Form	990-T	E	xempt Organization Bus	sine	ss Income T	ax Return		OMB No. 1545-0687		
	.		(and proxy tax und	er se	ection 6033(e))			2040		
•		For cal	endar year 2018 or other tax year beginning				_ ·	ZU 10		
Depar Interna	lment of the Treasury al Revenue Service	•	► Go to www.irs.gov/Form980T for in Do not enter SSN numbers on this form as it may	be ma	ade public if your organiz	ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only		
ΑC	Check box if address changed		Name of organization (_	•	I	(Em)	oloyer identification number ployees' trust, see ructions.)		
B F:	cempt under section	Print	COALITION, INC.				9	52-1766126		
]501(c Q 3_)	10	Number, street, and room or suite no. If a P.O. box	i i	E Unre	elated business activity code instructions)				
	408(e) 220(e)	Туре	740 15TH STREET, NW, N	(266	instructions)					
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code							
	529(a)		WASHINGTON, DC 20005	•		ļ	532	2000		
C Bo	ok value of all assets		E Crown exercation number (Con instructions)	▶		<u>-</u>				
	119,061,4	21.	G Check organization type X 501(c) corp	poratio	n 501(c) trust	401(a)	trust	Other trust		
H En	ter the number of the	organiza	tion's unrelated trades or businesses.	1	Describe	the only (or first) unr	elated	1		
tra	de or business here 🕽	► <u>RE</u> l	NTAL PROPERTY		If only one,	complete Parts I-V. I	f mor	e than one,		
des	scribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I a	nd II, complete a Schedule	e M for each additiona	al trac	fe or		
	siness, then complete						-			
	• • •	•	oration a subsidiary in an affiliated group or a pare	nt-sub:	sidiary controlled group?	▶ L	_J Y	es X No		
			tifying number of the parent corporation.							
			JAMES LUM, CFO			one number > 20	<u>02-</u>			
			de or Business Income	Υ	(A) Income	(B) Expenses		(C) Net		
	Gross receipts or sale			١.						
	Less returns and allow		c Balance	10				 		
2			A, line 7)	3				 		
3			om line 1c	4a						
4a b			h Schedule D) art II, line 17) (attach Form 4797)	4 <u>b</u>			-	 		
			sts	4c				<u> </u>		
5			thip or an S corporation (attach statement)	5						
6	• •			8						
7			ne (Schedule E)	7	10.327.315.	13.549.2	14.	-3,221,899.		
8			and rents from a controlled organization (Schedule F)	8				7		
9			on 501(c)(7), (9), or (17) organization (Schedule G)							
10			me (Schedule I)	10						
11	Advertising income (S	Schedule) J)	11						
12			s; attach schedule)	12						
13	Total. Combine lines	3 throu	gh 12	13	10,327,315.	13,549,2	14.	<u>-3,221,899.</u>		
Pa	rt II Deductio	ns No	ot Taken Elsewhere (See instructions for							
			utions, deductions must be directly connected				٦			
14			rectors, and trustees (Schedule K)				14			
15							15			
16	Repairs and mainten	ance .		•••••	12 NOA -	2 5 2019 4	16			
DEC. 26 2019							17 18	 		
			ee instructions)							
(6)	Charitable contribute		and the state of t				19			
≈ 20	Operation (attach	Corm 46	e instructions for limitation rules) 662)		194		20	 		
ن			n Schedule A and elsewhere on return				22b	0.		
							23			
2 24			mpensation plans				24			
Ш 25							25			
≨ 28			chedule I)				28			
₹27			hedule J)				27			
SCANNED 25 26 27 28			edule)				28			
29	Total deductions. A	dd lines	14 through 28				29	0.		
30			ncome before net operating loss deduction. Subtrac				30	-3,221,899.		
31			oss arising in tax years beginning on or after Janua				31			
32	Unrelated business t	axable ıı	ncome. Subtract line 31 from line 30		<u> </u>		32	-3,221,899.		
82370	1 01-09-19 LHA F	r Paper	work Reduction Act Notice, see instructions.					Form 990-T (2018)		

Form 990-T (2018) 52-1766126 COALITION, INC. Part III **Total Unrelated Business Taxable Income** 3,221.899. 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 8,162. 34 34 Amounts paid for disallowed fringes 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1 0. 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of 36 213.737. lines 33 and 34 37 1.000. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 213.737. Part IV Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 0. 39 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from; 40 Proxy tax. See instructions 41 41 Alternative minimum tax (trusts only) 42 42 Tax on Noncompliant Facility Income. See instructions 43 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 0. 44 Part V Tax and Payments 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45b b Other credits (see instructions) General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 45a through 45d 0. 46 Subtract line 45e from line 44 48 Subtract line 45e from line 44

Other taxes. Check If from; Form 4255 Form 8611 Form 8697 Form 8866 47 47 Total tax. Add lines 46 and 47 (see instructions) 0. 48 48 0. 49 50 a Payments: A 2017 overpayment credited to 2018 50b .983 b 2018 estimated tax payments c Tax deposited with Form 8868 50c d Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 50a f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments: Form 2439 ____ Form 4136 Other Total payments Add lines 50a through 50g 3.983. 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 52 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .983. 54 Enter the amount of line 54 you want: Credited to 2019 estimated tax 3,983. Part VI | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to life FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 58 ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and betief, it is true, if complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here CEO the pregarer shown below (see Sygnature of officer instructions)? X Yes Print/Type preparer's name Preparer's signature Date Check L if PTIN self- employed Paid Amy L. Chapman 11/15/19 AMY CHAPMAN P00843460 Preparer Firm's name ► CLIFTONLARSONALLEN LLP 41-0746749 Firm's EIN **Use Only** 901 N. GLEBE ROAD, SUITE 200

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Phone no. 571-227-9500

Form 990-T (2018)

Firm's address ► ARLINGTON, VA 22203

823711 01-09-19

Form 990-T (2018)

Form 990-T (2018) COALITION, INC.

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	r ,	в		
2 Purchases			7 Cost of goods sold. Su				
3 Cost of labor	1 1 1 1 1 1 1 1 1		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs			line 2	*********	7		
(attach schedule)	. 4a		8 Do the rules of section		Yes	No	
b Other costs (attach schedule)			property produced or a			Ţ —	
5 Total. Add lines 1 through 4b	. 5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property I	Leased With Real Pr	operty)		
Description of property							
(1)							
(2)			····				
(3)							
(4)							
	2. Rent receiv	ed or accrued		2(0) Dodustica dans	· · · · · · · · · · · · · · · · · · ·	uth the forces	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for pe	nd personal property (if the percentage ersonal property exceeds 50% or if to based on profit or income)				iπ
(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		nter -		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶		0.
Schedule E - Unrelated Det	ot-Finance	I Income (see i	nstructions)				
		· · ·	Gross income from or allocable to debt-		nced property		
1. Description of debt-fir	nanced property		financed property	(8) Straight line depreciation (attach schedule)	(at	Other deduction tach schedule)	ns '
			4 606 046	STATEMENT 3		EMENT	4
(1) RENTAL OF OFFICE			1,626,016.	424,10		<u>980,5</u>	<u>173.</u>
(2) RENTAL OF OFFICE	S- BUIL	DING 740	8,701,299.	2,267,244	9	<u>,877,2</u>	<u>.90.</u>
(3)							
(4)	T		_		-		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Al (cotumi	liocable deduct n 6 x total of co 3(a) and 3(b))	enmulc
STATEMENT 5	•	Ť					
(1) 10,775,275.	6	,997,560.	100.00%	1,626,016	1	<u>,404,6</u>	80.
(2) 77,588,802.	74	,886,138.	100.00%	8,701,299	12	,144,5	<u>34.</u>
(3)			%				
(4)	<u> </u>		%		4		
	STAT	EMENT 2		Enter here and on page 1, Part I, line 7, column (A).		ere and on pag line 7, column	
Totals	*** **** ** -***		.	10,327,315	13	,549,2	14.
Total dividends-received deductions in	cluded in column	18			>		0.

Form 990-T (2018) COALIT	rion, inc.							52-17	6612	26 P.	age
Schedule F - Interest,	Annuities, Roy	yalties, a	nd Rent	s From C	ontrolle	ed Organiz	atio	ns (see in:	structio	ons)	
•			Exempt	Controlled O	rganizatio	ons					
Name of controlled organization	ide	2. Employer 3. Net us (lose) (se		nrelated income 4. To pay		al of specified nents made	Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5		
(1)			+		· · · · · ·		 				
			+								
(2)							 				——
(3)			 		-					 	
(4)					L		L				
Nonexempt Controlled Organ			T		 -						
7. Taxable Income	8. Net unrelated in (see instruct		9. Total	of specified pay made	ments	in the controllingross	mn 9 tha ing orga income	nization's	11. C	Deductions directly conne ith income in column 10	rcted
(1)				***							
(2)					Ī					······································	
(3)								,			
(4)	-						-				
X7	1		- 			Add colun Enter here and line 8, c		e 1, Part I,	_	Add columns 6 and 11, here and on page 1, Par line 8, column (B),	11,
Totals					▶			0.			0.
Schedule G - Investme	ent Income of	a Sectio	n 501(c)((7), (9), or	(17) Or	ganization)				
(see ins	tructions)										
1. Des	scription of income			2. Amount of	псоте	Deduction directly connected (attach scheduction)	cted	4. Set-	asides schedule)	5. Total deduct and set-asid (col 3 plus col	23
(1)											
(2)											
(3)											
(4)								1			
				Enter here and Part I, line 9, co	on page 1, lumn (A)					Enter here and on p Part I, line 9, column	age 1, n (B).
Totals)		0.						0.
Schedule I - Exploited (see instr	-	ity Incon	ne, Othe	r Than Ad	lvertisi	ng Income	•				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of ur	xpenses connected roduction related ss income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3), if a e cots 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colui	able to	7. Excess exem expenses (column 6 minus column but not more the column 4).	nn 5,
(1) (2) (3)				_	ľ						
(2)			-								
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	page line 10	ere and on 1, Part I,), col. (B).		•					Enter here and on page 1, Part II, line 26.	
Schedule J - Advertis			0 .	J				· · · · · ·		L	0.
Part I Income From				solidated	Basis				-		
1. Name of periodical	2. Gross advertissin income	ا وا	3. Direct vertising costs	or (loss) (ca	ain, compute	5. Cyculat	юп	6. Read		7. Excess readersh costs (column 6 min column 5, but not m than column 4).	eur
(1)											
(3)				-						1	
(4)				\dashv						-	
(7)				+		 		ļ		 	
Totals (carry to Part II, line (5))	▶	0.	0						.		0.
										Form 990-T (2	018)

Form 990-T (2018) COALITION, INC.

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 !	0.	0.			<u> </u>	0
	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, (ine 11, col (B)]			Enter here and on page 1, Part II, tine 27
Totals, Part II (lines 1-5)	0.	0.	İ			0

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

1. Name	2. Title	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 (2018)

FORM 990-1	NET	OPERATING LOSS D	EDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	16,400.	0.	16,400.	16,400.
12/31/16	108,558.	0.	108,558.	108,558.
12/31/17	922,049.	0.	922,049.	922,049.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,047,007.	1,047,007.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED IN AVERAGE ADJUSTED BASIS	1COME	STATEMENT 2
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	•
RENTAL OF OFFICES- BUILDING 727	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		7,159,821. 6,835,298.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		6,997,560.
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
RENTAL OF OFFICES- BUILDING 740	2	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		75,394,226. 74,378,050.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		74,886,138.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		
FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION		STATEMENT 3
DESCRIPTION NUMBER A	MOUNT	TOTAL
DEPRECIATION - SUBTOTAL - 1	424,107.	424,107.
DEPRECIATION - SUBTOTAL - 2	2,267,244.	2,267,244.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)		2,691,351.

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE MANAGEMENT FEES BUILDING OPERATING TAX PREPARATION FE		1	520,854. 48,397. 410,822. 500.	980,573.
INTEREST EXPENSE MANAGEMENT FEES BUILDING OPERATING INSURANCE MISCELLANEOUS OFFICE SUPPLIES PROPERTY TAXES REPAIRS AND MAINTE	EXPENSES	1	6,224,471. 214,026. 2,460,428. 68,472. 137,682. 16,085. 420,875. 144,984.	300,373.
PROFESSIONAL FEES	- SUBTOTAL -	2	190,267.	9,877,290.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	3(B)		10,857,863.
FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITIO	- SUBTOTAL -	1	10,775,275.	10,775,275.
AVERAGE ACQUISITION	on OF DEBT - SUBTOTAL -	2	77,588,802.	77,588,802.
TOTAL OF FORM 990-	T, SCHEDULE E, COLUMN	4		88,364,077.