Form 990-T -	್ರಿExempt Orga	nization Bus	ines	ss Income T	ax Return	Ĺ	OMB No 1545-0687
	,		J. JJ.	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			2047
	For calendar year 2017 or other tax y					<u>8</u>	2017
Department of the Treasury Internal Revenue Service	► Go to www ► Do not enter SSN numb	w.irs.gov/Form990T for in ers on this form as it may					Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name c	hanged	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print Troy Commun	nity Works!	Corp	oration			6-1535401
X 501(c @3)	Tune	m or suite no. If a P.O. box	ς see in:	structions.			ated business activity codes nstructions)
408(e) 220(e)	ZZI E Main					-	
408A 530(a) 529(a)		ovince, country, and ZIP o	r foreign	postal code		531	120
C Book value of all assets at end of year	F Group exemption num		<u> </u>				1
	88 . G Check organization ty				401(a)	trust	Other trust
	n's primary unrelated business ac			Statement 1		Ye	s X No
If "Yes," enter the name	the corporation a subsidiary in ar and identifying number of the pare	ent corporation.	II-SUDSIC				
	► Kent Frauenk						287-8025
	d Trade or Business In	come		(A) Income	(B) Expenses	3	(C) Net
1a Gross receipts or sale					* * * * * * * * * * * * * * * * * * * *	4	_ (
b Less returns and allo		_ c Balance	1c				
2 Cost of goods sold (S	•		2				الــــــــــــــــــــــــــــــــــــ
3 Gross profit. Subtrac			3		* 7		
	ne (attach Schedule D) ı 4797, Part II, line 17) (attach For	m 4707)	4a 4b		X.,	3 5	
 b Net gain (loss) (Form c Capital loss deduction 		111 47 37)	40 4c		***	- 4	
•	artnerships and S corporations (a	ttach statement)	5			7	
6 Rent income (Schedu		ttaon otatomonty	6		<u> </u>		
=	ced income (Schedule E)		7	21648.	143	34.	7314.
à	yalties, and rents from controlled	organizations (Sch. F)	8				
B	f a section 501(c)(7), (9), or (17)		9_				
10 Exploited exempt acti	ivity income (Schedule I)		10				
11 Advertising income (Schedule J)		11				
•	structions; attach schedule)		12	24542			
13 Total. Combine lines		*** (0	13	21648.	143	34.	7314.
Part II Deduction (Except for	ons Not Taken Elsewhe contributions, deductions must	st be directly connected	r iimita I with th	tions on deductions.) ne unrelated business	income.)		
≥14 Compensation of of	ficers, directors, and trustees (Sch	nedule K)			•••	14	
এ15 Salaries and wages					•	15	
Salaries and wages Repairs and mainter	nance					16	
17 Bad debts						17	
18 Interest (attach sche	edule)				-	18	ļ
19 Taxes and licenses	one (Can unstructions for limitation	EGEIVED				19 20	
21 Depresention (attach	ions (See instructions for limitation	19	Ď.	21	•	20	
22 Less depreciation cl	aimed on Schedule A and elsewhe	EB 2018	?1	22a		22b	
23 Depletion	aimed on ocheable A allacibemic	CONTOCULAR	21	[244]		23	
- ·	erred compensation plans	GDEN, UT	<u> </u>		•	24	
25 Employee benefit pr		OULIN, OI			•••	25	
26 Excess exempt expe	~				••	26	
27 Excess readership of						27	
28 Other deductions (a					••	28	
29 Total deductions. A	Add lines 14 through 28					29	0.
	taxable income before net operatii		t line 29		•,•••	30	7314.
	leduction (limited to the amount o	· ·		See Stat	ement 2.	31	7314.
	taxable income before specific de			30		32	0.
	Generally \$1,000, but see line 33					33	1000.
34 Unrelated business line 32	taxable income. Subtract line 33	3 trom line 32. If line 33 is	greater	than line 32, enter the sn	nailer of zero or	34	0.

