

AMENDED TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20

FOR THE YEAR ENDING

December 31, 2018

Prepared for	Interaction the American Council For Voluntary International Action 1400 16th Street NW, No. 210 Washington, DC 20036
Prepared by	Cliftonlarsonallen LLP 901 N. Glebe Road, Suite 200 Arlington, VA 22203 571-227-9500
To be signed and dated by	The appropriate corporate officer(s).
Amended Result	Original Refund \$ 2,475.00 Amended Refund \$ 2,475.00 No Payment Required \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	D.C. Office of Tax and Revenue PO Box 96148 Washington, D.C. 20090-6148
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	Your overpayment in the amount of \$2,475.00 has been applied to your District of Columbia estimated tax.

2018 **FR-120** Extension of Time to File a
DC Corporation Franchise Tax Return

ENTER DOLLAR AMOUNTS ONLY		
1	Total estimated corporation franchise tax liability for the tax period.	1 \$ 2325.00
2	Estimated franchise tax payments (include any tax overpayment credit).	2 \$ 4800.00
3	Other payments.	3 \$.00
4	Total payments and credits (add Lines 2 and 3).	4 \$ 4800.00
5	Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your request will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)	5 \$.00

Detach at perforation and mail the voucher, with payment attached, to:
Office of Tax and Revenue
PO Box 96019
Washington DC 20090-6019

843351 10-30-18

Government of the District of Columbia 2018 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return

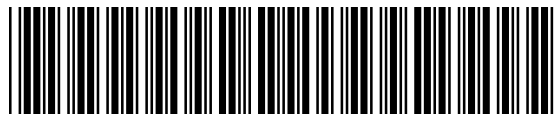
Amount of payment (dollars only) \$ 0.00

Taxpayer Identification Number
133287064

Business Name or Designated Agent name
INTERACTION THE AMERICAN COUNCIL FO

Business mailing address (number, street, suite/apartment number if applicable)
1400 16TH STREET NW, NO. 210

City
WASHINGTON



181200S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1019

Tax period ending (MMYY) 1218 Mark if Combined Report

State DC ZIP Code + 4 20036

A 6 or 7 month extension of time to file until OCT 15, 2019, for calendar year 2018, or until for fiscal year ending , is requested.

2018 D-20 SUB Corporation
Franchise Tax Return



180203S11019

Taxpayer Identification Number (TIN)
133287064

Number of business locations
In DC: 1 Outside DC: 0

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1019

Name of corporation
INTERACTION THE AMERICAN COUNCIL FO

Tax period ending (MMYY)
1218

Mark if:
 QHTC located in DC Ballpark TIF area
 AMENDED RETURN
 FINAL RETURN
 CERTIFIED QHTC
 COMBINED REPORT*

Business mailing address #1
1400 16TH STREET NW, NO. 210

Business mailing address #2

*You must fill in the Designated Agent info below

City
WASHINGTON

State ZIP code
DC 20036

WORLDWIDE**
**Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank, if minus, enter amount and fill in space.

GROSS INCOME

1	Gross receipts, minus returns and allowances		1	\$	39957.00
2	Cost of goods sold (from Form D-20 Schedule A) and/or operations (attach statement)		2	\$	.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus	3	\$	39957.00
4	Dividends from Form D-20, Schedule B		4	\$	.00
5	Interest (attach statement)		5	\$	.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6		6	\$	.00
7	Gross royalties (attach statement)		7	\$	.00
8	(a) Net capital gain (attach copy of federal Form 1120, Schedule D)	Mark if minus	8(a)	\$	.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8(b)	\$	.00
9	Other income (loss) (attach statement)	Mark if minus	9	\$	.00
10	Total gross income Add Lines 3 - 9	Mark if minus	10	\$	39957.00

11	Compensation of officers from Form D-20, Schedule C		11	\$	.00
12	Salaries and wages		12	\$	4023.00
13	Repairs		13	\$	.00
14	Bad debts		14	\$	.00
15	Rent		15	\$	.00
16	Taxes From Form D-20, Schedule D		16	\$	.00

DEDUCTIONS

17	(a) Interest payments	.00			
	(b) Minus nondeductible payments to related entities	.00	=	17(c)	\$.00
18	Contributions and/or gifts (attach statement)		18	\$	.00
19	Amortization (attach a copy of your federal Form 4562)		19	\$	.00
20	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.)		20	\$	.00
21	Depletion (attach statement)		21	\$	.00
22	(a) Enter royalty payments made	.00			
	(b) Minus nondeductible payments to related entities	.00	=	22(c)	\$.00

