

1706



Form 990-T

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

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning 7/01, 2016, and ending 6/30, 2017

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. 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

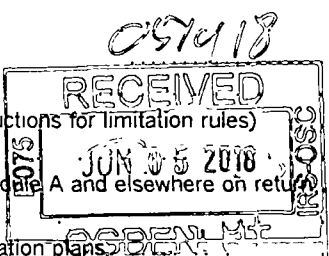
Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 8,872,834; D Employer identification number 95-2771715; E Unrelated business activity codes 310000; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity COOK/CHILL; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of JANE ROTH Telephone number 714-220-0224

Form header section including: H Describe the organization's primary unrelated business activity COOK/CHILL; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of JANE ROTH Telephone number 714-220-0224

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 showing gross receipts, cost of goods sold, and total net income of 17,816.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing various deductions and resulting net taxable income of -11,136.



SEE STATEMENT 1

SEE STATEMENT 2

Submitted 07/23/2016

Handwritten numbers 97 and 24.

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 **35 c** 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) **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** 0.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **41 a**
b Other credits (see instructions) **41 b**
c General business credit Attach Form 3800 (see instructions) **41 c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **41 d**
e Total credits. Add lines 41a through 41d **41 e** 0.
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**
44 Total tax. Add lines 42 and 43 **44** 0.
45 a Payments A 2015 overpayment credited to 2016 **45 a**
b 2016 estimated tax payments **45 b**
c Tax deposited with Form 8868 **45 c**
d Foreign organizations Tax paid or withheld at source (see instructions) **45 d**
e Backup withholding (see instructions) **45 e**
f Credit for small employer health insurance premiums (Attach Form 8941) **45 f**
g Other credits and payments Form 2439 Form 4136 Other _____ Total **45 g**
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**
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**
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**
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

Sign Here
 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
 Signature of officer: *[Signature]* Date: *5/14/2016* Title: *CEO*
 May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only
 Print/Type preparer's name: *CHRISTINA M. WENK, CPA* Preparer's signature: *[Signature]* Date: *5/11/2016* Check if self-employed PTIN: *P01255081*
 Firm's name: *WHITE NELSON DIEHL EVANS LLP* Firm's EIN: *33-0686301*
 Firm's address: *2875 MICHELLE DRIVE, SUITE 300 IRVINE, CA 92606* Phone no: *(714) 978-1300*

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ► **WEIGHTED AVERAGE**

1 Inventory at beginning of year	1	178,465.	6 Inventory at end of year	6	143,061.
2 Purchases	2	153,709.	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2		
3 Cost of labor	3	65,824.		7	275,678.
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach sch) SEE STATEMENT 3	4b	20,741.			
5 Total. Add lines 1 through 4b	5	418,739.			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 sch)	(b) Other deductions (attach schedule)
(1)				
(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) ►	Enter here and on page 1, Part I, line 7, column (B)
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)				

Totals 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).

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 (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B).

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 columns 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)						
Totals		Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26

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 (col. 6 minus col. 5, but not more than col. 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 (col 6 minus col 5, but not more than col. 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27

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
		00	
		00	
		00	
		00	
Total. Enter here and on page 1, Part II, line 14 ▶			

COMMUNITY SENIORSERV, INC.

95-2771715

STATEMENT 1
FORM 990-T, PART II, LINE 28
OTHER DEDUCTIONS

EMPLOYMENT EXPENSE	\$	588.
INSURANCE		6,986.
MISCELLANEOUS		1,268.
OFFICE EXPENSE		2,596.
PROFESSIONAL FEES		552.
TECHNOLOGY		5,399.
TELEPHONE AND UTILITIES		8,132.
TOTAL	\$	<u>25,521.</u>

STATEMENT 2
FORM 990-T, PART II, LINE 31
NET OPERATING LOSS DEDUCTION

<u>LOSS YEAR</u> <u>ENDING</u>	<u>ORIGINAL</u> <u>LOSS</u>	<u>LOSS</u> <u>PREVIOUSLY</u> <u>USED</u>	<u>LOSS</u> <u>AVAILABLE</u>
6/30/16	\$ 48,348.	\$ 0.	\$ 48,348.
NET OPERATING LOSS AVAILABLE			\$ 48,348.
TAXABLE INCOME			\$ -11,136.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)			\$ <u>0.</u>

STATEMENT 3
FORM 990-T, SCHEDULE A, LINE 4B
OTHER COST OF GOODS SOLD

CONTRACT EXPENSE	\$	7,674.
INSURANCE		9,790.
OTHER PROGRAM EXPENSES		172.
TRANSPORTATION AND TRAVEL		174.
VEHICLE AND FUEL EXPENSE		2,931.
TOTAL	\$	<u>20,741.</u>