activity	2. Gros unrelated bu income fi trade or bus	siness om	directly of with pr of un	penses connected oduction related ss income	from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5. Gross inco from activity is not unrelat business inco	hat ed	attribut	enses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					1		······		<u> </u>		1	
(3)	<u> </u>		· ···		1				 		1	
(1) (2) (3) (4)	1				†				<u> </u>			
<u> </u>	Enter here a page 1, P line 10, co	art I,	page	ere and on 1, Part I, , col (B)			·				Enter here and on page 1, Part II, line 25	
Totals		0.		0.	,						0.	
Schedule J - Advertisi	na Incom		nstructio		-1							
Part I Income From					nsolidated	Basis						
1. Name of periodical		2. Gross dvertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compu hrough 7			6. Read		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			+			-	 		ł		· ·	
(2)					- 1	a	±=		†			
(3)		<u> </u>	 		┤ ′	*-			 		·	
(1) (2) (3) (4)							 		 			
			0.).			-			0.	
Totals (carry to Part II, line (5))	<u>▶</u>		U • J		<u>' • </u>						<u> </u>	

ţ

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	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) NONPROFIT AGENDA	49,545.	5,207.	44,338.		46,862.	44,338.
(2) WEBSITE						
(3) ADVERTISING	4,155.	95.	4,060.	·		
(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 26
Totals, Part II (lines 1-5)	53,700.	5,302.	,			44,338.

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

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

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX RETURN PREPARATION		1,100.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	1,100.