•	48	ſ		ANDROD KE	11014			27	99934	1 4 1		MB No 1545-0687
Fon	₋ 990-T		•	rganization Bu	nder sect	ion 6	033(e))		\sim		2017
•	artment of the Treasury nal Revenue Service		▶Go to ww	r tax year beginning 10 / ww.irs.gov/Form9907 for bers on this form as it r	Instructions	and th	ne latest	informati	on. \(\bigcup \cong \)	10	pen t	o Public Inspection for (3) Organizations Only
A	Check box if address changed		Name of organization						D Employe			
В	Exempt under section		GARRETT	COUNTY, MAR	YLAND	CO	MMUI	YTIN	(Employer	es' trust, se	ee insl	Juctions)
	X 501(C)(3)	Print	ACTION C	OMMITTEE								
	408(e) 220(e)	or		om or suite no. If a P.O. box, see					52-	0820	066	52
-	408A 530(a)	Туре	104 EAST	CENTER STR	EET			 	E Unrelated		s act	ivity codes
	529(a)			province, country, and ZIP or fo	*				(See instr	•	1	
	Book value of all assets		OAKLAND		MD	21!	<u>550</u>		531	110	L	541610
	at end of year			mber (See instructions.	<u> </u>		7				7	
Н	20,758,020 Describe the organization				corporation		501	c) trust	401(a) t	rust		Other trust
-				E MANAGEMENT	י מאס	\NTV						
ī	During the tax year, was							ntrolled a	roun?		<u> </u>	Yes X No
	f "Yes," enter the name	and ide	ntifying number of t	the parent corporation.	or a parone	ouboid	ilary co.	inonea gi	oup:			
********	The books are in care of		<u>ORA SHAHA</u>					Tel	ephone numbe	<u>r ▶ 3</u>	<u> 301</u>	L <u>-334-943</u>
			e or Business	Income		₩	(A) Inco	ome	(B) Expens	308	 	(C) Net
1a	Gross receipts or sales		·	┥ .		1						
ь	Less returns and allow			c Balance	▶ <u>1c</u>	+						
2	Cost of goods sold (So				2	+			<u> </u>		+	
3 4a	Gross profit. Subtract li Capital gain net income				3	+					+	
ъъ	Net gain (loss) (Form 4797	•	•	1 7 07)	4a 4b	+					+	
c	Capital loss deduction		, ,	+131)	46 4c	╁──					╁	
5	Income (loss) from partnerships			SEE STMT	5	 	- 2-2	2-407			-	-222,407
6	Rent income (Schedule		oracono (attaon statement)	DDD CINI	6	 			ECEIVE	<u> </u>	††	222,407
7	Unrelated debt-finance	•	e (Schedule E)		7	1				7	#	
8	Interest, annuities, royalties		,	anizations (Schedule F)	8				0.2201		31	
9	Investment income of a sec		-	· ·	9				 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V	<i>ላ</i>	
10	Exploited exempt activi	ity ıncom	ne (Schedule I)		10						†	
11	Advertising income (Sc	hedule .	J)		11			- 00	BDEN, L	Л		
12	Other income (See inst	tructions	; attach schedule)	SEE STMT	12			9,771				9,771
13	Total. Combine lines 3				13	<u> </u>		2,636			<u> </u>	-212,636
Pa	## I Deduction	ns Not	: Taken Elsewh	nere (See instruction nected with the unit	ons for lim	itatio	ns on	deducti	ons.) (Exce	ot for c	con	tributions,
14	Compensation of office				elateu Du	511162	S IIICO	iiie.)		14	Т	
15	Salaries and wages	iio, uiicu	nors, and trustees ((Ochedale IV)						15	\vdash	5,000
16	Repairs and maintenan	ice								16		3,000
17	Bad debts									17		
18	Interest (attach schedul	le)								18	İ	
19	Taxes and licenses									19		
20	Chantable contributions (Se	ee instruc	tions for limitation rule	es)						20		
21	Depreciation (attach Fo		•					1	.,.			
22	Less depreciation claim	ed on S	ichedule A and else	ewhere on return			22	a		22b	ļ	0
23	Depletion									23	<u> </u>	
24	Contributions to deferre	-	ensation plans							24	_	
25 26	Employee benefit progra		adula IV							25		
26 27	Excess exempt expense Excess readership costs	-	•							26	-	
28	Other deductions (attac	-	•			Q E	יב פיז	CATEM	ENT	27 28	\vdash	13 910
29	Total deductions. Add		-			æ	iJ.	· w · pi	TATA T	29		13,819 18,819
30	Unrelated business taxa		_	rating loss deduction.	Subtract line	29 fro	m line '	13		30		-231,455
31	Net operating loss dedu			-	- soudot mile					31		
32	Unrelated business taxa			· ·	ne 31 from li	ne 30				32	<u> </u>	-231,455
33	Specific deduction (Gen	nerally \$	1,000, but see line	33 instructions for exce	eptions)					33		1,000
34	Unrelated business tax	xable in	icome. Subtract lin	e 33 from line 32. If line	e 33 is grea	er thar	n line 32	2,				
	enter the smaller of zero				-					34		-231,455

