293933070702468

•	\$1300 B	Co				1	1	Ille	<del>/</del> _
. (	T_OO	Exempt Organization Busin			Retur	n 🖊	2	MB.No1545-06	i87
Form	990-T	$\searrow \mathcal{G} \mathcal{A}$ (and proxy tax under	sect	ion 6033(e))				AA -	.\
	₹ F	or calendar year 2016 or other tax year beginning	, :	2016, and ending	, 20		//	<b>ZU10</b>	' \
Departme	ent of the Treasury	▶ Information about Form 990-T and its instructi			gov/form	990t.	0-0-0		. )
	Revenue Service	▶ Do not enter SSN numbers on this form as it may be	made	public if your organizate	on is a 50	I(c)(3).	501(c	to Public Inspect )(3) Organization	is Only
A C a	heck box if ddress changed	Name of organization ( Check box if name ch	-					dentification nu	
B Exemp	ot under section	YOUNG MEN'S CHRISTIAN ASSOCIATION	OF AK	RON, INC		(Emp	-	trust, see instruc	tions)
<i>,</i> –	1(C)( <u>773</u> )	or Number, street, and room or suite no. If a P.O. box,	see ins	structions				-0714727	
40∂		Type 50 SOUTH MAIN STREET, LL 100		· · · · · · · · · · · · · · · · · · ·				usiness activity	codes
<b>-</b> ∕ ∐ 40:		City or town, state or province, country, and ZIP or	foreign	postal code		·			
- <u>□ 52</u>	<del>'.'  </del>	AKRON, OH 44308				53	1120	<u> </u>	
at end	d of vear ∟	<ul> <li>F Group exemption number (See instructions.</li> <li>G Check organization type ►</li></ul>		on	<u></u>	401(a)	truct	t	truct
H Des		ization's primary unrelated business activity.		<del></del>		<u> </u>	- uusi	. Ottier	trust
		vas the corporation a subsidiary in an affiliated grou						. □ Vec 17	No .
	-	name and identifying number of the parent corp		•	illiolled g	oup: .		res ⊾	] 140
		are of ► GIB BUTLER	<u>Oracio</u>	Telephon	e numbe	r 🕨		(330) 376-1335	5
	_	Trade or Business Income		(A) Income		penses	Т	(C) Net	
	Gross receipts of					<del>`</del>	$\top$	<del></del>	ΠĪ
$\sim$	Less returns and alle		1c	o					1 1
₩ 2	Cost of goods s	old (Schedule A, line 7)	2	0					
<b>O</b> 3	Gross profit. Su	btract line 2 from line 1c	3	0				0	
	Capital gain net	income (attach Schedule D)	4a	0				0	
日日	Net gain (loss) (F	Form 4797, Part II, line 17) (attach Form 4797)	4b	0				0	
C		luction for trusts	4c	0				0	
∐ 5		partnerships and S corporations (attach statement)	5	0				0	
Z 6	Rent income (So	·	6	100,000	11:	2,769		(12,769)	<b></b>
CANNED 8 8		financed income (Schedule E)	7	0		0		0	<u> </u>
∑ 8		yalties, and rents from controlled organizations (Schedule F)	8	0		0	$\perp$	0	<u> </u>
		of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		0	<b>_</b>
10	, ,	ot activity income (Schedule I)	10	0		0		0	<del> </del>
	_	me (Schedule J) /	11	0		0	_	0	<del></del>
12 13		ee instructions; attach schedule	12 13x	• •	441	2,769	_	(12,769)	<del></del>
Part		Innes 3 through 12					contr		<u> </u>
T G.K	deductions	must be directly connected with the unrelate	O DUS	siness income )	13.) (LXC	spt ioi	COITG	ibutions,	
14		of officers, directors, and trustees (Schedule)	<del>,</del>			. 1	14	0	Г
15		ges	1.				15	0	
<u></u>		intenance	<b>/</b>				16	0	
<b>ノ17</b>	Bad debts .					. [	17	0	
18	Interest (attach s	schedule)				. 🛚	18	0	
^		ses				. 1	19	0	
		ibutions (See instructions for limitation rules) .		1 1		. 4	20	0	
		tach Form 4562)			22,264	_			ĺ
		on claimed on Schedule A and elsewhere on ret			22,264		2b	0	
						<u> </u>	23	0	<del></del>
24	Contributions to	deferred compensation plans	DE	CEIVED		· —	24	0	<del> </del>
25	Employee bener	it programs	KC'	UEIVED.		· —	25	0	<del></del>
26 27	Excess exempt	expenses (Schedule I)				· —	26 27	0	<b></b>
28	Other deduction	nip costs (Schedule J)	SE	1 7 2018 ·  3		· —	28	0	<del>                                     </del>
29	Total deduction	ns. Add lines 14 through 28	<u> </u>	<u> </u>		<b>⊢</b>	29	0	
30	Unrelated busine	ess taxable income before net operating loss de	Ú.	DEMALITE 29 1	om line 1	$\frac{1}{3}$	30	(12,769)	
		ss deduction (limited to the amount on line 30)					31	(12,700)	
		ess taxable income before specific deduction.					32	(12,769)	
		on (Generally \$1,000, but see line 33 instruction					33	0	
, 34	<b>Unrelated</b> busin	ness taxable income. Subtract line 33 from lin	e 32.	If line 33 is greater t	han line	32,			
	enter the smaller	r of zero or line 32	<u>.</u> .	<u> </u>	<u></u> .	3	34	(12,769)	
For Pap	erwork Reduction	n Act Notice, see instructions.		Cat No 11291J				Form <b>990-T</b>	(2016)

