Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning to the Treasure of the Treasure o
Department of the Treasury internal Revenues Services A
Do not enter SSN numbers on this form as it may be made public if your organization is a \$50(c)(3). \$200,000 \$200,
B Exempt under section Solica (1) (2) (3) Address changed Solica (1) (2) (3) Address changed Solica (1) (3) Address
X 501(c) (0.3) 408(e) 220(e) 408A 530(a) 529(a) City or flown, state or province, country, and 2P or fereign postal code WASHINGTON, DC 20036 900099 900099 20
408(e)
Jobe Solida So
© Book value of all assets Forup exemption number (See instructions.) ▶
HEnter the number of the organization's unrelated trades or businesses. ► 1 Describe the only (or first) unrelated trade or business here ► SEE STATEMENT 1 If 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, then complete Parts III-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes X No II Yes, enter the name and identifying number of the parent corporation. ► 1 The books are in care of ► THE ORGANIZATION Telephone number ► 202-846-6780 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance c Balance c Cost of goods sold (Schedule A, line 7) d Gross profit. Subtract line 2 from line to: 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) STATEMENT 2 12 4,680. 4,680. Part II Deductions Not Taken Elsewhere (See instructions or leductions) (Except for contributions, deductions must be directly connected with the unrelated business income)
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Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Capital gain net income (attach Schedule D) 4a Capital loss deduction for trusts 1 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4 Capital loss deduction for trusts 1 Income (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) STATEMENT 2 12 4, 680 . 13 4, 680 . 14 Compensation of officers, directors, and trustees (Schedule K) 14 Compensation of officers, directors, and trustees (Schedule K)
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15 Salaries and wages
16 Repairs and maintenance
17 Bad debts
19 Taxes and licenses 19
20 Charitable contributions (See instructions for imitation rules)
21 Deprenation (attach Form 4562)
22 Less depreciation claimed on Schedule A and elsewhere arreturn 22 22a 22b
23 Depletion NOV 2 2 2013 182 23
24 Configurations to deferred complete above 124
25 Employee benefit programs OGDEN, UT
20 Excess exempt expenses (Schedule 1)
27 Excess readership costs (Schedule J)
28 Other deductions (attach schedule)
29 Total deductions. Add lines 14 through 28
30 Unitetated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 4,680.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31
32 Unrelated business taxable income. Subtract line 31 from line 30

	JUMPSTART	COMPLITION	FUR	PERS
Form 990-T (2018)	FINANCIAL	LITERACY		

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Part II			· · · · · · · · · · · · · · · · · · ·
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	4,680.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	4,680.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
	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	38	3,680.
Part I	/ Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	🕨 39	773.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	. • 40	
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	-
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	773.
Part V	Tax and Payments	•	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		
b	Other credits (see instructions)	<u> </u>	
C	General business credit. Attach Form 3800 45c		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	. 45e	
	Subtract line 45e from line 44	46	773.
47	Other taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🤲 Other (atta	ach schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	773.
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments		
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 501		
g	Other credits, adjustments, and payments: Form 2439		
- [Form 4136 □ Other Total ▶ 50g	1 1	
51	Total payments. Add lines 50a through 50g	51	
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	773.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded > 55	
Part V	Statements Regarding Certain Activities and Other Information (see instruction)	ons)	
56	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 file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here 🕨		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	jn trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the lax year 🕨 \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowledge and be	lief, it is true,
Sign	1 () was 1 O star is all set 10		cuss this return with
Here	PRESIDENT/CEO	the preparer sho	
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Ch	neck if PTIN	
Paid	se la participation de la	lf- employed	
Prepa	rer CHARLES R. DEPPE Cirle Plene 11/14/19 50		300682
Use O	nly Firm's name ► MATTHEWS, CARTER & BOYCE, PC	irm's EIN ▶ 54-	1487262
J35 J	12500 FAIR LAKES CIRCLE, STE 260		
	Firm's address ► FAIRFAX, VA 22031	hone no. 703-21	8-3600
829711 01-	09-19	Fc	orm 990-T (2018)
	3.5		

