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### Descript under section    Solid												
B Example unders action   Sign   Sig			Name of organization / Check box in flame changed and see first dictions.)   (Employees' trust, see									
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Solicy   S			Number street and room or suite no. If a P.O. how see instructions									
Seal and the season   Section   S	== ==	Type										
Bescribe the organization's primary unrelated business activity:   ADVERTISING	``		City or town, state or province, country, and ZIP or foreign postal code									
Describe the option and process activity   Described the process	C Book value of all assets		F Group exemption number (See instructions.)	<b>&gt;</b>								
During the tax year, was the corporation a subsidiary in an affiliated group or a patent-subsidiary controlled group?  If Yes, ** antar th name and identifying number of the parent corporation.  If Yes are in care of ▶ RAMSAY R. JORNSON, JR., CPA Telephone number ▶ 20.2-728-0200  Part I Unrelated Trade or Business Income  I Gly Income	15,988,2	at end of year										
If *Yes, enter the name and identifying number of the parent corporation. ▶  The books are in care of ▶ RAMSAY R. JOHNSON, JR., CPA   Telephone number ▶ 202-728-0200    Part I   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net    1a. Gross receipts or sales	H Describe the organization	n's prim	ary unrelated business activity. > ADVERTI	SING	3							
Part   Unrelated Trade or Business Income   Callance	1 During the tax year, was	the corp	poration a subsidiary in an affiliated group or a parer	ıt-subsı	diary contro	lled group?	▶ [	Yes	X No			
Part I   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net	If "Yes," enter the name	and iden	tifying number of the parent corporation.		_							
1a Gross recurpts or sales  b Less returns and allowances  2 Cost of goods sold (Schedule A, Ine 7)  3 Gross profits. Subtract line 2 from line 1e  4a Capital gain net income (statch Schedule D)  Net gain (loss) (Form 4797) Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  i linear (loss) (Form 4797) Part II, line 17) (attach Form 4797)  c Spatial loss deduction for trusts  i linear (loss) (Form 4797) Part II, line 17) (attach Form 4797)  b Net gain (loss) (Form 4797) Part II, line 17) (attach Form 4797)  c Capital loss deduction for trusts  i linear (loss) (Form 4797) Part II, line 17) (attach Form 4797)  b May 2 1 2018  c Capital loss deduction for trusts  i linear (loss) (Form 4797) Part II, line 17) (attach Form 4797)  b May 2 1 2018  c Capital loss deduction for trusts  i linear (loss) (Form 4797) Part II, line 17) (attach Form 4797)  b May 2 1 2018  c Capital loss deduction for trusts  i linear (loss) (Form 4797) Part II, line 17) (attach Form 4797)  b May 2 1 2018  c Capital loss deduction for trusts  i linear (loss) (Form 4797) Part II, line 17) (attach Form 4797)  b May 2 1 2018  c Capital loss (Schedule 2)  c Exploited exempt activity income (Schedule 6)  c Exploited exempt activity income (Schedule 6)  c Exploited exempt activity income (Schedule 7)  c Exploited exempt activity income (Schedule 7)  c Exploited exempt activity income (Schedule 8)  c Ex				CPA		Telepho	one number 🕨 2	02-7	728-0200			
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2 Cost of goods sold (Schedule A, Inne 7) 3 Gross profit. Subtract line 2 from line to 4 Capital gain ent income (faths Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 5 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 7 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797) 7 Unrelated dest-Intanced mome (Schedule C) 8 Interest, annurlies, reyathes, and rents from controlled organizations (Sch. F) 8 Interest, annurlies, reyathes, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Exploted exempt activity moment (Schedule I) 11 Advertising income (Schedule I) 12 Other income (Sce instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Bad debts 17 Bad debts 18 Interest (attach schedule) 19 Taxes and itenance 16 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Deprecation (attach Form 4562) 22 Less deprecation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Charitable contributions (See instructions for limitation rules) 29 Deprecation (attach Form 4562) 29 Deprecation (attach Form 4562) 20 Deprecation (attach form 4562) 21 Deprecation (attach form 4562) 21 Deprecation (attach form 4562) 22 Less deprecation (attach income before section deductions subtract line 29 from line 13 30 -145. 31 Net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before section deductions. Subtract line 31 from line 30 32 -145. 33 Specific deduction (Generally \$1,000, but see line 33 rism line 32, enter the smaller of zero or line 32	1a Gross receipts or sal	es						Ì				
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27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -145. 31 Net operating loss deduction (limited to the amount on line 30) 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 -145. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 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	25 Employee benefit p	rograms						25				
27   28 Other deductions (attach schedule)   28   29   Total deductions. Add lines 14 through 28   29   0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13   30   -145. 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   -145. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)   33   1,000. 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   -145.	26 Excess exempt exp	enses (S	Schedule I)					26				
Other deductions (attach schedule)  28  29  Total deductions. Add lines 14 through 28  29  O.  30  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  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  34  36  37  37  38  39  39  30  30  30  31  31  31  32  33  30  31  30  31  31  32  33  30  30  31  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  31  32  33  30  30  31  32  32  33  34  35  36  36  37  38  38  39  39  30  30  30  30  30  30  30  30		costs (Sc	chedule J)					27				
Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  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  100.  29  0.  30  -145.  31  1,000.			•					28				
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  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  1 1 45.	•											
Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  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  31  -145.			•	t line 29	from line 1	13		30	-145.			
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  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  32  -145.  33  1,000.								31				
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  33 1,000.  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 -145.	· -		•	rom line	30			32				
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 -145.												
Ine 32 34145.	•				than line 32	2, enter the sr	naller of zero or					
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions	line 32							34	-145. Form <b>990-T</b> (2017			