Part 35	Tax Computation Organizations Taxable as Corporations. See instructions for tax computation. Controlled g					_
	Organizations Tayable as Corporations See instructions for tay computation. Controlled a					
а	members (sections 1561 and 1563) check here   See instructions and:	roup				
_	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order (1)  \$   (2)  \$   (3)  \$	·):				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$					
	(2) Additional 3% tax (not more than \$100,000)		1			
С	Income tax on the amount on line 34	<b></b>	35c		0	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	on				
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	<b>•</b>	36			
37	Proxy tax. See instructions	$\blacktriangleright$	37		-	
38	Alternative minimum tax		38			
39	Tax on Non-Compliant Facility Income. See instructions		39		0	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0	
Part	V Tax and Payments					
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 41a					
b	Other credits (see instructions)		]			1
C	General business credit. Attach Form 3800 (see instructions) 41c		]			1
d	Credit for prior year minimum tax (attach Form 8801 or 8827)					ſ
е	Total credits. Add lines 41a through 41d		41e		0	<u>L</u>
42	Subtract line 41e from line 40		42		0	
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	)	43		0	
44	<b>Total tax.</b> Add lines 42 and 43	.•	44		0	
45a	Payments: A 2015 overpayment credited to 2016	<u></u>	J i			1
b	2016 estimated tax payments		]		ŀ	1
С	Tax deposited with Form 8868	<u> </u>				ĺ
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 45d	ļ				ĺ
е	Backup withholding (see instructions)	ļ				ĺ
f	Credit for small employer health insurance premiums (Attach Form 8941) .	ļ			i	ĺ
g	Other credits and payments. ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ 0 Total ▶ 45g ☐ 0					
46	Total payments. Add lines 45a through 45g		46		0	
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		50		이	
Part	Statements Regarding Certain Activities and Other Information (see instructions	s)				
51	At any time during the 2016 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 securities of t		-			
,	here •					<b>✓</b>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	, a fore	eign tru	st?.		✓
50	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   S  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the box	t of mi	0	and hale	of + ·
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known			<u>_</u>		
Here	Sei Kolexar 9-11-18 PRESIDENT/CEO	-		e IRS discus e preparer s	hown I	below

(330) 867-7350 Form **990-T** (2016)

34-1082617

P00180477

PTIN

Paid

**Preparer** 

**Use Only** 

Print/Type preparer's name

CHRISTOPHER J BENKO, CPA

Firm's name ► APPLE GROWTH PARTNERS

Check I if

setf-employed

Firm's EIN ▶

Phone no

Date

Preparer's signature

1540 WEST MARKET STREET, AKRON, OH 44313

	12	
Form	990-T (2016)	

Page 3

Schedule A-Cost of Goods Sol	<b>d.</b> Ent	ter method of ir	ventory	/aluation ▶	-		<del></del>		-3
1 Inventory at beginning of year		1 0	,		at en	d of year	6	0	
2 Purchases		2 0	7	Cost of	goo	ds sold. Subtract			
3 Cost of labor		3 0			_	e 5. Enter here and			
4a Additional section 263A cos	ts 🗀			ın Part I, lıı	ne 2		7	0	ĺ
(attach schedule)	4	a 0	8	Do the ru	les d	of section 263A (wit	th respect to	Yes	No
<b>b</b> Other costs (attach schedule)	4	<b>b</b> 0				iced or acquired for			
5 Total. Add lines 1 through 4b		5 0				t <u>ion? .</u>			<b>✓</b>
Schedule C—Rent Income (From (see instructions)	n Rea	I Property and	Persona	al Property	Lea	sed With Real Pro	perty)		
Description of property		<del>-</del>				<del></del> .			
(1) RENT TO LAKE ANNA YMCA									
(2)									
(3)									
(4)						-			
2. Rent	receive	d or accrued							
(a) From personal property (if the percentage of for personal property is more than 10% but if more than 50%)		(b) From real an percentage of rent to 50% or if the rent	or personal p	roperty exceeds		3(a) Deductions directly in columns 2(a) and			ie
(1)				100,00	0			112	2,769
(2)					T				
(3)					$\top$				
(4)							<del></del>		
Total	0	Total		100,00	00 ,	b) Takal dadaasiaaa			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column (		· ,		100,00	È	b) Total deductions. Enter here and on page Part I, line 6, column (B)	,	11:	2.769
Schedule E—Unrelated Debt-Fir			ınstructior			art i, iirie o, column (b)			-,, 00
Description of debt-finance			2. Gross i	ncome from or debt-financed			ced property		
		•		operty	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sci		5
(1)									
(2)									
(3)									
4. Amount of average 5.	Avorago	adjusted basis							
acquisition debt on or	of or a ebt-finar	adjusted basis illocable to nced property n schedule)	4 (	Column divided column 5		Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × total 3(a) and	I of colu	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						er here and on page 1, rt I, line 7, column (A).	Enter here and Part I, line 7, o		
Totals						0			0
Total dividends-received deductions incl	luded ir	n column 8 .		<u></u> .					0

