Form 99	0- T	E	xempt Orga				ax Return	۱	OMB No 1545-0687
			(21) endar year 2015 or other tax ye	nd proxy tax und			NT 30 201	6	2045
		Forcas				s available at www.irs.g		<u>-</u>	2015
Department of Internal Rever	the Treasury	۱ ۵	Do not enter SSN numbe			-		ŀ	open to Public Inspection for 501(c)(3) Organizations Only
A Ch	eck box if dress changed		Name of organization (<u> </u>	DEmplo (Emplo	yer identification number byees' trust, see ctions)
	under section	Print	Central Cli	nic-Inc.					1-0552288
X 5010		or	Number, street, and room	E Unrela	ited business activity codes				
4080		Туре	311 Albert		.,			(See in	istructions)
408			City or town, state or pro-		r foreig	n postal code		1	
529(a) `,	<u> </u>	Cincinnati,		·			532	000
C Book value	e of all assets	F Group	exemption number (See	nstructions.)	ightharpoonup				
7,40	3,905.	G Check	organization type	X 501(c) corporatio	n L	501(c) trust	401(a) trust		Other trust
H Describe	the organizatio	n's prima	ary unrelated business acti	vity. ▶ Rental	Pro	perty			
_	-		oration a subsidiary in an		nt-subs	idiary controlled group?	▶ L	Ye:	s X No
			fying number of the parer						
			Kathy Fields				one number 🕨 5		
	<u> </u>		de or Business Inc	ome	_	(A) Income	(B) Expenses		(C) Net
	receipts or sal			a Dalaman	ا . ا			}	
	returns and allo		A line 7)	c Balance	1c 2				
	of goods sold () profit. Subtrac		•		3				
	al gain net incoi				4a				
•	-	•	art II, line 17) (attach Forn	1 4797)	4b				
	al loss deductio		* *	,,	4c				
,			ips and S corporations (at	tach statement)	5				
	income (Sched		, , , , , , , , , , , , , , , , , , , ,	,	6				
7 Unrel	ated debt-finan	ced incor	ne (Schedule E)		7	24,542.	26,6	15.	-2,073.
8 Intere	st, annuities, ro	yaities, a	and rents from controlled o	rganizations (Sch. F)	8				
9 Inves	tment income o	f a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
10 Explo	ited exempt act	ivity inco	me (Schedule I)		10				
	rtising income (11				
	*		is; attach schedule)		12	24 542			0 073
	. Combine line				13	24,542.	26,6	12.	-2,073.
Part II			ot Taken Elsewhen utions, deductions mus				s income)		
14 Com	nensation of o	ficers, di	rectors, and trustees (Scho	edule K)	15	RECEIVED	503	14	
	ries and wages		(00.00	1	ت ۲	The same of the sa	T&	15	
	airs and mainte			1	8087	MAY 3 2 2017		16	
17 Bad	debts			ļ	8	WIMI D D =	<u> 181</u>	17	
18 Inter	rest (attach sch	edule)				ogden, ut	1	18	
	es and licenses				(OCIOCIVI DE		19	
			e instructions for limitation	rules)	_	Lach		20	
	reciation (attacl					21			
		iaimeo oi	n Schedule A and elsewher	re on return		22a		22b	
•	letion tributions to de	farrad on	mpensation plans					23	
	lloyee benefit p		inpensation plans					25	
	ess exempt exp	•	chedule 1)					26	
	ess readership (•					27	
	er deductions (a							28	
			es 14 through 28					29	0.
			ncome before net operation	g loss deduction. Subtra	ct line 2	9 from line 13		30	-2,073.
31 Net	operating loss (deduction	(limited to the amount on	line 30)		See Stat	ement 1	31	
			ncome before specific ded			: 30		32	-2,073.
			y \$1,000, but see line 33 ir					33	1,000.
		s taxable	income. Subtract line 33	from line 32. If line 33 is	greater	than line 32, enter the sm	naller of zero or	{	0 050
523701 01-06-16			Deducates 4 - 4 47 11	- Landau - Maria			<u> </u>	34	-2,073. Form 990-T (2015)
01.06.16	іна гогра	DETWOCK	Reduction Act Notice, see	e instructions.					corm sistu= 1 (2015)



