(99)						
990-T Exempt Organization Business Income Tax Return	OMB No 1545-0887					
(and proxy tax under section 6033(e))						
For calendar year 2017 or other tax/year beginning JUL 1, 2017 and ending JUN 30, 2018	2017					
Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.						
Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 5013c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only					
Walle of organization (Check box it halfie changed and see instructions.)	loyer identification number ployees' trust, see					
	uctions)					
	23-7073182					
Types Normber, Street, and room of Suite No. If a P O box, see instructions.	_ * I Mulliper, Street, and routh or Suite no. If a P O Dox, See instructions.					
	City or town, state or province, country, and ZIP or foreign postal code					
	000					
Book value of all assets F Group exemption number (Coa instructions.)	1					
75, 733, 688. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust	Other trust					
H Describe the organization's primary unrelated business activity RENTAL REAL ESTATE						
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	es X No					
If "Yes," enter the name and identifying number of the parent corporation.						
J The books are in care of ▶ DUC VINH Telephone number ▶ 703-						
Part I Unrelated Trade or Business Income (A) Income (B) Expenses	(C) Net					
1 a Gross receipts or sales h Less returns and allowances c Ralance						
b Less returns and anowances	IVED :					
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 3	10					
4a Capital gain net income (attach Schedule D) 4a Capital gain net income (attach Schedule D)	2019					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 7	S					
c Capital loss deduction for trusts 4c	- jū					
5 Income (loss) from partnerships and S corporations (attach statement) 5	V, UT					
6 Rent income (Schedule C) 6						
7 Unrelated debt-financed income (Schedule E) 7 827, 268. 736, 978.	90,290.					
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8	 					
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	ļ					
10 Exploited exempt activity income (Schedule I)						
11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) STATEMENT 1 12 3,664.	3,664.					
12 Other income (See instructions, attach schedule) STATEMENT 1 12 3,664. 13 Total, Combine lines 3 through 12 13 830,932. 736,978.	93,954.					
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)						
15 Salaries and wages 15						
16 Repairs and maintenance 16						
17 Bad debts 17						
18 Interest (attach schedule)						
19 Taxes and licenses						
20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 21 21 21 21 21 21 22 21 22 22 23 24 25 25 26 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	 					
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	0.					
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	93,954.					
Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2 31	93,954.					
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)	1,000.					
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 zerolos.	1,000.					
line 32	0.					
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see Instructions.	Form 990-T (2017)					

Form 990-T	(2017)	TAX ANA	LYSTS				23-70	73182	Page 2
Part I	II Ta	ax Computat	tion	· · · · · · · · · · · · · · · · · · ·					
35	Organiz	zations Taxable a	s Corporations. See	instructions for tax comput	ation.			- 1	
	•		•	1563) check here 🕨 🗌	_	s and:		-	•
а				\$9,925,000 taxable income				*	
a				φ3,323,000 taxable income		1061)	1	-	
	(1) [\$		(2) \$		(3) \$		_	154	•
D				% tax (not more than \$11,7			_	-	
			ot more than \$100,000))	<u>[</u> \$		J	سيجيسيشي	
C	Income	tax on the amoun	it on line 34				•	► 35c	<u> </u>
36	Trusts	Taxable at Trust F	tates. See instruction	is for tax computation. Inco	me tax on the amo	unt on line 34 f	rom		
	Ta	ax rate schedule o	r Schedule D	(Form 1041)			•	▶ 36	
37	Proxy t	ax See instruction	ns)	► <u> Ŝ</u> 7 <u> </u>	
38	Alterna	tive minimum tax						38	
39	Tax on	Non-Compliant F	acility Income. See II	nstructions				39	
40		•	nd 39 to line 35c or 36					40	0.
Part I		ax and Paym				-			
				118, trusts attach Form 111	6)	Atla			
b		redits (see instruc		110, 110313 01100111 01111 1111	٠,	40/a 40/b		_	
		l business credit. <i>I</i>	•			41c		一	-
C .				0004 0007)		410			
			mum tax (attach Form	18801 07 8827)		440		41e	
		redits. Add lines 4	<u>-</u>						
42		t line 41e from lin					,	42/	0.
43				Form 8611 [Form	m 8697 [] Form	n 8866 📖 C)ther (attach schedule		
44	Total ta	ix. Add lines 42 ar	ıd 43			1 1		44	0.
45 a	Paymer	nts A 2016 overp	ayment credited to 20	117		45a 45b		⊣ `′	
b	2017 es	stimated tax paym	ents					_ `	
C	Tax dep	osited with Form	8868			45c		_	
d	Foreign	organizations: Ta	x paid or withheld at s	source (see instructions)		45d		3.	
е	Backup	withholding (see	instructions)			45e			
f	Credit f	or small employer	health insurance pre-	miums (Attach Form 8941)		451			
		redits and paymer		Form 2439					
•	$\overline{}$	orm 4136		Other	Total	► 45g		1	
46			s 45a through 45g				<u> </u>	46,	
47		•		if Form 2220 is attached	▶ □			47	
48			•	44 and 47, enter amount of			h	▶ 48	0.
49				of lines 44 and 47, enter a				49	0.
50		-	-	I to 2018 estimated tax	Nount overpula	I	Refunded >	→ 50	
Part V				in Activities and C	ther Informa	ition (see in		1 30 1	
				the organization have an in					Yes No
51	-	-		ther) in a foreign country? I	=		-		765 140
		,		, , ,		-			
			. of Foreign Bank and	Financial Accounts. If YES,	enter the name of t	ine loreign cou	nury		X
	here >								$-\frac{\Lambda}{X}$
52	•	• •	•	e a distribution from, or wa	s it the grantor of, t	or transteror to	, a foreign trust?		
			-	anization may have to file.					
53				ed or accrued during the tax		 			<u> </u>
Sian	Corre	er penalties of perjury, act, and complete (%)	I declare that I have exam claration of preparer (other	nined this return, including accor r than taxpayer) is based on all ir	npanying schedules and Iformation of which prej	d statements, and parer has any kno	to the best of my know wiedge	wiedge and belief, i	t is true,
Sign Here			$\mathcal{U}_{\mathcal{A}}$	11/20/10			i		uss this return with
nere	ı,			11/18/18	PRESI	DENT		the preparer show	_
		Signature of office	<u> </u>	Date	litle			instructions)?	X Yes No
	F	Print∕Type prepare	r's name	Preparer's signature		Date	Check	if PTIN	
Paid				1111	16,	/	self- employe	1	
Prepa	ırer 🏻	OBERT EE	Y, CPA	16 set /	Chr	11/14/18	<u></u>		82202
Use C	O. p-		ARONSON LL				Firm's EIN	▶ 37-1	<u> 611326</u>
-55 0	··· ' , [805 KING	FARM BLVD,	3RD FLOOR	₹			— —
	F	irm's address	► ROCKVILL				Phone no.	301-231	6200 _
									m 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/A		
1 Inventory at beginning of year	1		6 Inventory at end of year	r	6
2 Purchases	2		7 Cost of goods sold. St	ubtract line 6	
3 Cost of labor	3		from line 5. Enter here	and in Part I,	
4 a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	equired for resale) apply to	w andrewings.
5 Total Add lines 1 through 4b	. 5		the organization?	111111111111111111111111111111111111111	
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L 	eased With Real Prope	erty)
1 Description of property					
(1)					
(2)			····	17-1	
(3)					
(4)					
	2 Rent receiv	ed or accrued		O(a) Coductions discotly	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	a than	of rent for pe	d personal property (if the percenta) rsonal property exceeds 50% or if is based on profit or income)	ge columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)		L			
Total	0.	Total		0.	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B))
Schedule E - Unrelated Det	ot-Financed	Income (see if	nstructions)		
			Gross income from or allocable to debt-	3. Deductions directly conn- to debt-finance	nd property
1 Description of debt-fi	nanced property		financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			207 262	STATEMENT 3	STATEMENT 4
(1) 400 SOUTH MAPLE	AVENUE		827,268.	230,625.	506,353.
(2)					
(3)					
(4)			• • • • • • • •	7.0	
 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule) 	of or a	adjusted basis allocable to inced property h schedule)	 Column 4 divided by column 5 	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 15,650,907.	14	,108,100.	100.00%	827,268.	736,978.
(2)			%		
(3)	ļ				
(4)	L		<u>%</u>		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶	827,268.	736,978.
Total dividends-received deductions in	ncl <u>uded i</u> n columi	18		<u> </u>	0.

