. 000 T	EXTENDED TO MAY 15, 2017	1							
Fam 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								
	For calendar year 2015 or other tax year beginning JUL 1, 2015 and ending JUN 30, 2016	<u> </u>							
Department of the Treasury	▶ Information about Form 990-T and its instructions is available at www irs gov/form990t	Open to Public Inspection for							
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	501(c)(3) Organizations Only Employer identification number							
A Check box if address changed	Name of organization (Check box is name changed and see misu ucuons.)	(Employees' trust, see instructions)							
B Exempt under section	Print THE COMMUNITY PRESERVATION CORPORATION	13-2792409 E Unrelated business activity codes							
X 501(C)(3) 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box, see instructions. 28 EAST 28TH STREET, 9TH FLOOR	(See instructions)							
408A 530(a) 529(a)	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code								
C Book value of all assets at end of year 940210908.	F Group exemption number (See instructions.)								
	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust n's primary unrelated business activity. ► SEE STATEMENT 1	Other trust							
	n's primary unrelated business activity. SEE STATEMENT 1 the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No							
	and identifying number of the parent corporation.								
J The books are in care of		212)869-5300							
Part I Unrelate	d Trade or Business Income (A) Income (B) Expenses	(C) Net							
1a Gross receipts or sal	es								
b Less returns and allo									
2 Cost of goods sold (S									
3 Gross profit. Subtrac									
	ne (attach Schedule D) 4a								
- , , ,	4797, Part II, line 17) (attach Form 4797) n for trusts 4b 4c	-							
c Capital loss deductio 5 Income (loss) from p	artnerships and S corporations (attach statement)								
6 Rent income (Schedi									
•	ed income (Schedule E) 7								
	yalties, and rents from controlled organizations (Sch. F) 8 46,852. 46,8	52.							
	f a section 501(c)(7), (9), or (17) organization (Schedule G)								
10 Exploited exempt act	vity income (Schedule I)								
11 Advertising income (
·	structions; attach schedule) 12 13 46,852. 46,85	<u> </u>							
13 Total. Combine line Part II Deduction	s 3 through 12 13 46,852. 46,85 uns Not Taken Elsewhere (See instructions for limitations on deductions)	54.							
(Except for	contributions, deductions must be directly connected with the unrelated business income)								
	feers directors and trustees (Cabadula V)	14							
15 Salaries and wages	CEN/ED \	15							
16 Repairs and mainte	nance RECEIVED	16							
17 Bad debts	edule) RECEITOR OF APR 1 5 2017	17							
18 Interest (attach sch	edule) (2 APR 1 5 2017 (2)	18							
19 Taxes and licenses		19							
	ions (See instructions for limitation rules)	20							
21 Depreciation (attach		22b							
	aimed on Schedule A and elsewhere on return 22a	23							
•	Depletion Contributions to deferred compensation plans								
25 Employee benefit pi		25							
26 Excess exempt exp	·	26							
27 Excess readership of		27							
28 Other deductions (a		28							
	s. Add lines 14 through 28	29 0.							
	taxable income before net operating loss deduction. Subtract line 29 from line 13	30 0.							
	Net operating loss deduction (limited to the amount on line 30)								
	taxable income before specific deduction. Subtract line 31 from line 30 Generally \$1,000, but see line 33 instructions for exceptions)	32 0.							
•	taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or								
line 32		0. 9							
500704	perwork Reduction Act Notice, see instructions.	Form 990-T (2015)							
J. 50-10	•								
		\sim							
		, ,							

