| OCANNED | |
|---------|--|
| JAN | |
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| 0 2020 | |
| | |

| Fo | 990-T | j E | exempt Organization B | | | ıx Return | - | OMB No 1545-0687 | | | | |
|--|--|---|---|-----------------------------|--|------------------------|----------------------|--|--|--|--|--|
| - | <i>-</i> * - | (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning | | | | | | | | | | |
| De | partment of the Treasury | ► Go to www.irs.gov/Form990T for instructions and the latest information. | | | | | | | | | | |
| | ernal Revenue Service | | Do not enter SSN numbers on this form as it | | | | 51 | pen to Public Inspection for 01(c)(3) Organizations Only ver identification number | | | | |
| A | Check box if address changed | community Preservation and Development | | | | | | | | | | |
| | Exempt under section | Print | CORPORATION | | 2-1662186 | | | | | | | |
| Ĺ | X 501(c)23) | or Type | Number, street, and room or suite no. If a P.O. | | ed business activity code structions) | | | | | | | |
| Ļ | 408(e) 220(e) | ',,,, | 8403 COLESVILLE ROAD, City or town, state or province, country, and Z | | | | | | | | | |
| Ĺ | 408A530(a) 529(a) | 9000 | 199 | | | | | | | | | |
| C | Book value of all assets at end of year | | F Group exemption number (See instructions. | | | | | | | | | |
| _ | 42,670,4 | | G Check organization type ► X 501(c) | | | 401(a) | | Other trust | | | | |
| | _ | - | tion's unrelated trades or businesses. | 1 | | ie only (or first) uni | | | | | | |
| | trade or business here | | | . 0- 1- 1 | | omplete Parts I-V | | • | | | | |
| | | | ce at the end of the previous sentence, complete | e Parts I and | o II, complete a Schedule N | i for each additiona | ii trade c | ır | | | | |
| _ | business, then complete | | oration a subsidiary in an affiliated group or a p | aront-cuber | diary controlled group? | | Yes | X No | | | | |
| | | | of all of a substituary in an armiated group of a p | ai ciit-suvsi | olary controlled group? | | 163 | <u> </u> | | | | |
| _ | · · | | CELLY SHIFLETT | | Telephor | e number 🕨 2 | 02-8 | 95-8900 | | | | |
| _ | | - | le or Business Income | | (A) Income | (B) Expenses | | (C) Net | | | | |
| 1 | a Gross receipts or sale | s | | | , , | . , , . | | · 1 | | | | |
| - | b Less returns and allow | | c Balance | ▶ 1c | | | | | | | | |
| 2 | | | A, line 7) | 2 | | | | | | | | |
| 3 | | | | 3 | | | | | | | | |
| . 4 | a Capital gain net incom | ne (attacl | ı Schedule D) | 4a | | | | | | | | |
| | b Net gain (loss) (Form | 4797, P | art II, line 17) (attach Form 4797) | 4b | | | | | | | | |
| | c Capital loss deduction | for trus | ts | 4c | | - | | | | | | |
| 5 | Income (loss) from a | partners | hip or an S corporation (attach statement) | 5 | | | | | | | | |
| 6 | Rent income (Schedu | le C) | | 6 | | | | | | | | |
| 7 | Unrelated debt-finance | ed incon | ie (Schedule E) | 7 | | | | | | | | |
| 8 | Interest, annuities, roy | alties, ar | nd rents from a controlled organization (Schedule | ∍F) 8 | | | | | | | | |
| 9 | Investment income of | a sectio | л 501(c)(7), (9), or (17) organization (Schedule | (G) 9 | | • | _ | | | | | |
| 10 | • | - | • | 10 | | | | | | | | |
| 11 | , | | · | 11 | 252.040 | | - | 252 040 | | | | |
| 12 | | | • | 12 | 252,949. | | | 252,949. | | | | |
| 13 | | | | 13 | 252,949. | | | 252,949. | | | | |
| | (Except for a | ns No | t Taken Elsewhere (See instruction tions, deductions must be directly connected.) | s for limita ted with ti | itions on deductions) he uprelated husiness in | rcome) | | | | | | |
| - | | | | | | 7 | 44 | | | | | |
| 14 15 | · | icers, on | ectors, and trustees (Schedule K) | | | | 14 | | | | | |
| 16 | - | ance | | | | | 16 | | | | | |
| 17 | • | ance | | | | | 17 | | | | | |
| 18 | | dule) (se | e instructions) | | | | 18 | | | | | |
| 19 | • | 00.0) (00 | 5 mon 55 mon 57 | | | | 19 | 25,068. | | | | |
| 20 | | ons (See | instructions for limitation rules) | | | | 20 | · | | | | |
| 21 | Depreciation (attach | Form 45 | 62) | | 21 | | | | | | | |
| 22 | Less depreciation cla | umed on | Schedule A and elsewhere on return | | 22a | | 22b | | | | | |
| 23 | Depletion | | | | | | 23 | · | | | | |
| | Contributions to defe | erred cor | npensation plans . | | | | 24 | | | | | |
| 24 | | norams | | | | | 25 | | | | | |
| | Employee benefit pro | gramo | | | | | 26 | | | | | |
| 24 | • • | _ | hedule I) | | | | \rightarrow | | | | | |
| 24 25 | Excess exempt exper | nses (Sc | • | | | | 27 | | | | | |
| 24 25 26 | Excess exempt exper Excess readership co Other deductions (at | nses (Sc osts (Sch tach sch | edule J) edule) | | RECEIVE | | | | | | | |
| 24 25 26 27 28 29 | Excess exempt exper Excess readership co Other deductions (at Total deductions, At | nses (Sc osts (Sch tach sch dd lines | nedule J) edule) 14 through 28 | 25/ | RECEIVED | | 27 28 29 | 25,068. | | | | |
| 24 25 26 27 28 29 30 | Excess exempt exper Excess readership co Other deductions (at Total deductions. At | nses (Sch osts (Sch tach sch dd lines | redule J) edule) 14 through 28 | | RECEIVED | $\overline{}$ | 27 28 29 30 | 25,068. 227,881. | | | | |
| 24 25 26 27 28 29 | Excess exempt exper Excess readership co Other deductions (at Total deductions. An Unrelated business to Deduction for net op | nses (Schosts (Schotach schod lines axable in erating le | nedule J) edule) 14 through 28 | | Mam line 13 | 7 | 27 28 29 | | | | | |