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(1) (2) (3) (4)

0 .

0.

0.

Totals (carry to Part II, line (5))

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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)	 		_			
(2)			, , , , , , , , , , , , , , , , , , , ,			
(3)						
(4)						
Totals from Part I	 0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	The second secon			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	 0.	0.				<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		_ %	
Total. Enter here and on page 1, Part II, line 14			0.

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FORM 990-1	e	OTHER INCOME		STATEMENT 1
DESCRIPTIO	ИС			AMOUNT
TRANSPORTA	ATION BENEFITS			3,664
TOTAL TO F	FORM 990-T, PAGE 1,	LINE 12		3,664
FORM 990-1	r NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
	LOSS SUSTAINED	OPERATING LOSS DE LOSS PREVIOUSLY APPLIED	EDUCTION LOSS REMAINING	STATEMENT 2 AVAILABLE THIS YEAR
TAX YEAR		LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR 06/30/09	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR 06/30/09 06/30/10	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED 33,678.	LOSS REMAINING 290,459.	AVAILABLE THIS YEAR 290,459.
TAX YEAR 06/30/09 06/30/10 06/30/11 06/30/14	LOSS SUSTAINED 324,137. 121,407.	LOSS PREVIOUSLY APPLIED 33,678.	LOSS REMAINING 290,459. 121,407.	AVAILABLE THIS YEAR 290,459. 121,407.

FORM 990-T	SCHEDULE E - DEPREC	IATION DEDUCT	ION	STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
STRAIGHT-LINE	DEPRECIATION - SUBTOTAL	- 1	230,625.	230,625.
TOTAL OF FORM	990-T, SCHEDULE E, COLUM	N 3(A)		230,625.

FORM 990-T	SCHEDULE	E -	OTHER	DEDUCTIONS		STATEMENT 4
DESCRIPTION				ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING					50,061.	
REPAIR & MAINTENANCE					63,372.	
ELEVATOR					3,840.	
HVAC					4,723.	
ELECTRICAL					2,007.	
STRUCTURE					880.	
PLUMBING					515.	
SECURITY					10,379.	
UTILITIES					84,137.	
LOT & LANDSCAPING					14,647.	
PARKING					52.	
PROPERTY MANAGEMENT					34,898.	
GENERAL & ADMINISTRATI	VE				3,597.	
INSURANCE					4,066.	
MISCELLANEOUS					-8,337.	
LEASING COMMISSION AMO	RTIZATION	Ī			52,156.	
REAL ESTATE TAX					81,871.	11
TAXABLE BOND INTEREST	EXPENSES				103,489.	
	- S	UBT	OTAL -	1		506,353.
TOTAL OF FORM 990-T, S	CHEDULE E	:, C	OLUMN :	3(B)		506,353.