

Form **990-T**

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

OMB No. 1545-0687

2016

For calendar year 2016 or other tax year beginning _____, 2016, and ending _____,

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ 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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.</p> <p>American Network of Community Options and Resources 1101 King Street #380 Alexandria, VA 22314</p>	<p>D Employer identification number (Employees' trust, see instructions.) 52-0846389</p> <p>E Unrelated business activity codes (See instructions.) 511120</p>
<p>C Book value of all assets at end of year 2,383,426.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type. <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Describe the organization's primary unrelated business activity.
▶ Advertising in Links Newsletter

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . Yes No
If 'Yes,' enter the name and identifying number of the parent corporation. . . ▶

J The books are in care of ▶ The Organization Telephone number ▶ (703) 535-7850

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11	70,846.	11,759.
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	70,846.	11,759.

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.)		(A) Income	(B) Expenses	(C) Net
14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule)	18			
19 Taxes and licenses	19			3,375.
20 Charitable contributions (See instructions for limitation rules)	20			5,471.
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule)	28			
29 Total deductions. Add lines 14 through 28	29			8,846.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			50,241.
31 Net operating loss deduction (limited to the amount on line 30)	31			
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32			50,241.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34			49,241.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>50,000.</u> (2) \$ <u>620.</u> (3) \$ <u>0.</u> b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <u>0.</u> (2) Additional 3% tax (not more than \$100,000)..... \$ <u>0.</u> c Income tax on the amount on line 34 See Statement 1 ▶		35 c	7,386.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	7,386.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	41 a		
b Other credits (see instructions).....	41 b		
c General business credit. Attach Form 3800 (see instructions).....	41 c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	41 d		
e Total credits. Add lines 41a through 41d.....	41 e	0.	
42 Subtract line 41e from line 40.....	42	7,386.	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	43		
44 Total tax. Add lines 42 and 43.....	44	7,386.	
45 a Payments: A 2015 overpayment credited to 2016.....	45 a	2,150.	
b 2016 estimated tax payments.....	45 b	1,730.	
c Tax deposited with Form 8868.....	45 c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	45 d		
e Backup withholding (see instructions).....	45 e		
f Credit for small employer health insurance premiums (Attach Form 8941).....	45 f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total... ▶	45 g		
46 Total payments. Add lines 45a through 45g.....	46	3,880.	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... ▶ <input type="checkbox"/>	47		
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed..... ▶	48	3,506.	
49 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 2017 estimated tax ▶	50		Refunded ▶

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

51 At any time during the 2016 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
		X
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.	Yes	No
		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ <u>0.</u>		

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: 6/14/17 Title: CEO

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

Paid Preparer Use Only

Print/Type preparer's name: John M. Kosciw CPA Preparer's signature: [Signature] Date: 6/16/2017 Check if self-employed PTIN: P00339848

Firm's name: KOSCIW & ASSOCIATES, LLC Firm's EIN: 45-0531412

Firm's address: 4515 N. 39th Street
ARLINGTON, VA 22207-2928 Phone no.: (703) 533-7916

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				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach sch.).....	4b				
5 Total. Add lines 1 through 4b.....	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		Yes No X

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

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

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 sch)	(b) Other deductions (attach schedule)
(1)				
(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)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
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 income	6 Deductions directly connected with income in column 5
(1)					
(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 (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

Totals

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 columns 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)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, column (A).

Enter here and on page 1, Part I, line 10, column (B).

Enter here and on page 1, Part II, line 26.

Totals

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 (col. 6 minus col. 5, but not more than col. 4).
(1)						
(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 (col. 6 minus col. 5, but not more than col. 4).
(1) Links	70,846.	11,759.	59,087.			
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A) 70,846.	Enter here and on page 1, Part I, line 11, column (B). 11,759.				Enter here and on page 1, Part II, line 27.