FOIII 9 30-1		71-07	J 4 2 0	
Part I				
35	Organizations Taxable as Corporations. See instructions for tax computation.		1 1	
	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 1	
	(1) \$ (2) \$ (3) \$		1 1	
D	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1 [
	(2) Additional 3% tax (not more than \$100,000)		1	0.
	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:		1	
07	Tax rate schedule or Schedule D (Form 1041)		36	
37	Proxy tax. See instructions		37	
38	Alternative minimum tax		38	0.
	Total. Add lines 37 and 38 to line 35c or 36, whichever applies V Tax and Payments		39	
			т- т	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40a		- i	
	Other credits (see instructions) 40b		- 	
	General business credit. Attach Form 3800		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 40a through 40d		ا ۵٫۰ ا	
	Subtract line 40e from line 39		40e	0.
41 42		ttach schedule	\rightarrow	
43	Total tax. Add lines 41 and 42	ttacii scheddie,	43	0.
	Payments: A 2014 overpayment credited to 2015		-~	
	2015 estimated tax payments		-	
	Tax deposited with Form 8868 44c		-	
	Foreign organizations: Tax paid or withheld at source (see instructions) 440		⊣ 1	
	Backup withholding (see instructions) 44e		\dashv \vdash	
	Credit for small employer health insurance premiums (Attach Form 8941) 44f		-	
	Other credits and payments: Form 2439		ㅓ ㅣ	
•	Form 4136 Other Total 44g		1 1	
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	0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	•	48	0.
49	1	ınded 🕨	49	
Part \		tions)		
1 At a	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority ove	r a financial a	account (b	oank, Yes No
	urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign			
Acc	ounts. If YES, enter the name of the foreign country here			X
2 Duri if YE	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file			X
	er the amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
Sched	fule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A			
1 Inv	entory at beginning of year 1 6 Inventory at end of year		6	
2 Pur	chases 2 7 Cost of goods sold. Subtract line 6			
3 Cos	it of labor 3 from line 5. Enter here and in Part I, line	2	7	
4a Add	utional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respi	ect to		Yes No
b Oth	er costs (attach schedule) 4b property produced or acquired for resal	e) apply to		
5 Tot	al. Add lines 1 through 4b 5 the organization?			
	Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best of my k	nowledge a	nd belief, it is true,
Sign				S discuss this return with
Here	President / CE	2		r shown below (see
	Signature of officer Late / Title		instructions	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check	ıf PTII	N
Paid		elf- employe		00505516
Prepa	arer Paula Hume			00537516
Use (Only Firm's name Barnes, Dennig & Co., LTD	Firm's EIN	<u> </u>	1-1119890
	150 East Fourth Street	D.	/ 51 2	1041 0010
	Firm's address ► Cincinnati, OH 45202	Phone no.	(DI3) 241-8313
523711 0	-06-16			Form 990-T (2015)

Form 990-T (2015) Central Schedule C - Rent Inco				ty and	Personal	Property	y Lease	31-05 ed With Real Pr			
1. Description of property											
(1)											
(1)											
(2)				 		 -					
_(3)											
(4)								,			
	2.	Rent receive						3/9) Daductions dire	othr con	nacted with the income in	
(a) From personal property (if rent for personal property 10% but not more that	is more than	age of	(b) F	frent for pe	d personal proper rsonal property ex is based on profit	ceeds 50% or	ntage of	columns 2(a	and 2(t	nected with the income in b) (attach schedule)	
(1)				_							
(2)					_				_		
(3)											
(4)											
Total		0.	Total				0.				
	0(=)							(b) Total deductions			
(c) Total income. Add totals of column and on page 1, Part I, line 6, c	olumn (A)						0.	Enter here and on page 1 Part I, line 6, column (B)		0.	
Schedule E - Unrelated	Debt-l	Financed	Incom	IC (see II	nstructions)						
				_				3. Deductions directly of to debt-fin	connect	ed with or allocable	
					2. Gross inc	come from to debt-	(2)		anced p		
1. Description of	debt-finance	ed property		1	financed p		(a)	Straight line depreciation (attach schedule)	- [(b) Other deductions (attach schedule)	
				j			1	,	او	Statement 2	
Dont Dont of	D====				24	2 006	+		- ۲		
(1) Burnet Rental	Prop	erty			24	2,986	٠			263,510.	
_(2)											
(3)											
(4)											
4. Amount of average acquisition		5. Average	adjusted by	ere .	6. Column	4 divided		7. Gross income	\neg	8. Allocable deductions	
debt on or allocable to debt-finance property (attach schedule)		of or a debt-fina	illocable to nced proper schedule)		by colu			reportable (column 2 x column 6)	Ì	(column 6 x total of columns 3(a) and 3(b))	
(1) 118,5	22	1	173,	611	1	0.10%	+	24,54	2.1	26,615.	
	42.		113,	011.			-	21,51		20,013.	
(2)						%			-+		
_(3)						%			_		
(4)						%					
							E	nter here and on page 1,		Enter here and on page 1,	
							f	Part I, Itne 7, column (A)	ì	Part I, line 7, column (B)	
Totals						1	▶	24,54	2.	26,615.	
Total dividends-received deducti	iane includ	lad in column	Ω							0.	
Schedule F - Interest, A				nd Ban	te From C	ontrolle	d Orga	nizations /coo.	otruo		
ochedule i - interest, z	· · · · · ·	, iloyai	1103, 41					inzations (see ii	istruc	10115)	
Name of controlled organization	on	2.			t Controlled O	Ĭ	4.	5. Part of column 4	that is	6. Deductions directly	
		Employer ide	entification	Net un			f specified ints made	included in the cont organization's gross	trolling	connected with income	
				, , , , , ,							
(4)		 		 		 		 			
(1)		 		 		 -		 			
(2)		}				├				 	
_(3)		 		<u> </u>		<u> </u>				 	
(4)		<u> </u>		<u> </u>		<u> </u>				L	
Nonexempt Controlled Organiz	ations									<u> </u>	
7. Taxable Income		unrelated incom		9. Tot	al of specified pay	ments 1		column 9 that is included		Deductions directly connected	
	2)	see instructions	i)		made			trolling organization's ross income) 	with income in column 10	
(1)				 							
				 					 		
