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	AM	ENDED RETURN -	SECTIO	N 5	12(A)(7)	REPEAL	~ .	, , ,	022000003
800 T	E	cempt Organia	zation	Bus	siness In	icome i	Tax Retui	rn	OMB No 1545-0687
Form 990-T		' (and pr	oxy tax	un	der sectio	n 6033(e)) /	r19a	
•	For cale	ndar year 2017 or other ta	x year begin	ning _	10/01,20	17, and endi	ng 09/30	20 Y 8	2 017
Department of the Treasury		► Go to www irs go							
Internal Revenue Service	▶ Do	not enter SSN numbers of	n this form a	s it ma	ay be made publ	ic if your orga	anization is a 501(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check bo	x if na	me changed and	see instruction	s)		yer identification number yees' trust, see instructions)
address changed	Į	<u>NATI</u> ONAL DEMO	CRATIC	INS	TITUTE FO)R		(Cilipio	yees must, sub mismuchoms ;
B Exempt under section		INTERNATIONAL	LAFFAI	RS				J	
X 501(C)(3)	Print	Number, street, and room	or suite no l	f a P O	box, see instruc	tions		52-13	338892
408(e) 220(e)	Type								ated business activity codes
408A530(a)	, ,	455 MASSACHUS	SETTS A	JE N	W, 8TH FI	JOOR		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
529(a)		City or town, state or pro			ZIP or foreign pos	tal code			
C Book value of all assets at end of year		WASHINGTON, I	DC 2000	l					
at cird of year		up exemption number (,	
	G Che	ck organization type	X 501	(c) co	rporation	501(c) trust	401(a)	trust Other trust
H Describe the organiz									
1 During the tax year,	was the	corporation a subsidiar	y ın an affılı	ated g	roup or a paren	t-subsidiary o	controlled group?		▶ Yes No
		identifying number of th	ne parent cor	porati	on 🕨			0 700	F.F.O.O.
J The books are in care					Γ		e number ▶ 20		
Part Unrelated	Trade (or Business Incom	е		(A) Inc	ome	(B) Expen	ses	(C) Net
1a Gross receipts or s	sales								
b Less returns and allowa			c Balance ▶	—					
_		ule A, line 7)		2					
		2 from line 1c		3_					
		ttach Schedule D)		4a					
		Part II, line 17) (attach For		4b	 				
		rusts		4c					
, ,		ps and S corporations (attac		5	<u>. </u>				
				6					
_		come (Schedule E)		7					
		nts from controlled organization		8					
		1(c)(7) (9) or (17) organization		9	· · · · · -				
	-	ncome (Schedule I)		10					
		lule J)		11			ATCH 1		
•		tions, attach schedule), ough 12, , , , , , , , ,		12	-	0.	AICII I	<u>'</u> -	
		Taken Elsewhere (ne for limits		leductions \ (I	Evcent f	or contributions
		be directly connec						Lxcept	or contributions,
		directors, and trustees (•	14	
•									
						_ \			
•						()1			
18 Interest (attach so	hedule)					1.51		. 18	
19 Taxes and license	s		IIII	\ <u></u>					
20 Charitable contrib	outions (S	Gee instructions for limital 4562).	ation Jules)		22 20	``~`\			-
21 Depreciation (atta	ch Form	4562)	/c>/	'nΊ)/4 -	215	\		
						22a	-	22b	•
23 Depletion			1.	$\mathcal{I}_{\mathcal{L}}$	سيريناق			23	
24 Contributions to d	deferred (compensation plans						24	
		3							
		Schedule I)							
		chedule J)							
28 Other deductions	(attach s	chedule)						28	
29 Total deductions	Add line	s 14 through 28						29	
		le income before net							
31 Net operating loss	s deducti	on (limited to the amou	nt on line 30))				31	
		e income before specifi							
33 Specific deduction	n (Gener	ally \$1,000, but see lin	e 33 instruct	tions f	or exceptions)			33	
34 Unrelated busine	ess taxa	ble income Subtract	line 33 fro	om lir	ne 32 If line	33 is grea	iter than line 3	2,	
		line 32	<u></u>	<u></u>	<u></u>	<u> </u>	<u> </u>	34	0.
For Paperwork Reduct 7X2740 2 000 JSA	ion Act N	lotice, see instructions						Ц	Form 990-T (2017)
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#800,

VA 22102

Form 990-T (2017)

703-893-0600

Phone no

JSA

Firm's address > 8401 GREENSBORO DRIVE,

Form 990-T (2017)									۶	Page 3
Schedule A - Cost of Go	ods Sold. Er	ter_method	of invent	ory valuation	>					
14 Inventory at beginning of y	ear . 1			6 Inventory	at end of yea	ar	6			
2 Purchases				7 Cost of	goods so	ld Subtract line				
3 Cost of labor	3 Cost of labor				line 5 En	iter here and in				
4a Additional section 263A co	sts			Part I, line	2		7			
(attach schedule)	(attach schedule) 4a					section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu	le) . 4b					or acquired for				1
5 Total Add lines 1 through				to the orga	anization? .	· · · · ·				Х
Schedule C - Rent Income	(From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property										
(1)										
(2)						<u> </u>				
(3)										
(4)										
	2 Rent recei	ved or accru	ed			_				
for personal property is more than 10% but not percentage of rent f							s directly connected with the income s 2(a) and 2(b) (attach schedule)			ome
(1)										
(2)										
(3)				•						
(4)										
Total		Total								
(c) Total income Add totals of cohere and on page 1, Part I, line 6,						(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated De			e instruct	ions)		1	(-)	<u> </u>		
		1000 (00			3 [Deductions directly con			e to	
1 Description of deb	t-financed property			income from or to debt-financed	(a) Channa	debt-finance				
			р	roperty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)						· [
(3)						-				
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			4					8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%				•		
(2)				%						
(3)				%						
(4)				%						
Totals						e and on page 1, le 7, column (A)		r here and or I, line 7, colu		
Total dividends-received deducti					· · · · · ·			,		