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
		0%	
		0%	
		0%	
		0%	
Total. Enter here and on page 1, Part II, line 14			

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	<small>Name of exempt organization or other filer, see instructions.</small> American Network of Community Options and Resources	<small>Employer identification number (EIN) or</small> 52-0846389
	<small>Number, street, and room or suite number. If a P.O. box, see instructions.</small> 1101 King Street #380	<small>Social security number (SSN)</small>
	<small>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</small> Alexandria, VA 22314	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ The Organization

Telephone No. ▶ (703) 535-7850 Fax No. ▶ (703) 535-7860

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2016 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	7,386.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	3,880.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	3,506.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Statement 1
Form 990-T, Part III, Line 35c
Computation of Controlled Group Tax

1. Taxable income (line 34, page 1, Form 990-T).....	\$	49,241.
2. Share of \$50,000 tax bracket.....		49,241.
3. Subtract line 2 from line 1.....		0.
4. Lesser of line 3 or share of \$25,000 tax bracket.....		0.
5. Subtract line 4 from line 3.....		0.
6. Lesser of line 5 or share of \$9,925,000 tax bracket.....		0.
7. Subtract line 6 from line 5.....		0.
8. Multiply line 2 by 15%.....		7,386.
9. Multiply line 4 by 25%.....		0.
10. Multiply line 6 by 34%.....		0.
11. Multiply line 7 by 35%.....		0.
12. Additional 5% tax not to exceed \$11,750.....		0.
13. Additional 3% tax not to exceed \$100,000.....		0.
14. Tax (add lines 8 through 13).....	\$	<u>7,386.</u>

Identification of Rel. Tax-Exempt Orgs.
Amount involved
ANCOR Foundation, Inc.

Foundation QB transaction report..... Total \$ 8,672.
Total \$ 8,672.

Ident. of Rel Orgs. Taxable as Cor/Trust
Amount involved
ANCOR Services Corporation

Mailing Lists..... Total \$ 11,981.
Total \$ 11,981.

Contributions, Gifts, and Grants
Other contributions, gifts, grants, etc.

Volunteer Dues..... \$ 57,935.
General Sponsorship Contribution..... 1,250.
NAC Contributions..... 17,475.
ACL Grant Revenue..... 6,086.
Total \$ 82,746.

Program Service Revenue
Amount
Admin Fee Revenue

Service Access Fees per FS Report..... Total \$ 42,617.
Total \$ 42,617.

Program Service Revenue
Amount
Sponsorship

Misc - Royalties..... \$ 5,107.
..... 0.
..... 0.
Total \$ 5,107.

Program Service Revenue
Related or exempt function income
Publication Sales

Publications - Sales per FS Report..... Total \$ 732.
Total \$ 732.

Other Income Producing Activities
Interest on savings & cash investments

Capital One Bank.....	\$ 130.
Total	<u>\$ 130.</u>

Total Interest Income per QuickBooks.....	\$ 15,795.
Less bank interest - Capital One Bank.....	-130.
Total	<u>\$ 15,665.</u>

Stmt. of Functional Expenses (990)
Other salaries and wages

Total Wages.....	\$ 1,177,175.
Less Barbara.....	-207,377.
Total	<u>\$ 969,798.</u>

Stmt. of Functional Expenses (990)
Other employee benefits

Health and Dental.....	\$ 109,437.
Life Insurance.....	1,466.
Disability Insurance.....	3,939.
Parking/Transit.....	13,509.
Less Barbara.....	-12,993.
Total	<u>\$ 115,358.</u>

Stmt. of Functional Expenses (990)
Accounting fees

Accounting.....	\$ 22,730.
Audit.....	17,159.
Total	<u>\$ 39,889.</u>

Stmt. of Functional Expenses (990)
Office expenses

Stationery.....	\$ 5,281.
Total	<u>\$ 5,281.</u>

Client 1004

American Network of Community Options
and Resources

52-0846389

6/06/17

11:08AM

Stmt. of Functional Expenses (990)
Information technology

Total Technology per QuickBooks.....	\$	47,153.
less Telephone/Mobile.....		-2,978.
Total	\$	<u>44,175.</u>

Balance Sheet
Publicly-traded securities (Form 990) [O]

Total Fidelity.....	\$	1,474,142.
Less Fidelity Cash.....		-825,900.
Total	\$	<u>648,242.</u>

