96

	990-T (2015) COUNCIL ON THE AGING OF CLEVELAND	36-123031	- 0				Page Z
Pa	rt III Tax Computation						
35	Organizations Taxable as Corporations. See instructions for tax computation. Cor	ntrolled group		•	{		
	members (sections 1561 and 1563) check here ▶ See instructions and			}	1		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets ((in that order)			1		
	(1) S (2) S (3) S	,		ŧ	- 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)	\$			1		٥.
С	Income tax on the amount on line 34			▶	35c		95
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	n 1041)		▶	36		
37	Proxy tax. See instructions			▶∤	37		
38	Alternative minimum tax			ŀ	38		<u></u>
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies				39		<u>95</u>
<u>Pa</u>	rt IV Tax and Payments	<u> </u>		- 1	<u>1</u>		
40a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a			1		
b	Other credits (see instructions)	40b			- 1		
C	General business credit Attach Form 3800 (see instructions)	40c			- 1		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		 -	1		
e	Total credits. Add lines 40a through 40d			F	40e		
41	Subtract line 40e from line 39			-	41		95
42	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (a	att sch)		- 1	42		
43	Total tax. Add lines 41 and 42			-	43		95
44a	Payments A 2014 overpayment credited to 2015	44a		[1		
þ	2015 estimated tax payments	44b		[1		
C	Tax deposited with Form 8868	44c			-		
d	Foreign organizations Tax paid or withheld at source (see instructions)	44d			1		
е	Backup withholding (see instructions)	44e			- 1		
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f		_[1		
g	Other credits and payments Form 2439						
	Form 4136 Total	► 44g			1		
45	Total payments. Add lines 44a through 44g				45		
46	Estimated tax penalty (see instructions) Check if Form 2220 is attached		•		46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			>	47		95
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount over	erpaid		>	48		
49	Enter the amount of line 48 you want Credited to 2016 estimated tax ▶		unded	<u> </u>	49		
Pa	ort V Statements Regarding Certain Activities and Other Info	rmation (see instruc	tions)				
1	At any time during the 2015 calendar year, did the organization have an interest in o	-	-				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the	-					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the	e name of the foreign co	ountry				
	here >						X
2	During the tax year, did the organization receive a distribution from, or was it the gra	antor of, or transferor to,	a foreig	ın tru:	st?		X
	If YES, see instructions for other forms the organization may have to file						
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$					<u> </u>
Sch	nedule A - Cost of Goods Sold. Enter method of inventory valuation	1 🕨					
1	Inventory at beginning of year 1 6 Inventory at	•		Į	6		
2		ds sold. Subtract line 6	from				
3	Address and 2024	here and in Part I, line 2		Į	7		, , , -
4a	costs (arrach schedule)	of section 263A (with re-	spect to	•			Yes No
b	(attach schedule)	duced or acquired for res	sale) ap	ply			
5	Total. Add lines 1 through 4b 5 to the organi			16-1-	4.5		
۸.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer.		wledge and	d belief,	, nt as	M== # = 100	
Sig						with the preparent	liscuss this return irer shown below ons)?
He		DIRECTOR					es No
	Signature of officer Date Title		Deta				
	Print/Type preparer's name Preparer's substure	DWA	Date	اہی	Check	f PTIN	
Paid			शाना		self-emp		66385
		CPA'S		irm's l	EIN P	05-0	0674666
Use	· · · · · · · · · · · · · · · · · · ·						
	Firm's address HOLLYWOOD, FL 33024-2776			Phone	no		
						rorm ?	990-T (2015)

