	Form	.990-T ∣	E							OMB No 1545-0687	
•	•	•		•	•		• • •	•		0040	
			For cal	endar year 2018 or other tax year	r beginning $\underline{\mathtt{JUL}} \; 1$,	20	18 , and ending JU	N 30, 201	<u>9</u>	2018	
	Denar	tment of the Treasury		➤ Go to www	irs.gov/Form990T for in	structio	ons and the latest inform	ation.	Ļ	Open to Bubble learnest	
		al Revenue Service		Do not enter SSN number	s on this form as it may	be ma	de public if your organiz	ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only	
	Department A E X C H trade by D The part of th	Check box if		Name of organization (Check box if name c	hanged	and see instructions.)			oyer identification number loyees' trust, see	
) DEC		address changed	DISTRICT OF COLUMBIA COLLEGE ACCESS						ctions)		
	B E	xempt under section	Cand proxy tax under section 6033(e)		2-2132835						
	X]501(c 0 3_)		Number, street, and room	or suite no. If a P.O. box	k, see Ir	nstructions	_		ated business activity code nstructions)	
		408(e) 220(e)	Type	1425 K STREE	T, NW, NO.	200	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
		408A 530(a)		City or town, state or prov	ince, country, and ZIP or	r foreig	n postal code		-	•	
		529(a)	, 1	WASHINGTON,	DC 20005				900	099	
	C Boo	ok value of all assets		E Croup avamption numb	or (See instructions)	▶					
	ate	96,153,4	95.	G Check organization type	X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust	
	H En	ter the number of the o	rganiza	tion's unrelated trades or b	usinesses >	1	Describe				
			-				<u> </u>			than one	
		•				rts I an					
				•	o obmonos, obmpieto i a		a n, complete a concean	on to out addition	u uuu	J.	
					ffiliated group or a parer	nt-subsi	idiary controlled group?	N	Ye	s X No	
					_	5050	idiary controlled group			.5 [22] 110	
							Telenh	ione number 🕨 (202) 783-7933	
										(C) Net	
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23	8	-			_		·	 	7.77	<u> </u>	
Ŕ	9				ganization (Schedule G)				<u> </u>	VEN, UI	
90		•	•	, ,			<u></u>				
0		,		•		\vdash	_ 	, , , , ,			
ر	12	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) Advertising income (Schedule J) Other income (See instructions; attach schedule)									
Ä					2 (0			l	ز	L	
_	Fa			Schedule D) It II, line 17) (attach Form 4797) It II, line 17) (attach Form 4797) It II, line 17) (attach Form 4797) It III, line 17) (attach Form 4797) It IIII, line 17) (attach Form 4797) It III, line 17) (attach Form 4797) It IIII, line 17) (attach Form 4797) It IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII							
						WILL L		Thicome)			
Ž		•	cers, an	rectors, and trustees (Sched	dule K)						
Z		Salaries and wages									
\mathcal{S}		•	ance								
$\widetilde{\mathcal{S}}$		Bad debts			•						
		,,	dule) (se	ee instructions)	e (See instructions for limitations on deductions) be directly connected with the unrelated business income) idule K) 14 15 16 17 18 19						
		Taxes and licenses			· · · · · · · · · · · · · · · · · · ·	- N. T. CT	2 000 0030		-		
					rules) STATEME	SNT		EMENT 2		0.	
63		•		•							
87-3			umed or	Schedule A and elsewhere	on return		[22a]				
हु है		Depletion									
9 5				mpensation plans					-		
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uspido Burgard 02 SCANNED DEC	28									ļ	
₹	29								-	0.	
	30								30	0.	
ა 2	31			oss arising in tax years beg		ry 1, 20)18 (see instructions)		31		
SCANNED DEC	32			ncome. Subtract line 31 from					32	0.	
_	82370	1 01-09-19 IHA FA	r Paner	work Reduction Act Notice	see instructions					Form 990-T (2018)	

Print/Type preparer's name Preparer's signature Date Check self-employed Paid Frank H. Smith 04/23/20 FRANK H. SMITH P00639053 Preparer Firm's name ► MARCUM LLP 11-1986323 Firm's EIN **Use Only** 1899 L STREET, NW, SUITE 850 Firm's address ► WASHINGTON, DC 20036 (202) 227-4000 Phone no

823711 01-09-19

Form 990-T (2018) **PROGRAM**

Schedule A - Cost of Goods	Sold. Enter	method of inven	itory va	aluation N/A	-				
1 Inventory at beginning of year	1		T	Inventory at end of yea			6		
2 Purchases	Purchases 2				7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		7	from line 5. Enter here	and in F];			
4 a Additional section 263A costs				line 2		,	7		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No		
b Other costs (attach schedule)	4b		1	property produced or a	•	Ī	" 1 ₄₄		
5 Total Add lines 1 through 4b	5		7	the organization?	•	7 2	ľ	- -	
Schedule C - Rent Income ((see instructions)	From Real I	Property and	Pers	sonal Property L	ease	d With Real Prope	erty)		
1. Description of property									
(1)				***		·			
(2)				·		*			
(3)				*					
(4)				·					
	2. Rent receive	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	onnected with the inco f 2(b) (attach schedule)	ome in	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	-	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		Deductions directly conne to debt-finance			
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other ded (attach sche		
(1)			┼~			· · · · · · · · · · · · · · · · · · ·	 		
(2)					_		 		
(3)			<u> </u>					<u> </u>	
(4)	——————————————————————————————————————	7 	 	•					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property schedule)	6	Cotumn 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable di (column 6 x total 3(a) and	of columns	
(1)			T	%					
(2)			T	%					
(3)				%					
(4)				%			"		
						nter here and on page 1 Part I, line 7, column (A)	Enter here and o Part I, line 7, col		
Totals				▶		0.	L	0.	
Total dividends-received deductions in	cluded in column	8						0.	
							Form 9	90-T (2018)	

Form 990-T (2018)

0.

(3) (4)

0.

Totals (carry to Part II, line (5))

0.

Form 990-T (2018) PROGRAM 52-21328
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

. 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)					1	
(3)						
(4)	1					
Totals from Part I	0.	0.	Ser & Carrie	THE	医神经区域	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)	- 1 0 .	0.	Section of the Sectio	"我们""进行","大大"	作品 《新疆名 秋色》为	U.

	1. Name	2. Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	•
(3)			%	
(4)	*		%	
iotal 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	
		BUSINESS ACTIVIT	ľΥ			

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	401,908.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	401,908.

FORM 990-T	CONTR	IBUTIONS	SUMMARY		STATEMENT	3
QUALIFIED (CONTRIBUTIONS SUBJECT	TO 100%	LIMIT			
CARRYOVER OF FOR TAX SECOND TAX S	YEAR 2014 YEAR 2015 YEAR 2016		TIONS 7,729			
TOTAL CARRY	YOVER ENT YEAR 10% CONTRIBU	rions		597,729 401,908		
	RIBUTIONS AVAILABLE COME LIMITATION AS AD	JUSTED		999,637 0	_	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS			999,637 0 999,637	_	
ALLOWABLE (CONTRIBUTIONS DEDUCTION	NC			_	0
TOTAL CONTI	RIBUTION DEDUCTION					0