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Form 990-T

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

2017

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed, B Exempt under section, C Book value of all assets at end of year, D Employer identification number, E Unrelated business activity codes, F Group exemption number, G Check organization type.

Form section 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? J The books are in care of JOAN DEEVER Telephone number 614-253-6100

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales 3,335, 2 Cost of goods sold 3,200, 3 Gross profit 135, 7 Unrelated debt-financed income 62,406, 13 Total Combine lines 3 through 12 62,541, 244,011, -181,470.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 21 Depreciation 178,025, 22 Less depreciation claimed on Schedule A and elsewhere on return 177,991, 28 Other deductions (attach schedule) 2,290, 34 Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or line 32 -184,399.

RECEIVED NOV 23 2018 OGDEN, UT ATTACHMENT 1

SCANNED FEB 13 2019

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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 2016 overpayment credited to 2017 **45a**

b 2017 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 2018 estimated tax Refunded **50**

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

51 At any time during the 2017 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? **Yes** **No** X

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 \$ _____ **Yes** **No**

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 *[Signature]* Signature of officer *[Signature]* Date *11/14/18* Title *EVP Finance / CFO*

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

Paid Preparer Use Only

Print/Type preparer's name: DAVID M REAPE, CPA
 Preparer's signature: *[Signature]*
 Date: 11/14/18
 Check if self-employed PTIN: P00068117
 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**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2	3,200.	7	Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7	3,200.
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	3,200.				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) 62,406.	Enter here and on page 1, Part I, line 7, column (B) 244,011.
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)						
Totals from Part I. ▶						
	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) ▶						

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) ATTACHMENT 3		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

TEMPORARY EMPLOYMENT	41.
DEVELOPMENT AND PUBLIC RELATION FEES	39.
AUTO TOW AND REPAIR FEES	308.
AUTO TITLE FEES	69.
AUTO OTHER FEES	27.
ADMINISTRATIVE EXPENSE	467.
SUPPLIES	40.
INSURANCE	42.
EQUIPMENT RENTAL	30.
PRINTING AND REPRODUCTION	3.
UTILITIES & TELEPHONE	51.
OTHER PROFESSIONAL FEES	20.
MISCELLANEOUS EXPENSE	8.
MILEAGE - VEHICLE RENTAL	8.
AUTO AUCTION FEES	104.
AUTO DEVELOPMENT & PR FEES	1,032.
EQUIPMENT MAINTENANCE	1.

PART II - LINE 28 - OTHER DEDUCTIONS

2,290.

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.
DEREK MEYER 8225 BRECKSVILLE ROAD	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>
206 CLEVELAND, OH 44141-1362			
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.
DON MARKELONIS 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	DIRECTOR OF RETAIL OPERATIONS	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>
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.
JENNIFER LEE 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	DIRECTOR OF RETAIL OPERATIONS	0	0.
SUE REAMSNYDER 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	VP OF PROGRAM OPERATIONS	0	0.
MIKE SALOIS 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	SR VP OF STRATEGY & COMPLIANCE	0	0.
RO-ELEN SINKEWICH 8225 BRECKSVILLE ROAD 206 CLEVELAND, OH 44141-1362	VP OF BUSINESS DEVELOPMENT	0	0.
TOTAL COMPENSATION			<u>0.</u>