Form	n 990-T (2017) GARRETT COUNTY, MARYLAND, COMMUNITY	52-0820662				Page 2
P	art III · Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled	d group				
	members (sections 1561 and 1563) check here See instructions and	•		. 1		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that	t order).				
	(1) \$ (2) \$ (3) \$	·				
ь	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	 \$. 1		
	(2) Additional 3% tax (not more than \$100,000)	\$	\neg			
С	Income tax on the amount on line 34	Ч	•	35c		
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	1)	►Ì	36		
37	Proxy tax. See instructions	·)		37		
38	Alternative minimum tax		'	38		
39	Tax on Non-Compliant Facility Income. See instructions		ŀ	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		ŀ	40		
	III V Tax and Payments	· · · · · · · · · · · · · · · · · · ·		40		
			-	- 1		
b	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 41:		{			
	,					
C	General business credit Attach Form 3800 (see instructions) 410 Credit for price uses minimum ton (attach Form 2004 as 2007)		-			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u>a j</u>	—	44.		
8 42	Total credits. Add lines 41a through 41d Subtract line 41e from line 40		-	41e		
42 42	Other taxes		-	42		
43 4.4	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att sch.)		-	43		
44 45-	Total tax. Add lines 42 and 43	- 1	-	44		0
45a	Payments: A 2016 overpayment credited to 2017 2017 and an additional and a second					
b	2017 estimated tax payments 45					
C	Tax deposited with Form 8868					
d	Foreign organizations. Tax paid or withheld at source (see instructions) 450					
6	Backup withholding (see instructions) 45e	· †				
f	Credit for small employer health insurance premiums (Attach Form 8941)	<u> </u>	-			
g	Other credits and payments: Form 2439					
	Form 4136 Other Total ▶ 45 g	<u>g</u>				
16	Total payments. Add lines 45a through 45g	_	<u></u>	46		
17	Estimated tax penalty (see instructions). Check if Form 2220 is attached	•	Ųμ	47		
18	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶	48		
19	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49		
50	Enter the amount of line 49 you want Credited to 2018 estimated tax	Refunded	! ▶ _	50		
	At V Statements Regarding Certain Activities and Other Information	•				T., T.,
51	At any time during the 2017 calendar year, did the organization have an interest in or a sign	•				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organiz	•				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name	of the foreign country				
	here >					X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of,	or transferor to, a foreig	an trus	t?		X
	If YES, see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\\ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and	d to the best of my knowledge and	d haliaf it	1 10		<u> </u>
2ia	true compet and complete Declaration of appears (other than tourques) in based on all information of which appears has an		u vellel, li	115	May the IRS	discuss this return
Sig					with the prepa	arer shown below
ler	COM CIETAL INITIAL V.I CI ADMIN.					es No
	Signature of officer Date Title Print/Type preparer's name Preparer's signature	Date	Τ.			
		ľ		Check _	┛"┃	
Paid	BERNARD B. KAHL, CPA Bernard B. Kahl CI			elf-emplo		19163
•	arer Firm's name TURNBULL, HOOVER & KAHL, P.A.	!	Firm's Eli	N P	52-1	<u> 1518807</u>
se (Only 13179 GARRETT HIGHWAY	1			201 77	
	Firm's address DAKLAND, MD 21550		Phone no	<u>, </u>		59-3270
					Form 9	990-T (2017)

