Exempt Organization Business Income Tax Return (and proxy tax under section 60336) For sendants you 2019 a direct type beginning OCT 1, 2017 (and proxy tax under section 60336) For sendants you 2019 a direct type beginning OCT 1, 2017 (and proxy tax under section 60336) For sendants you 2019 a direct type beginning OCT 1, 2017 (business type 1) For sendants you 2019 a direct type beginning OCT 1, 2017 (business type 1) For sendants you 2019 a direct type beginning OCT 1, 2017 (business type 1) For sendants you 2019 a direct type beginning of the sendants you of the proxy tax under the proxy tax unde	Form 990-T	Exempt Organization	Rusinas	s Income T	ay Return		OMB No 1545-0687
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Sempt under series		Name of organization (Check box if	name changed an	d see instructions.)	•	(Employe	ees' trust, see
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes Xe	39,282,3						
If Yes, enter the name and identifying number of the parent corporation.	H Describe the organization	's primary unrelated business activity. 🕨 <code>GIFT</code>	SHOP &	PERSONAL 1	PROPERTY I	RENTA	
The books are in care of	• • •		a parent-subsidia	ry controlled group?	▶ 1	Yes	X No
Part I Unrelated Trade or Business Income (a) Income (b) Expenses (c) Net						16 7	07 2027
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1			- - -	(A) illcome	(D) Exhelises	'	(O) Net
2 Cost of goods sold (Schedule A, Ime 7) 3 Gross profit. Subtract line 2 from line to 4 Capital gain ent income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 5 Net gain (loss) (Form 6797, Part II, line 17) (attach Form 4797) 6 Rent income (loss) (Form partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated deb-financed income (Schedule E) 8 Interest, annufles, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Exploted deb-financed income (Schedule B) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 A 48. 17 Bad debts 18 Interest (attach schedule) 19 Taxes and incineses 20 Charitable contributions (See instructions for limitations unless through 12 Interest (attach schedule) 21 Despreciation (attach form 4562) 22 Less depreciation claimed on Schedule A and elsewage on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 29 Linestated business taxable income before perity in line 30 in return and 13 in 1,000. 29 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. 20 Circled ductions (Generally S1,000, but see line 33 instructions for exceptions) 20 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.	•		10	18.135			
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Form 990-T	(2017) CLEVELAND BOTANICAL GARDEN	34-02	39538	Page 2
Part II				
35	Organizations Taxable as Corporations. See instructions for tax computation.		_ i	
	Controlled group members (sections 1561 and 1563) check here See instructions and:		1, 1	
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)		<u></u>	_
C	Income tax on the amount on line 34	>	► 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	4 from:		
	Tax rate schedule or Schedule D (Form 1041)	>	> 36	
37	Proxy tax. See instructions	•	> 37	
38	Alternative minimum tax		38	
	Tax on Non-Compliant Facility Income. See instructions		39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		⊣	
	Other credits (see instructions)			
	General business credit. Attach Form 3800		\dashv	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-	 _ 	
	Total credits. Add lines 41a through 41d		41e 42	0.
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule		
		J Ottlet (attach schedule	44	0.
44	Total tax. Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017		44	
	Payments: A 2016 overpayment credited to 2017 2017 estimated tax payments 45b		\dashv \vdash	
	Tax deposited with Form 8868 45c	-	\dashv \mid	
	Foreign organizations; Tax paid or withheld at source (see instructions) 45d		7	
	Backup withholding (see instructions) 45e		7	
	Credit for small employer health insurance premiums (Attach Form 8941) 45f	· · · · · · · · · · · · · · · · · · ·	7]	
	Other credits and payments: Form 2439		7	
8	Form 4136 Other Total 45g			
46	Total payments. Add lines 45a through 45g		46	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	· •	▶ 48	0.
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		▶ 49	0.
	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	e instructions)		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other	authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may hav			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign c	ountry		
	here >			- 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?		X
50	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 \$\bigs\\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and including accompanying schedules and statements.	and to the best of my know	wledge and belief, it is	true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any to	knowledge		
Here		E CEO	May the IRS discuss the preparer shown b	
	Stgpafure of officer Date Title			Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid	CHRISTOPHER B.	self- employe	ed	
Prepa	ANDERSON Charles 3/14/	(8)	P0022	
Use O	nly Firm's name ► MALONEY + NOVOTRY LLC	Firm's EIN	▶ 34-06	77006
200 0	1111 SUPERIOR AVE, SUITE 700			
	Firm's address ► CLEVELAND, OH 44114-2540	Phone no.	(216) 36	3-0100

