### Exempt Organization Business Income Tax Return Form **990-T** OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning ► Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Check box if name changed and see instructions. Employer identification number (Employees' trust, see instructions.) address changed Print American Network of Community Options Exempt under section and Resources ∑501( c )(\_6) or 52-0846389 1101 King Street #380 Type 408(e) Unrelated business activity codes (See instructions.) 220(e) Alexandria, VA 22314 408A 530(a) 529(a) 511120 Book value of all assets at F Group exemption number (See instructions.)▶ G Check organization type..... ► X 501(c) corporation 1,919,099 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. Advertising in Links Newsletter During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... If 'Yes,' enter the name and identifying number of the parent corporation... The books are in care of The Organization (703) Telephone number > 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 . . . 1 c 2 Cost of goods sold (Schedule A, line 7)..... 2 Gross profit. Subtract line 2 from line 1c..... 3 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4 c Income (loss) from partnerships and S corporations (attach statement)..... 5 Rent income (Schedule C)..... 6 Unrelated debt-financed income (Schedule E)..... 7 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 (Sch G).... 9 Exploited exempt activity income (Schedule I)..... 10 10 11 Advertising income (Schedule J)..... 11 27,391 6,721 20,670. Other income (See instructions; attach schedule)..... 12 13 Total. Combine lines 3 through 12..... 13 27,391 20,670. 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.) 14 Compensation of officers, directors, and trustees (Schedule K)..... 15 Salaries and wages..... 15 Repairs and maintenance..... 16 16 17 17 18 Interest (attach schedule)..... 18 19 Taxes and licenses..... Charitable contributions (See instructions for limitation rules). 20 20 Depreciation (attach Form 4562)..... | 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22 b 23 23 24 Contributions to deferred compensation plans..... 25 Employee benefit programs..... 25 Excess exempt expenses (Schedule I).... 26 26 Excess readership costs (Schedule J). 27 27 28 Other deductions (attach schedule)..... 28 29 Total deductions. Add lines 14 through 28..... 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13...... 30 30 20,670. Net operating loss deduction (limited to the amount on line 30)..... 31 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.....

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).....

33

20,670.

19,670.

1,000.

