.702
() E
MAN
1-11-12-16

Form 990-T	E	Exempt Orga				ax Return	า	OMB No 1545-0047
	(and proxy tax under section 6033(e))							2019
	For calendar year 2019 or other tax year beginning, and ending, and ending							2019
Department of the Treasury Internal Revenue Service	 Go to www.irs.gov/Form990T for instructions and the latest information. 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
A Check box if address changed		Name of organization ((Emp	oyer identification number loyees' trust see actions)				
B Exempt under section	Print	AKRON SUMMI	T COMMUNITY	AC	rion, inc.		3	4-0965339
X 501(c) (3)	Or	Number, street, and room		k, see II	nstructions.			ated business activity code nstructions)
408(e) 220(e)	Туре	55 EAST MIL	L STREET				_	•
408A 530(a) 529(a)		City or town, state or pro-	vince, country, and ZIP of 44308	r foreig	n postal code		812	930
C Book value of all assets at end of year		F Group exemption numb		>				
5,107,5		G Check organization typ) trust	Other trust
H Enter the number of the	-			1 70 T		the only (or first) u		
	-	ALIFIED TRANS				complete Parts I-V		
business, then complete		ice at the end of the previou	is sentence, complete Pa	rts i an	d II, complete a Schedule	M for each addition	nai trade	or
		ooration a subsidiary in an a	affiliated group or a parer	nt-cube	idiany controlled group?		Ye	es X No
		tifying number of the paren		it-subs	idially controlled group.			55 <u>[23</u>] NU
		MALCOLM J. CO			Teleph	one number 🕨 🕽	330-	376-7730
Part I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	s							
b Less returns and allow	vances		c Balance	1c				
2 Cost of goods sold (S	chedule	A, line 7)		2				
3 Gross profit. Subtract				3				
4a Capital gain net incon	,	•	.===\	4a				
		'art II, line 17) (attach Form	1 4797)	4b				
c Capital loss deduction 5 Income (loss) from a		sis ship or an S corporation (at	tach statement)	4c				
6 Rent income (Schedu		silp of all 3 corporation (at	lach statement)	5 6				
7 Unrelated debt-finance	•	ne (Schedule E)		7				
		nd rents from a controlled o	organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) or		9				
10 Exploited exempt acti	vity inco	me (Schedule I)		10			-	
11 Advertising income (S	Schedule	e J)		11				
12 Other income (See in:		•		12				
13 Total. Combine lines				13	0.	<u></u>		
		ot Taken Elsewher be directly connected wi						
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14	
15 Salaries and wages			RECE	 \/E	D		15	
	16 Repairs and maintenance RECEIVED							
17 Bad debts 18 Interest (attach schedule) (see instructions)								
18 Interest (attach schedule) (see instructions) 19 Taxes and licenses								
20 Depreciation (attach	Form 4	562)	CODE				19	
			OGDE	<u>V, L</u>	21a		21b	
21 Less depreciation claimed on Schedule A and elsewhere of Tetum [21a] 22 Depletion								
23 Contributions to deferred compensation plans							22	
24 Employee benefit programs							24	
25 Excess exempt expenses (Schedule 1)							25	
26 Excess readership costs (Schedule J)							26	
27 Other deductions (attach schedule)							27	
7 Total deductions. Add lines 14 through 27							28	0.
 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 							29	0.
(See instructions)	orauny	ाण्डेज बताजातमु ।।। स्वस् प्रस्काठ De	girining on or after Janua	ıyı,∠\	,10		30	0.
•	axable II	ncome. Subtract line 30 fro	m line 29				31	0.
		work Reduction Act Notice						Form 990-T (2019)

	O-T(2019) AKRON SUMMIT COMMUNITY ACTION, INC.	34-0965	339 Page 2
Part	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of consisted by consistent by the consistent of the consistent by the Consistence of the consistence o	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,		
•••	enter the smaller of zero or line 37	39	0.
Part		1 1	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	4b	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44.	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par		1 70 11	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
_	101	1 1	
b	, \ ' "	1	
		1	
		1 1	
е	7,0	46e	0.
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	0.
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u> </u>
51 a	Payments: A 2018 overpayment credited to 2019	- ' 	
b		4	
	Tax deposited with Form 8868	4	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	4	
е	Backup withholding (see instructions) 51e	4 1	
f		4	
9	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total	- <i>u</i>	1 500
52	Total payments. Add lines 51a through 51g	52	1,592.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	1 500
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1,592.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	1,592.
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions)		T., T.,
57	At any time during the 2019 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 have to file		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		,,
	here >		$\frac{x}{x}$
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
<u> </u>	Under penalties of persury I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	edge and belief, it is tr	Je,
Sigr		May the IRS discuss th	
Her	11/10/00	the preparer shown bel	
	V digitated of offices ()	instructions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Pai	self- employed		
	PORTER BRITTANY MERGEN BRITTANY MERGEN [11/12/20]	P01656	
	e Only Firm's name WIPFLI LLP Firm's EIN	<u>39−07</u>	<u> </u>
	PO BOX 8700	=:	1000
	Firm's address ► MADISON, WI 53708-8700 Phone no.	608.274.1	
02371	1 01-27-20	Form !	990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/A	<u> </u>			<u>. </u>	
1 Inventory at beginning of year 1			6 Inventory at end of year			6		
2 Purchases	2	_	7 Cost of goods sold. S	Subtract I	line 6			
3 Cost of labor	3	from line 5. Enter here and in Part I,						
4a Additional section 263A costs		line 2 8 Do the rules of section 263A (with respect to						
(attach schedule)	4a						Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?	·			Ī	
Schedule C - Rent Income ((From Real	Property and	l Personal Property I	Lease	d With Real Prop	erty)		
(see instructions)								
1. Description of property	<u>_</u>							
<u>(1)</u> (2)								
(3)						·		
(4)								-
	2. Rent receiv	ed or accrued						
(a) From personal property (if the percent for personal property is more 10% but not more than 50%)	centage of	` of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	/ connecte nd 2(b) (at	ed with the income in tach schedule)	n
(1)					_			
(2)						•		
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns		ıter			(b) Total deductions.			
here and on page 1, Part I, line 6, column				0.	Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)		<u> </u>			
			2. Gross income from		3. Deductions directly conto debt-finance			
1 Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)				 		1		
(2)				+		+		
(3)				1				
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7, Gross income reportable (column 2 x column 6)		8. Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)			%	1		\top		
(2)			%					
(3)			%					
(4)			%	1				
					Enter here and on page 1, Part I line 7, column (A)		nter here and on pag Part I, line 7 column	
Totals			•		0			0.
Total dividends-received deductions in	ncluded in columi	n 8	•			-		0.
						•	Form 990-T	(2019)

Form 990-T (2019) AKRON SUMMIT COMMUNITY ACTION, INC. 34-09653

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 (column 6 minus column 5, but not more than column 4)
(1)			-				
(2)							
(3)		_					1
(4)			-				†
Totals from Part I	▶	0.	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 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)