EXTENDED TO MAY 15, 2017

Form	990- I	▎	exempt Orga				ax Keturi	n	OMB No. 1545-0687			
		(and proxy tax under section 6033(e))										
		For cal	For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016 Information about Form 990-T and its instructions is available at www.irs.gov/form990t.									
Depart	ment of the Treasury	l .	•			-			Open to Public Inspection for			
_	Al Revenue Service		Do not enter SSN number				ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only over identification number			
A L	Check box if address changed		,	Check box if name cl	_	,		(Emp	loyees' trust, see uctions.)			
	cempt under section	Print	COMMUNITY F				TY		2-1508117			
X	501(c)(3)	or Type	Number, street, and room			ated business activity codes nstructions.)						
L	408(e) 220(e)			NGTON STREE				4				
<u> </u>	408A530(a)		City or town, state or pro		r foreig	n postal code		E 2 E	000			
	529(a) ok value of all assets	. .	IOWA CITY, o exemption number (See					⊃ ∠⊃	990			
2 n	nd of year .	401(a) trust		Other truet								
		n'e prim	c organization type ary unrelated business act	Vity NTXVESTM	ENT.	501(c) trust TN PARTNER	401(a) trust	L	Other trust			
			oration a subsidiary in an					Ye	es X No			
			tifying number of the parei		เเ-อนมอเ	ulary controlled group:			55 <u>21</u> NU			
			IKE STOFFRE			Telepho	one number 🕨 3	319-	337-0483			
	_		de or Business Ind			(A) Income	(B) Expense		(C) Net			
1 a	Gross receipts or sale	es										
	Less returns and allo			c Balance▶	1c							
2	Cost of goods sold (S	Schedule	A, line 7)		2							
3	Gross profit. Subtract line 2 from line 1c				3							
4 a	a Capital gain net income (attach Schedule D)				4a							
	b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)											
					4c							
	· / / / / / / / / / / / / / / / / / / /				5	22,980.			22,980.			
	Rent income (Schedule C)				6							
	Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				7							
		-		. ,	8							
			on 501(c)(7), (9), or (17) o	- '	9 10							
			me (Schedule I) 3 J)		11							
12	Other income (See in	etruction	is; attach schedule)		12							
			gh 12		13	22,980.			22,980.			
			t Taken Elsewhe			•						
			utions, deductions mus				s income.)					
14	Compensation of of	ficers, di	rectors, and trustees (Sch	edule K)				14				
15	Salaries and wages							15				
16	Repairs and mainter	nance .						16				
17								17				
18								18				
19	laxes and licenses		e instructions for limitation	CMAMEME	NT/III) CEE CMAM		19	2 100			
20		•		,			EMENT T	20	2,198.			
21 22			562) n Schedule A and elsewhei					22b				
								23				
24	23 Depletion 24 Contributions to deferred compensation plans							24				
25								25				
26								26				
27	1 1 / / / / / / / / / / / / / / / / / /											
28	Other deductions (a	ttach sch	nedule)					28				
29	Total deductions	. Add lin	es 14 through 28					29	2,198.			
30			ncome before net operatin					30	20,782.			
31	Net operating loss d	leduction	(limited to the amount on	line 30)				31	00 500			
32			ncome before specific ded					32	20,782.			
33			/\$1,000, but see line 33 ir					33	1,000.			
34			income. Subtract line 33	`	-	•		34	19,782.			
	IIIIU UL							J 04	<u> </u>			