Schedule F-Interest, Ann	uities	, Royalties,					<b>janizations</b> (se	e instru	ctions)	
			Exemp	ot Cor	ntrolled	l Organizations	<del></del>			
Name of controlled organization		L Employer fication number	3. Net ur (loss) (se		I income uctions)	4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)					_					
(2)					-					
(3)										
(4)				_						
Nonexempt Controlled Organ	zations	S								
7. Taxable Income		. Net unrelated incloss) (see instruct				tal of specified ments made	10. Part of colur included in the organization's gr	controlling	conne	eductions directly cted with income in column 10
(1)						<del>-</del>	_			
(2)						-				
(3)										
(4)										
							Add columns : Enter here and o Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals	<u></u>				. (0)		<u> </u>		0]	0
Schedule G—Investment  1. Description of income	Incom	2 Amount of		1(C)( <i>1</i>	3. direc	Deductions ctly connected	4. Set-aside (attach sched	es	<b>5.</b> To and s	otal deductions et-asides (col. 3
					(atta	ach schedule)	-			plus col 4)
(1)				_			- <del>-</del>	+		
(2)	-				,					
(3) (4)				_				-		
Totals	. ▶	Enter here and Part I, line 9, c					<u> </u>	· -		re and on page 1, ne 9, column (B).
Schedule I-Exploited Ex	empt .	Activity Inco	me, C	ther	Than	Advertising In	come (see inst	tructions	s)	
Description of exploited active		2. Gross unrelated business incor from trade o business	ne co	3. Exper direct innected roduction unrelated siness in	nses tly d with on of ted	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. Exp	penses Itable to Imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)					•					
(2)								ĺ.		_
(3)								Ĺ.		
(4)										
Totals	. ▶	Enter here and page 1, Part line 10, col (A	l, pa	er here age 1, F e 10, co						Enter here and on page 1, Part II, line 26
Schedule J-Advertising										
Part I Income From F	Period	icals Repor	ted on	a Co	nsoli	dated Basis				
1. Name of periodical		2 Gross advertising income	adv	3. Dire ertising		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										<u></u>
(2)										
(3)			$\perp$					ļ		
(4)								ļ		<u> </u>
<b>-</b>					_				.=	_
Totals (carry to Part II, line (5))	, •	<u>'</u>	0	_	0	0	0	L	0	orm <b>990-T</b> (2016)
									F	om <b>330-1</b> (2016)

Part II Income From Periodic 2 through 7 on a line-b		on a Separat	e Basis (For ea	ich periodical li	sted in Part II	, fill in columns
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)						
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			<u> </u>	0
Schedule K—Compensation of Compensation of Com	Officers, Direc	tors, and Tru	<b>stees</b> (see instru			
1. Name	_	2	2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				%		·-
(2)				%		
(3)				%		
(4)				%		
Total, Enter here and on page 1. Part II. lin	e 14					0

Form 990T Part II, Line 31	
Form 0001 Dod II Line 21	Net Operating Loss Deduction Carryforward Schedule
COULT 990 F CAR II THE ST	1 14Ct Operating Loss Deduction Carrylorward Ochecute

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	17,390		0	_	17,390	2032
2013	18,025		0	_	18,025	2033
2014	17,065	"	0		17,065	2034
Totals	52,480	0	0	0	52,480	

## Form 990T Part II, Line 31

ELECTION TO FORGO THE TWO-YEAR NET OPERATING LOSS CARRYBACK PERIOD

The taxpayer incurred a net operating loss in the current tax year and is entitled to a two-year carryback of the loss under IRC Sec 172(b)(1)(A)(i) Pursuant to IRC Sec 172(b)(3), the taxpayer hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses