

4	T OO	Exempt Organization	on Busine	ess	Income T	ax Retur		MB No 1545-0687	<u>-</u>		
Form	}90-T	(and proxy t					1011	0016			
	For o	calendar year 2016 or other tax year b	eginning 10/	1 ,:	2016, and ending	9/30 , 20	17	2016			
Departm	Department of the Treasury Information about Form 990-T and its instructions is available at www.irs.gov/form990t.										
		Do not enter SSN numbers on this fo			<u> </u>		1(c)(3). 501(c	c)(3) Organizations (Only		
A C	heck box if ddress changed		D Employer identification number (Employees' trust, see instructions)								
B Exem	ot under section Pri	INT JOHN F KENNEDY CENTER Number, street, and room or suite					(Employees	rust, see iisaaciic	JI 15)		
	1(C)(3)		53-0245017								
	8(e) (220(e) Tyr		Unrelated business activity codes (See instructions)								
_	8A UD 530(a)	452000									
C Book	453220										
at en] 401(a) trus	st Other ti	rust								
H De	3										
		tion's primary unrelated busine the corporation a subsidiary in al					roup?	Yes 🕖	No		
	-	ne and identifying number of th	-			,					
	e books are in care					ephone numbe	er 🕨				
Part	Unrelated Tr	ade or Business Income			(A) Income	(B) E	kpenses	nses (C) Net			
1a	Gross receipts or s	sales 1,594,492						,			
b	Less returns and allowa	ances 58,576 c	Balance 🟲	1c	1,535,916						
2		d (Schedule A, line 7)		2	1,552,936						
3	Gross profit. Subtr	ract line 2 from line 1c .		3	(17,020)			(17,020)			
4a		come (attach Schedule D) .		4a		ı -					
b		m 4797, Part II, line 17) (attach l	Form 4797)	4b							
С	Capital loss deduc			4c							
5		artnerships and S corporations (atta	ch statement)	5	12,961	· ·		12,961			
6	Rent income (Sche		•	6							
7		anced income (Schedule E) .		7							
8	•	ties, and rents from controlled organization		8							
9		a section 501(c)(7), (9), or (17) organization	on (Schedule G)	9							
10		activity income (Schedule I) .	•	10							
11 12	_	e (Schedule J)		12							
13	Total. Combine lin	instructions; attach schedule) . nes 3 through 12		13	(4,059)	 		(4,059)			
Part		Not Taken Elsewhere (See in				uctions.) (Exc	ent for con				
		ust be directly connected with					opt for con	er ibationo,			
14		officers, directors, and trustees		-	HEVE		. 14				
15	Salaries and wage			53		2	15				
16	Repairs and maint].	1.22	AUG 4 4 2	1918 . P	. 16				
17	Bad debts			шJ		· · 62 ·	. 17				
18	Interest (attach scl	hedule)		Ĩ	IGUEN.		18				
19		s		-			19				
20		utions (See instructions for limit	tation rules)		,,		20				
21	Depreciation (attac						 				
22	•	claimed on Schedule A and els					22b	 			
23							. 23				
24		eferred compensation plans					24	 			
25	Employee benefit	programs					. 25	 			
26	•	26	 								
27		costs (Schedule J)						 			
28 29		(attach schedule) . Add lines 14 through 28					. 28	 			
29 30	Unrelated business		(4.050)								
31	Net operating loss		(4,059)								
32	Unrelated busines		 								
33	Specific deduction		 								
34		ess taxable income. Subtract I						 			
	enter the smaller of	of zero or line 32					. 34	(4,059)			
For Pa		Act Notice, see instructions.			Cat No 1129			Form 990-T (2016		
							11				
							, ,				

D	Utner c	realts (see instructions)			410					-	ł
C	Genera	i business credit. Attach Form :	3800 (see instructions) .		41c					•	ı
d	Credit 1	for prior year minimum tax (atta	ch Form 8801 or 8827) .		41d						1
e	Total c	redits. Add lines 41a through 4	1d					41e			<u> </u>
42		ct line 41e from line 40					.	42			
43	Other ta	xes. Check if from: 🔲 Form 4255 [🗌 Form 8611 🔲 Form 8697 🗌] Form 8868 🔲 C	ither (a	ttach schedule) .	.	43			Γ
44	Total t	ax. Add lines 42 and 43					.	44			
45a	Payme	nts: A 2015 overpayment credit	ed to 2016		45a					 	T
b	2016 e	stimated tax payments		[45b						l
C		posited with Form 8868			45c						j
d	Foreign	n organizations: Tax paid or with	nheld at source (see instru	ctions) .	45d						}
8		withholding (see instructions)			45e						}
f	Credit :	for small employer health insura	nce premiums (Attach Fo	rm 8941) .	451						
9			Form 2439			. 1					ſ
	☐ Form		Other	_ Total 🕨	45 _B						1
46	-	sayments. Add lines 45a throug					•	46			<u> </u>
47		ted tax penalty (see instructions				.	· 🗆	47			<u> </u>
48		e. If line 46 is less than the tota					>	48			ļ
49	-	ayment. If line 46 is larger than		•	oven			49			
50		e amount of line 49 you want: Cred			ــــــــــــــــــــــــــــــــــــــ	Refunded		50			┸
Part		tatements Regarding Certa									
51		time during the 2016 calendar									No
		financial account (bank, securit									i i
	here >	Form 114, Report of Foreign	Bank and Financial Accou	inis. If YES, en	ter in	e name or un	e ior	aign c	ountry	' 	
EA		~~~					- f	1		-	+-
52	_	the tax year, did the organization re		_	or, or	transieror to,	a tore	ign tru	ST7 .		.
F0		see instructions for other forms				•					
_53		he amount of tax-exempt intere- penalties of perjury, I declare that I have e					he hes	of my	crowled	ne and by	died it is
Sign		orrect, and complete. Declaration of prepare	er (other than texpayer) is based on a	all information of which	th buebs	mer has any knowl	edge.				
Here		L Pratt	108104118	CEO						iscuss this rer shown	
		ture of officer	Date	Title X				(200 put	structions	s)? []Yes	□No
Dald		Print/Type preparer's name	Preparer's signature	80		Date	Τ	- 7		PTIN	
Paid		MARC R. BERGER, CPA	Mack	Blu-	-	8/7/18		ck -		P01871	1563
Prep		Firm's name ► BDO USA LLP	11/3				+	's EIN		3-53815	
Use (Only	Firm's eddress ► 8401 GREENSB	OPO DRIVE SHITE ROO MO	1 FAN VA 2210	,			us uo.		3-893- 0	
		THE COMPANY OF THE CHARLES	ALA BIMIT ANTIT MANTEN	PRINT IN LE IU			1510	1		990-1	
									. ••••		- 1