COMMUNITY PRESERVATION AND DEVELOPMENT

| Farm 990-T | 2018) CORPORATION | 52-1662186 | Page 2 |
|-------------|--|----------------------------------|--------------------------|
| Part II | Total Unrelated Business Taxable Income | <u>-</u> | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | 227,881. |
| 34 | Amounts paid for disallowed fringes | 34 | 51,905. |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | |
| | ines 33 and 34 | 36 | 279,786. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | | |
| | enter the smaller of zero or line 36 | 38 | 278,786. |
| Part I\ | | - 1 1 | E0 E4E |
| | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | ▶ 39 | 58,545. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from | · | |
| 44 | Tax rate schedule or Schedule D (Form 1041) | 40 | |
| | Proxy tax. See instructions | ► 41 40 | |
| | Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions | 42 | |
| | Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 43 | 58,545. |
| Part V | Tax and Payments | | 30,343. |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| | Other credits (see instructions) 45b | | |
| | General business credit. Attach Form 3800 45c | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) 45d | | |
| е | Total credits. Add lines 45a through 45d | 45e | |
| 46 | Subtract line 45e from line 44 | 46 | 58,545. |
| 47 | Other taxes. Check if from 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🦳 Other i | attach schedule) 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | 58,545. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | 0. |
| 50 a | Payments. A 2017 overpayment credited to 2018 50a | | |
| b | 2018 estimated tax payments 50b | | |
| | · · · | 12,000. | |
| d | oreign organizations Tax paid or withheld at source (see instructions) 50d | | |
| | Backup withholding (see instructions) | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | | |
| 8 | Other credits, adjustments, and payments Form 2439 | | |
| | Form 4136 Other Total ▶ 50g | | 12,000. |
| | Fotal payments Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached | 51 52 | 12,000. |
| | Fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | ► 53 | 46,545. |
| | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | 10,313. |
| | | funded 55 | |
| Part V | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit | у | Yes No |
| | 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 | | |
| | nere > | | X_ |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for | eign trust? | X |
| | f "Yes," see instructions for other forms the organization may have to file | | |
| 58 | nter the amount of tax-exempt interest received or accrued during the tax year ▶\$ | | |
| Sign | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of prepares (other than taxpayer) is based on all information of which preparer has any knowledge | best of my knowledge and beli | et, it is true, |
| Here | A COLO IN DE LA MANULICA CEO | | iscuss this return with |
| | Storiature of officer Date Storiature of officer Title | the preparer s instructions)? | hown below (see |
| | <u> </u> | Check If PTIN | X Yes No |
| | Print/Type preparer's name Preparer's signature Date | self- employed | |
| Paid | GLENN M. SHELTON GLENN M. SHELTON 11/13/19 | | 0228007 |
| Prepai | C . A COUNDERNICK LID | | -1478099 |
| Use O | 7501 WISCONSIN AVENUE, SUITE 400E | THIS CHAP 22 | |
| | Firm's address ▶ BETHESDA, MD 20814 | Phone no. 301-6 | 52-9100 |
| 823711 01-0 | | | Form 990-T (2018) |