Form 990-1	1007, 000		<u> </u>	<u> 153</u>	<u>540:</u>	<u> 1</u>		Page 2
Part I	II Tax Computation							
35	Organizations Taxable as Corporations. See instructions for tax computation.							
	Controlled group members (sections 1561 and 1563) check here See instructions a	and:						
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order					I		
_	(1) \$ (2) \$ (3) \$	J. J.	ľ					
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) [\$							
v	· · · · · · · · · · · · · · · · · · ·		_					
_	(2) Additional 3% tax (not more than \$100,000)							0.
	Income tax on the amount on line 34		_		35c			<u> </u>
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	t on line 34	from:		\vdash			
	Tax rate schedule or 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			0.
Part I	V Tax and Payments							
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a						
b	Other credits (see instructions)	41b			1			
C	General business credit. Attach Form 3800	41c			1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			1			
_	Total credits. Add lines 41a through 41d				41e			
42	Subtract line 41e from line 40			1	42			0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	000	Other (attach sched	4	43			<u> </u>
	Total tax. Add lines 42 and 43	0000	Uller (attach sched	dule)				0.
44		ایدا			44			<u> </u>
	Payments: A 2016 overpayment credited to 2017	45a						
	2017 estimated tax payments	45b						
	Tax deposited with Form 8868	45c			\			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d],]			
е	Backup withholding (see instructions)	45e			× ×,			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		_	اینا			
g	Other credits and payments: Form 2439				Κ.			
	☐ Form 4136 ☐ Other ☐ Total ►	45g			** \$			
46	Total payments. Add lines 45a through 45g				46			
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached				47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				48			0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid				49			0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded		50			<u> </u>
Part \		on /see	instructions)		30 [
							Tv.	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature						Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	-						.
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	foreign cou	intry				\vdash	
_	here >						 	<u>X</u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transferor to	o, a foreign trust?	,			 	X
	If YES, see instructions for other forms the organization may have to file.							ļ
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				_		<u></u> _	
Cimm	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and si correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	tatements, and er has any kno	d to the best of my k owledge	nowled	ige and b	elief, it is tru	ι Θ ,	
Sign	N/ L Ma / c/ /c/	•		Ma	v the IRS	discuss thi	s return w	er tomeren (th
Here	Treasur	rer			•	r shown belo		
	Signature of officer Date Title			ins	tructions)? X Y	es	No
	Print/Type preparer's name Preparer's signature D	ate	Check	ıt	PTII	V		
Paid			self- empl	oved				
	rer Kimberly A. Harvey Rembuly & Chipers	7/11/	18 5011 5111	_,	P	01203	121	
Prepa	Nolan Ciana Company	, 	_ Firm's El	N D		1-166		2
Use C	206 West Main Street			·•				
	Firm's address ► Troy, OH 45373		Phone no	, (937	339	-311	1 8
) FROME III	<i>γ</i> . \	,,,	Form 9		
						rorm a	<i>-</i> 9∪-1(,ZUI/}

Schedule A - Cost of Goods	s Sold. Enter	method of invei	ntory valuation	n ▶ N/A		······································			
1 Inventory at beginning of year	1			tory at end of yea			6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I,		ine 6				
3 Cost of labor	3				Part I,				
4a Additional section 263A costs			line 2			•••	7		
(attach schedule)	4a		8 Do the	e rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	_4b		prope	rty produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	. 5			ganization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Persona	Property L	ease	d With Real Prop	erty)		
Description of property									
(1)								_	
(2)									
(3)									
(4)									
		ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property personal property int is based on pro	perty (if the percentage exceeds 50% or if offt or income)	ge	3(a) Deductions directly columns 2(a) ar	connected od 2(b) (atta	i with the income ii ach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -		-	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	income (see	instructions))		<u> </u>			
				income from		3. Deductions directly con to debt-finance	nected with ed proper	h or allocable ty	
1. Description of debt-fir	nanced property			able to debt- ed property	` '	Straight line depreciation (attach schedule)	1 '	b) Other deduction (attach schedule)	
					S	tatement 4	Sta	<u>tement</u>	5
			 				+		
(2)	 .								
(3)			 				-		
(4) See Statement 3			 				 		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property		nn 4 divided olumn 5		7. Gross income reportable (column 2 x column 6)		, Allocable deduct lumn 6 x total of co 3(a) and 3(b))	
Statement 6	Statte	ment 7				·			
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		er here and on pag art I, line 7, column	
Totals				.		21648	.	143	34.
Total dividends-received deductions in	oludad ia aalumi	. 0					+		