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation N/				·
1 Inventory at beginning of year	1	9,567.		Inventory at end of y			6	8,305.
2 Purchases	2	9,180.		Cost of goods sold.		ine 6		
3 Cost of labor	3	5,812.	1	from line 5. Enter her	re and in F	Part I,		
4a Additional section 263A costs			1	line 2			7 _	16,254.
(attach schedule)	4a	_	8	Do the rules of section	on 263A (v	with respect to	_	Yes No
b Other costs (attach schedule)	4b			property produced or	r acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	24,559.		the organization?				X
Schedule C - Rent Income ((see instructions)	(From Real	Property and	Per	sonal Property	Lease	d With Real Propo	erty) 	
1. Description of property								
(1) PERSONAL PROPERT	Y							
(2)								
(3)								
(4)								
		ed or accrued				9/a) Daduations dispetty		th the manner
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	rsonai	onal property (if the percen property exceeds 50% or it ed on profit or income)	tage f	3(a) Deductions directly columns 2(a) an		
(1)				22,	515.			
(2)								
(3)								
(4)								
Total	0.	Total		22,	515.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		22,	515.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstru					
			2	. Gross income from		3. Deductions directly conn to debt-finance	ected with or ad property	allocable
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) (at	Other deductions tach schedule)
(1)								
(2)								
(3)								
(4)					1			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		llocable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				<u> </u>				
(3)				%				
(4)				%				
				,		nter here and on page 1, art I, line 7, column (A)		ere and on page 1, line 7, column (B)
Totals				•	•L	0.	·L	0.
Total dividends-received deductions in	<u>cluded i</u> n column	18						0.
								Form 990-T (2017)

Schedule F - Interest, A	nnuitie	s, Royalt	ies, and	Rents	From Co	ntrolled	d Organiza	tions	(see ins	tructions	s)
				Exempt (Controlled O	rganızatı	ons				
1. Name of controlled organizati	on	2, Emp Identific numb	ation		elated income o instructions)	4. Total	al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)								l			
(2)											
(3)		·							-		-
(4)											
Nonexempt Controlled Organiz	ations										
7. Taxable Income	8. Net u	nrelated income see instructions)	(loss)	9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 thai ng organ i income	uzation's	11. Ded with	luctions directly connected income in column 10
(1)			-		_						
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investmer (see instr		ne of a S	ection	501(c)(7	'), (9), or (17) Org	anization				
1. Descr	iption of inco	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)	_										
(3)											1
(4)		_									
Totals					Enter here and o Part I, line 9, co					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I		Activity	Income	, Other	Than Adv		g Income				<u> </u>
Description of exploited activity	2. G unrelated income trade or t	business e from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						ĺ					
(2)		İ									
(3)											
(4)	Enter her page 1, line 10,	, Part I, col (A)	Enter her page 1, line 10,	, Parti, coi (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	n Inco	0.		0.	l						0.
					alidatad	Pasia			_		
Part I Income From F	eriodic	ais Repo	rtea on	a Cons	solidated					-	
1. Name of periodical		2. Gross advertising income		3. Direct	4. Advert or (loss) (co col 3) If a gr cols 5 th	ol 2 minus iin, compute	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					4						
(3)					_						
(4)				_							
Totals (carry to Part II, line (5))	•	0		0							0 . Form 990-T (2017)

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

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) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership 2. Gross costs (column 6 minus column 5, but not more than column 4) 3. Direct 5. Circulation 6. Readership advertising income 1. Name of periodical advertising costs costs (1) (2) (3) (4) Ō. Totals from Part I ▶ 0. 0. 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 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title % (1) (2) % % (3) % (4)

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0.

FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT 1
DESCRIPTIO)N			AMOUNT
SUPPLIES	_			351
POSTAGE &	DELIVERY			462
SUBCONTRAC	T SERVICES			436
MISCELLANE	OUS			1,227
				2 476
TOTAL TO F	ORM 990-T, PAGE 1,	LINE 28		2,476
TOTAL TO F		OPERATING LOSS D	EDUCTION	STATEMENT 2
			EDUCTION LOSS REMAINING	
FORM 990-T	LOSS SUSTAINED	OPERATING LOSS D LOSS PREVIOUSLY	LOSS	STATEMENT 2 AVAILABLE
FORM 990-T TAX YEAR 12/31/06	NET	OPERATING LOSS D LOSS PREVIOUSLY APPLIED	LOSS REMAINING	STATEMENT 2 AVAILABLE THIS YEAR
FORM 990-T TAX YEAR 12/31/06 12/31/10	LOSS SUSTAINED 182,054.	OPERATING LOSS D LOSS PREVIOUSLY APPLIED 41,839.	LOSS REMAINING 140,215.	STATEMENT 2 AVAILABLE THIS YEAR 140,215.
FORM 990-T	LOSS SUSTAINED 182,054. 11,258.	OPERATING LOSS D LOSS PREVIOUSLY APPLIED 41,839. 0.	LOSS REMAINING 140,215. 11,258.	STATEMENT 2 AVAILABLE THIS YEAR 140,215. 11,258.