2	9	3	9	3	2	5	7	0	9	5	2	5	
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	EXTENDED TO AUGUST 15, 2019	V W (۱ ,	DMB No 1545-0687						
Form 990-T 5	Exempt Organization Business Income Ta	x Return	<u> </u>	MB NO 1343-0007						
***	(and proxy tax under section 6033(e))	20 2019	ا ه	2017						
-	For calendar year 2017 or other tax year beginning OCT 1, 2017 and ending SEP									
Department of the Treasury Internal Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest informati ▶ Do not enter SSN numbers on this form as it may be made public if your organization 		Ope 501/	n to Public Inspection for c(3) Organizations Only						
	Name of organization (Check box if name changed and see instructions.)) Employer	identification number						
A Check box if address changed	Name of organization (Check box if fiame changed and see instructions.)		(Employee instruction	es' trust, see ns)						
B Exempt under section	Print COUNTY CORP		31-	-0978908						
X 501(c. 3.)	or Number, street, and room or suite no. If a P.O. box, see instructions.		E Unrelated	business activity codes						
408(e) 220(e)	Type 130 W 2ND STREET, NO. 1420		(See instru	ictions)						
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code									
529(a)	DAYTON, OH 45402		54190	0						
C Book value of all assets	F Group exemption number (See instructions.)			<u> </u>						
15,660,1		401(a)	trust	Other trust						
	n's primary unrelated business activity LEASED OFFICE SPACE									
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶ [Yes	X No						
•	and identifying number of the parent corporation.	_								
		e number 🕨 9	37- <u>22</u>	25-6328						
Part I Unrelated	d Trade or Business Income (A) Income	(B) Expenses		(C) Net						
1a Gross receipts or sale	es			1						
b Less returns and allow	wances c Balance c 1c									
2 Cost of goods sold (S	Schedule A, line 7)	·····								
3 Gross profit. Subtract	t line 2 from line 1c									
4a Capital gain net incon	ne (attach Schedule D)									
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)									
c Capital loss deduction	n for trusts									
5 Income (loss) from page	artnerships and S corporations (attach statement) 5	······								
6 Rent income (Schedu	le C) 6									
	ed income (Schedule E)									
	yalties, and rents from controlled organizations (Sch. F) 8									
	f a section 501(c)(7), (9), or (17) organization (Schedule G)									
•	vity income (Schedule I)									
11 Advertising income (S										
	structions; attach schedule) 12 13 0	·								
13 Total. Combine lines	30 till dagn 12									
	Ins Not Taken Elsewhere (See instructions for limitations on deductions) contributions, deductions must be directly connected with the unrelated business in	come)								
	War and the second seco		44							
•	ricers, directors, and trustees (Schedule K)	ŀ	15							
15 Salaries and wages16 Repairs and mainten	nanca.	ŀ	16							
16 Repairs and mainten17 Bad debts	dalice	•	17							
18 Interest (attach sche	dule)		18							
19 Taxes and licenses	outo,		19							
	ons (See instructions for limitation rules)	•	20							
21 Depreciation (attach			. 1							
, ,	armed on Schedule A and elsewhere on return 22a		22b							
23 Depletion			23							
•	erred compensation plans		24							
25 Employee benefit pro	orrest Compensation plans organis nses (Schedule I) osts (Schedule J) ttach schedule) RECEIVED AUG 20 2019		25							
26 Excess exempt exper	nses (Schedule I)		26							
27 Excess readership co	osts (Schedule J)		27							
28 Other deductions (at	tach schedule) AUG 20 20 3		28							
29 Total deductions. A	dd lines 14 through 28		29	0.						
30 Unrelated business t	axable income before net operating loss deduction Subtrantum 29 from line 13		30	0.						
31 Net obetating loss of	eduction (nimited to the amount on time so)	MENT 1	31							
	axable income before specific deduction. Subtract line 31 from line 30	ļ	32	0.						
	Generally \$1,000, but see line 33 instructions for exceptions)	ļ	33	1,000.						
34 Unrelated business	taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the small	ler of zero or								
line 32			34	0.						
723701 01-22-18 LHA FO	or Paperwork Reduction Act Notice, see instructions.		I	Form 990-T (2017)						

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Form 990-1	(2017) COUNTY CORP		31-097	78908		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 and:					
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
	(1) \$ (2) \$ (3) \$					
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
_	(2) Additional 3% tax (not more than \$100,000)	i				
•	Income tax on the amount on line 34		•	35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line	e 34 from:				
00	Tax rate schedule or Schedule D (Form 1041)		•	36		
37	Proxy tax. See instructions			37	-	
-	Alternative minimum tax			38		
38				39		
39	Tax on Non-Compliant Facility Income. See instructions Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		0.
Part i				40		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		_•	┪ ┃		
	Other credits (see instructions) 41b			┥ ┃		
C .	General business credit. Attach Form 3800	_		┥ ┃		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	0_1		1 412		
	Total credits. Add lines 41a through 41d			41e		0.
42	Subtract line 41e from line 40			42		
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (at	tach schedule)	43		0.
44	Total tax. Add lines 42 and 43	1		44	·	<u> </u>
	Payments: A 2016 overpayment credited to 2017			-		
	2017 estimated tax payments 45th			-		
	Tax deposited with Form 8868			-		
	Foreign organizations, Tax paid or withheld at source (see instructions) 450			┥ ┃		
	Backup withholding (see instructions)			-		
	Credit for small employer health insurance premiums (Attach Form 8941)	†		-		
g	Other credits and payments: Form 2439					
	☐ Form 4136 ☐ Other Total ► 45g	9				
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	1		49		0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		nded	50		
Part V			lions)		1,4	1
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or oth				Yes	No 1
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may be					1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign	n country				╢┯┪
	here					X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	ror to, a fore	ign trustz			┼┸╷
	If YES, see instructions for other forms the organization may have to file.				}	
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ts and to the h	est of my knowle	adge and help	of it is true	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a	ny knowledge		ogo ana bom		
Here	Ateller () Man I chille & DRECTDENTE			-	scuss this return	with
11010	Signature of officer Date PRESIDENT			he preparer si nstructions)?	nown below (see	□ No
		1,		_	V 169	110
	Print/Type preparer's name Preparer's signature Date			ıf PTIN		
Paid	HERBERT L LEMASTER, HERBERT L		elf- employed		0039882)
Prepa	I FOLIDE COMPED HISTORIC CO		Comple City N		-080005	
Use C	nly Firm's name > CLARK, SCHAEFER, HACKETT & CO.		Firm's EIN	31	-000005	<u>, , , </u>
	10100 INNOVATION DRIVE		Dhone no (37-29	26-0070	1
	Firm's address ► DAYTON, OH 45342		rnone no.		Form 990-T	
				ı	-orm 330-1	(2017)