Form **990-T** (2017)

Schedule F - Interest, Annu			npt Contro					·		,	
Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		^{ed} included	f column 4 to in the control ion's gross in	olling	6 Deductions directly connected with income in column 5	
1)											
2)											
3)											
4)	· <u> </u>										
Nonexempt Controlled Organiz						- 40	S. T. T. I.	0.0.1		5 4 4	
7 Taxable Income	8 Net unrelated inco (loss) (see instruction	,		of specific ents made	d	incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10	
1)											
2)											
3)											
4)				,			d columns 5 a			d columns 6 and 11	
otals	come of a Secti	ion 501(c)(7), (9)			Par	er here and on t I, line 8, colu on (see inst	mn (A)		er here and on page 1, t I, line 8, column (B)	
1 Description of income	2 Amount of in		3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)			and set-asides (col 3 plus col 4)		
1)			1								
2)											
3)											
4)	Enter here and on					J				Enter here and on page	
otals	mpt Activity Inco	ome, Oth	er Than	Adverti	sing In	come	(see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business 3 Expense directly connected to production unrelated business income		rom unrelated tradi- or business (column 3) clion of lated 2 minus column 3) If a gain, compute		ed tradé (column umn 3) impute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)											
2)											
3)											
4)			<u> </u>								
otals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,	•						Enter here and on page 1, Part II, line 26	
Schedule J - Advertising Inc	come (see instruc	tions)	· · · · · ·							· · · · · · · · · · · · · · · · · · ·	
Part I Income From Peri			onsolida	ted Bas	is	_					
1 Name of periodical	2 Gross advertising income	3 Directadvertising	ct 9 costs 2	4 Advertising gain or (loss) (col		ising s) (col 5 Circ 1 3) If inco		6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)											
2)										7	
3)										7	
4)						-				7	
	-		<u> </u>					 			
otals (carry to Part II, line (5))										Form 990-T (201	

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Part II Income From Per 2 through 7 on a l			rate Basis (For e	each periodical I	isted in Part I	, fill in columns
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 I ▶					,	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)	,		•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
0-1-1-1-1/ 0	1.000	·		_1 \		

Schedule K - Compensation of Officers,	Directors, and Trustees (see inst	tructions)	
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	-	%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			·

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ATTA	CHMEI	VТ 1

PART I - LINE 12 - OTHER INCOME

REDUCED \$142,061 FOR REPEAL OF SECTION 512(A)(7)

PART I - LINE 12 - OTHER INCOME

52-	1338892
ATTACHMENT	2

F	<u>RM</u>	990	-T:	FISCA	L YEAR	CORPO	DRATION	TAX	COMPUTATIO	N APPLYIN	IG BLENDED	TAX	RATE
1	UNI	RELA	TED	BUSIN	ESS TA	XABLE	INCOME	(PA	GE1, PART I	I, LINE 3	34).		-
_									ATE SCHEDUL A CONTROLLE				
3	TAX	(ON	LIN	JE 1 F	IGURED	USING	THE 2	1% RA	ATE				
4							BER OF EAR BEF		92 01/01/2018.				
5	MU]	TIP	LY I	INE 3	BY TH	E NUME	BER OF	DAYS	273				
6									2/31/2017 DAYS 365		• • •		
•	IN	THE	COF	RPORAT	ION'S	TAX YE	EAR						
									DAYS 365				
											•••	-	
Ω	ורו ע	ን ፐ.ፐነ	NFC	6 AND	7 · TH	፣ ጥ∩ጥ¤	ነፒ. ጥልሄ	$E \cup E$	PHE ETSCAL	V F Z D			

52-1338892 ATTACHMENT 3 ^

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

FROM FORM 2439 FROM FORM 4136

PAID WITH FORM 990-T, AS ORIGINALLY FILED

1,968.

TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS

1,968.

FEDERAL FOOTNOTES

INTERNAL REVENUE CODE SECTION 512(A)(7) HAS BEEN REPEALED AND THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR THE TAX PERIOD.

FORM 990-T PART I: LINES 12 & 13 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECION 512(A)(7).

FORM 990-T PART II: LINES 19, 29, 30, 31, 32, 33, & 34 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECION 512(A)(7).

FORM 990-T PART III: LINES 35C & 40 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECION 512(A)(7).

FORM 990-T PART IV: LINES 42 & 44 UPDATED TO ZERO AS A RESULT OF THE REPEAL OF SECION 512(A)(7). LINE 50 UPDATED TO \$31,801 TO REFUND OVERPAYMENT AS A RESULT OF THE REPEAL OF SECTION 5012(A)(7).

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