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Form 990-T

EXTENDED TO JANUARY 15, 2021
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning MAR 1, 2019 and ending FEB 29, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury Internal Revenue Service

- A Check box if address changed
B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

Print or Type

Name of organization ( [ ] Check box if name changed and see instructions.)
COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY
Number, street, and room or suite no. If a P.O. box, see instructions.
1400 U.S. ROUTE 22 NW
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON COURT HOUSE, OH 43160

D Employer identification number (Employees' trust, see instructions)
31-0723686
E Unrelated business activity code (See instructions)
444100

C Book value of all assets at end of year
9,640,727.

F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here SEE STATEMENT 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

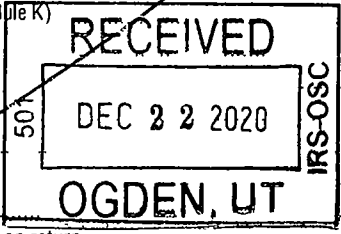
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of LUCINDA BAUGHN Telephone number 740-335-7282

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



SEE STATEMENT 2

SCANNED OCT 04 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32 through 39 with handwritten annotations like '1', '35', '7', '8', '11'.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40 through 45.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a through 56 with various sub-sections and handwritten annotations.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Includes questions 57, 58, and 59.

Sign Here section containing signature of officer, date (12/16/24), title (EXECUTIVE DIRECTOR), and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with 'Yes' checked.

Table with 4 columns: Field name, Value, Field name, Value. Includes fields for Preparer's name, signature, date, PTIN, Firm's name, EIN, address, and phone number.

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

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	20,901.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	20,901.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	20,901.				X

**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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)

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

**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)
(1)			
(2)			
(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)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals			0.
Total dividends-received deductions 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)					
<b>Totals</b>			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)	0.

**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)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

**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) STATEMENT 4						
<b>Totals</b>		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 25
		33,322.	17,586.			7,727.

**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>		0.	0.			0.

**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>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 28</small>

**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</b> Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

SUPPLY AFFORDABLE BUILDING MATERIALS TO HOMEOWNERSHIP PROGRAM

TO FORM 990-T, PAGE 1

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
02/28/19	45,227.	0.	45,227.	45,227.
NOL CARRYOVER AVAILABLE THIS YEAR			45,227.	45,227.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
02/29/16	19,785.	0.	19,785.	19,785.
02/28/17	20,582.	0.	20,582.	20,582.
02/28/18	42,883.	0.	42,883.	42,883.
NOL CARRYOVER AVAILABLE THIS YEAR			83,250.	83,250.

FORM 990-T SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME STATEMENT 4

(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI	(3) UBI EXPENSES	(4) NET INCOME	(5) GROSS INCOME	(6) COL 5 EXPENSES	(7) EXCESS EXEMPT EXP
ADVERTISING REVENUE FROM TELEVISION PROGRAMMING	24,550.	16,823.	7,727.	18,627.	26,354.	7,727.
ADVERTISING REVENUE FROM BUS TRANSIT SERVICE	8,772.	763.	8,009.	1,277,858.	1175696.	0.
COLUMN TOTALS	33,322.	17,586.	15,736.	1,296,485.	1202050.	7,727.

FORM 990-T SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH STATEMENT 5  
 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES & EMPLOYEE BENEFITS		8,202.	
CONTRACT SERVICES		2,878.	
TRAVEL		12.	
VEHICLE EXPENSE		1,081.	
SUPPLIES		397.	
OCCUPANCY		356.	
INSURANCE		779.	
MISCELLANEOUS EXPENSES		3,118.	
- SUBTOTAL -	1		16,823.
ADVERTISING		763.	
- SUBTOTAL -	2		763.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			17,586.

FORM 990-T SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED WITH STATEMENT 6  
 PRODUCTION OF UNRELATED BUSINESS INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES & EMPLOYEE BENEFITS		12,845.	
CONTRACT SERVICES		4,508.	
TRAVEL		18.	
VEHICLE EXPENSE		1,693.	
SUPPLIES		622.	
OCCUPANCY		557.	
INSURANCE		1,221.	
MISCELLANEOUS EXPENSES		4,890.	
- SUBTOTAL -	1		26,354.
TRANSPORTATION PROGRAM EXPENSES		1,175,696.	
- SUBTOTAL -	2		1,175,696.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			1,202,050.