_		OOO T		yomnt Or	aaniza	tion Duc	.ina	oo Inaar	~~ T	ov Boturn	, 	OND No. 1545 0047
0	Form	, 990-T	P.	xempt Or						ax Return	' }	OMB No 1545-0047
$\mathcal{O}(\mathcal{C}, \mathbf{A})$					oxy tax under section 6033(e))						2019	
₹y\			For calendar year 2019 or other tax year beginning						-	2013		
<u> </u>		rtment of the Treasury nal Revenue Service	<b>•</b>	Do not enter SSN n	•						Ì	Open to Public Inspection for 501(c)(3) Organizations Only
	A [	Check box if address changed		Name of organization				d and see instruct		<u></u>	(Emp	loyer identification number ployees' trust, see
				AHC INC								uctions)
		xempt under section	Print or	Number, street, and room or suite no. If a P.O. box, see instructions						54-1026365  E Unrelated business activity code		
	음	501(c)(3 (b) 408(e) 228(e)	Туре	2230 NORTH FAIRFAX DRIVE, NO. 100								instructions)
5	F	408(e)		City or town, state or province, country, and ZIP or foreign postal code							1	
22 Received in 22 Batching Ogden		529(a)		ARLINGTON	, VA	22201	i ioreių	-			531	.110
E CE	C Bo	ook value of all assets end of year	F Group exemption number (See instructions.) ► 3251  11. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) tru									
ğğ	U Er						_		<i>'</i>	401(a)		Other trust
<b>6</b> =		nter the number of the organization's unrelated trades or businesses.   1 Describe the only (or first) unrelated or businesses businesses.   1 If only one, complete Parts I-V. If m										
_					the previous sentence, complete Parts I and II, complete a Schedule M for each additional							
D		isiness, then complete F			CVIOUS SUITE	noo, complete r a	113141	ia ii, complete a c	Jonedoic	W for cach addition	ai ii aoc	, oi
DEC				ne corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?							T Ye	es No
2		"Yes," enter the name a							•			
8 2	J Th	ne books are in care of	-			~_	3 //	<u>`</u>	Teleph	one number 🕨 7	03-	486-0626
2020	Pa	rt I Unrelated	Trac	le or Business	Income			(A) Incom	ie	(B) Expenses		(C) Net
R	1 a	Gross receipts or sales	S.			NOV	3.	2928				
	b	Less returns and allow	turns and allowances c Balance									
Parin.	2	Cost of goods sold (So				OŁ	.3			-		
<u> </u>	3	•	,					G 8			<u>/</u>	
, }		Capital gain net income (attach Schedule D)					4a 4b					
` <u>.</u> š			Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)								<del></del>	
	5	•	l loss deduction for trusts e (loss) from a partnership or an S corporation (attach statement)							<u> </u>		
(-)	1 6	Rent income (Schedule		inp or an o corporation	on (attaon ota		5 6			, "		
1	7	Unrelated debt-finance	•	ne (Schedule E)			7		,~			
~	8	Interest, annuities, roya			lled organizat	ion (Schedule F)	8					
۶.	39	Investment income of	a sectio	n 501(c)(7), (9), or (	17) organizati	on (Schedule G)	9					
375	310	Exploited exempt activ	ıty ıncoı	me (Schedule I)			10			_		
_	11	Advertising income (Se	chedule	J)			11					
	12	Other income (See ins			STATE	MENT 1	12	37,0				37,011.
	13	Total. Combine lines	3 throug	nh 12	· · · · · · · · · · · · · · · · · · ·		13	37,0	11.			37,011.
`	Ра	Deduction (Daductions	1S NO	t Taken Elsew	nere (See	Anstructions fo	or limita	ations on deduc	ctions)			
			must be directly connected with the unrelated business income ) ers, directors, and trustees (Schedule K)								Ι	
	14 15	Salaries and wages	cers, air	ectors, and trustees (							14 15	
بسين	16	Repairs and maintena	ance		\ \	1 130 2	00				16	
202	17	Bad debts	21100		•	( 4 )					17	
2	18	Interest (attach sched	dule) (se	e instructions)	4						18	
<u>د</u>	19	Taxes and licenses									19	/ `
	20	Depreciation (attach F	orm 45	621				_20	0			
4	21	Less depreciation clai	imed or	Schedule A and else	where on retu	ırn		21	a		21b	
	22	Depletion									22	<u> </u>
N.	19 20 21 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	Contributions to defer		npensation plans					1		23	
6	<u> </u>	Employee benefit programs								24		
1	825	Excess exempt expen								25		
	(A)	Excess readership co									26	
	2 <i>y)</i> 28								27 28	0.		
	28 29	Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13								28	37,011.	
	30	/			eginning on or after January 1, 2018						<u> </u>	
		(see instructions)	1						30	0.		
	31								31	37,011.		
/	02370	11 01-27-20 LHA FO								t		Form <b>990-T</b> (2019)

FORM 990-T	OTHER INCOME		STATEMENT 1
DESCRIPTION			AMOUNT
DISTRIBUTIONS			37,011.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12	,	37,011.