	_		nded to Nov			.			
Form 990-T ;	E	xempt Orga				ax Return)	OWB	lo 1545-0687
* , 93	(and proxy tax under section 6033(e))							2018	
, i	For calendar year 2018 or other tax year beginning , and ending , and ending							2	UIU
Department of the Treasury Internal Revenue Service	 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). 								ublic Inspection for Organizations Only
A Check box if									fication number
address changed	[Parite of organization (End office box in finance changed and see instructions.)							mployees' trust, see structions)	
B Exempt under section	Print Center on Budget and Policy Priorities							52-1234565	
X 501(c\)23)	or Number, street, and room or suite no. If a P.O. box, see instructions.							related business activity code se instructions)	
408(e) 220(e)	Туре	e 1275 First Street NE, No. 1200							,,
408A 530(a)		City or town, state or prov							
529(a)		Washington,							
C Book value of all assets at end of year	F Group exemption number (See instructions.)								
	G Check organization type ► 🗶 501(c) corporation 501(c) trust 401(a) trust								
	Enter the number of the organization's unrelated trades or businesses.								
trade or business here						complete Parts I-V. I			3 ,
describe the first in the bla			is sentence, complete l'a	irts I an	d II, complete a Scheduk	M for each addition	al tradc	or	
business, then complete P I During the tax year, was the			offiliated aroun or a parer	at cube	idioni controlled aroun?	<u> </u>	Ye	<u> </u>	□ No
If "Yes," enter the name an		·		11-3003	idially controlled group?			• _	_ 100
J The books are in care of					Telepho	one number 🕨 (202) 40	8-1080
Part I Unrelated					(A) income	(B) Expenses			(C) Net
1a Gross receipts or sales									
b Less returns and allowa	ances		c Balance	10			ما		
2 Cost of goods sold (Sc	Cost of goods sold (Schedule A, line 7)					•			I
3 Gross profit. Subtract li	ine 2 fr	om line 1c		3					
4a Capital gain net income	e (attacl	n Schedule D)		4a					
b Net gain (loss) (Form 4	797, P	art II, line 17) (attach Form	4797)	4b					
c Capital loss deduction f	for trus	ts		4c					
, , ,		hip or an S corporation (at	tach statement)	5 6					
	,								
7 Unrelated debt-financed		,		7 8					
	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)						\rightarrow		
	9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)								
	Exploited exempt activity income (Schedule I) Advertising income (Schedule J)								
12 Other income (See instr		•		11					
13 Total. Combine lines 3		· ·		12 13	0.	•	-		
		t Taken Elsewher	e (See instructions fo	_					
		tions, deductions must				s income.)			
14 Compensation of office	ers, dır	ectors, and trustees (Sche	dule K)				14		
15 Salaries and wages		,	·				15		
16 Repairs and maintenar	псе						16		
17 Bad debts	· · · · · · · · · · · · · · · · · · ·								
18 Interest (attach schedu	ule) (se	e instructions)					18		
19 Taxes and licenses	19 Taxes and licenses								
13									
	22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22a								
	5 Employee benefit programs 6 Excess exempt expenses (Schedule I)								
26 Excess exempt expenses (Schedule I) OGDEN, UT									
27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule)									
Harris de la Companya								-	0.
							29 30		0:
	——————————————————————————————————————								
4									0.
	323701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.							Form	990-T (2018)

Form 990-1		-1234565	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	162,090.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34	36	162,090.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	162,090.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	<u> </u>	
	enter the smaller of zero or line 36	38	161,090.
Part I			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	33,829.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		33,023.
40		40	
44		· · · · · · · · · · · · · · · · · · ·	
41	Proxy tax. See instructions	. 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	33 030
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	33,829.
	Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
C			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	33,829.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach)	schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	33,829.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018	: * 1	
b	2018 estimated tax payments 50b 18,	000.	
С	Tax deposited with Form 8868 50c 25,	000.	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e .		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g	_	
51	Total payments. Add lines 50a through 50g	51	43,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	699.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	8,472.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 8,472. Refunded	· +	0.
Part \			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	"	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to		
_/ 57		ustr	.
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$		1,5
	Under penalties of perjury I declare that I have exaptined this ceturn, including accompanying schedules and statements, and to the bes	t of my kapuladas and	boliof it in true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	t of fitty Knowledge and	Dallet, It is true,
Here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		liscuss this return with
	Signature of officer Date Date CFO		hown below (see
		instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check		
Paid		mployed	0.50005
Prepa	rer Collingsworth You a Collina alth 11/11/19		0639819
Use C	Only Firm's name ► Rogers & Company PLLC Firm	's EIN ► 58	-2676261
	8300 Boone Boulevard, Suite 600		
	Firm's address ► Vienna, VA 22182	ne no. (703)	
823711 01	-09-19		Form 990-T (2018)

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