For Paperwork Reduction Act Notice, see instructions.

JSA

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Form **990-T** (2018)
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Form 9	990-T/(2	018)					Page 2
Pari	t 111	Total Unrelated Business Taxable Income					
		of unrelated business taxable income computed from all unrelated trades or businesses	(see	[;]			
	,	tions)		33			
		· · · · · · · · · · · · · · · · · · ·		 - -			
		nts paid for disallowed fringes		34			
36	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018	(see				
	instruc	etions)		35			
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum				
		s 33 and 34		36			
				37			
		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		9'			
		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line					_
	_	he smaller of zero or line 36		38			0.
Part	UV.	Tax Computation					
	τ	izations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39			
- 1	•	Taxable at Trust Rates. See instructions for tax computation income tax					
		, ————————————————————————————————————		1			
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041)					
		tax. See instructions					
42	Altern	ative minimum tax (trusts only)		42			
43	Tax pr	Noncompliant Facility Income. See instructions	. 	43			
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44			
		Tax and Payments					
				-			
,		tax credit (corporations attach Form 1118, trusts attach Form 1116)					
		credits (see instructions)					
C	Gener	al business credit Attach Form 3800 (see instructions)					
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)		1 (
		redits. Add lines 45a through 45d		45e			
		ct line 45e from <u>line 44</u>		46			
		axes Check if from Form 4255 Form 8611 Form 8697 Form 8886 Other (attach sched					
			,				0.
		ax. Add lines 46 and 47 (see instructions)	• • •				
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			
60 a	Payme	nts. A 2017 overpayment credited to 2018 $\dots \dots \dots $ $\theta \in (5.9)$	49.				
b	2018 €	stimated tax payments		.			
c	Tax de	posited with Form 8868	00.	11			
		n organizations. Tax paid or withheld at source (see instructions)	$\neg \neg$	- 1 1			
		o withholding (see instructions)	-	11			
		for small employer health insurance premiums (attach Form 8941)		11			
9	Other o	redits, adjustments, and payments Form 2439	}	11			
	F	form 4136 Other Total ▶ 50g		1			
51	Total p	ayments. Add lines 50a through 50g		5		23,	149.
52	Estima	ted tax penalty (see instructions) Check if Form 2220 is attached.		52			
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53			
		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid D. (55)) [54		23	149.
. /	•		'` ₹ }	-`# +			
4		e amount of line 54 you want Credited to 2019 estimated tax		56		23,1	L49.
Part		Statements Regarding Certain Activities and Other Information (see Instru					
56 /	At any	time during the 2018 calendar year, did the organization have an interest in or a signatur	e or	other a	uthority	Yes	No
(over a	financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization	n ma	y have	to file		
1	FINCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the f	foreian	country		1
	here 🕨			_	, i		x
	-				 }		X
		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	roreiç	in must?.	• • • • •	 -	
_		see instructions for other forms the organization may have to file					1
68		he amount of tax-exempt interest received or accrued during the tax year > \$					
	"	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to ue correct, and complete Declaration of preparer (other than taxpayer) is besed on all information of which preparer has any knowledge	the be	st of my	knowledge a	and bell	ef, It is
Sign	"	F11.11 -	245	the in	C dia	Able -	
Here		3/19/2020 VP FINANCE			S discuss reparer shi		
	_	Ignature of officer Date 7 (Titl)		instructions			No
	ــــــــــــــــــــــــــــــــــــــ	Print/Type preparer's name Prepaper's signature	_		PTIN		, ,40
Paid		Many the	Check		1	2155	
Prepa	rer		self-en	nployed	P018		
Use C			Firm's		L3-5381		
	,	Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102	Phone	no 703	8-893-0)600	
JSA					Form 99	10-T	(2018)