## AMERICAN ASSOCIATION OF COMMUNITY

Form 990-1 (2		0130	707		· ugo ¿
Part III	Tax Computation				
35 0	Irganizations Taxable as Corporations. See instructions for tax computation.				
	controlled group members (sections 1561 and 1563) check here   See instructions and:				
	inter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		I		
	1) \$ (2) \$ (3) \$		ļ		
	inter organization's share of: (1) Additional 5% tax (not more than \$11,750)	į			
	2) Additional 3% tax (not more than \$100,000)				
•	ncome tax on the amount on line 34	<b>→</b>	35c		0.
•	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	, L			
00 1	Tax rate schedule or Schedule D (Form 1041)	<b>.</b>	36		
97 0	Proxy tax. See instructions		37		
_	Alternative minimum tax		38		
	Fax on Non-Compliant Facility Income. See instructions		39		
	otal. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
	Tax and Payments		40		<del></del>
		—			
	,				
	General business credit. Attach Form 3800  Credit for prior year minimum tax (attach Form 8801 or 8827)  41d				
	,	<del></del>			
	Fotal credits. Add lines 41a through 41d		11e		0.
	Subtract line 41e from line 40		42		<u> </u>
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scho		43		
	Total tax. Add lines 42 and 43	H	44		0.
	Payments: A 2016 overpayment credited to 2017				
	2017 estimated tax payments		1		
	Fax deposited with Form 8868				
d f	Foreign organizations; Tax paid or withheld at source (see instructions)				
e E	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (Attach Form 8941)  45f				
g (	Other credits and payments: Form 2439		İ		
	Form 4136 Other Total ▶ <b>45g</b>				
46	Total payments. Add lines 45a through 45g	L	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨	<b> </b>	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>▶</b>	48		0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶  _	49		0.
50_	Enter the amount of line 49 you want; Credited to 2018 estimated tax	<u> </u>	50		
Part V	Statements Regarding Certain Activities and Other Information (see instructions)				,
<sup>-</sup> 51	At any time during the 2017 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				
1	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country				1
	here >				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	it?			X
	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 🕨\$			<u> </u>	
	Under penalties of perjury, I declare that I have grammed this return, including accompanying schedules and statements, and to the best of my correct; and compare Declaration of preparer wheelthan taypayer) is based on all information of which preparer has any knowledge	knowledge	a and belief, it is	true,	
Sign	correct, and committee Declaration of preparer inther/than taypayer) is based on all information of which preparer has any knowledge		the IRS discuss		wath
Here	Mes Stuber SENIOR VP & CFO		reparer shown b		WIUI
	Signature of officer Date Title		uctions)? X		No
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN		
	self- em				
Paid	05/10/19	,	P0064	4232	:
Prepa	Tel COMPANY IIC	FIN >	20-21		
Use O	200 INTERNATIONAL CIRCLE, SUITE 5500				
	Firm's address HUNT VALLEY, MD 21030 Phone	no. (2	10) 58	4-00	60
	THIN S ADDRESS P LICHT VALUE I, PED 21030	\ 3		990-T	

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Schedule A - Cost of Goods	Sold. Enter	method of invent	tory v	aluation N/A		<del></del>			
1 Inventory at beginning of year	1		6	Inventory at end of year	7		6		
2 Purchases				7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		1	from line 5. Enter here a	and in P	art I,			
4a Additional section 263A costs			1	line 2		•	7	1	
(attach schedule)	4a		8	Do the rules of section :	263A (v	vith respect to		Yes	No
b Other costs (attach schedule) 4b			1	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		1	the organization?		,,			_X_
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Per	sonal Property Lo	eased	d With Real Prop	erty		
1. Description of property							_		
(1)	<del> </del>							<del></del>	
(2)									
(3)									
(4)									
	:	ed or accrued				3(a) Deductions directly	u aanna	ested with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	nd 2(b)	(attach schedule)	· 
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	` ' '	ter <b>&gt;</b>			0	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
		<u> </u>		2. Gross income from		3. Deductions directly control to debt-finan			
Description of debt-financed property				or allocable to debt- financed property (		Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)		
(1)									
(2)			1						
(3)			1						
(4)			1						
4. Amount of average acquisition 5. Average debt on or allocable to debt-financed of or a property (attach schedule) debt-final		adjusted besis allocable to nced property h schedule)	(	6. Column 4 divided by column 5				8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			1	%					
(2)			1	%					
(3)			1	%			丁	· -	
(4)			1	%					
	<b></b>					inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				<b>•</b>		0	.		0.
Total dividends-received deductions in	ncluded in colum	n 8					ightharpoonup		0.

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Form 990-T (2017)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					<del> </del>		
(2)							
(3)							
(4)							
Totals from Part I	▶	249,342.	249,487.				0.
<del>-</del>		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	249,342.	249,487.				0.

Form 990-T (2017)