

1906

Form **990-T**

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

## 2018

For calendar year 2018 or other tax year beginning **07/01/18**, and ending **06/30/19**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Department of the Treasury  
Internal Revenue Service

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  408(e)  220(e)  
 408A  530(a)  
 529(a)

Name of organization (  Check box if name changed and see instructions )  
**COMMUNITY DRUG BOARD INC.**

Number, street, and room or suite no. If a P O box, see instructions  
**725 EAST MARKET ST**

City or town, state or province, country, and ZIP or foreign postal code  
**AKRON OH 44305**

**D** Employer identification number  
(Employees' trust, see instructions)  
**34-1171699**

**E** Unrelated business activity code  
(See instructions)  
**532000**

**C** Book value of all assets at end of year  
**5,976,677**

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses ▶ **1** Describe the only (or first) unrelated trade or business here  
**RENTAL PROPERTIES** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V

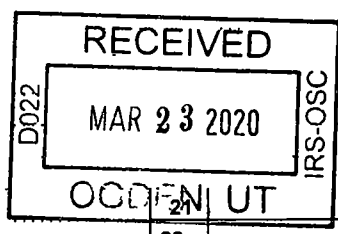
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.  Yes  No

**J** The books are in care of ▶ **JANET L. WAGNER** Telephone number ▶ **330-315-3708**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6	53,143	118,755
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	53,143	118,755
				-65,612

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-65,612
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30	32	-65,612



SCANNED OCT 01 2020

2939324202313 0

31

98

Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Lines 33-38. Line 38 amount is 0. Line 37 amount is 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 39-44. Line 44 amount is 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 45a-55. Line 48 amount is 0. Line 53 amount is 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Lines 56-58.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: David J. Wagner, CEO

Paid Preparer Use Only: Preparer's name: MICHAEL D. MCMANUS, CPA; Firm's name: MCMANUS, DOSEN & CO; Firm's address: 7251 ENGLE RD STE 406 MIDDLEBURG HEIGHTS, OH 44130-3400

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) <b>680 EAST MARKET ST</b>
(2) <b>1339-1531 KENMORE BLVD</b>
(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)	<b>30,003</b>	<b>107,973</b>
(2)	<b>23,140</b>	<b>10,782</b>
(3)		
(4)		
<b>Total</b>	<b>53,143</b>	<b>118,755</b>

**SEE STATEMENT 1**

(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 schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>				
(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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions included in column 8</b> ▶				

**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) <b>N/A</b>					
(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)				
			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)

**Totals**

**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 (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Totals**

**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 cols 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) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Totals**

**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 (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(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 (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	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

**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
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> ▶			

Form <b>990-T</b>	<b>Schedule M Charitable Contribution and Loss Calculation</b>	<b>2018</b>
Description <b>UNRELATED BUSINESS ACTIVITY</b>		
Name <b>COMMUNITY DRUG BOARD INC.</b>	Taxpayer Identification Number <b>34-1171699</b>	
Unincorporated Business Income Tax Code <b>532000</b>	Activity <b>RENTAL AND LEASING SERVICES</b>	

<b>Worksheet 1 Activity Charitable Contribution Deduction</b>		
1 Activity Income (Schedule M, Line 13, col C)	1	<b>-65,612</b>
2 Activity Expense (does not include amount needed for Line 20)	2	
3 Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	<b>0</b>
4 Current activity contribution limit (Multiplier used is <b>10%</b> )	4	
5 Current year contributions	5	<b>0</b>
6 Prior year contributions (corporations only)	6	
7 Total available contributions (Add lines 5 and 6)	7	
8 Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Remaining contributions (subtract line 8 from line 7)	9	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits), Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	<b>0</b>

<b>Worksheet 2 Activity Losses and Carryforward Amounts</b>		
1 Activity losses (do not include amounts before 2018)	1	
2 Amount of loss used in the current year	2	<b>0</b>
3 Prior year losses carried over to next year	3	
4 Losses generated by current year activity	4	<b>65,612</b>
5 Total loss carried forward to 2019	5	<b>65,612</b>

<b>Worksheet 3 Activity Charitable Contribution Carryforward</b>					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th <b>06/30/14</b>					
4th <b>06/30/15</b>					
3rd <b>06/30/16</b>					
2nd <b>06/30/17</b>					
1st <b>06/30/18</b>					
Charitable Contribution Carryover To Current Year			<b>0</b>		
Current Year Amount	<b>0</b>				<b>0</b>
Charitable Contribution Carryover Available To Next Year					<b>0</b>

CDB COMMUNITY DRUG BOARD INC.

34-1171699

FYE: 6/30/2019

## Federal Statements

### Statement 1 - Form 990-T, Schedule C, Column 3 - Deductions

<u>Description</u>	<u>Deduction</u>
680 EAST MARKET ST	
INTEREST	1,774
UTILITIES	31,425
SECURITY	16,239
MAINTENANCE	14,619
DEPRECIATION	12,194
INSURANCE EXPENSE	10,892
CLEANING SERVICES	7,140
DUES/LICENSES	5,934
CONTRACT SERVICES	5,559
COMMUNICATIONS	1,228
SUPPLIES	969
TOTAL	<u>107,973</u>
1339-1531 KENMORE BLVD	
INTEREST	1,774
DEPRECIATION	5,149
INSURANCE EXPENSE	1,718
REPAIRS AND MAINTENANCE	900
DUES/LICENSES	633
UTILITIES	608
TOTAL	<u>10,782</u>