Form 990-T (2018)							Í	Page 3
Schedule A - Cost of Go	oods Sold. Er	ter metho	d of inventory	valuation	>			
1 Inventory at beginning of y			6			ar	6	
2 Purchases	2		7			ld. Subtract line	1 1	
3 Cost of labor				6 from	line 5 Er	iter here and in		
4a Additional section 263A co	osts			Part I, line	2		. 7]	
(attach schedule)	4a		8			section 263A (No
b Other costs (attach schedu						or acquired fo		_
5 Total. Add lines 1 through	, · 				•	•		x
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	Property	Leased V	Vith Real Prope	ertv)	
(see instructions)	•					- •		
1. Description of property	<u>-</u>							
(1)								
(2)						 		
(3)								
(4)								
	2. Rent recei	ved or accru	ed					
(a) From personal property (if the		1	rom real and per	ronal property	(d the	3/a) Doductions	directly connected with the inco	
for personal property is more the	an 10% but not	percent	age of rent for pe	ersonal property	exceeds		(a) and 2(b) (attach schedule)	Jine
more than 50%)		50% o	of the rent is bas	sed on profit or	income)			
(1)								
(2)			•				_	
(3)	-							
(4)								
Total		Total						
(c) Total income. Add totals of co	olumns 2(a) and 2((b) Total deducti		
here and on page 1, Part I, line 6,						Enter here and or Part I, line 6, colu		
Schedule E - Unrelated De			e instructions	3)		1	(2)	
		(5)	2 Gross inco		3 [Deductions directly co	onnected with or allocable to	
1. Description of deb	t-financed property		allocable to d				ced property	
			prope	erty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)	
(1)					,		(
(2)						-		
(3)								
(4)		-						
4 Amount of average	5. Average adjus	sted basis						
acquisition debt on or	of or allocal		6 Col			income reportable	8 Allocable deductions (column 6 x total of colum	
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by colu		(column	1 2 x column 6)	3(a) and 3(b))	1113
(1)	•			- %		_		
(2)				%		-		
(3)				%				
(4)				%				
<u>v - 7</u>			l		Enter her	e and on page 1,	Enter here and on page	1
						e 7, column (A)	Part I, line 7, column (B	
Totals								
Totals				🗲				

Schedule F-Interest, Annu				ntrolled Org							
Name of controlled organization	2. Employer identification number		Net unrelated income oss) (see instructions)		4 Total payme	of specifints made	ed included	5. Part of column 4 that is included in the controlling rganization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)			_						_		
(3)	<u>-</u> -										
(4)											
Nonexempt Controlled Organiz		 -				40	2-4-6l	0.45-4		B. ()	
7. Taxable Income	8. Net unrelated inco			Total of specific ayments made	' I included in the controlling		entrolling	11. Deductions directly connected with income in column 10			
(1)			_						<u> </u>	•	
(2)			_							. <u> </u>	
(3)									<u> </u>		
			_				d columns 5 a			ld columns 6 and 11	
Totals	come of a Sect		c)(7),	 (9), or (17	▶) Orga	Pa	er here and on t I, line 8, colu on (see ins	imn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of ir	ncome		3 Deduction directly cor (attach sch	nected			et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)	<u> </u>		 								
(2)			ļ		-						
(3)			<u> </u>								
(4)	Enter here and or									Enter here and on page 1	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, column to the second section of the section of the second section of the section of the second section of the second section of the section of the second section of the sect		er Th	an Adverti	sing Ir	come	(see instru	uctions)		Part I, line 9, column (B)	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business in	/ with n of ed	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) empute	5 Gross income from activity that is not unrelated business income 6. Exp		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)						-		 		 	
(2)				 	<u> </u>			1		 	
(3)				 				 		 	
(4)	 			 				 			
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,						Enter here and on page 1, Part II, line 26		
Schedule J- Advertising In	come (see instru	ctions)							-		
Part I Income From Peri			onsoli	idated Bas	is .						
arti medine i fom i en		<u>u on a o</u>	J113011	lated Das				T ⁻			
1 Name of periodical	2 Gross advertising income	3 Direct advertising		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circulation ncome	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)											
(2)				1				† — — —		7	
3)				1		_		T		7	
(4)			_	1						7	
·										 	
Totals (carry to Part II, line (5))	<u> </u>									Form 990-T (2018	

Totals from Part I.

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.) 4. Advertising 7 Excess readership 2. Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but 1 Name of periodical advertising advertising costs ıncome costs a gain, compute cols 5 through 7 not more than ıncome column 4) (1) (2) (3) (4)

Enter here and on

page 1, Part I,

line 11, col (B)

Enter here and on

page 1, Part I,

line 11, col (A)

	1. Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)	,		%	
(2)			%	
(3)			%	
(4)			/ %	
Total Enter h	ere and on page 1. Part II. line 14			

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Enter here and

on page 1,

Part II, line 27