COMMUNITY PRESERVATION AND DEVELOPMENT

Form 990-T (2018) CORPORATION

52-1662186

Page 3

| Schedule A - Cost of Good | s Sold. Enter n | nethod of inver | ntory valuation N/A | A | | | |
|--|--|-------------------------|--|----------|--|--|---|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of ye | ear | | 6 | |
| 2 Purchases | | | | | | | |
| 3 Cost of labor | 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 | n 263A (| with respect to | | Yes No |
| b Other costs (attach schedule) | 4b | | property produced or | acquired | d for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | • | , ,,, | | |
| Schedule C - Rent Income | (From Real P | roperty and | Personal Property | Lease | d With Real Prop | erty) | |
| (see instructions) | | - | | | | | |
| 1. Description of property | | | | | | | |
| (1) | | _ | .= | | | - | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | 2. Rent received | or accrued | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | ` of rent for | and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income) | age | 3(a) Deductions directly columns 2(a) an | connected with the id 2(b) (attach sched | income in ute) |
| (1) | | | · · · · · · · · · · · · · · · · · · · | | | | |
| (2) | | | | | | | |
| (3) | | · · · - | | | | | · |
| (4) | | _ | | | | | |
| Total | 0. | Total | | 0. | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 2(a) and 2(b). Ente | r | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | | 0. |
| Schedule E - Unrelated Deb | | ncome (see | instructions) | <u> </u> | Parti, inte e, columnit, b) | | <u> </u> |
| | | (000 | 2. Gross income from | | 3 Deductions directly conr to debt-financ | nected with or alloca ed property | ble |
| 1. Description of debt-fit | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other (attach s | deductions chedule) |
| (1) | | | | | | | |
| (2) | · · · · · · · · · · · · · · · · · · · | | · · | | | | |
| (3) | | | | 1 | | | |
| (4) | | | | 1 | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | | cable to ed property | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (column 6 x t | le deductions otal of columns and 3(b)) |
| (1) | | | % | 1 | | T - | |
| (2) | | | % | 1 | <u>-</u> ` | 1 | |
| (3) | | | % | 1 | | | |
| (4) | | | % | 1 | | | |
| | 1 | | 1 ,0 | | inter here and on page 1, Part I, line 7, column (A) | Enter here an Part I, line 7, | |
| Totals | | | _ | | 0 . | . | 0. |
| Total dividends-received deductions in | ncluded in column 8 | } | • | | | . | 0. |
| | | • | | | | Forn | 1 990 -T (2018) |
| | | | | | | 1 0111 | (2010) |

