

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 09/30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) The Aerospace Corporation	D Employer identification number (Employees' trust see instructions) 95-2102389
		Number, street and room or suite no. If a P.O. box see instructions PO Box 92957	E Unrelated business activity codes (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code Los Angeles, CA 90009-2957	
		F Group exemption number (See instructions) ▶	
C Book value of all assets at end of year 689,357,000	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ Ellen M Beatty Telephone number ▶ (310) 336 5000

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 ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from partnerships and S corporations (attach statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		0 00		0 00
13	Total. Combine lines 3 through 12	13		0 00		0 00

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

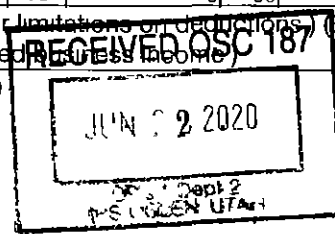
14	Compensation of officers, directors, and trustees (Schedule K)	14			
15	Salaries and wages	15			
16	Repairs and maintenance	16			
17	Bad debts	17			
18	Interest (attach schedule)	18			
19	Taxes and licenses	19			
20	Charitable contributions (See instructions for limitation rules)	20			
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a			22b
23	Depletion	23			
24	Contributions to deferred compensation plans	24			
25	Employee benefit programs	25			
26	Excess exempt expenses (Schedule I)	26			
27	Excess readership costs (Schedule J)	27			
28	Other deductions (attach schedule)	28			
29	Total deductions. Add lines 14 through 28	29			
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		0 00	
31	Net operating loss deduction (limited to the amount on line 30)	31			
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32			
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		0 00	
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		0 00	

For Paperwork Reduction Act Notice, see instructions

Cat No 11291J

Form **990-T** (2017)

Received in
Batching
AUG 12 2020
SCANNED AUG 24 2020



Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1) \$	(2) \$	(3) \$
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$		
(2) Additional 3% tax (not more than \$100,000)	\$		
c Income tax on the amount on line 34			35c 0 00
36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			36
37 Proxy tax. See instructions			37
38 Alternative minimum tax			38
39 Tax on Non-Compliant Facility Income See instructions			39
40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40 0 00

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			
b Other credits (see instructions)	41b			
c General business credit Attach Form 3800 (see instructions)	41c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e Total credits. Add lines 41a through 41d				41e
42 Subtract line 41e from line 40				42
43 Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)				43
44 Total tax Add lines 42 and 43				44
45a Payments A 2016 overpayment credited to 2017	45a			
b 2017 estimated tax payments	45b			
c Tax deposited with Form 8868	45c	176 100	00	
d Foreign organizations Tax paid or withheld at source (see instructions)	45d			
e Backup withholding (see instructions)	45e			
f Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g Other credits and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other Refund Received Total	45g	-230	00	
46 Total payments Add lines 45a through 45g				46 175 870 00
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>				47
48 Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed				48
49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid				49 175,870 00
50 Enter the amount of line 49 you want Credited to 2018 estimated tax <input checked="" type="checkbox"/> Refunded <input checked="" type="checkbox"/>				50 175,870 00

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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	Yes	No
		✓
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file		✓
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer *Ellen Beatty*Date **5/21/2020**Title **VP CFO & Treasurer**May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no	

The Aerospace Corporation

FEIN 95-2102389

Tax Period Ending September 30, 2018

Attachment for Amended Form 990-T "Amended Return - Section 512(a)(7) Repeal"

Enclosed please find two returns, one as originally filed and the other as amended return to claim refund of \$175,870 on Unrelated Business Income Tax (UBIT) paid for Qualified Transportation Fringe amounts as a result of repealed on Section 512(a)(7)

1 Form 990-T, Part I, Line 12 (A) & (C)

The other income has decreased from \$838,477 to \$0 as a result of taxpayer is not required to pay tax under Section 512(a)(7)

2 Form 990-T, Part II, Line 30

The unrelated business taxable income has decreased from \$838,477 to \$0 due to change on above, line 12(C)

3 Form 990-T Part II, Line 33

The specific deduction has decreased from \$1,000 to \$0 due to change made on line 30

4 Form 990-T, Part II, Line 34

Unrelated business taxable income has decreased from \$837 477 to \$0 due to changes made from above line items

5 Form 990-T, Part III, Line 35c & 40

Total tax has decreased from \$175,870 to \$0 due to change on line 34

6 Form 990 T, Park IV, Line 45g

The \$230 subtraction was a refund that we received This is to reduce the overpayment that we are requesting

7 Form 990-T, Part IV, Line 46, 49 & 50

We are requesting a refund of \$175,870 under code Section 512(2)(7) repeal