Form 990-T		y tax under se	ection 6033(e))	190 (1			0 1545-0687 <b>0 18</b>
, F	For calendar year 2018 or other tax year beginning				<u>19</u>		U IO
Department of the Treasury	Go to www.irs.gov/Fo				.	Open to Pi	ublic Inspection
nternal Revenue Service	Do not enter SSN numbers on this fo			Zation is a 501(c)(3			ublic Inspection rganizations Or fication number
Check box if address changed	Name of organization (	_	•	n	(Emp	oloyees' trus ructions )	3t, 688
Exempt under section P	rint PREVENTION & RES				1		85302
X 501(c)(3 ())2 _	or Number, street, and room or suite no				E Unre	lated busine	ess activity cod
408(e) 220(e) T	ype 30 EAST 33RD STR				(See	Instructions	<i>i</i> )
408A 530(a)	City or town, state or province, count				1		
529(a)		016			525	100	
Book value of all assets at end of year	F Group exemption number (See ins						
at end of year 3, 425, 592	2 . G Check organization type 🕨 🗶	501(c) corporation	501(c) trust	401(a	a) trust		Other trus
I Enter the number of the orga	anization's unrelated trades or businesses.		Describe	the only (or first) ui	nrelated	l	
trade or business here 🕨 🛚	TRANSPORTATION TAX	REFUND	If only one	, complete Parts I-V.	. If more	e than one	<b>,</b>
	k space at the ond of the previous sentence	, complete Parts I an	d II, complete a Schedul	ie M for each additio	nal trad	e or	
business, then complete Par							т
	corporation a subsidiary in an affiliated gro		idiary controlled group?	. ▶	Y	es	J No
	identifying number of the parent corporation	on. 💌			7348	<del></del>	9-6490
	ELIZABETH CORMAN  Trade or Business Income		(A) Income		(212		
	raue or business income		(A) Income	(B) Expense	<del></del>	<del> </del>	(C) Net
1a Gross receipts or sales			Į			ļ .	
b Less returns and allowan		· · ·		<del> </del>			
2 Cost of goods sold (Sche	• • • • •	. 2		<del></del>		<del></del>	
Gross profit. Subtract line	•	. 3		<del> </del>		┼	
4 a Capital gain net income (a		4a 4b		<del> </del>		<del> </del>	
	97, Part II, line 17) (attach Form 4797)	40		<del></del>			
c Capital loss deduction for	r trusts tnership or an S corporation (attach statem	<b>⊢</b>		<del>  </del>	RF	CEI	775.17
<ul><li>Income (loss) from a part</li><li>Rent income (Schedule C</li></ul>	· · · · · · · · · · · · · · · · · · ·	6		<del>                                     </del>			VI.U
7 Unrelated debt-financed		7	<del></del>	8		C 2 4	2000
	income (Schedule L) les, and rents from a controlled organization	<del></del>			<del></del>	<del> a <b>V 4</b></del>	<del>-2020</del>
<del>-</del>	section 501(c)(7), (9), or (17) organization	``` ' <del>   </del>	<del></del>	<del>                                     </del>	====		
Exploited exempt activity		10		<del>  -</del>	00	DEN	1. UT
11 Advertising income (Sche	· · · · · · · · · · · · · · · · · · ·	11	<del></del>	<del>                                     </del>	====		
2 Other income (See instru		12		<u> </u>		<del>                                     </del>	
3 Total. Combine lines 3 th		13	0.				
Part II Deductions	Not Taken Elsewhere (See ins					ь	
(Except for con	tributions, deductions must be directi	ly connected with f	the unrelated busines	s income.)			
4 Compensation of officers	s, directors, and trustees (Schedule K)				14		
5 Salaries and wages	, , ,	•	_		15	†	
6 Repairs and maintenanc	e				16		
7 Bad debts					17		
8 Interest (attach schedule	e) (see instructions)				18		
9 Taxes and licenses					19		
O Charitable contributions	(See instructions for limitation rules)				20		
1 Depreciation (attach Fori	m 4562)		21				
2 · Less depreciation claime	ed on Schedule A and elsewhere on return	_	22a		22b		_
3 Depletion					23		
4 Contributions to deferre	d compensation plans		•		24		
5 Employee benefit progra	ıms .	•			25		
6 Excess exempt expenses	s (Schedule I)				26		
7 Excess readership costs	(Schedule J)				27		
8 Other deductions (attach					28		
9 Total deductions. Add I	-		•	•	29		(
<ul> <li>Unrelated business taxal</li> </ul>		otion Subtract line 20	from line 13		30		(
O DITICIBLEO DUSTILOS LANGI	ble income before net operating loss deduc	Juon. Subtract line 25	לו אווו ווווט וו				
	ble income before net operating loss deduc ting loss arising in tax years beginning on c				31		· (

JJ	Tax due. If this 3 i is 1655 than the total of lines 40, 45, and 32, effect amount owed		20			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	3,	, 08	B0.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<b>X</b> /	<b>\$</b> 5	3,	, 08	B0.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	7				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		-	Y	es	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 foreign 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 tax year >\$					
	I be described as a subject to be a subject to the subject of the best of the	Legan	lades and	hallet it is tour	$\overline{}$	

ign	correct, and complete Declaration of preparer (other tha	n taxpayer) is based on all information of which p	reparer has any knowle	edge _			
lere	Signature of officer Date CFO/EXECUTIVE VP			May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No			
Paid	Print/Type preparer's name RICHARD J. LOCASTRO, CPA		Date 07/14/2020	Check self- employe		288314	
				Firm's EIN	52-	1392008	
	4550 MONTGOMERY AVE SUITE 800N Firm's address ► BETHESDA, MD 20814-2930				(301)	951-9090	
0744 04 00	40					900 T (0010	

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3,080.

52

501

e Backup withholding (see instructions)

\_\_\_ Form 4136

g Other credits, adjustments, and payments: L

51 Total payments. Add lines 50a through 50g

f Credit for small employer health insurance premiums (attach Form 8941)

52 Estimated tax penalty (see instructions). Check if Form 2220 is attached

\_\_\_ Form 2439

Other