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/I	<u> </u>				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		_
2 Purchases	2		7 Cost of goods sold. S		ine 6			
3 Cost of labor	3	· · · · · · · · · · · · · · · · · · ·	from line 5. Enter here					
4 a Additional section 263A costs	<u> </u>		line 2			7		
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or	-				
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	pert	у)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the personal property is mor 10% but not more than 509	re than	of rent for	and personal property (if the percen personal property exceeds 50% or i nt is based on profit or income)	tage if	3(a) Deductions directly columns 2(a) a	y connec nd 2(b) (cted with the income in attach schedule)	
(1)			· · · · · · · · · · · · · · · · · · ·					
(2)								
(3)					<u> </u>			
(4)	·	1			ļ			
Total	0.	Total	· · · · · · · · · · · · · · · · · · ·	0.			· · · · · · · · · · · · · · · · · · ·	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated De	<u> </u>	Income (see	instructions)					
			2. Gross income from	1	3. Deductions directly cor to debt-finan	nected ced prop	with or allocable perty	
1. Description of debt-fo	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)		<u></u>		 		+-		
(2)		· · · · · · · · · · · · · · · · · · ·		1	· · · · · · · · · · · · · · · · · · ·			
(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 h 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.		%	<u> </u>	-, , , , , , , , , , , , , , , , , , , 	+		
(2)			%	I		T		
(3)			%					
(4)			%			\mathbf{I}		
					nter here and on page 1, Part I, line 7, column (A)		inter here and on page Part I, line 7, column (8	
Totals			•		0			0.
Total dividends received deductions in						' -		☆`

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Schedule F - Interest,	Annuities, Ro	yaltıes, a		S From Controlled O			ations	s (see ins	tructio	ns)
Name of controlled organiza	ation 2	. Employer entification number	3. Net uni	related income e instructions)	4. Tola	al of specified nents made	included	of column 4 I in the cont ion's gross	rolling	6. Deductions directly connected with income in column 5
(1)							<u> </u>			
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	ızatıons									
7. Taxable Income	8. Net unrelated i		9, Total	of specified pay made	ments	10. Part of colur in the controlli gross	mn 9 that is ing organiz s income	s included ation's		Deductions directly connected Th income in column 10
(1)	<u> </u>									
(2)			1							
(3)	i		<u> </u>							
(4)										
						Enter here and	nns 5 and 1 on page 1 column (A)			Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals .					▶			0.		0.
Schedule G - Investme (see inst	ent Income of ructions)	a Section	n 501(c)((7), (9), or	(17) Or	ganization	1			
1. Desc	cription of income "			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)				<u>.</u>	1					
(2)			_	<u> </u>						
(3)										
(4)				<u> </u>						
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (8)
Totals			•		0.				,	0.
Schedule I - Exploited (see instru	•	ity Incon	ne, Othe	r Than Ac	ivertisi	ng Income	;			
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	openses connected roduction irelated ss income	4. Net incom from unrelated business (co minus colum gain, compute through	l trade or blumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelat business inco	hat ed	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals -	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, I, col (B)		-		•			Enter here and on page 1, Part II line 26
Schedule J - Advertisi	ng Income (se	ee instructio	ns)	<u> </u>						
Part I Income From				solidated	Basis	·	-			
1. Name of periodical	2. Gros advertisi incom	ing	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a gi cols 5 th		5. Circulate		6. Reade		7. Excess readership costs (column 6 minus column 5 but not more than column 4).
(1)					-					<u> </u>
(2)				1						1 ,
(3)				1						1
(4)				1						1 .
Totals (carry to Part II, line (5))	>	0.	0	•						0.
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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)							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, co! (8)				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	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	DESCRIPTION OF	ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT	1		
RIIGTNESS ACTIVITY							

QUALIFIED TRANSPORTATION FRINGE BENEFIT

TO FORM 990-T, PAGE 1

FORM 990-T	STATEMENT			
DESCRIPTION		AMOUNT		
QUALIFIED TRANSPORTATION	4,68	30.		
TOTAL TO FORM 990-T, PAGE	E 1, LINE 12	4,68	30.	