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Schedule A - Cost of Goods Solo	d. Enter method of	inventory v	valuation N/A	<u> </u>			
	1		Inventory at end of year	ar		6	
	2		Cost of goods sold. Si		ne 6		
3 Cost of labor	3		from line 5. Enter here	3			
4a Additional section 263A costs			line 2		· ·	7	
(attach schedule)	4a	8	Do the rules of section	n 263A (v	vith respect to	*	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
` _	5		the organization?	·	,,		
Schedule C - Rent Income (From (see instructions)	Real Property	and Per	sonal Property L	eased	With Real Prop	erty)	
1. Description of property							
_(1)			<u> </u>				
(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%)	of rea	nt for personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ige	3(a) Deductions directly columns 2(a) an		
_(1)							
_(2)							
(3)							
_(4)					_		
Total	O . Total			0.			
(c) Total income. Add totals of columns 2(a) and 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-Fin	anced Income	(see instru	ctions)	,	<u>.</u>		
		2	. Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance	ed property	
Description of debt-financed pro	operty		financed property	(a) s	Straight line depreciation (attach schedule)	(b) Ot (atta	ner deductions ch schedule)
(1)						1	
(2)							
(3)			<u> </u>				
(4)							
4, Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	cable deductions ix total of columns (a) and 3(b))
(1)			%	<u> </u>			
(2)	·		- %			†	
_(3)			%			1	
(4)			%		·		
					ter here and on page 1, art I, line 7, column (A).		e and on page 1, e 7, column (B)
Totals					0.	.]	0.
Total dividends-received deductions included i	n column 8				•		0.

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Schedule F - Interest, /	Annuitie	s, Royali	ties, and	Rents	From Co	ntrolle	d Organiza	itions	(see ins	truction	s)
				Exempt (Controlled O	rganızatı	ions				
1. Name of controlled organizat	ion.	2. Em identifi num	cation	3. Net unr (loss) (see	elated income instructions)		otal of specified ments made	includ	t of column 4: ed in the contr ation's gross i	olling 🕴	6. Deductions directly connected with income in column 5
/1)	 					·					·
(1)					-						•
(2)		•			•						
(3)	-	-						 -			
Alana warmat Cantualla d Ourana		<u> </u>	ŀ								
Nonexempt Controlled Organi			, , T				T40 0 4 4 4	<u> </u>		44 5	
7. Taxable Income		inrelated incom see instructions		9. lotal	of specified payr . made	nents	10. Part of colu in the controll gross	mn 9 thai ing organ s income	ization's		ductions directly connected income in column 10 '
(1)											
(2)									_		
(3)			1	,		-				-	
(4)	<u> </u>							-	-		
(4)	·		I_				Add colun	nne 5 and	(10	Δ.	d columns 6 and 11
							Enter here and		1, Part I,	Enter h	ere and on page 1, Part I, line 8, column (B)
Totals						•			٥.		0.
Schedule G - Investme		ne of a S	Section 5	01(c)(7	'), (9), or (17) Org	ganization			,,-	,
1. Desc	ription of incor	me	r		2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)											•
(2)			,								
(3)				•	,						
(4)											
Totals					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru		Activity	Income,	Other	Than Adv	ertisin	ng Income		,,,,,,		
Description of exploited activity	2. G unrelated income trade or b	business e from	3. Expendirectly conwith produce of unrete business in	nnected uction sted	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attributu colur :	able to nn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) .											
(2)					1		·				-
(3)	,										
(4)		<u> </u>								-	
Totals	Enter here page 1, line 10,	, Part I,	Enter here page 1, F line 10, co	Part I							Enter here and on page 1, Part II, line 26
Schedule J - Advertisir	na Incon		structions)		- American Committee	en er nær er der der der	PROPERTY AND STREET OF STREET, THE STREET,	MAN TAXABLE		00 or 95' o' 1.280.45'.	<u> </u>
Partil Income From F					olidated	Basis					
	·		T T		1 .					<u>-</u> -	7 -
. 1. Name of periodical		2. Gross advertising income		Direct ising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)]			
(2)							(
(3)							<u>\$</u>]	
(4)				-			No.				
Totals (carry to Part II, line (5))		().	0				,			0.
							•				Form 990-T (2017)

Form 990-T (2017) COUNTY CORP 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)		,		,	- 		
otals 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)	1	-		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	. 0.

Form 990-T (2017)

FORM. 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/06	27,974.	3,510.	24,464.	24,464.
09/30/08	4,452.	` 0.	4,452.	4,452.
09/30/09	1,361.	0.	1,361.	1,361.
09/30/10	3,604.	0.	3,604.	3,604.
09/30/11	4,866.	0.	4,866.	4,866.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	38,747.	38,747.