		T COUNTY			COMMUNITY	52-0	0820662	Page 3		
<u>Sct</u>	nedule A - Cost of Good	ds Sold. Ente	r meth	od of invento	ory valuation ▶					
1	Inventory at beginning of year	r <u>1</u>		6	Inventory at end of year			6		
2	Purchases	2		7	Cost of goods sold. Subtract					
3	Cost of labor	3			line 6 from line 5. Enter here and					
4a	Additional sec 263A costs				in Part I, line 2		7			
	(attach schedule)	4a		8	Do the rules of sec	tion 263/	A (with respect to	Yes No		
b	Other costs (attach schedule)	4b				red for resale) apply				
5	Total. Add lines 1 through 4b	5			to the organization					
Sch	nedule C - Rent Income	(From Real I	rope	ty and Pers	onal Property L	eased	With Real Prope	rty)		
_(s	ee instructions)		•							
1 Des	scription of property									
(1)	N/A				J. 2					
(2)										
(3)										
(4)		·								
		2. Rent receiv	ed or acc	ued						
	(a) From personal property (if the perc	entage of rent		(b) From real an	d personal property (if the		3(a) Deductions di	ectly connected with the income		
	for personal property is more than 1	0% but not			or personal property excee	is	1 ''	a) and 2(b) (attach schedule)		
	more than 50%)			50% or if the rent i	s based on profit or income)				
(1)										
(2)										
(3)							, i			
(4)								· · · · · · · · · · · · · · · · · · ·		
Total	<u> </u>		Total	•			(b) Total deductions			
(c) T	otal income. Add totals of colu	ımns 2(a) and 2(t). Ente	·			Enter here and on page			
	and on page 1, Part I, line 6, co				•		Part I, line 6, column (
Sch	edule E - Unrelated De	bt-Financed	ncom	e (see instruc	tions)					
							3. Deductions directly co	nnected with or allocable to		
	1. Description of debt-finance	ced property			2. Gross income from or debt-fill allocable to debt-financed			anced property		
		,			property	(a) S	Straight line depreciation	(b) Other deductions		
							(attach schedule)	(attach schedule)		
1)	N/A									
2)										
3)										
4)										
	4. Amount of average	5. Average adjusted b	asis		i. Column			8. Allocable deductions		
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prope	erty		4 divided		iross income reportable column 2 x column 6)	(column 6 x total of columns		
	property (attach schedule)	(attach schedule)		by	column 5		Solution 2 x Column 0)	3(a) and 3(b))		
1)					9		-			
2)					9					
3)					9/	1				
4)					9/					
						Enter	here and on page 1,	Enter here and on page 1,		
							line 7, column (A).	Part I, line 7, column (B)		
otal	S				•					
	dividends-received deduction	ne included in co	dumn 8		•					

	T COUNTY									Page Page	
Schedule F - Interest, Ann	uities, Royal	<u>ties, and Rer</u>						(see instruc	tions)		
€ d Nome of sectorities			Exem	pt Controlled	Organ	izations			_		
1 Name of controlled organization		2. Employer identification number		3. Net unrelated income 4		4. Total of specified		5. Part of column 4 that is		6 Deductions directly	
			(loss) (se	e instructions)	рауг	nents made		included in the co	•	connected with income	
			 					organization's gros	s income	ın column 5	
(1) N/A			ļ								
(2)			<u> </u>				_				
(3)			ļ				_				
(4)				<u>.</u>						<u> </u>	
Nonexempt Controlled Organization	ations		. ,								
7 Tayable Income		. Net unrelated income oss) (see instructions)		9. Total of specific payments made		10 Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10		
(1)				-							
(2)										•	
(3)			-								
(4)											
Totals					•	Enter h	ere and	5 and 10 on page 1, column (A)	Ente	ld columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)	
Schedule G – Investment I	ncome of a S	ection 501(c)(7), (9)	, or (17) Or	ganiza	tion (s	ee in:	structions)		,	
4 Percenture of income		2. Amount of ii		3. Ded				0-11		5 Total deductions	
1. Description of income	1. Description of income			directly connected (attach schedule)			4. Set-asides (attach schedule)			and set-asides (col. 3 plus col. 4)	
(1) N/A								•			
(2)											
(3)		·									
(4)											
	Enter here and o Part I, line 9, col	n page 1, lumn (A).	ge 1, (A).		•	Enter Par		ter here and on page 1, art I, line 9, column (B)			
Totals	•			<u> </u>						•	
Schedule I – Exploited Exe	mpt Activity	Income, Othe	<u>er Than</u>	Advertisin	<u>ig Inco</u>	ome (se	e ins	tructions)			
2. Gross unrelated 1 Description of exploited activity business income from trade or business		3 Expenses directly connected with production of unrelated business income		4. Net income (los from unrelated tra or business (colur 2 minus column 3 if a gain, comput cols 5 through 7	nde mn 3) te	5. Gross income from activity that is not unrelated business income		6. Expenses attnbutable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1) N/A	+							+		+	
	 	+	+							+	
2)	 		+					 		 	
3)	 				+			+		+	
4)	Enter here and or page 1, Part I, line 10, col (A)	page 1, Pa	Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26		
<u>Fotals </u>	Come (see inc	tructions)	<u> </u>	·····						1	
Part I Income From P			Conso	lidated Rac	eie						
1. Name of penodical	2 Gross advertising income	3. Direct advertising of		4 Advertising gain or (loss) (co 2 minus col 3) I a gain, compute cols 5 through 7	d If	5 Circula		6 Reade	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1) N/A											
2)]	
3)						_				1	
4)										1 .	
T.A.I. (i	1	ı		- 1			1		1	

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.)

Z tillough 7 on	i a ilile-by-lille bas	13.1				
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) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
	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)				******************************	***********	

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	

Form 990-T (2017)