Form 990-T (N CORPORATIO	N	13-279	2409		Page 2
Part III	I Tax Computation	· · · · · · · · · · · · · · · · · · ·					
35	Organizations Taxable as Corporations. See instructions for tax	computation.			1		
(Controlled group members (sections 1561 and 1563) check here	► X See instructions	and.		1 1		
a i	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable	income brackets (in that or	der):		i i		
((1) \$ 0. (2) \$	0. (3) [\$	0.				
	Enter organization's share of: (1) Additional 5% tax (not more tha	n \$11,750)	0.				
	(2) Additional 3% tax (not more than \$100,000)	\$	0.		1 1		
	Income tax on the amount on line 34	<u> </u>		•	35c		0.
	Trusts Taxable at Trust Rates. See instructions for tax computati	on. Income tax on the amou	nt on line 34 from:	_			
	Tax rate schedule or Schedule D (Form 1041)			•	36		
37	Proxy tax. See instructions				37		
	Alternative minimum tax				38		
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies				39		0.
Part IV					1 00 1		
-	Foreign tax credit (corporations attach Form 1118; trusts attach Fo	orm 1116)	40a				
	Other credits (see instructions)	лн 1110)		 -	1		
	•		40b		1		
	General business credit. Attach Form 3800		40c		1 1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		40d		 		
	Total credits. Add lines 40a through 40d				40e		
	Subtract line 40e from line 39	~			41		<u>0.</u>
	Other taxes. Check if from: Form 4255 Form 8611	Form 869/ [Form	8866 Other ((attach schedule)	42		
	Total tax. Add lines 41 and 42	-	1 1		43		0.
	Payments: A 2014 overpayment credited to 2015		44a		-l l		
	2015 estimated tax payments		44b		4 !		
	Tax deposited with Form 8868		44c		∤		
	Foreign organizations: Tax paid or withheld at source (see instruct	ions)	44d		↓		
e l	Backup withholding (see instructions)		44e		1 1		
f (Credit for small employer health insurance premiums (Attach Forr	п 8941)	44f		1 1		
g (Other credits and payments: Form 2439						
L	Form 4136 Other	Total	► 44g				
45	Total payments. Add lines 44a through 44g				45		
46 i	Estimated tax penalty (see instructions). Check if Form 2220 is att	ached 🕨 🔙			46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter a	mount owed		>	47		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46,	enter amount overpaid		>	48		0.
49 [Enter the amount of line 48 you want: Credited to 2016 estimated	l tax 🕨	Ret	funded 📂	49		
Part V	Statements Regarding Certain Activities	and Other Informat	ion (see instru	ctions)			
1 At an	ny time during the 2015 calendar year, did the organization have ar	ı interest in or a signature or	r other authority ove	er a financial acc	ount (bank	, Yes	No
secur	rities, or other) in a foreign country? If YES, the organization may	have to file FinCEN Form 11-	4, Report of Foreign	Bank and Finar	ncial		l
Acco	ounts. If YES, enter the name of the foreign country here 🕨						X
2 During If YES	ig the tax year, did the organization receive a distribution from, or was it the gran S, see instructions for other forms the organization may have to file	ntor of, or transferor to, a foreign tr	rust?	-	_		X
	r the amount of tax-exempt interest received or accrued during the				-		\Box
Schedu	ule A - Cost of Goods Sold. Enter method of inver	ntory valuation N	/A				
1 Inver	ntory at beginning of year 1	6 Inventory at end of	vear		6		
2 Purcl	chases 2	7 Cost of goods sold.	Subtract line 6				
3 Cost	of labor 3	from line 5. Enter h		e 2	7		
	uonal section 263A costs (att. schedule) 48	8 Do the rules of sect	•			Yes	No
-	er costs (attach schedule) 4b	property produced	•			1.00	 -
	i. Add lines 1 through 4b 5	the organization?	01 20401100 101 1000	no, appi, to		ŀ	
	Under penalties of perjury, I declare that I have examined this return, include	ing accompanying schedules and	statements, and to the	best of my knowled	dge and belie	f, it is true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is base	d on all information of which prepared	arer has any knowledge	_			
Here	1410	111 RVP &	CFO	1	-	scuss this return i lown below (see	with
	Signature of officer Date	Title	CIO		structions)?	·	¬ No
	Print/Tuno proparario pama Pranarorio cu	nnature	Doto			12 162	1110
ъ	Print/Type preparer's name Preparer's significant Preparer's signifi	jnature			f PTIN		
Paid	rer ROGER DEVRIES ROGER 1	DEVRIES (04/08/17	self- employed	יחם	233256	
Prepar	C . NOODE CORDUENC MILI		2 ± 1 0 0 1 T 1	Eurmin FIN		-067352	
Use O	250 EAST HARTSDAI		ITB 34	Firm's EIN		00/352	<u> </u>
	Firm's address HARTSDALE, NY 105		710 74	Phone no. 9	14 - 71	2-7712	
		, , ,		<u> </u>		orm 990-T	
523711 01-0	UO- 10				-	Otto Care	(ZU15)

