10175	· '	ı						29	393 33	40		
For	_990 , T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))				OMB No 1545-0687						
Den	artment of the Treasury	For calendar year 2018 or other tax year beginning , and ending Go to www.irs gov/Form990T for instructions and the latest information.					-	-				
-	rnal Revenue Service	▶ Do	Go to www.⊪ not enter SSN number									blic Inspection for rganizations Onli
	Check box if		Name of organization		_				D Employer			
B	Check box if name changed and see instructions Name of organization (Check box if name changed and see instructions) D Employer identification											
	X 501(C)(O3)	Print	HISTORY, A									
	408(e) 220(e)	or	Number, street, and room or						31-1	395	941	
	408A 530(a)	Туре	55 SOUTH 1	· ·					E Unrelated I			code
	529(a)	, ,	City or town, state or provi		reign po:	stal code	•		(See instruc	ctions)	1	
c	Book value of all assets	1	NEWARK	<u> </u>		ОН	4305	5	5313	<u> 390</u>		
	at end of year	F G	roup exemption number	er (See instructions) ▶							
	27,491,595	G C	heck organization type	► X 501(c) c	corpora	ation		501(c) trust	401(a) tru	ıst_	Oti	her trust
Н	Enter the number of the				-		ibe the c	nly (or first) un	related trade o	r busine	ess her	re
	► PARKING LC	T RE	ENTAL							_ lf or	ily one	, complete
	Parts I-V If more than o	ne, des	cribe the first in the bla	ink space at the end	of the	previ	ous sent	ence, complete	Parts I and II,	comple	ete	
	Schedule M for each add	ditional t	rade or business, then	complete Parts III-	V			 				
	During the tax year, was				or a pa	rent-s	ubsidiar	y controlled gro	oup?		▶ [_]	Yes X N
	If "Yes," enter the name	and idei	nlifying number of the	parent corporation								
_	The best		TIETTEV NADE)ED							40	349-927
	The books are in care of art I Unrelated		HELLEY NAPE e or Business Inc						phone number		40-	
			e or business inc	ome			························) Income	(B) Expense	s		(C) Net
1a	Gross receipts or sale:			a Dalamaa		4.		1		1		
ь 2	Less returns and allow		A line 7)	c Balance		1c 2	ļ		-			
3	Cost of goods sold (So		•			3			·			
a 4a	Gross profit Subtract I Capital gain net incom					4a	 					
ча b		•	line 17) (attach Form 4797	7)		4a 4b						
c	Capital loss deduction		• •	,		4c						
5	Income (loss) from partnership a					5	·		-			
6	Rent income (Schedule	•	ration (attach statement)			6		15,000	-			15,00
7	Unrelated debt-finance	,	ie (Schedule E)			7		13,000			-	13,00
8			nts from controlled organiz	ration (Schedule F)		8						
9	Investment income of a se		•	•		9						
10	Exploited exempt activ		· · · · · · · · · · · · · · · · · · ·	stion (ochedule o)		10						
11	Advertising income (So	•				11						
12	Other income (See ins					12			·			
13	Total Combine lines 3		•			13		15,000				15,00
P	art II Deduction	ns Not	Taken Elsewher	e (See instruction	ns fo	r lımı	tations		ns)(Excep	t for c	ontrib	
	deductions	s must	be directly connect	cted with the unr	elate	d bus	siness i	ncome)				
14	deductions Compensation of office Salaries and wages	rs, direc	ctors, and trustees (Sc	hedule K)						14		
15	Salaries and wages			KECE	IVE	D	7			15		
16	Repairs and maintenar	nce)		ပ္ကု			16		
17	Bad debts			NOV 23	A: K	ן נ	21			17		
18	Interest (attach schedu	le) (see	instructions)		<i>)</i>	1 1	4			18		
19	Taxes and licenses			LOGDER	1	ام م	5			19		5,20
20	Charitable contributions (S		•		4	•	1	1 1		20		
21	Depreciation (attach Fo		•					21	1,352			
22	Less depreciation clain	ned on S	Schedule A and elsewh	ere on return				22a		22b		1,352
23	Depletion 3									23		
24	Contributions to deferre		ensation plans							24		
25	Employee benefit progr									25		
26	Excess exempt expens		· ·							26		
27	Excess readership cost		•				000	CM X M P N A	ר יחואים	27		1 40
28 29	Other deductions (attac		•				೦೭೬	STATEM	CNT T	28		1,404 7,960
/ 19	LOUAL DADUCTIONS Add	IIIDAC 7/	TOTOLICO /R							/u		/ _ Mn!