(2)									├	- 	
(3)									 		
_(4)				<u></u>							
							Add o	columns 5 and 10]	Add columns 6 and 11	
								and on page 1, Part I, 8, column (A).	Ent	er here and on page 1, Part I, line 8, column (B).	
Takala								0.	1	0.	
Totals									<u> </u>		
523721 01-06-16										Form 990-T (2015	

	(2013) CCITCIE								0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200	raye 4
Schedul				Section 5	01(c)(7	7), (9), or (17) Or	ganıza	tion			
		cription of	<u>, </u>	-		2. Amount of income	directly of	ductions connected	4. Set-asides		5. Total deductions and set-asides
***	- 						(attach :	schedule)	(attach scriedo	-	(cot 3 plus cot 4)
(1)											
(2)											
(3)											
(4)							_				
				_		Enter here and on page 1, Part I, line 9, column (A)	_				nter here and on page 1, art I, line 9, column (B).
Tatala						_					0
Totals						0.1					0.
Schedu				/ Income,	Other	Than Advertisi	ng Inco	ome			
	(see instr	uctions	'	1 to 1							
			2. Gross	3. Exper	nses	4. Net income (loss) from unrelated trade or	5 Gros	s income	•		7. Excess exempt
1.	Description of		lated business	directly con with produ		business (column 2	from act	tivity that	 Expenses attributable to 		expenses (column 6 minus column 5,
ex	ploited activity		ncome from le or business	of unrela	ted	minus column 3) if a gain, compute cols 5		nrelated s income	column 5	´	but not more than
				business in	(COMB	through 7					column 4).
(1)											
(2)		 	_				-				
(3)		+									
(4)										\rightarrow	
(4)		Ente	er here and on	Enter here a	and on	. <u> </u>				+	Enter here and
		l pa	age 1, Part I,	page 1, P	art I,					- 1	on page 1,
		l line	e 10, col (A)	line 10, co						1	Part II, line 26
Totals		<u></u>	0.		0.]						0.
	le J - Advertis										
Part I	Income From	Perio	dicals Rep	orted on	a Con	solidated Basis					
							_				
			2. Gross			4. Advertising gain	Τ.				7. Excess readership
	1. Name of periodical		advertising		Direct sing costs	or (loss) (col 2 minus col 3) If a gain, comput		rculation come	 Readership costs 		osts (column 6 minus olumn 5, but not more
			income	adverti	anig costa	cols 5 through 7			00313	"	than column 4)
(1)			-				+				
(2)				- - -							
				_} _		-				-	
(3)						4				_	
(4)							4				
		-		_	_						_
Totals (carr	y to Part II, line (5))			0.	0						0.
Part II					a Sepa	arate Basis (For e	each perio	odical listed	ın Part II, fill ır	า	
	columns 2 through	1 7 on a	ı line-by-lıne ba	asis)							
			2 0	T		4. Advertising gain					7. Excess readership
	1. Name of periodical		2. Gross advertising		Direct sing costs	or (loss) (col 2 minus col 3) If a gain, comput		rculation come	Readership costs	0	osts (column 6 minus olumn 5, but not more
			income	aovera	anig coata	cols 5 through 7	" "		00313	~	than column 4)
(1)			_				+				
(2)							+				
				_	_	-	+	-		 -	
(3)		_			_		-				
(4)											
Totals from	Part I	•		0.	0	<u>-</u>				_	0.
			Enter here and page 1, Part I		ere and on 1, Part I,	1				- 1	Enter here and on page 1,
			line 11, col (A) line 1	1, col (B).						Part II, line 27
	: II (lines 1-5)	>		0.	0						0.
Schedu	le K - Compen	satio	n of Office	rs, Direct	ors, ar	nd Trustees (see	instructio	ons)			
					1			3. Percent		Compensa	ition attributable
	1.	Name			1	2. Title		time devote business	a to 1		ed business
(1)					 			 	%		
(1)					 			 			
(2)		_			 			 	%		
(3)					 		-		%		
(4)			_		L			L	%		
Total. Enter	here and on page 1,	Part II, I	ne 14						<u> </u>		0.

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Form 990-T (2015)

Form 990-T	Schedule E - Other	Deductions		Statement
Description		Activity Number	Amount	Total
Depreciation Professional Fees Occupancy Supplies Interest	- SubTotal -	1	81,538. 29,281. 140,324. 3,736. 8,631.	
Total of Form 990-	T, Schedule E, Column	3(b)		263,510