Form 990-T (2017), Troy, C Schedule F - Interest, A	ommun	ity Wo	rks! Corp	oration	1 otrolle	d Organiza	tions	26-15				
		, rioyanti		Controlled O			itions	(see in:	struction	ns)		
1. Name of controlled organizat	ion	2. Emplo identifica numbe	oyer 3. Net un	nrelated income 4. Total of specifie payments made		nrelated income 4. Total of sp		tal of specified	included	of column 4 d in the cont tion's gross	rolling	6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)	_											
(4)												
Nonexempt Controlled Organia	zations								,			
7. Taxable Income		nrelated income e se instructions)	(loss) 9. Tota	I of specified payn made	nents	10 Part of colur in the controlli gross	nn 9 that is ng organiz s income	s included ation's		eductions directly connected th income in column 10		
(1)												
(2)												
_(3)							-					
(4)												
						Add colum Enter here and line 8, c			l	odd columns 6 and 11 here a.nd on page 1, Part I, line 8, column (B)		
Totals								0.		0.		
Schedule G - Investme	nt Incon	ne of a Se	ction 501(c)(7), (9), or (1	7) Org	anization			<u></u>			
(see instr				,, (-,, (,	,						
1. Descr	ription of incor	ne		2. Amount of	ncome	3. Deduction directly conne- (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)		
(1)												
(2)												
(3)												
(4)												
				Enter here and o Part I, line 9, col	umn (A)	* **				Enter here and on page 1, Part I, line 9, column (B)		
Schedule I - Exploited I		Activity Ir	ncome, Other	Than Adv	0. ertisin	g Income		/ 2 ⁵ ,	\$	0.		
			0 -	4. Net incom	e (loss)							
Description of exploited activity	2 G unrelated l income trade or b	business from	3. Expenses directly connected with production of unrelated business income	from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	 Gross inco from activity the is not unrelated business income 	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)		-		 								
(2)			· · · · · ·									
(3)												
(4)									•			
	Enter here page 1, line 10, d	Part I,	Enter here and on page 1, Part I, line 10, col (B)				•			Enter here and on page 1, Part II, line 26		
Totals -		0.	0.							0.		
Schedule J - Advertisin				···········								
Part I Income From F	eriodica	als Hepor	ted on a Con	solidated	Basis							
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	1 2 minus in, compute	5. Circulati income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)								<u> </u>				
(2)]		
(3)]		
(4)				_			\bot			ļl		
Totals (carry to Part II, line (5))	•	0 .	. 0							0.		

Form 990-T (2017) Troy Comm	unity Worl	s! Corpo	ration		26-153540)1 Page 5
Part II Income From Perio	dicals Reporte	ed on a Separ	ate Basis (For ea	ch periodical list	ed ın Part II, fill ın	
columns 2 through 7 on a	a lıne-by-lıne basis.)	l				
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 8 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	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)	0.	0.				0
Schedule K - Compensatio	n of Officers, I	Directors, and	Trustees (see in	structions)		
1. Name			2. Title	3. Pero time dev busir	oted to	npensation attributable unrelated business
(1)					%	
(2)					%	
(3)					%	

Form **990-T** (2017)

0.

(4)

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

Form 990-T Description of Organization's Primary Unrelated Statement 1
Business Activity

Rent property located at 223 E Main St., Troy, OH 45373. Rent property located at 1 East Main St., Troy, OH 45373.

To Form 990-T, Page 1

Form 990-T	Net	Operating Loss D	Statement 2	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/17	17762.	0.	17762.	17762.
NOL Carryov	ver Available This	Year	17762.	17762.

Form 990-T Sch	hedule E - Unrel	ated Debt-Financ	ed Income	Statement 3
1. Description of Prop	Activity perty Number	2. Gross Income	3a. Depreciation Expense	3b. Other Deductions
Commercial property located at 221 East Street, Troy, Ohio	t Main	29894.	7034.	10715
4. Average Acq Debt	5. Average Adjusted Basis	6. Percent (Col 4/Col 5)	7. Reportable Gross Income	8. Allocable Deductions
173599.	261334.	66.43	19859.	11791.
1. Description of Prop	Activity perty Number	2. Gross Income	3a. Depreciation Expense	3b. Other Deductions
Commercial property located at 1 East M Street, Troy, Ohio	Main	17500.	3309.	21574
4. Average Acq Debt	5. Average Adjusted Basis	6. Percent (Col 4/Col 5)	7. Reportable Gross Income	8. Allocable Deductions
28891.	282634.	10.22	1789.	2543.
Totals to Form 990-	-T, Schedule E		21648.	14334.
Form 990-T	Schedule E - De	preciation Deduc	tion	Statement 4
Description		Activity Number	Amount	Total
Depreciation Depreciation	- SubT		7034. 3309.	7034.

Form 990-T	Schedule E - Other	Deductions		Statement 5
Description		Activity Number	Amount	Total
Eastgate Expenses	- SubTotal -	1	10715.	10715.
One East Main Street E		2	21574.	21574.
Total of Form 990-T, S	Schedule E, Column 3	3(b)		32289.

Form 990-T	Statement 6			
Description		Activity Number	Amount	Total
City of Troy Loan	- SubTotal -	1	173599.	173599.
City of Troy Loan	- SubTotal -	2	28891.	28891.
Total of Form 990-1	C, Schedule E, Column	4		202490.

	age Adjusted le to Debt-Fi	Statement 7		
Description		Activity Number	Amount	Total
221 E Main Street Building			261334.	251224
One E Main Street Building	- SubTotal -	1	282634.	261334.
One E Main Street Building	- SubTotal -	2	202034.	282634.
Total of Form 990-T, Schedu	ıle E, Column	5		543968