Form 990-T (2015) COUNC Schedule C - Rent Incom				ersonal Proper		ased With R			Page	
(see instructions)			.,	oldend, reper	.,			,,		
1 Description of property					·					
(1) N/A										
(2)										
(3)										
(4)										
<u></u>		t received or accru	Jed							
(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)			
					<u> </u>					
(1)										
(2)										
(3)										
<u>(4)</u>		T-And								
Total		Total					al deductions.			
(c) Total income. Add totals of chere and on page 1, Part I, line 6		nd 2(b) Enter		>			ere and on page ine 6, column (B)			
Schedule E - Unrelated I	Debt-Finan	ced incom	e (see ins	structions)						
			2	Gross income from or	1		ctions directly conr debt-finance		or allocable to	
1. Description of debt-f	nanced property		ali	locable to debt-financed property	}	STMT 1 (a) Straight line		(b) Other deductions		
						(attach sc	hedule)	(attach schedule)		
(1) RENTAL OF REA				30,	958	 	2,279		19,748	
(2)			 							
(3)			 							
4. Amount of average	5 Average a	dusted basis	 	 						
acquisition debt on or	of or allo	cable to	1	6 Column 4 divided	{	7 Gross incom	7 Gross income reportable		8. Allocable deductions (column 6 x total of columns	
allocable to debt-financed property (attach schedule)	debt-financ (attach s			by column 5	}	(column 2 x				
414 070		264,756	 	18.	280		5,659		4,02	
<u> </u>		204,730	 				3,039		4,02	
(2)			 		%	<u> </u>				
(3)			 		%					
SEE STATEMENT 3	SEE STAT	EMENT 4	<u> </u>			Enter here an	d on page 1,	Enter h	nere and on page 1,	
					Part I, line 7,	Part I, line 7, column (A)		Part I, line 7, column (B)		
Totals	▶ 5,65		5,659	4,027						
Total dividends-received dedu							<u> </u>	L		
Schedule F - Interest, A	nnuities, R	oyalties, ar					(see instruc	tions)		
)—	Exempt Controlle	d Orga	anizations	,	 ,		
Name of controlled organization		2. Employ identification i		3 Net unrelated income (loss) (see instructions)	ł	Total of specified 5. Part of column payments made included in the coorganization's g		ontrolling	6 Deductions directly connected with income in column 5	
(1) N/A	 	[
(2)										
(3)										
(4)							1			
Nonexempt Controlled Orga	nizations									
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)		ļ								
(4)	 	L						 		
•						Enter here a	ns 5 and 10 ind on page 1 3, column (A)	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)	
Totals						7 1]		

- Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income		2 Amount o	f income	3 Deductions directly connected (attach schedule)			et-asides h schedule)	1	5 Total deductions and set-asides (col 3 plus col 4)	
(1) N/A										
(2)				†					·	
				 						
				 		 				
(4)		Enter here and Part I, line 9, o				<u> </u>	- 		r here and on page 1, 1, line 9, column (B)	
Totals	•		,						, (-,	
Schedule I - Exploited Exer	npt Activity In	come. Ot	her Thar	Advertising l	ncome	(see instr	uctions)			
		T			T	1000	1			
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Exp dire connect produc unrel business	ctly ted with tion of lated	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain compute cols 5 through 7	from	oss income activity that at unrelated mess income	that attributable to ated column 5		7 Excass exempt expenses (column 6 minus column 5, but not more than column 4)	
					<u> </u>					
(1) N/A					ļ		 			
(2)					ļ		ļ			
(3)					<u> </u>		ļ	 		
(4)					<u> </u>		<u> </u>			
	Enter here and on page 1, Part I, line 10 col (A)	Enter her page 1 line 10,	Part I,						Enter here and on page 1, Part II line 26	
Totals										
Schedule J - Advertising In	come (see instr	ructions)								
Part I Income From P			a Cons	olidated Basis						
2 Gross 1. Name of periodical advertising income		3 Direct advertising costs		4. Advertising gain or (loss) (col 2 minus col 3) If a gain compute	5 Circulation income		6 Readership costs		7 Excass readership costs (column 6 minus column 5 but not more than	
				cols 5 through 7	<u> </u>				column 4)	
(1) N/A		4								
(2)										
(3)										
(4)					<u> </u>					
	l		ŀ		İ		1			
Totals (carry to Part II, line (5))					L					
Part II Income From P 2 through 7 on a			a Separ	ate Basis (For	each p	eriodical	listed in F	Part II, fil	l in columns	
2. Gross 1 Name of periodical advertising		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) N/A		1					1			
(2)				· · · · · · · · · · · · · · · · · · ·						
(3)	1						1			
(4)		\top			†		 			
Totals from Part I	<u> </u>	+			.l		<u></u>			
	Enter here and on page 1, Part I, line 11, col. (A)	Enter her page 1, line 11							Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	1	<u>_</u>							L	
Schedule K – Compensation of Officers, Dire			, and Tru	rustees (see instructions)			3 Percent of time devoted to		ensation attributable to	
(1) N/A	<u> </u>			<u>4. 1100</u>			business %		related business	
(2)							%			
(3)							%			
(4)							%		_	
Total. Enter here and on page 1, Pa	art II, line 14						<u> </u>		F 990 T (2045)	

1830 COUNCIL ON THE AGING OF CLEVELAND

56-1230516 FYE: 6/30/2016 **Federal Statements**

Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	Deduction_
RENTAL OF REAL ESTATE	
RENTAL ROOM	2,279
TOTAL	2,279

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
RENTAL OF REAL ESTATE	
REPAIRS	848
SALARIES	7,132
EMPLOYEE BENEFITS	2,442
PAYROLL TAXES	534
INSURANCE	956
UTILITIES	1,457
MISC	6,379
TOTAL	19,748

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
RENTAL OF REAL ESTATE	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	4,968,936
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	414,078

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
RENTAL OF REAL ESTATE	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	2,305,988
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	2,223,524
	4,529,512
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	2,264,756