| Form 990-T (2018) CORPOR | RATION | | | _ | | | | | 52-16 | 6218 | 6 Page |
|-------------------------------------|--|----------------------------------|------------------------------|--|--|---|---|----------------------------------|---|---------------------------|---|
| Schedule F - Interest, | Annuities, | Roya | lties, ar | d Rents | From Co | ntrolled | d Organiza | tion | S (see ins | struction | ns) |
| Name of controlled organiza | ition | identi | nployer fication nber | 3. Net unr | Controlled O | 4. Tota | ons al of specified nents made | includ | rt of column 4 led in the cont zation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| | | | | | | ļ | | | | | |
| (1) | | | | | | | | _ | | | |
| (2) | | | | ļ | | <u> </u> | | - | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | l | | | | | | | · |
| Ionexempt Controlled Organ | izations | | _ | 1 | | 1 | | | | | |
| 7 Taxable Income | 8 Net unre (see | elated incoi instruction | | 9. Total | of specified payr made | ments | 10. Part of colur in the controlli gross | nn 9 (ha ng orgai s income | nızatıon's | 11. De with | eductions directly connected h income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | 1 | | | | | | | |
| (3) | | | | † | | | | | | | |
| (4) | | | | | | | | | | | |
| (-7) | | | | ı | | | Add colum Enter here and line 8, c | | a 1, Part I, | ı | dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B) |
| otals | | , | | | | | | | 0. | | 0 |
| Schedule G - Investme | ent Income | e of a | Section | 501(c)(7 | 7), (9), or (| 17) Org | anization | | | L | |
| | tructions) | | | | <i>n</i> (- <i>n</i> (| , | | | | | |
| 1. Des | cription of income | • | | | 2. Amount of | Income | 3. Deduction directly conne (attach sched | cted | 4. Set- | asides schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | | | Enter here and o Part I, line 9, co | on page 1, lumn (A) | | | | | Enter here and on page Part I, line 9, column (B) |
| otals | | | | • | | 0. | | | | | 0 |
| Schedule I - Exploited | • | ctivity | Incom | e, Other | Than Adv | ertisin | g Income | | | | |
| (see instr | uctions) | | | | 1 . | 1 | | | 1 | | |
| 1 Description of exploited activity | 2. Gro unrelated bu income f trade or bus | isiness rom | directly with pr of ur | rpenses connected roduction irelated ss income | 4. Net incom from unrelated business (co minus columi gain, compute through | trade or dumn 2 n 3) If a e cols 5 | 5. Gross inco from activity t is not unrelat business inco | hat ed | attribut | penses able to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | - | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| otals • | Enter here a page 1, P line 10, co | art I, | page | ere and on 1, Part I, I, col (B) | | | | | | | Enter here and on page 1, Part II, line 26 |
| Schedule J - Advertisi | ng Incom | | instructio | | 1 | | | | | | |
| Part I Income From | | | | | solidated | Basis | | | | - | |
| 1 Name of periodical | | 2. Gross dvertising income | adv | 3. Direct vertising costs | 4. Advert or (loss) (co col 3) If a ga cols 5 th | ain, compute | 5. Circulat | | 6. Read | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | _ | <u> </u> | \dashv | | | | | | |
| (3) | 1 | | -+ | | \dashv | | | | - | | |
| (4) | | | _ | | | | | | - | | |
| otals (carry to Part II, line (5)) | • | | 0. | 0 | • | | | | | | 0 5 000 T too |
| | | | | | | | | | | | Form 990-T (2018 |

| | (20.0) 001(2 01411 2 02) | |
|---------|--|---|
| 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-hy-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) | · | | • | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | • | 0. | 0. | . * | | | 0. |

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

| 1. Name | 2. Title | 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. |

Form 990-T (2018)

| FORM 990-T OTHER INCOME | STATEMENT 1 |
|---|-------------|
| DESCRIPTION | AMOUNT |
| INCOME FROM DISTRIBUTION BY ENTITY WITH 168(H) ELECTION | 252,949. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 12 | 252,949. |