

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

**2016**

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2016 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://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).

Department of the Treasury  
Internal Revenue Service

A  Check box if address changed

Name of organization (  Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Print or Type

**BRIDGES COMMUNITY ACTION PARTNERSHIP**

**31-0718183**

Number, street, and room or suite no. If a P.O. box, see instructions.

**232 N. MAIN ST., NO. STE. G**

E Unrelated business activity codes (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

**MARYSVILLE, OH 43040**

**531120**

C Book value of all assets at end of year  
**2,350,171.**

F Group exemption number (See instructions.)

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

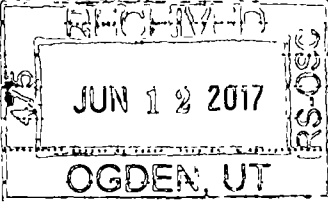
H Describe the organization's primary unrelated business activity. **DEBT-FINANCED RENTAL REAL ESTATE**

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 **ROCHELLE TWINING** Telephone number **(800)858-4452**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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
4a	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)	65,685.	89,536.	-23,851.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. 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
12	Other income (See instructions; attach schedule)			12
13	<b>Total.</b> Combine lines 3 through 12	65,685.	89,536.	-23,851.

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)		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
20	Charitable contributions (See instructions for limitation rules)		20
21	Depreciation (attach Form 4562)	11,843.	21
22	Less depreciation claimed on Schedule A and elsewhere on return	11,843.	22a
22b			0.
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	<b>Total deductions.</b> Add lines 14 through 28		0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		-23,851.
31	Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>		31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		-23,851.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		-23,851.



<b>Part III Tax Computation</b>	
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b> 0.
<b>36 Trusts Taxable at Trust Rates.</b> 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)	<b>36</b>
<b>37 Proxy tax.</b> See instructions	<b>37</b>
<b>38 Alternative minimum tax</b>	<b>38</b>
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b> 0.

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

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)		
<b>51</b> 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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>52</b> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

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.

<b>Sign Here</b>	Signature of officer: <i>Michelle D. Twining</i> 6/7/17 Date: 6/7/17	Title: <b>EXECUTIVE DIRECTOR</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>MARY ELIZABETH WRIGHT, CPA</b>	Preparer's signature: <b>MARY ELIZABETH WRIGHT, CPA</b>	Check <input type="checkbox"/> if self-employed
	Firm's name: <b>REA &amp; ASSOCIATES, INC.</b>	Date: <b>06/06/17</b>	PTIN: <b>P00099212</b>
	Firm's address: <b>941 STEUBENVILLE AVE., P.O. BOX 820 CAMBRIDGE, OH 43725-0820</b>	Firm's EIN: <b>34-1310124</b>	Phone no.: <b>(740)-432-5658</b>

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6			
2 Purchases	2		7 <b>Cost of goods sold.</b> 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 schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
5 <b>Total.</b> Add lines 1 through 4b	5						

**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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ► 0.

**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 schedule)	(b) Other deductions (attach schedule)	
		STATEMENT 2	STATEMENT 3	
(1) <b>OFFICE SPACE - 232 N. MAIN</b>				
(2) <b>STREET, MARYSVILLE, OH 43040</b>	70,926.	11,843.	84,838.	
(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 8 x total of columns 3(a) and 3(b))
<b>STATEMENT 4</b>	<b>STATEMENT 5</b>			
(1)		%		
(2) 335,693.	362,475.	92.61%	65,685.	89,536.
(3)		%		
(4)		%		
<b>Totals</b>			65,685.	89,536.
<b>Total dividends-received deductions</b> included in column 8				0.

**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)					
<b>Nonexempt Controlled Organizations</b>					
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)	
<b>Totals</b>			<b>0.</b>	<b>0.</b>	

**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 (col 3 plus col 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)
<b>Totals</b>		<b>0.</b>		<b>0.</b>

**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 cols 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, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
<b>Totals</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	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
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**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
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			<b>0.</b>

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FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 1

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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	9,485.	0.	9,485.	9,485.
NOL CARRYOVER AVAILABLE THIS YEAR			9,485.	9,485.

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FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 2

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		11,843.	
- SUBTOTAL -	1		11,843.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			11,843.

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FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 3

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ADVERTISING/ SUBSCRIPTIONS		125.	
OCCUPANCY - INSURANCE		2,684.	
OCCUPANCY - UTILITIES EXPENSE		16,156.	
OCCUPANCY - REPAIRS & MAINTENANCE		15,831.	
OFFICE SUPPLIES		385.	
PROFESSIONAL FEES - CONSULTING		324.	
SALARIES		12,631.	
EMPLOYEE BENEFITS		4,500.	
PROPERTY TAXES		18,123.	
MORTGAGE INTEREST EXPENSE		14,079.	
- SUBTOTAL -	1		84,838.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			84,838.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ACQUISITION DEBT ALLOCABLE TO DEBT-FINANCED PROPERTY		335,693.	
- SUBTOTAL -	1		335,693.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			335,693.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ADJUSTED BASIS ALLOCABLE TO DEBT-FINANCED PROPERTY		362,475.	
- SUBTOTAL -	1		362,475.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			362,475.