|  | Tax Computation  |   |  |
|--|--|---|--|
|  | Organizations Taxable as Corporations. See instructions for tax computation.   |   |  |
|  | Controlled group members (sections 1561 and 1563) check here ► X See instructions and:   |   |  |
|  | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):   |   |  |
|  | (1)  \$ 10,585.   (2)  \$ 9,085.   (3)  \$ 0.  |   |  |
| b  | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$   |   |  |
|  | (2) Additional 3% tax (not more than \$100,000)  |   |  |
| С  | Income tax on the amount on line 34  | 35 c  | 3,859.   |
| 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  | 3,859.   |
| Parl   | Tax and Payments   |   |  |
| 40 a   | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a   |   |  |
| b  | Other credits (see instructions)   |   |  |
| С  | General business credit. Attach Form 3800 (see instructions)   |   |  |
| d  | Credit for prior year minimum tax (attach Form 8801 or 8827)   |   |  |
| е  | Total credits. Add lines 40a through 40d   | 40 e  | 0.   |
|  | Subtract line 40e from line 39   | 41  | 3,859.   |
|  | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866  |   | 0,000.   |
|  | Other (attach schedule)  | 42  |  |
| 43   | Total tax. Add lines 41 and 42   | 43  | 3,859.   |
| 44 a   | Payments: A 2014 overpayment credited to 2015  |   | 3,000  |
| b  | 2015 estimated tax payments  | <i>**</i>   |  |
| c  | Tax deposited with Form 8868   |   |  |
| d  | Foreign organizations: Tax paid or withheld at source (see instructions) 44 d  |   |  |
| е  | Backup withholding (see instructions)  |   |  |
| f  | Credit for small employer health insurance premiums (Attach Form 8941) 44f   |   |  |
| g  | Other credits and payments: Form 2439  |   |  |
|  | Form 4136 Other Total ▶ 44 g   |   |  |
| 45   | Total payments. Add lines 44a through 44g  | 45  | 6,009.   |
|  | - The state of the     | 1   | 0,000.   |
| 46   | Estimated tax penalty (see instructions). Check if Form 2220 is attached.  | 46  |  |
|  | Estimated tax penalty (see instructions). Check if Form 2220 is attached   | 46<br>47  |  |
| 47   | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed   | 47  | 2 150  |
| 47<br>48   | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  • Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   | 47<br>48  | 2,150.   |
| 47<br>48<br>49   | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ 2,150. Refunded ▶   | 47  | 2,150.<br>0.   |
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| 47<br>48<br>49<br>Part   | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed   | 47<br>48<br>49  | 0.<br>Yes No   |
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| 47<br>48<br>49<br>Part<br>1<br>2<br>3<br>Sche                      | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax ▶ 2,150. Refunded ▶  V Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.   | 47<br>48<br>49<br>er a<br>Form  | 114, Yes No  |
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| 47<br>48<br>49<br>Part<br>1<br>2<br>Sche                           | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax  2,150. Refunded  X Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  Secule A — Cost of Goods Sold. Enter method of inventory valuation  Inventory at beginning of year.  1  | 47<br>48<br>49<br>er a<br>Form<br>a forei   | 114, Yes No  |
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| 47<br>48<br>49<br>Part<br>1<br>2<br>Sche<br>1<br>2<br>4 a b        | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Poverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax   2,150. Refunded   V Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year   9. edule A — Cost of Goods Sold. Enter method of inventory valuation   Inventory at beginning of year.   1  | 47 48 49 er a Form a forei  | 114, gn trust?.  Yes No  X  X  Yes No  No  Note to le) apply  X  |
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| 47<br>48<br>49<br>Part<br>1<br>2<br>Sche<br>1<br>2<br>4 a b        | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax 2, 150. Refunded 3. Refunded 4. Refunded 5. Refunded 5. Refunded 5. Refunded 5. Refunded 5. Refunded 5. Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 5. Puring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year 5. Redule A - Cost of Goods Sold. Enter method of inventory valuation 5. Report of Jabor 1. Report of Goods Sold. Enter method of inventory valuation 5. Redule A - Cost of Goods Sold. Enter method of inventory valuation 5. Report of Goods Sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. Redule 1. Report of Sold R     | 47 48 49 er a Form a forei  6 7 th respor resa  | 114,  Ign trust?.  Yes No  114,  X  Ign trust?.  X  Ves No  Dect to le) apply  X  Involved ge and dege.  IRS discuss this return with parer shown below (see   |
| 47<br>48<br>49<br>Part<br>1<br>2<br>Sche<br>1<br>2<br>4 a b        | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax 2,150. Refunded  V Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here puring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year some substitution of the foreign country here substitution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year substitution from the tax year substitution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year substitution from, or was it the grantor of, or transferor to, If YES, see instructions for other organization from, or was it the grantor of, or transferor to, If YES, see instructions from from from from from from from from  | 47 48 49 er a Form a forei  6 7 ch resper resal knowler May the the predinstruction           | Pect to lee) apply approximately approximately apply approximately appro |
| 47<br>48<br>49<br>Part<br>1<br>2<br>Sche<br>1<br>2<br>4 a b        | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax 2,150. Refunded   V Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year   Outer the amount of tax-exempt interest received or accrued during the tax year   Outer costs of Goods Sold. Enter method of inventory valuation   Inventory at beginning of year.  1  | 47 48 49 er a Form a forei  6 7 th respor response responsively the prepinstruction           | on trust?.  Yes No in the interest of the inte |
| 47 48 49 Part 1 2 3 Sche 1 2 3 4a b 5 Sign Here                    | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax  2, 150. Refunded  2, 150. Refunded  2, 150. Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority or financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  1. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year  \$ 0.  Sedule A — Cost of Goods Sold. Enter method of inventory valuation  1. Inventory at beginning of year.  1.   | 47 48 49 er a Form a forei  6 7 th respons resal form who knowled the pre- linstruction       | Pect to lee) apply   |
| 47 48 49 Part 1 2 3 Sche 1 2 3 4a b 5 Sign Here Paid Pre-parei     | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax 2, 150. Refunded   Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority or financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year   Cedule A — Cost of Goods Sold. Enter method of inventory valuation  Inventory at beginning of year.  1  | 47 48 49 er a Form a forei  6 7 th respons resal form who knowled the pre- linstruction       | on trust?.  Yes No in the interest of the inte |
| 47 48 49 Part 1 2 3 Sche 1 2 3 4a b 5 Sign Here Paid Pre-parei Use | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax  2, 150. Refunded  2015 calendar year, did the organization have an interest in or a signature or other authority over financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FincEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  1  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  \$ 0.  Endule A — Cost of Goods Sold. Enter method of inventory valuation  1  Inventory at beginning of year.   | 47 48 49 er a Form a forei  6 7 th respons resal form who knowled the pre- linstruction       | Pect to lee) apply   |
| 47 48 49 Part 1 2 3 Sche 1 2 3 4a b 5 Sign Here Paid Pre-parei     | Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.  Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.  Enter the amount of line 48 you want: Credited to 2016 estimated tax  2, 150. Refunded  2, 150. Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority or dinancial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FincEN Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here   During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, if YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  \$ 0.  Endule A — Cost of Goods Sold. Enter method of inventory valuation  Inventory at beginning of year.  1  | 47 48 49 er a Form a forei  6 7 ch respor resal find find when the predinstruction P1 P2 45-6 | Pect to lee) apply   |

