

Form 990-T

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

2015

For calendar year 2015 or other tax year beginning 10/01/15, and ending 09/30/16 1609
Information about Form 990-T and its instructions is available at www.irs.gov/form990.
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

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)
C Book value of all assets at end of year 19,120,744

Name of organization (Check box if name changed and see instructions)
GARRETT COUNTY, MARYLAND, COMMUNITY ACTION COMMITTEE
Number, street, and room or suite no. If a P.O. box, see instructions
104 EAST CENTER STREET
City or town, state or province, country, and ZIP or foreign postal code
OAKLAND MD 21550
F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

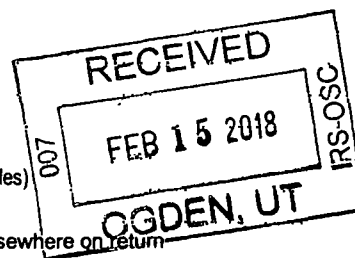
D Employer identification number (Employees' trust, see instructions) 52-0820662
E Unrelated business activity codes (See instructions) 531110 541610

H Describe the organization's primary unrelated business activity.
TO ACT AS A REAL ESTATE MANAGEMENT COMPANY.
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 DORA SHAHAN Telephone number 301-334-9431

Part I Unrelated Trade or Business Income
Table with columns (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total: -129,981

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.)
Table with rows 14-34. Total deductions: 14,686. Unrelated business taxable income: -144,667



SEE STATEMENT 2

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**

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 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

40b Other credits (see instructions) **40b**

40c General business credit. Attach Form 3800 (see instructions) **40c**

40d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

40e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att sch) **42**

43 Total tax. Add lines 41 and 42 **43** 0

44a Payments. A 2014 overpayment credited to 2015 **44a**

44b 2015 estimated tax payments **44b**

44c Tax deposited with Form 8868 **44c**

44d Foreign organizations. Tax paid or withheld at source (see instructions) **44d**

44e Backup withholding (see instructions) **44e**

44f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

44g Other credits and payments Form 2439 Form 4136 Other _____ Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want Credited to 2016 estimated tax Refunded **49**

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

1 At any time during the 2015 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

2 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 Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a Additional sec. 263A costs (attach schedule)	4a				
4b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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.

Sign Here

Dora Shehan | 2/5/18 | V. P OF ADMIN.
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?
 Yes No

Paid Preparer Use Only	Pnnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BERNARD B. KAHL, CPA	<i>Bernard B. Kahl CPA</i>	01/22/18		P00119163
	Firm's name	Firm's EIN			
	TURNBULL, HOOVER & KAHL, P.A.	52-1518807			
	Firm's address	Phone no			
	13179 GARRETT HIGHWAY OAKLAND, MD 21550	301-334-2820			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1) N/A

(2)

(3)

(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

Total

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property

2 Gross income from or allocable to debt-financed property

3. Deductions directly connected with or allocable to debt-financed property

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

(1) N/A

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5 Average adjusted basis of or allocable to debt-financed property (attach schedule)

6 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)

(2)

(3)

(4)

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 ▶

Total dividends-received deductions included in column 8 ▶

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization

2 Employer identification number

Exempt Controlled Organizations

3 Net unrelated income (loss) (see instructions)

4 Total of specified payments made

5 Part of column 4 that is included in the controlling organization's gross inc

6 Deductions directly connected with income in column 5

(1) N/A

(2)

(3)

(4)

Nonexempt Controlled Organizations

7 Taxable Income

8 Net unrelated income (loss) (see instructions)

9 Total of specified 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)

Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) ▶

Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) ▶

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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) N/A						
(2)						
(3)						
(4)						
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) 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	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on page 1, Part II, line 14

Federal Statements**Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
REAL ESTATE MANAGEMENT FEE	\$ 5,097
THINK OUTSIDE - K1	-135,078
TOTAL	<u>\$ -129,981</u>

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
MANAGEMENT FEES EXPENSE	\$ 14,686
TOTAL	<u>\$ 14,686</u>

Net Operating Loss Carryover Worksheet

Form **990-T**

2015

For calendar year 2015, or tax year beginning 10/01/15, ending 09/30/16

Name
**GARRETT COUNTY, MARYLAND, COMMUNITY
 ACTION COMMITTEE**

Employer Identification Number
52-0820662

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
18th 09/30/98					
17th 09/30/99					
16th 09/30/00					
15th 09/30/01					
14th 09/30/02					
13th 09/30/03					
12th 09/30/04					
11th 09/30/05					
10th 09/30/06					
9th 09/30/07					
8th 09/30/08					
7th 09/30/09					
6th 09/30/10					
5th 09/30/11	-6,858		6,858		6,858
4th 09/30/12	-7,785		7,785		7,785
3rd 09/30/13	-9,284		9,284		9,284
2nd 09/30/14	-9,507		9,507		9,507
1st 09/30/15	-6,265		6,265		6,265
NOL carryover available to current year			39,699		
Current year	-144,667				144,667
NOL carryover available to next year					184,366