Taxpayer Name: INTERACTION THE AMERICAN



Taxpayer Identification Number (TIN) 133287064

180203S21019

Enter dollar amounts only

DEDUCTIONS	23 Pension, profit-sharing plans		23	\$	.00
	24 Other deductions (attach statement)	STATEMENT 2	24	\$	7756.00
	25 Total deductions Add Lines 11-24		25	\$	11779.00
TAXABLE INCOME	26 Net income Line 10 minus Line 25	Mark if minus	26	\$	28178.00
	27 Net operating loss deduction (For years before 2000)		27	\$	.00
	28 Net income after net operating loss deduction Line 26 minus Line 27	Mark if minus	28	\$	28178.00
	29 (a) Non-business income/state adjustment (attach statement)	Mark if minus	29a	\$	.00
	(b) Expense related to non-business income (attach statement)		29b	\$	.00
	(c) 29(a) minus 29(b)	Mark if minus	29c	\$	.00
	30 Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus	30	\$	28178.00
	31 DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5		31		1.000000
	32 Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	Mark if minus	32	\$	28178.00
	33 Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus	33	\$	0.00
34 Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33	Mark if minus	34	\$	28178.00	
35 Apportioned NOL deduction (Losses occurring in year 2000 and later)		35	\$	.00	
36 Total DC taxable income Line 34 minus Line 35 If QHTC, skip Lines 37-39. Complete QHTC Schedule on Page 4, Lines 1-10.	Mark if minus	36	\$	28178.00	
37 TAX 8.25% of Line 36.		37	\$	2325.00	
TAX - PAYMENTS AND CREDITS	38 Minus nonrefundable credits from Schedule UB, Line 9		38	\$	.00
	39 Total DC Gross Receipts (from Line '4' MTLGR worksheet)	\$	.00	STATEMENT 3	
	40 Net Tax Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M		40	\$	2325.00
	41 Payments and Refundable Credits:				
	(a) Tax paid, if any, with request for an extension of time to file		41a	\$	.00
	(b) Tax paid, if any, with original return if this is an amended return		41b	\$	.00
	(c) 2018 estimated franchise tax payments		41c	\$	4800.00
	(d) Refundable credits from Schedule UB, Line 12		41d	\$	.00
	42 If this is an amended 2018 return, enter the amount requested with original return		42	\$	2475.00
	43 Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42		43	\$	4800.00
44 Estimated tax interest (Mark if D-2220 attached)		44	\$	.00	
45 Total Amount Due. If Line 43 amount is smaller than the total of Lines 40 and 44, enter amount due Will this payment come from an account outside the U.S.? Yes No See instructions		45	\$	.00	
46 Overpayment If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid		46	\$	2475.00	
47 Amount you want to apply to your 2019 estimated franchise tax		47	\$	2475.00	
48 Amount to be refunded Line 46 minus Line 47		48	\$	.00	

Third Party Designee To authorize another person to discuss this return with OTR, mark here and enter the name and phone number
Designee's name Phone

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

PLEASE SIGN HERE PAID PREPARER ONLY

Officer's signature: CEO Title: CEO Date: 2026678227 Telephone number of person to contact: 2026678227
 Preparer's signature (if other than taxpayer): _____ Date: _____ Firm name: CLIFTONLARSONALLARLINGTON, VA 222 Firm address: _____
 Preparer's PTIN: P00035293

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here. X



Taxpayer Name: **INTERACTION THE AMERICA**

Taxpayer Identification Number (TIN) **133287064**

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
		NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
1. Inventory at beginning of year	\$		
2. Merchandise bought for manufacture or sale			\$
3. Salaries and wages			
4. Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)			
5. Total	\$		
6. Minus: Inventory at end of tax year			
7. Cost of goods sold (Enter here and on D-20, Line 2.)	\$		
Method of inventory valuation:			
		Total Dividends	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 11. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$ 28178.	7. Total DC taxable income reported (from D-20, Line 36).	\$ 28178.
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).	0.	8. Net income apportioned or allocated to outside DC.	0.
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	0.	9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0.	(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			0.
(b) _____			
6. TOTAL of Lines 1-5.	\$ 28178.	10. TOTAL of Lines 7, 8 and 9.	\$ 28178.

Taxpayer Name: **INTERACTION THE AMERICAN**



Taxpayer Identification Number (TIN) **133287064**

180203S41019

Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places.

For all businesses other than financial institutions:

Column 1 TOTAL

Column 2 in DC

Column 3 Factor
(Column 2 divided by Column 1)

1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.

\$.00 \$.00

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.

\$.00 \$.00

3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.