| Schedule C - Rent Incon   | ne (From Real P  | roperty an   | d Perso        | nal Property                    | Leas  | ed With Rea   | al Prop   | erty) (see instructions).  |  |
|---|--|--|----------------|---------------------------------|---|---|---|--|--|
| 1 Description of property   |  |  |                |                                 |   |   |   |  |  |
| (1)   |  |  |                |                                 |   |   |   |  |  |
| (2)   |  |  |                |                                 |   |   |   |  |  |
| (3)   |  |  |                |                                 |   |   |   |  |  |
| (4)   |  |  |                |                                 |   |   |   |  |  |
|   | 2 Rent received of   |  |                |                                 |   | <b>3(a)</b> Deduc   | ctions di   | rectly connected with  |  |
| (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<br>(if the percentage of rent for personal<br>property exceeds 50% or if the rent is<br>based on profit or income)   |                |                                 | y<br>al<br>is   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |   |  |  |
| (1)   |  |  |                |                                 |   |   | ·   |  |  |
| (2)   |  |  |                |                                 |   |   |   |  |  |
| (3)   |  |  |                |                                 |   |   |   |  |  |
| (4)<br>Total  | Tota   | ما   |                |                                 |   |   |   |  |  |
|   |  |  |                |                                 |   | (b) Total deducti   |   |  |  |
| (c) Total income. Add totals of othere and on page 1, Part I, line  | 6, column (A)  | <u></u> ►  |                |                                 |   | here and on page<br>I, line 6, column (   | 1, Part<br>B) <sup>1</sup>                              | <u> </u>   |  |
| Schedule E — Unrelated [  | Jept-Financed in   | ncome (see   | Instructio     | ns)                             | 3 Day   | المحمدال محمالات  |   | atawa with an alianable to   |  |
| 1 Description of de   | bt-financed property   | ,  | or alloc       | income from<br>able to debt-    |   | debt-   | financed  | cted with or allocable to property                                       |  |
|   |  |  | financ         | ed property                     | depre   | (a) Straight line reciation (attach sch)  |   | (b) Other deductions<br>(attach schedule)                                |  |
| (1)   |  |  |                |                                 |   |   |   |  |  |
| (2)   |  |  | -              |                                 |   |   |   |  |  |
| (4)   |  |  |                |                                 |   |   |   | <u> </u>   |  |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)                    | <b>5</b> Average adjus<br>or allocable to de<br>property (attach | ebt-financed   | div            | Column 4<br>vided by<br>olumn 5 |   | Gross income<br>rtable (column<br>column 6)   | 2 x   | 8 Allocable deductions<br>(column 6 x total of<br>columns 3(a) and 3(b)) |  |
| (1)   |  |  |                | ૾                               |   |   |   |  |  |
| (2)   |  |  | i              | 용                               |   |   |   |  |  |
| (3)   |  |  |                | 왕                               |   |   |   |  |  |
| (4)   |  |  |                | 96                              |   |   |   |  |  |
| Totals  |  |  |                | <b>&gt;</b>                     | Part I  | , line 7, columi  | n (A). P  | nter here and on page 1,<br>Part I, line 7, column (B).                  |  |
| Schedule F – Interest, An   |  |  |                |                                 |   |   |   | uctions)   |  |
|   |  | Exempt Con   |                |                                 | 5   |   |   |  |  |
| 1 Name of controlled organization   | <b>2</b> Employer<br>identification<br>number                    | 3 Net unrelated income (loss) (see instructions)  4 Total of specific payments made in the payment of the payme |                | ecified<br>nade                 | that is included in   c   |   | 6 Deductions directly connected with income in column 5 |  |  |
| (1)   |  |  |                |                                 |   |   |   |  |  |
| (2)   |  |  |                |                                 |   |   |   |  |  |
| (3)   |  |  |                |                                 |   |   |   |  |  |
| (4) Nonexempt Controlled Organizat  | tions.   |  |                |                                 |   |   |   |  |  |
| · · · · · · · · · · · · · · · · · · ·   |  | 9 Total of   | specified      | 10 Part o                       | of colum  | nn 9 that is  | 11  | Deductions directly  |  |
|   |  |  | nents made inc |                                 | art of column 9 that<br>ded in the controllir<br>ization's gross inco |   | connected with income in column 10                      |  |  |
| (1)   | ,  |  |                |                                 |   |   |   |  |  |
| (2)   |  |  |                |                                 |   |   |   |  |  |
| (3)   |  |  |                |                                 |   |   |   |  |  |
| (4)   |  |  |                | here and or                     |   | nd 10. Enter<br>1, Part I, line<br>(A).   | Add co  | olumns 6 and 11. Enter<br>nd on page 1, Part I, line<br>8, column (B).   |  |