Balance Sheet
Cash-non-interest-bearing

M&T Checking.....	\$	294,476.
Undeposited.....		708.
Petty Cash.....		500.
Total	\$	<u>295,684.</u>

Balance Sheet
Furniture and fixtures

Furniture.....	\$	47,200.
Computer.....		26,677.
Total	\$	<u>73,877.</u>

Balance Sheet
Less accumulated depreciation

Furniture.....	\$	6,291.
Computer.....		19,240.
Capitol Improvement.....		20,634.
Capital Lease.....		12,558.
Total	\$	<u>58,723.</u>

Balance Sheet
Accounts payable and accrued expenses

Accounts Payable.....	\$	60,670.
Accrued Payroll.....		48,802.
Accrued Vacation.....		50,370.
Total	\$	<u>159,842.</u>

Client 1004

American Network of Community Options
and Resources

52-0846389

6/06/17

11:08AM

Balance Sheet
Deferred revenue

Deferred Advertising.....	\$	14,927.
Deferred Annual Conference Registrations.....		34,234.
Deferred Audio Conference Registrations.....		26,192.
Deferred dues.....		457,845.
Total	\$	<u>533,198.</u>

Balance Sheet
Secured mortgages and other notes payable [O]

Capital lease - current.....	\$	3,276.
Capital lease - long term.....		884.
Total	\$	<u>4,160.</u>

Balance Sheet
Accumulated amortization [O]

Web Site.....	\$	99,213.
Membership Software.....		226,556.
Total	\$	<u>325,769.</u>

Pol. Campaign & Lobbying Acts (Sch C)
Dues, assessments and similar amounts from members

Member dues.....	\$	1,870,648.
Voluntary dues.....		57,935.
Total	\$	<u>1,928,583.</u>

Pol. Campaign & Lobbying Acts (Sch C)
Section 162(e) non-deductible lobbying and political expenditures

Lobbying expenses Form 990 worksheet.....	\$	190,790.
Total	\$	<u>190,790.</u>

Pol. Campaign & Lobbying Acts (Sch C)
Aggregate non-deductible amount of section 6033(e)(1)(A) dues notices

2% of Dues - Member & Voluntary.....	\$	38,572.
Total	\$	<u>38,572.</u>

6/06/17

11:08AM

Pol. Campaign & Lobbying Acts (Sch C)
Amount agree to carryover

Prior year carryover.....	\$	289,228.
Current year dues disallowance.....		38,572.
Current year lobbying.....		-190,790.
Net balance to carryover.....		0.
Total	\$	<u>137,010.</u>

6/06/17

11:08AM

Program Service Revenue
Related or exempt function income
Education/Training

Technology Summit.....	\$	54,666.
Audio/web conferences.....		34,312.
Essential learning partnership.....		96,647.
Annual Conference.....		398,308.
GR Leadership Summit.....		93,986.
State Assn Executive Retreat.....		5,950.
Technical Assistance.....		0.
Total	\$	<u>683,869.</u>

Other Income Producing Activities
Membership dues and assessments

Full Membership.....	\$	1,627,235.
Associate Membership.....		243,203.
International Membership.....		210.
Total	\$	<u>1,870,648.</u>

Advertising Income (990-T)
Gross advertising income
Links

Links Ads.....	\$	70,846.
Total	\$	<u>70,846.</u>

Stmt. of Functional Expenses (990)
Occupancy

Condo Fees.....	\$	35,337.
Real Estate Taxes.....		11,552.
Repairs and maintenance.....		300.
Storage Fees.....		1,847.
Total	\$	<u>49,036.</u>

Unrelated Business Expenses
State tax

VA Income Tax - Expense Paid before Accrual.....	\$	1,747.
VA Income Tax - Payable with Return.....		1,628.
Total	\$	<u>3,375.</u>

Balance Sheet
Intangible assets [O]

Web Site.....	\$	133,750.
Membership Software.....		269,806.
Total	\$	<u>403,556.</u>

Balance Sheet

Net unrealized gains or losses on investments

Unrealized loss on investments	Total	\$	0.
		\$	<u>0.</u>