\$.00 \$.00

4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Col 3. Enter on D-20, Line 31 For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31

For Combined Reporters

Enter the number of members in the combined group

Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

Schedule 1 - Combined Report Tax Due

Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)

1	Initial Date of Taxable Income (MMYY)				
2	Cumulative Amount of QHTC Exemption Previously Used	\$	.00		
3	Total DC taxable income. D-20 Line 36.		Mark if minus:	3	\$.00
4	Qualified High Technology Companies Franchise Tax 6.0% of Line 3			4	\$.00
5	Minus nonrefundable credits from Schedule UB, Line 9			5	\$.00
6	Tentative Tax. Subtract Line 5 from Line 4			6	\$.00
7	Minus QHTC Exemption This Return			7	\$.00
8	Total DC gross receipts from Line '4' MTLGR Worksheet			8	\$.00
9	Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48.			9	\$.00
10	Amount of QHTC Exemption Remaining			10	\$.00

Taxpayer Name: **INTERACTION THE AMERICAN**

Taxpayer Identification Number (TIN) **133287064**

Schedule G- Balance Sheets		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash		1982555.		2699536.
	2. Trade notes and accounts receivable	1629114.		977046.	
	(a) MINUS: Allowance for bad debts		1629114.		977046.
	3. Inventories				
	4. Gov't obligations: (a) U.S. and its instrumentalities				
	(b) States, subdivisions thereof, etc.				
	5. Other current assets (attach statement) STMT 4		187542.		175134.
	6. Loans to stockholders				
	7. Mortgage and real estate loans				
	8. Other investments (attach statement) STMT 5		1486659.		1382796.
	9. Buildings and other fixed depreciable assets	2206618.		2274000.	
	(a) MINUS: Accumulated depreciation	933678.	1272940.	1090515.	1183485.
	10. Depletable assets				
	(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)					
12. Intangible assets (amortizable only)					
(a) MINUS: Accumulated amortization					
13. Other assets (attach statement) STMT 6		75310.		75310.	
14. TOTAL ASSETS		6634120.		6493307.	
LIABILITIES AND CAPITAL	15. Accounts payable		529948.		239670.
	16. Mortgages, notes, bonds payable in less than 1 year				
	17. Other current liabilities (attach statement)				
	18. Loans from stockholders				
	19. Mortgages, notes, bonds payable in 1 year or more				
	20. Other liabilities (attach statement) STMT 7		1831956.		3687768.
	21. Capital stock: (a) Preferred stock				
	(b) Common stock				
	22. Paid-in or capital surplus (attach statement)				
	23. Retained earnings - Appropriated (attach statement)				
	24. Retained earnings - Unappropriated		4272216.		2565869.
	25. MINUS: Cost of treasury stock				
26. TOTAL LIABILITIES AND CAPITAL		6634120.		6493307.	

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return			
1. Net income per books	\$	0.	
2. Federal income tax			
3. Excess of capital losses over capital gains			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation \$ _____ (b) Depletion \$ _____			
6. TOTAL of Lines 1 through 5	\$		
7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$ _____	\$		
8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation \$ _____ (b) Depletion \$ _____			
9. TOTAL of Lines 7 and 8	\$		
10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.) ...	\$		

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books			
1. Balance at beginning of year	\$		
2. Net income per books			
3. Other increases (itemize)			
4. TOTAL of Lines 1, 2 and 3	\$		
5. Distributions: (a) Cash	\$		
(b) Stock			
(c) Property			
6. Other decreases (itemize).			
7. TOTAL of Lines 5 and 6	\$		
8. Balance at end of year (Line 4 minus Line 7) ...	\$		

Taxpayer Name: INTERACTION THE AMERICAN



Taxpayer Identification Number (TIN) 133287064

Schedule I - Income from Rent

Table with 6 columns: Col. 1 Address of Property, Col. 2 Kind of Property, Col. 3 Gross Amount of Rent, Col. 4 Depreciation* or Amortization (Per Federal Form 4562), Col. 5 Repairs (Explain in Sch. I-1), Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1). Includes a total row at the bottom.

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Table with 6 columns: Column No., Explanation, Amount, Column No., Explanation, Amount. Includes a large 'DRAFT' watermark.

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION 2.(a) DATE OF INCORPORATION 2.(b) DATE BUSINESS BEGAN IN DC 3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: CINCINNATI, OH 4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - 5. LOCATED AT - 1400 16TH STREET NW, NO. 210 WASHINGTON, DC 20036

6. During 2018, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES [] NO [X] If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns. If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY

7. Is this corporation unitary with another entity? [] YES [X] NO If yes, explain:

8. Is this return made on the accrual basis? [X] YES [] NO If no, indicate basis used: [] Cash Basis [] Other (specify)

9. Did you file a franchise tax return with DC for the year 2017? [X] YES [] NO If no, state reason:

10. Did you withhold DC income tax from wages paid to your DC resident employees during 2018? [X] YES [] NO If no, state reason:

11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2018? [X] YES [] NO

12. (a) Has the business been terminated? [] YES [X] NO If yes, explain and give date:

(b) Have you moved out of DC? [] YES [X] NO

13. Did you file an annual ballpark fee return? [] YES [X] NO

AMENDED RETURN INFORMATION

STATEMENT 1

DESCRIPTION	AMOUNT
ORIGINAL REFUND	2475
AMENDED REFUND	2475
NO PAYMENT REQUIRED	0

DC FORM D-20

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
CAPITAL CONTRIBUTIONS	6,256.
TAX PREPARATION FEES	1,500.
TOTAL TO FORM D-20, PAGE 2, LINE 24	7,756.