Schedule A-Cost of Good	ls Sold. Ent	er method of in	ventory v	aluation ▶					
1 Inventory at beginning or	f year 1	460,512	6	Inventory a	at end of year	6	364,718	3	
2 Purchases	2	453,832	7	Cost of	goods sold. Subtract			T	
3 Cost of labor	3	696,978		line 6 from	line 5. Enter here and	<u>'</u>		ĺ	
4a Additional section 263/	A costs			ın Part I, İır	ne 2	7	1,552,936	3	
(attach schedule)	4	a l	8	Do the rul	es of section 263A (with	h resi			
b Other costs (attach sche	b 306,332		property p	roduced or acquired for	resale) apply			
5 Total. Add lines 1 through	gh 4b 5				nization?			7	
Schedule C-Rent Income	(From Rea	Property and	Persona	I Property I	Leased With Real Pro	perty	·)		
(see instructions)									
Description of property						_			
(1)									
(2)									
(3)									
(4)	_								
	2. Rent receive	d or accrued							
(a) From personal property (if the perce for personal property is more than 10 more than 50%)		(b) From real and percentage of rent for 50% or if the rent is	or personal p	property exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)						•			
(2)									
(3)									
(4)									
Total		Total			42.7.4.1.4.4.4.				
(c) Total income. Add totals of col here and on page 1, Part I, line 6, co	olumn (A)	<u> </u>			Enter here and on page Part I, line 6, column (B)	-			
Schedule E-Unrelated De	bt-Finance	d Income (see	nstruction	is)	O Dadwatana dinasti, and		th an all a a h la	-	
1. Description of deb	t-financed prope	rty	allocable to	ncome from or debt-financed	3. Deductions directly condebt-finance (a) Straight line depreciation	ed pro			
			pr	operty	(attach schedule)	\'	(attach schedule		
(1)	_ _					ļ			
(2)		_ _ -	 .						
(3)						-			
(4) 4. Amount of average	5 Average	adjusted basis	<u>.</u>						
acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finai	adjusted basis illocable to need property n schedule)	4 (Column divided column 5	7. Gross income reportable (column 2 × column 6)		Allocable deduct mn 6 × total of co 3(a) and 3(b))		
(1)				%_					
(2)				%					
(3)				%					
(4)			_	%					
					Enter here and on page 1, Part I, line 7, column (A)		here and on p I, line 7, colum		
Totals				>	L	<u> </u>			
Total dividends-received deduction	ons included ii	n column 8				<u> </u>	Form 990-		
							corm uun-	(2016)	

Sche	edule F—Interest, Ann	uities	, Hoyalties,			Controlled Org	anizations (se	e instrud	ctions)	
			3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)										
(2)				ļ						
(3)							 		ـ	
(4)		-4		L		L			<u></u>	
None	xempt Controlled Organi	zation	<u> </u>		Τ					
7 Lavable Income I		Net unrelated income loss) (see instructions)			otal of specified yments made	10. Part of column included in the coorganization's gro	controlling	11. Deductions directly connected with income in column 10		
(1)							 		1	
(2)										
(3)										
(4)										
T-4-1							Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Sche	edule G – Investment	ncon	ne of a Sect	ion 501	(c)(7), (9),	or (17) Organi	zation (see inst	tructions	3)	
	1. Description of income		2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)		_				<u> </u>				
(4)										
Totals	S	•	Enter here and Part I, line 9, c				-			re and on page 1, ne 9, column (B)
Sche	edule I – Exploited Ex	empt	Activity Inc	ome, O	ther Than	Advertising In	come (see inst	tructions	5)	
	1. Description of exploited activ	ity	2. Gross unrelated business inco from trade of business	me cor	Expenses directly nected with oduction of unrelated iness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses Itable to Imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)						<u> </u>				
(4)								L		
Totals	s	,	Enter here and page 1, Part line 10, col (I, pa	r here and on ge 1, Part I, e 10, col (B)					Enter here and on page 1, Part II, line 26
_	edule J-Advertising									
Par	t I Income From F	erio	licals Repor	ted on	a Consoli					
	1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		idership Osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_ †						
(2)]				
(3)						_				
(4)										ļ
<u>Total</u>	s (carry to Part II, line (5))		<u> </u>					<u> </u>		50rm 990-T (2016

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 4. Advertising gain or (loss) (col 2 minus col 3) If 2. Gross advertising 5. Circulation 6. Readership 3. Direct minus column 5, but 1. Name of periodical costs advertising costs income income a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) \blacktriangleright Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (B) on page 1, Part II, line 27 page 1, Part I, line 11, col (A) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title 1. Name unrelated business (1) %

Form **990-T** (2016)

% %

%

▶