

AMENDED RETURN - SECTION 512(a)(7) REPEAL (806)

Form 990-T

AMENDED RETURN Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

2017

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).

Open to Public Inspection for 501(c)(3) Organizations Only

- A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization ( ) Check box if name changed and see instructions.)
AMERICAN ACTION FORUM, INC.
Number, street, and room or suite no. If a P.O. box, see instructions.
1747 PENNSYLVANIA AVENUE NW 5TH FL
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20006

D Employer identification number (Employees' trust, see instructions)
27-0567765
E Unrelated business activity codes (See instructions)

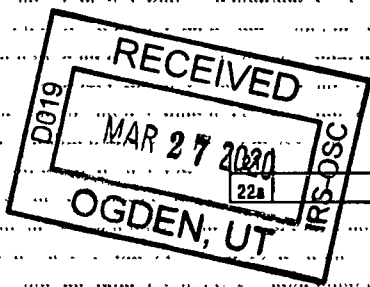
C Back value of all assets at end of year
F Group exemption number (See instructions)
G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity.
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No

J The books are in care of TOM RYAN Telephone number 202-559-6420

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing gross receipts, cost of goods sold, capital gain, etc.

Table with 4 columns: 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). Rows 14-34 detailing compensation, repairs, bad debts, interest, taxes, etc.



SCANNED AUG 08 2020

35 Received In JUL 13 2020

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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:   
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 ▶ 35c 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ 36  
**37 Proxy tax.** See instructions ▶ 37  
**38 Alternative minimum tax** 38  
**39 Tax on Non-Compliant Facility Income.** See instructions 39  
**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.

**Part IV Tax and Payments**

**41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a  
**41b** Other credits (see instructions) 41b  
**41c** General business credit. Attach Form 3800 41c  
**41d** Credit for prior year minimum tax (attach Form 8801 or 8827) 41d  
**e** Total credits. Add lines 41a through 41d 41e  
**42** Subtract line 41e from line 40 42 0.  
**43** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) 43  
**44** Total tax. Add lines 42 and 43 44 0.  
**45a** Payments: A 2016 overpayment credited to 2017 45a  
**45b** 2017 estimated tax payments 45b  
**45c** Tax deposited with Form 8868 45c  
**45d** Foreign organizations: Tax paid or withheld at source (see instructions) 45d  
**45e** Backup withholding (see instructions) 45e  
**45f** Credit for small employer health insurance premiums (Attach Form 8941) 45f  
**45g** Other credits and payments:  Form 2439  Other 1,441. Total ▶ 45g 1,441.  
**46** Total payments. Add lines 45a through 45g 46 1,441. SEE STATEMENT 2  
**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached  47  
**48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48  
**49** Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 1,441.  
**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax 50 1,441. Refunded

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No  
**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X  
**53** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 3/23/20 Title: PRESIDENT  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/type preparer's name: RENAE DUNCAN Preparer's signature: *[Signature]* Date: 3/22/2020 Check  if self-employed PTIN: P01257722  
 Firm's name ▶ ATCHLEY & ASSOCIATES, LLP Firm's EIN ▶ 74-2920819  
 Firm's address ▶ 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512) 346-2086

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FOOTNOTES

STATEMENT 1

THE TAXPAYER IS AMENDING 2017 FORM 990-T DUE TO THE REPEAL OF SECTION 512(A)(7). THE FOLLOWING LINES ON FORM 990-T HAVE CHANGED FROM THE ORIGINAL RETURN;

FORM 990-T, PART I, LINE 12 ORIGINALLY REPORTED	7,860.
FORM 990-T, PART I, LINE 12 AMENDED	0.
FORM 990-T, PART III, LINE 35C & 40 ORIGINALLY REPORTED	1,441.
FORM 990-T, PART III, LINE 35C & 40 AMENDED	0.
FORM 990-T, PART IV, LINE 42, 44 & 48 ORIGINALLY REPORTED	1,441.
FORM 990-T, PART IV, LINE 42, 44 & 48 AMENDED	0.
FORM 990-T, PART IV, LINE 45G & 46 ORIGINALLY REPORTED	0.
FORM 990-T, PART IV, LINE 45G & 46 AMENDED	1,441.
FORM 990-T, PART IV, LINE 49 & 50 ORIGINALLY REPORTED	0.
FORM 990-T, PART IV, LINE 49 & 50 AMENDED	1,441.

FORM 990-T OTHER CREDITS AND PAYMENTS STATEMENT 2

DESCRIPTION	AMOUNT
ORIGINAL PAYMENT FOR TAX ON DISALLOWED TRANSPORTATION FRINGE BENEFITS	1,441.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	1,441.