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).

7,040

7,040

30

31

32

For	m 990-T (2018) THE WORKS - OHIO CENTER FOR	31-1395941				P	age 2
P	art III Total Unrelated Business Taxable income						
33	Total of unrelated business taxable income computed from all unrelated trades o	r businesses (see	•				
	instructions)	·		33		7,0	040
34	Amounts paid for disallowed fringes	•		34			
35	Deductions for net operating loss ansing in tax years beginning before January 1	. 2018 (see	•		,		
	instructions)	, (35			
36	Total of unrelated business taxable income before specific deduction. Subtract lin	ne 35 from the sum	•••		·····		
50	of lines 33 and 34	10 00 110111 1110 00111		36		7 (040
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		•	37			000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is g			<u> </u>			<u> </u>
30	•	greater trian line 50,		38		6 (040
	enter the smaller of zero or line 36	<u> </u>		30	·	0, (140
39	ort IV Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		.	20			268
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	· OD	P	39		1,4	<u> 200</u>
70	the amount on line 38 from: Tax rate schedule or Schedule D (Fon		•	40			
41	Proxy tax. See instructions	111 1041)		41			
42	Alternative minimum tax (trusts only)			42			
			•				
43	Tax on Noncompliant Facility Income. See instructions .	•		43		1 7	268
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			1 44		<u> </u>	- 00
	art V Tax and Payments	45-1		1			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		1			
ь	Other credits (see instructions)	45b		1 1			
C	General business credit. Attach Form 3800 (see instructions)	45c		[]			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		_			
. 0	Total credits. Add lines 45a through 45d			45e			520
46	Subtract line 45e from line 44 Cther taxes			46		1,2	268
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tL sch)		47			
48	Total tax. Add lines 46 and 47 (see instructions)			48		$\frac{1}{2}$	68
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)			49			
50a	Payments. A 2017 overpayment credited to 2018		060	1			
b	2018 estimated tax payments		<u>460</u>				
C	Tax deposited with Form 8868	50c 5,	000				
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	50d					
e	Backup withholding (see instructions)	50e					
ť	Credit for small employer health insurance premiums (attach Form 8941)	50f					
g	Other credits, adjustments, and payments. Form 2439						
	Form 4136 Other Total ▶	50g					
51	Total payments. Add lines 50a through 50g			51		6,5	20
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	•	· 🗍 [52			
5 3	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ower	d	•	53			0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	unt overpaid	▶ .	54		5,2	52
5 5	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 5,	252 Refunde	d▶	55			
Pa	rt VI Statements Regarding Certain Activities and Other Inf	ormation (see instruct	ions)				
56	At any time during the 2018 calendar year, did the organization have an interest in	or a signature or other au	thority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "YES,"	the organization may have	to file		Γ		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter here >	er the name of the foreign c	ountry		ł	- 1	X
57	During the tax year, did the organization receive a distribution from, or was it the g	reactor of an imperator to	fornic	in truct?	, h		X
31	If "YES," see instructions for other forms the organization may have to file	grantor or, or transferor to, a	אַנטוטו ב	jis trustr		-	<u></u>
58	Enter the amount of tax-exempt interest received or accrued during the tax year	6					
	Under penalties of panury I declare that I have examined this return, including accompanying schodules and s	statements, and to the best of my know	vledae an	d belief. (I	IS		
Sig	true, correct, and complete. Declaration of preparer (other than taxpayer) is based op all information of which p	preparer has any knowledge		, ,		cuss this	s retur
Her					May the IRS dis- with the prepare (see instructions	r shown	pelov
nei	3712001273	DIRECTOR			X Yes		No
	Signature of officer Date Title PrintType preparer's name Preparer's name	101 A 10-11		<u>аът. Г</u>			
.	1 Vento	AUS III4	2019	Check [_, "		
Paid	HEATHER DOLEN, CPA HEATHER BOLEN, CPA	ודיוןי –	, ,	self-empl	<u> </u>		500
Prep			Firm's	EIN P	83-16	3390	うなる
Use	,		1		740 066	,	100
	Firm's address ► ZANESVILLE, OH 43701		Phone	no	740-868		
					Form 99 (U-I (2	.018)