Page 4

| 1 Description of income                        | 2 Amount of inc   |                       | 3<br>dire   | Deductions<br>ctly connected<br>ach schedule)  | 4 Set-asides (attach schedule)  |                | <b>5</b> Total deductions and set-asides (column 3 plus column 4) |   |
|--|---|-----------------------|---|--|---|----------------|---|---|
| (1)  |   |                       |   |  |   |                |   |   |
| (2)  |   |                       |   |  |   | •              |   |   |
| (3)  |   |                       |   |  |   |                |   |   |
| (4)  |   |                       |   |  |   |                |   |   |
|  | Enter here and on Part I, line 9, colu                                  |                       |   |  |   |                |   | re and on page 1,<br>ne 9, column (B).  |
| Totals   |   | 0.1                   | -   |  |   |                |   |   |
| Schedule I – Exploited Exemp                   | <del></del>   |                       |   |  | I   |                |   |   |
| 1 Description of exploited activity            | 2 Gross<br>unrelated<br>business<br>income from<br>trade or<br>business | conne<br>prod<br>of u | ses directly<br>cted with<br>duction<br>nrelated<br>ss income | 4 Net income (loss)<br>from unrelated trade<br>or business (column<br>2 minus column 3).<br>If a gain, compute<br>columns 5 through 7. | 5 Gross income from<br>activity that is not<br>unrelated business<br>income | attribu        | penses<br>Itable to<br>Imn 5                                      | 7 Excess exempt<br>expenses (column 6<br>minus column 5, but<br>not more than<br>column 4). |
| (1)  |   |                       |   |  |   |                |   |   |
| (2)  |   |                       |   |  |   |                |   |   |
| (3)  |   |                       |   |  | ······  |                |   |   |
| (4)  |   |                       |   |  |   |                | 77.7.7.7.18.7.18.7.8.7.8.7.8.7.8.7.8.7.8                          | 3   |
| Totals   | Enter here and on page 1, Part I, line 10, column (A).                  | on p<br>Part l        | here and<br>age 1,<br>, line 10,<br>nn (B).                   |  |   |                |   | Enter here and<br>on page 1,<br>Part II, line 26.   |
| Schedule J – Advertising Inco                  | ma (Saa instructio  | no\                   |   |  |   |                |   |   |
| Part I Income From Periodica                   | <u> </u>  |                       | acolida   | tod Bacic  |   |                |   |   |
| Faiti income From Feriouica                    | 2 Gross   |                       | irect   | ·, ···   | E Circulation   | 6 Don          | dorobin   | 7 Evenes renderable   |
| 1 Name of periodical                           | advertising income  | adve                  | rtising<br>ests   | 4 Advertising gain or<br>(loss) (col 2 minus<br>col 3). If a gain,<br>compute col 5<br>through 7.                                      | 5 Circulation income  |                | dership<br>osts   | 7 Excess readership costs (col 6 minus col 5, but not more than col 4).                     |
| (1)  |   |                       |   |  |   |                |   |   |
| (2)  |   | <u>-</u>              |   |  |   |                |   |   |
| (3)<br>(4)                                     |   |                       |   |  |   |                |   |   |
| (4)  |   |                       |   |  |   |                | <del></del>   |   |
| Totals (carry to Part II, line (5))            |   | a Sar                 | narato F  | Sacis (For each p  | pariadical listed in  | Dart II        | fill in cole  | umps 2 through  |
| 7 on a line-by-line basis.)                    | iis iteported of  | ı a Jeş               | varate L  | asis (i oi eacii p   | eriodicai listed III  | ı altıı,       | ini ili con   | umans Z marough   |
| 1 Name of periodical                           | 2 Gross<br>advertising<br>income  | adve.<br>co           | rtising<br>sts  | 4 Advertising gain or<br>(loss) (col 2 minus<br>col 3). If a gain,<br>compute cols 5<br>through 7.                                     | 5 Circulation income  |                | dership<br>osts   | 7 Excess readership costs (col 6 minus col 5, but not more than col 4).                     |
| (1) Links                                      | 27,391.   | 6                     | ,721.   | 20,670.  |   |                |   |   |
| (2)  |   |                       |   |  |   |                |   |   |
| (3)  |   |                       |   |  |   |                |   |   |
|  |   |                       |   |  |   |                |   |   |
| Totals from Part I ►                           |   |                       |   |  |   |                |   |   |
|  | Enter here and<br>on page 1,<br>Part I, line 11,<br>column (A)          | on part 1,            | nere and<br>age 1,<br>line 11,<br>nn (B).                     |  |   |                |   | Enter here and<br>on page 1,<br>Part II, line 27.   |
| Totals, Part II (lines 1-5)                    |   |                       | 5,721.  |  |   |                |   |   |
| Schedule K – Compensation o                    | f Officers, Dire  | ctors,                | and Tru   | <b>ıstees</b> (see instri  | uctions)  |                |   |   |
| 1 Name   |   |                       |   | <b>2</b> Title   | 3 Percent o<br>time devote<br>to business                                   | d              |   | tion attributable<br>ted business   |
|  |   |                       |   |  |   | ્ <del>ટ</del> |   |   |
|  |   |                       |   |  |   | ક              |   |   |
|  |   |                       |   |  |   | &              |   |   |
|  |   | 1                     |   |  | ;   | 96             |   |   |
| <b>Total.</b> Enter here and on page 1, Part i | I, line 14  |                       |   |  |   | <b>•</b>       |   |   |

