EXTENDED TO NOVEMBER 15, 2018 Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) , and ending 13For calendar year 2017 or other tax year beginning ► Go to www irs gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection to 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of organization ( Check box if name changed and see instructions.) Check box if (Employees' trust, see address changed COMMUNITY ACTION AGENCY OF COLUMBIANA instructions ) 34-6565185 COUNTY, INC. B Exempt under section Print F Unrelated business activity codes X = 501(cf)(3)Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions ) Type 408(e) 220(e) 7880 LINCOLE PLACE City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 900099 44432 ] 529(a) LISBON, OH C Book value of all assets Book value at end of year **F** Group exemption number (See instructions.) ,976,131. G Check organization type ► X 501(c) corporation 401(a) trust Other trust 501(c) trust SEE STATEMENT H Describe the organization's primary unrelated business activity. ► X Yes 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? omm SEE STATEMENT 2 If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of MARSHA TSANGARIS Telephone number  $\rightarrow 330-424$ 7221 Part: Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance b Less returns and allowances 10 2 Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 里,要 里。中,水平 Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) 5 7.500. Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule 1) 10 10 11 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 12 7,500. 7.500 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) 14 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 Depletion Contributions to deferred compensation plans 24 RECEIVED 24 25 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 NOV 20 2018 27 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 28 ,188. OGDEN. UT 29 29 Total deductions Add lines 14 through 28 6,312. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 SEE STATEMENT 3 3,233. Net operating loss deduction (limited to the amount on line 30) 31 31 079. Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 32 1,000. 33 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or 34 .079 line 32 Form **990-T** (2017)

## COMMUNITY ACTION AGENCY OF COLUMBIANA COUNTY, INC.

Form 990-T			34-656	5185	Page 2
Part II	Ii Tax Computation				
35	Organizations Taxable as Corporations See instructions for tax computation.			83	
	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	
	(1) \[ \begin{array}{c c c c c c c c c c c c c c c c c c c	1			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
_	(2) Additional 3% tax (not more than \$100,000)			智慧	
c	Income tax on the amount on line 34			35c	312.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line	34 from		372	
30	Tax rate schedule or Schedule D (Form 1041)	34 110111.		36	
07	<del></del> , , ,			1	
37	Proxy tax See instructions			37	
38	Alternative minimum tax			38	
39	Tax on Non-Compliant Facility Income See instructions			39	210
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	····	<u></u>	40	312.
Part I	V <sub>i</sub> Tax and Payments	<del></del>		Lucker, 9 il	
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	<u> </u>			
b	Other credits (see instructions)	<u> </u>			
C	General business credit Attach Form 3800	-			ii
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>		<b>全点</b>	
е	Total credits Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	312.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (at	tlach schedule)	43	
44	Total tax Add lines 42 and 43			44	312.
45 a	1.2	, ]		Til.	
	2017 estimated tax payments 45b				
	Tax deposited with Form 8868 450				
	Foreign organizations: Tax paid or withheld at source (see instructions)  450				
	Backup withholding (see instructions)  456				
	Credit for small employer health insurance premiums (Attach Form 8941)	<del></del>			
g				SEA	
	Form 4136 Other Total ▶ 450	9		35 M	-
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		<b>•</b>	48	312.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		<b>&gt;</b>	49	
50	Enter the amount of line 49 you want Credited to 2018 estimated tax		unded 🕨	50	
Part i	V表 Statements Regarding Certain Activities and Other Information (	see instruc	tions)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other	her authority	,		Yes No
	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 foreig				
•	here >				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	eror to, a fore	eign trust?		Х
32	If YES, see instructions for other forms the organization may have to file.				SCOOL PIZA
53	Enter the amount of tax-exempt interest received as accrued during the tax year \$\in\$\$				
		nts, and to the b	est of my knowl	edge and	belief, it is true,
Sign	Under penalties of perjuty, ideclare that I have examined the return, including accompanying schedules and statemen correct and complete, declaration of preparer (other than taxpayer) is based on all/information of which preparer has a CHIEF EXE	any knowledge	₹ 🛥		
Here	CHIEF BAS OFFICER	COLIVI		Way the In	15 discuss this return with
	Signature of Officer Date Title				er shown below (see ns)? X Yes No
					1111
	Print/Type preparer's name Preparer's signature Date	1	Check	if PT	IN
Paid			self- employe		000045667
Prep	alti	9/18			00045667
Use	Only Firm's name ► HILL, BARTH & KING LLC		Firm's EIN	<u>- 3</u>	34-1897225
	6603 SUMMIT DRIVE	Ì			BEO 0510
	Firm's address ► CANFIELD, OH 44406		Phone no.	(330	)) 758-8613
					Form 990-T (2017

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

## CONSTRUCTING AND DEVELOPING LOW-INCOME APARTMENT HOUSING

TO FORM 990-T, PAGE 1

FORM 990-T	PARENT	CORPO	RATION'S	NAME	AND I	DENTIFYING	NUMBER	STATEMENT 2
CORPORATION'S NAME								IDENTIFYING NO
COMMUNITY ACT	ION AGE	NCY OF	COLUMBIA	ANA CO	MARK	ET STREET	LOFTS	81-1512064

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16	3,233.	0.	3,233.	3,233.
NOL CARRYO	VER AVAILABLE THIS	YEAR	3,233.	3,233