DRAFT

DC FORM D-20	MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT	3
1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20.			0.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1			0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33			0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39			0.

DC SCHEDULE G	OTHER CURRENT ASSETS	STATEMENT	4
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
PREPAID EXPENSES	187,542.	175,134.	
TOTAL TO SCHEDULE G, LINE 5	187,542.	175,134.	

DC SCHEDULE G	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
INVESTMENTS - PUBLICLY TRADED SECURITIES	1,486,659.	1,382,796.	
TOTAL TO SCHEDULE G, LINE 8	1,486,659.	1,382,796.	

DC SCHEDULE G	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
SECURITY DEPOSIT	75,310.	75,310.	
TOTAL TO SCHEDULE G, LINE 13	75,310.	75,310.	

DC SCHEDULE G	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
REFUNDABLE ADVANCES	30,000.	1,979,290.	
DEFERRED RENT	1,801,956.	1,708,478.	
TOTAL TO SCHEDULE G, LINE 20	1,831,956.	3,687,768.	

FOOTNOTES	STATEMENT	8
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LINES 9 & 10 - THE 2017 TAX CUTS AND JOBS ACT CREATED IRC SEC. 512(A)(7) WITH AN ENACTMENT DATE OF JANUARY 1, 2018. IRC SEC. 512(A)(7) DEFINED THE CONCEPT OF 'DISALLOWED FRINGE BENEFITS' AND REQUIRED THAT THESE EXPENSES BE INCLUDED IN UNRELATED BUSINESS TAXABLE INCOME. THE TAXPAYER CERTAINTY AND DISASTER RELIEF ACT OF 2019 SIGNED ON DECEMBER 20, 2019 REPEALED IRC SEC. 512(A)(7) RETROACTIVELY BACK TO ITS ORIGINAL ENACTMENT. AS SUCH THIS AMENDMENT IS BEING FILED TO REMOVE THE DISALLOWED FRINGE BENEFITS WHICH ARE NO LONGER INCLUDED IN UNRELATED INCOME AND THEREFORE REMOVED FROM LINES 9 & 10.

LINE 36 & 37 - TAXABLE INCOME AND INCOME TAX ARE ZERO DUE TO REPEAL OF IRC SEC. 512(A)(7).

Tax period ending 1218

Name of Corporation INTERACTION THE AMERICAN COUNCIL FO

Taxpayer Identification Number 133287064

Business Mailing Address 1400 16TH STREET NW, NO. 21

City WASHINGTON

State DC

Zip code + 4 20036

PART I - TAX RETURN INFORMATION (Whole dollars only)

PLEASE ENTER WHOLE DOLLAR AMOUNTS

Table with 2 columns: Description (Total DC Gross Receipts, DC Taxable Income, Net tax, Tax Due or Overpayment) and Amount (00, 28,178.00, 2,325.00, 2,475.00)

PART II - PAYMENT METHOD

Direct Debit

Paper Check

For Direct Debit enter the following information:

I authorize the DC government to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment.

5. Routing Number* *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

6. Account Number

7. Type of Account Checking Savings

PART III - DECLARATION OF CORPORATION OFFICER

Under penalties of perjury, I declare that the above amounts agree with the amounts shown on the corresponding lines of the electronic portion of the 2018 Corporation Franchise Tax Return. I have also examined a copy of the return(s) being filed electronically with the District of Columbia, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct and complete. Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Officer's Signature

Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above corporation return and that the entries on the D-20E are complete and correct to the best of my knowledge. The officer representing the corporation will have signed this form before I submit the return. I will give the corporation or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Mark if also paid preparer

ERO's Signature Date

P00035293 ERO Taxpayer Identification Number

ERO's Use Only

Firm's name (or yours if self-employed) CLIFTONLARSONALLEN LLP

901 N. GLEBE ROAD, SUITE 200 22203 Address and ZIP Code 571-227-9500

41-0746749 EIN

Phone Number

Under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, complete. Declaration of preparer is based on all information of which I have any knowledge.

Paid Preparer Use Only

Preparer's name (type/print) YUNG-HEE GALLINARO

Preparer's signature

PTIN P00035293

Firm's name CLIFTONLARSONALLEN LLP

Firm's address 901 N GLEBE ROAD SUITE 200, ARLINGT

Firm's EIN 410746749

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.