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Form 990-T

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

OMB No 1545-0087

For calendar year 2016 or other tax year beginning 07/01, 2016, and ending 06/30, 2017

2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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: X 501(c)(3) 408(e) 408A 529(a)

Print or Type

VOLUNTEERS OF AMERICA OF GREATER OHIO

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

34-0861121

8225 BRECKSVILLE ROAD

206

E Unrelated business activity codes (See instructions)

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

CLEVELAND, OH 44141-1362

441100

531120

C Book value of all assets at end of year: 45,055,447.

F Group exemption number (See instructions): 1736

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

H Describe the organization's primary unrelated business activity: SALES OF AUTOS PURCHASED FOR RESALE.

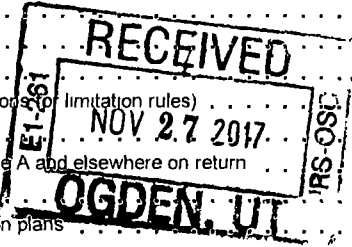
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [ ] No [X]

J The books are in care of: JOAN DEEVER Telephone number: 614-253-6100

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, Total. Combine lines 3 through 12.

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.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, Unrelated business taxable income.



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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation 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) \$ \_\_\_\_\_ (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) . . . . . \$ \_\_\_\_\_

c 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  Tax rate schedule or  Schedule D (Form 1041). . . . . **36**

**37 Proxy tax.** See instructions . . . . . **37**

**38 Alternative minimum tax** . . . . . **38**

**39 Tax on Non-Compliant Facility Income.** See instructions . . . . . **39**

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies . . . . . **40**

**Part IV Tax and Payments**

**41 a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). . . . . **41a**

**b** Other credits (see instructions). . . . . **41b**

**c** General business credit Attach Form 3800 (see instructions) . . . . . **41c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827). . . . . **41d**

**e Total credits.** Add lines 41a through 41d . . . . . **41e**

**42** Subtract line 41e from line 40. . . . . **42**

**43** Other taxes Check if from  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) . . . . . **43**

**44 Total tax.** Add lines 42 and 43. . . . . **44** 0.

**45 a** Payments A 2015 overpayment credited to 2016 . . . . . **45a**

**b** 2016 estimated tax payments . . . . . **45b**

**c** Tax deposited with Form 8868. . . . . **45c**

**d** Foreign organizations Tax paid or withheld at source (see instructions) . . . . . **45d**

**e** Backup withholding (see instructions) . . . . . **45e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) . . . . . **45f**

**g** Other credits and payments  Form 2439 \_\_\_\_\_  Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total **45g**

**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**

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid . . . . . **49**

**50** Enter the amount of line 49 you want Credited to 2017 estimated tax  Refunded  **50**


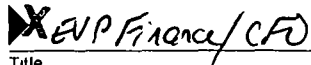
**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

**51** 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 X

**52** 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 Yes No X

**53** Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \_\_\_\_\_

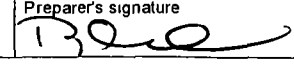
Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

**Sign Here**   11/15/2017   Title \_\_\_\_\_

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name BRANDON R MILLER, CPA, CGMA Preparer's signature  Date 11/15/17 Check  if self-employed PTIN P00637088

Firm's name  HW&CO Firm's EIN  34-1663157

Firm's address  23240 CHAGRIN BLVD., SUITE 700, CLEVELAND, OH 44122-5450 Phone no 216 831-1200

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **COST METHOD**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>	28,800.	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	<b>7</b>	28,800.
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	28,800.			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	Total	

(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) ATTACHMENT 2				
(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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 103,129.	Enter here and on page 1, Part I, line 7, column (B). 269,937.
Total dividends-received deductions included in column 8				

**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)					

**Nonexempt Controlled Organizations**

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)

Totals

**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)

Totals

**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

Totals

**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)						
Totals (carry to Part II, line (5))						

**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> . . . . . ▶						
	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> . . . . . ▶						

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

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TEMPORARY EMPLOYMENT	276.
DEVELOPMENT AND PUBLIC RELATION FEES	251.
AUTO TOW AND REPAIR FEES	2,767.
AUTO TITLE FEES	611.
AUTO OTHER FEES	234.
ADMINISTRATIVE EXPENSE	3,427.
SUPPLIES	308.
INSURANCE	306.
EQUIPMENT RENTAL	167.
PRINTING AND REPRODUCTION	54.
UTILITIES & TELEPHONE	347.
OTHER PROFESSIONAL FEES	31.
MISCELLANEOUS EXPENSE	86.
MILEAGE - VEHICLE RENTAL	45.
AUTO AUCTION FEES	808.
AUTO DEVELOPMENT & PR FEES	7,138.
EQUIPMENT MAINTENANCE	1.
SUBSCRIPTIONS AND PUBLICATIONS	9.

PART II - LINE 28 - OTHER DEDUCTIONS

16,866.

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 2

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
<u>DESCRIPTION OF DEBT-FINANCED PROPERTY</u>	<u>GROSS INCOME</u>	<u>DEDUCTIONS DIRECTLY CONNECTED (3A)</u>	<u>AVERAGE ACQUISITION DEBT</u>	<u>AVERAGE ADJUSTED BASIS</u>	<u>% 4 IS OF 5</u>	<u>GROSS INCOME REPORTABLE (2 X 6)</u>	<u>ALLOCABLE DEDUCTIONS 6 * (3A + 3B)</u>
1776 BROAD STREET	166,668	125,183	752,597	1,216,283	61 877	103,129	269,937
						<u>103,129</u>	<u>269,937</u>
			<u>TOTALS</u>				

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
ROB GILMORE 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	VICE CHAIR	0	0.
KYLE HANSON 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	CHAIR	0	0.
BOB BAJKO 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
DIANNE ALLEN 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	SECRETARY	0	0.
JOHN SWISHER 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
JOHN C. BECK, CPA 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
PATRICIA HERRINGTON 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TREASURER	0	0.
JERRY LYNOTT 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.



SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DEREK MEYER 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
ROBERT F. HALLEY 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
MICHAEL LEACH 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
BOB TONEY 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
JAMES FALLON 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
THOMAS PALMER 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	TRUSTEE	0	0.
HARRY B. COOL 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	VICE PRESIDENT/CFO	0	0.
NICOLE KNOWLTON 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	VP OF FUND DEVELOPMENT	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DON MARKELONIS 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	DIRECTOR OF RETAIL OPERATIONS	0	0.
AMY STACEY 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	ASSISTANT DIRECTOR OF RTL OPS	0	0.
DENNIS J KRESAK 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	PRESIDENT/CEO	0	0.
ANDREW ROBERTS 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	EVP PROGRAM OPS	0	0.
TOTAL COMPENSATION			<u>0.</u>