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Form 990-T

AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0567

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

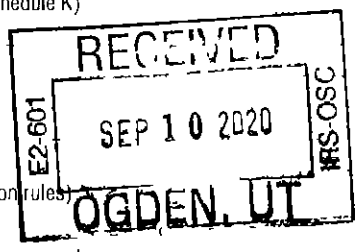
Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number 52-1961588; E Unrelated business activity codes; F Group exemption number; G Check organization type 501(c) corporation.

Section H: Describe the organization's primary unrelated business activity. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Section J: The books are in care of JUDITH SANDALOW Telephone number 202-467-4900

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 0.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34. Total deductions 1,000. Unrelated business taxable income 0.



Handwritten marks at bottom right corner.

Part III Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	▶	35c
			0.
36	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	▶	36
37	Proxy tax See instructions	▶	37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income See instructions		39
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40
			0.

Part IV Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
41b	Other credits (see instructions)		
41c	General business credit Attach Form 3800		
41d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
41e	Total credits Add lines 41a through 41d		0.
42	Subtract line 41e from line 40		0.
43	Other taxes Check if from Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43
44	Total tax Add lines 42 and 43		0.
45a	Payments A 2016 overpayment credited to 2017		
45b	2017 estimated tax payments		
45c	Tax deposited with Form 8868		
45d	Foreign organizations Tax paid or withheld at source (see instructions)		
45e	Backup withholding (see instructions)		
45f	Credit for small employer health insurance premiums (Attach Form 8941)		
45g	Other credits and payments Form 2439 _____ Form 4136 _____ <input checked="" type="checkbox"/> Other <u>23,109.</u> Total ▶ <u>23,109.</u>		23,109.
46	Total payments Add lines 45a through 45g SEE STATEMENT 1		23,109.
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		47
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed		48
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		23,109.
50	Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded		23,109.

Part V Statements Regarding Certain Activities and Other Information (see instructions)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶ _____		Yes No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		Yes No
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		Yes No

Sign Here	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
	Signature of officer	Date <u>8/21/20</u>	Title EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
	Kay Thies, CPA		8-18-2020	<input type="checkbox"/> PTIN P01404047
Firm's name ▶ RUBINO & COMPANY, CHARTERED			Firm's EIN ▶ 52-1186096	
Firm's address ▶ BETHESDA, MD 20817-1818			Phone no 301-564-3636	

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 1

DESCRIPTION

AMOUNT

FRINGE BENEFIT TAX PAID

23,109.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

23,109.