Date	Outstanding Principal
1/1/2016	560,160
2/1/2016	558,429
3/1/2016	556,692
4/1/2016	554,763
5/1/2016	553,014
6/1/2016	551,196
7/1/2016	549,434
8/1/2016	547,605
9/1/2016	545,831
10/1/2016	544,050
11/1/2016	542,203
12/1/2016	540,410

Total for entire year: 6,603,787

**Divided by no. of months held** 550,316 *Total property - Avg Acquisition of Debt.*

Percentage allocable to  
 unrelated, debt-financed  
 property 61% *Per square footage calculation*

**Computed Avg Acquisition of  
 Debt - unrelated, debt financed** 335,693 *Column 4*

Description	Date in service	Method	Life	Portion Allocable to unrelated, debt-financed Property			
				Cost Basis	Prior Year Accum. Deprec.	Current Yr Deprec.	Accum. Deprec. At YE
Building	1/1/2015	SL	39	308,241	8,317	7,904	16,221
Leasehold Improvement	12/31/2015	SL	15	70,464	1,992	3,939	5,931
				<b>378,705</b>	<b>10,309</b>	<b>11,843</b>	<b>22,152</b>
				(A)	(B)	(C)	(D)

Basis at B.O.Y. =

368,396 (A) - (B)

Basis at E.O.Y. =

356,553 (A) - (D)

Computed Avg Basis - unrelated, debt financed property

362,474 Column 5

Schedule E, Column 4 Average Amount of Acquisition Debt  
335,693

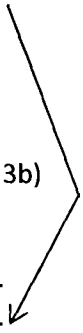
Schedule E, Column 5 Average Adjusted Basis  
362,474

Schedule E, Column 6 Column 4 divided by Column 5  
92.61%

Schedule E, Column 7 Column 2 x Column 6  
65,685

Schedule E, Column 8 Column 2 x (Column 3a + 3b)

Column a	11,843
Column b	84,838
Sum	<u>96,681</u>
Column 6	<u>92.61%</u>
Sum x column 6	<u><u>89,536</u></u>



2016 DEPRECIATION AND AMORTIZATION REPORT

OFFICE SPACE - 232 N. MAIN STREET, MAR

E- 1

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING - 232 N. MAIN ST. MARYSVILLE, OH 43040	12/04/14	SL	39.00		MM16	505,230.	.3899			505,230.	14,040.		12,955.	26,995.
	LESS EXCLUSION						-196,989.				-196,989.	-5,723.		-5,051.	-10,774.
	* 990-T SCH E TOTAL -						308,241.				308,241.	8,317.		7,904.	16,221.
7	PARKING LOT	06/01/15	SL	15.00		16	66,521.	.3900			66,521.	2,587.		4,435.	7,022.
	LESS EXCLUSION						-25,943.				-25,943.	-1,165.		-1,730.	-2,895.
8	LANDSCAPING - COURTYARD	06/03/15	SL	15.00		16	26,641.	.3900			26,641.	1,036.		1,776.	2,812.
	LESS EXCLUSION						-10,390.				-10,390.	-466.		-693.	-1,159.
9	STUCCO RESURFACING	11/01/16	SL	15.00		16	22,352.	.3900			22,352.			248.	248.
	LESS EXCLUSION						-8,717.				-8,717.			-97.	-97.
	* 990-T SCH E TOTAL -						70,464.				70,464.	1,992.		3,939.	5,931.
	* GRAND TOTAL 990-T SCH E DEPR						378,705.				378,705.	10,309.		11,843.	22,152.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						598,392.		0.	0.	598,392.	17,663.			36,829.
	ACQUISITIONS						22,352.		0.	0.	22,352.	0.			248.
	DISPOSITIONS						0.		0.	0.	0.	0.			0.
	ENDING BALANCE						620,744.		0.	0.	620,744.	17,663.			46.

628111 04-01-16

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
	BUILDING - 232 N. MAIN									
1	1ST. MARYSVILLE, OH 43040	120414	SL	39.00	505,230.	13,494.	505,230.	7,904.	7,904.	7,904.
7	PARKING LOT	060115	SL	15.00	66,521.	2,217.	66,521.	2,705.	2,705.	2,705.
8	LANDSCAPING - COURTYARD	060315	SL	15.00	26,641.	888.	26,641.	1,083.	1,083.	1,083.
9	STUCO RESURFACING	110116	SL	15.00	22,352.	0.	22,352.	151.	151.	151.
	TOTALS				620,744.	16,599.	620,744.	11,843.	11,843.	11,843.