Form 990-T (2015) THE COM Schedule C - Rent Incom	MUNI me (Fro	TY PRE	SERV <i>I</i> Propert	TIOI y and	N CORPOR	RATIO Propert	N v Lea	sec		3-27 eal Pro			Page 3 1s)
Description of property			•			<u> </u>				<u> </u>			
(1)													
(2)											_		
							_						
(3)					-		_	-					
(4)													
	2.	<u> </u>				-			3/a\Ded	uctions direc	tly con	nected with the income i	n
(a) From personal property (if t rent for personal property is 10% but not more than	s more than	ge of	(b) Fr of	rentior po	nd personal propert ersonal property ex t is based on profit	ceeds 50% o	entage rıf					b) (attach schedule)	
(1)													
(2)													
(3)													
(4)	_												
Total		0.	Total				7	١.					
	0/)							•	(b) Total d	eductions.			
(c) Total income. Add totals of columere and on page 1, Part I, line 6, co	olumn (A)	· ·					0			d on page 1,		·	0.
Schedule E - Unrelated	Dept-F	Inanced	ncome	(see	instructions)	_							
									3. Deductio	ns directly c to debt-fine		ed with or allocable	
_					2. Gross inc		-	/a\	Ob ba t		апсец р	(b) Other deductio	
1. Description of o	debt-finance	ed property			financed	property		(a)	Straight line d (attach sch			(attach schedule)	
(1)					t		\dashv				-†		
(1)					 						-+		
(2)											\dashv		
(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)		ŀ	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))					
(1)							%				-†		
(1)					 	_					-+	 	
(2)							<u>%</u>				- +		
(3)		_			 		%				-+		
					L		/ 6				-		
									nterhere and c art I, line 7, co			Enter here and on pag Part I, line 7, column	
Totals							▶∟			(0.]		0.
Total dividends-received deduction	ns includ	fed in column	8										0.
Schedule F - Interest, A	nnuitie	s, Royalti	es, and	Rent	ts From Co	ntrolled	d Org	ani	zations	(see in	struc	tions)	
		1		Exemp	t Controlled C	rganizatio	ons						
1. Name of controlled organization	ะก	2. Employer ider numb		Net un	3. related income see instructions)	Total	4. of specifi		included	of column 4 In the contr ion's gross i	olling	6. Deductions dire connected with inc	
			ļ		,	[]				÷ "			
(1) CPC RESOURCES,		<u> </u>				†							-
(2) INC.		13-369	2436			 			 -				
		= 303				├							
(3)		}				├						 -	
(4)		<u> </u>				L							
Nonexempt Controlled Organiza	ations		 -										
7. Taxable Income		unrelated income see instructions)	(loss)	9 . To	tal of specified pay made	ments	10. Par in the	cont	column 9 that is rolling organiz ross income	s included ation's	,	Deductions directly con with income in column 1	0
					<u>_</u>							<u>STATEMENT</u>	_2
(1)													
(2) $-475,677.$					46,	852.			46,	852.		46,8	52.
(3)						T							
(4)													
			1					- h	olumns 5 and			Add columns 6 and 11	
								here	olumns 5 and and on page 1 i 8, column (A).		Ent	Add columns 6 and 11 or here and on page 1, P line 8, column (B).	erti,
Tatala						_			A C	252	ı	<i>A C</i> 0	52
Totals									40,	852.		46,8	
523721 01-06-16												Form 990-7	(2015)

Schedu	le K - Compens	ation					nstructions)		
<u>Totals, Part</u>	t II (lines_1-5)	•		.	11, col (B) 0 •				Part II, line 27
Enter here and on Enter he page 1, Part I, page 1				here and on ge 1, Part I,]			Enter here and on page 1,	
Totals from	Part I	▶	- ().	0.				0.
(4)							<u>† </u>	 	
(3)						1		<u> </u>	
(2)						 	† 		
(1)				+		 	1		
	1. Name of periodical	7 0.1 0	2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Crculation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
Part II	y to Part II, line (5)) Income From I columns 2 through	Perio 7 on a	dicals Repo	orted or	0 . n a Sepa	rate Basis (For e	ach periodical list	ted in Part II, fill in	0.
<u> </u>									
(4)	<u></u> .	\dashv		 		1			1
(3)					_	1		 	Í
<u>(1)</u> <u>(2)</u>		- 				1			1
(1)						000 0 0000	 		Chair Goldmin 4)
	1 Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Girculation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
Part I	Income From I	Perio	dicals Repo	rted on	a Cons	olidated Basis			
Totals Schedul	le J - Advertisir	la Inc	O.	estruction					. 1
Takel	page 1, Part I, line 10, col (A) line 10, col				Part I, col (B)				on page 1, Part II, line 26
<u> </u>			er here and on	Enter her					Enter here and
(3)		-				· · · · · · · · · · · · · · · · · · ·			-
(2)									
(1)									
		trad	le or business	business		gain, compute cols 5 through 7	business income		column 4),
1. ex	Description of colored activity	unre	2. Gross lated business acome from	3. Exp directly or with pro of unre	onnected duction	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a	Gross income from activity that is not unrelated	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than
	(see instru				, G				., _
Schedul	le I - Evoloited	Evem	nt Activity	Income	Other 1	0 . Than Advertisin	Income		
Takele	•				_	Part I, line 9, column (A)			Part I, line 9, column (B)
(4)						Enter here and on page 1,			Enter here and on page 1
<u>(3)</u> (4)		-							-
(2)								 	-
(1)							· 		-
						2.	(attach schedule)	(attach schedule)	(col 3 plus col 4)
	1. Desc					2. Amount of income	3. Deductions directly connected	4. Set-asides	5, Total deductions and set-asides
Scheau	ie G - investme (see insti			ection	501(C)(7)	, (9), or (17) Org	anization		
						CORPORATIO		13-279240	9 Page
, ,,,,,,,	(0045) MIII (00	мп	ימת שחדו	7777777	MTAN	CODDODAMIO	AT.	12 270240	0 5

(1) % (2) (3) % (4) Total. Enter here and on page 1, Part II, line 14 0. FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

REIMBURSEMENT OF RENTAL EXPENSE BY CONTROLLED ENTITY.

TO FORM 990-T, PAGE 1

FORM 990-T	SCHEDULE F - DEDUCTIONS	OF CONTROLLED ORGANIZATIONS	STATEMENT 2
	DIRECTLY CONNECTED	WITH COLUMN 10 INCOME	

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENT - SUBTOTAL -	- 1	46,852.	46,852.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN	11		46,852.