6 Column

4 divided

by column 5

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)

•

7 Gross income reportable

(column 2 x column 6)

%

%

%

Form 990-T (2018)

8 Allocable deductions

(column 6 x total of columns

3(a) and 3(b))

(3)

(1)

(2)

(3)

Totals

4 Amount of average

acquisition debt on or

allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8

5 Average adjusted basis

of or allocable to

debt-financed property

(attach schedule)

Schedule F – Interest, Annu		es, and Ren	ts Fron	n Controll	ed Org	anizations	(see instruc	tions)		
7			Exemp	ot Controlled	l Organ	izations				
1 Name of controlled organization		2 Employer identification number		3 Net unrelated income (loss) (see instructions)		al of specified nents 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) N/A										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza	tions									
7. Tavable lecome		Net unrelated income oss) (see instructions)		9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income			Deductions directly nected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals							ns 5 and 10 nd on page 1, column (A)	Ente	d columns 6 and 11 or here and on page 1, t I, line 8, column (B)	
Schedule G – Investment In	come of a Se	ction 501/c	1/71 /91	or (17) O	rganiz:	ation (see i	nstructions)			
Schedule G = Investment in	icome or a se	ction sorte)(<i>1</i>), (3)	, 01 (17) 0	gamz	ation (see i	nati detions)			
1 Description of income		2 Amount of in	ncome	directly	ductions connected schedule)	(4	4 Set-asides		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A								<u> </u>		
(2)				· · · · -						
(4)				·-						
		Enter here and o Part I, line 9, col							ter here and on page 1, art I, line 9, column (B)	
Totals	<u> </u>	0.11	T 1	<u> </u>						
Schedule I - Exploited Exer	npt Activity li	ncome, Othe	er I han	Advertisi	ng Inc	ome (see in	nstructions)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directly connected productio unrelate business in	y with n of ed	4 Net income (I from unrelated to business (col 2 minus column If a gain, comp cols 5 through	rade umn 3) ute	5 Gross income from activity that is not unrelated business income	t attribut	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A										
(2)			- +	<u></u>					·	
(3)										
(4)										
Totals ►	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,				1.		Enter here and on page 1, Part II, line 26	
Schedule J – Advertising In	come (see ins	tructions)								
Part I Income From P	eriodicals Re	ported on a	Conso	lidated Ba	sis					
2 Gross 1 Name of periodical advertising income		3 Direct advertising costs		4 Advertising gain or (loss) (c 2 minus col 3) a gain, compu	(col 5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A										
(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.)

	<u>a line-by-line basi</u>	is)				
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) N/A						
(2)						
(3)						<u> </u>
(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)		1	i e			1

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	-	•	

Form **990-T** (2018)

10175 The Works - Ohio Center for

31-1395941

Federal Statements

FYE: 12/31/2018

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

Description	<u>Amou</u>	nt
UTILITIES PROFESSIONAL FEES	\$	564 840
TOTAL	\$	404