2015

## **Federal Statements**

American Network of Community Options and Resources

Page 1 52-0846389

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

| 1. Taxable income (line 34, page 1, Form 990-T)         |      |        |
|---|------|--------|
| 3. Subtract line 2 from line 1.                         |      | 9,085. |
| 4. Lesser of line 3 or share of \$25,000 tax bracket    |      | 9,085. |
| 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%                               |      | 1,588. |
| 9. Multiply line 4 by 25%                               |      | 2,271. |
| 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)                        | . \$ | 3,859. |

| 20 | 1 | . 6 |
|----|---|-----|
| ZU | ı | Э   |

Page 1

# Federal Supporting Detail American Network of Community Options and Resources

52-0846389

| and Resources   | 32-0040363  |
|---|---|
| Program Service Revenue Related or exempt function income Education/Training  Technology Summit. Audio/web conferences. Essential learning partnership Annual Conference GR Leadership Summit. State Assn Executive Retreat Technical Assistance  Total | <br>53,232. 38,338. 70,159. 250,045. 90,970. 4,060. 5,471. 512,275. |
| Other Income Producing Activities Membership dues and assessments  Full Membership. Associate Membership International Membership Total   | 1,441,135.<br>206,450.<br>210.<br>1,647,795.                        |
| Advertising Income (990-T) Gross advertising income Links  Links Ads Sponsorship Ads Total  | <br>4,542.<br>22,849.<br>27,391.                                    |
| Stmt. of Functional Expenses (990) Occupancy  Condo Fees. Real Estate Taxes. Repairs and maintenance. Storage Fees.  Total  | \$<br>35,337.<br>11,229.<br>2,449.<br>1,955.<br>50,970.             |
| Balance Sheet Intangible assets [O]  Web Site Membership Software.  Total   | \$<br>96,750.<br>266,747.<br>363,497.                               |

2015

Page 2

Federal Supporting Detail

American Network of Community Options
and Resources

52-0846389

Balance Sheet Net unrealized gains or losses on investments

Unrealized loss on investments \$\frac{\\$}{5}\$