Page 2

Form 990-T	(2015) COMMUNITY F	rADNUO'	TION OF J	OHNSON COUN	YTV	42-1508	117	P	age 2
Part II	I Tax Computation								
35	Organizations Taxable as Corpora	ations. See in	structions for tax co	mputation.					
	Controlled group members (section				ns and:				
а	Enter your share of the \$50,000, \$	25,000, and \$	9,925,000 taxable ii	ncome brackets (in that	order):				
	(1) \$	(2) \$		(3) \$, l				
b	Enter organization's share of: (1) A		tax (not more than						
	(2) Additional 3% tax (not more th								
С	Income tax on the amount on line 3					▶ 3	35c	2,96	57.
36	Trusts Taxable at Trust Rates. See	e instructions	for tax computation	. Income tax on the am	ount on line 34 fro	om:			
	Tax rate schedule or	Schedule D (Form 1041)			▶ □	36		
37	Proxy tax. See instructions						37		
	Alternative minimum tax						38		
39	Total. Add lines 37 and 38 to line 3	35c or 36, whi	chever applies				39	2,96	7.
Part I	/ Tax and Payments		·						
	Foreign tax credit (corporations att	ach Form 111	18; trusts attach Fori	m 1116)	40a				
	Other credits (see instructions)								
С	General business credit. Attach For	rm 3800			40c				
	Credit for prior year minimum tax (
	Total credits. Add lines 40a through					4	40e		
41	Subtract line 40e from line 39						41	2,96	7.
42	Other taxes. Check if from:	orm 4255	Form 8611	Form 8697 For	m 8866 Otl	ner (attach schedule)	42		
	Total tax. Add lines 41 and 42					_	43	2,96	7.
44 a	Payments: A 2014 overpayment c	redited to 201	5		44a	11,756.			
	2015 estimated tax payments								
	Tax deposited with Form 8868								
d	Foreign organizations: Tax paid or	withheld at so	ource (see instructio	ns)	44d				
	Backup withholding (see instructio								
f	Credit for small employer health in:	surance prem	iums (Attach Form	8941)	44f				
·	Form 4136		Other	Total	▶ 44g				
45	Total payments. Add lines 44a thro						45	11,75	56.
46	Estimated tax penalty (see instruct	ions). Check i	f Form 2220 is attac	thed			46		
	Tax due. If line 45 is less than the t						47		
	Overpayment. If line 45 is larger th						48	8,78	<u> 9</u> .
49	Enter the amount of line 48 you wa	nt: Credited t	to 2016 estimated t	ax ►	8,789.	Refunded	49		0.
Part V		ng Certa	in Activities a	nd Other Inforn	nation (see ins	structions)			
	ny time during the 2015 calendar ye	ear, did the or	ganization have an i	nterest in or a signature	or other authority	v over a financial accou	unt (bank.	Yes	No
	rities, or other) in a foreign country								
									Х
2 Durin	ounts. If YES, enter the name of the g the tax year, did the organization received, see instructions for other forms the organization.	e a distribution	from, or was it the gran	tor of, or transferor to, a fore	eign trust?			_ _	X
	r the amount of tax-exempt interes								
	ule A - Cost of Goods S				N/A				_
	ntory at beginning of year	1 1		6 Inventory at end	of vear		6		
	hases	2		7 Cost of goods so					
	of labor	3			here and in Part		7		
	ional section 263A costs (att. schedule)	4a		8 Do the rules of se		,	<u> </u>	Yes	No
	er costs (attach schedule)	4b			ed or acquired for	-			
	II. Add lines 1 through 4b	5		the organization?	•	rodaio, appiy to			
	Under penalties of perjury, I declare t	hat I have exami	ined this return, includir	ng accompanying schedules	s and statements, and	d to the best of my knowle	dge and belief	f, it is true,	_
Sign	correct, and complete. Declaration of	preparer (other	than taxpayer) is based	on all information of which	preparer has any kno	owledge.			***
Here				► EXECU	JTIVE DI	D = C = C = C	the IRS discus reparer shown	s this return w	itn
	Signature of officer		Date	Title			ictions)?		No
	Print/Type preparer's name		Preparer's sign	ature	Date	Check if	PTIN	ـــا د	
D-:-!	13po proparor o marilo					self- employed			
Paid	DEAN PRICE					SS Simpleyou	P000	86421	
Prepa	rer E DCM T	JS LLP	1		ı	Firm's EIN		944416	5
Use O			BUQUE ST						
	Firm's address ► IOW			40-4077		Phone no. 31	9-354	-1500	

Schedule C - Rent Inco	ome (Fr	om Real Prop	erty and	d Personal	Propert	y Lease	ed With Real P	rope	rty)(see instructions)
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2.	Rent received or acci	ued				Q(a) Dadwatiana dina	-41	and the state of t
(a) From personal property (i rent for personal property 10% but not more the	/ is more thar	age of (b	of rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50% o	entage or if	columns 2(a	ctly con a) and 2(nected with the income in (b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total		0 . Total				0.	// · · · · · · · · · · · · · · · · · ·		
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	column (A)	>				0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)		0.
Schedule E - Unrelated	d Debt-I	Financed Inco	me (see	instructions)					
				2. Gross inc	come from		Deductions directly to debt-fin		
1. Description of debt-financed property				or allocable financed	e to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								-	
(2)								-	
(3)								-	
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		 Average adjusted of or allocable t debt-financed prop (attach scheduli) 	o perty	6. Column by colu			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)					%)			
							nter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
						▶		0.	0.
Total dividends-received deduct	tions includ	ed in column 8		····				>	0.
Schedule F - Interest, I	Annuitie	es, Royalties, a					nizations (see ir	nstruc	tions)
1. Name of controlled organizat	ion	2. Employer identification	n Net ur	3. nrelated income	Total o	4. of specified	5. Part of column 4 included in the contraction's gross	trolling	connected with income
		number	(1055) (see instructions)	payme	ents made	organization's gross	income	III Column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7. Taxable Income		inrelated income (loss) see instructions)	9 . To	tal of specified pay made	rments	in the con	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)									
(2)									
(3)									
(4)									
						Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals							0.		0.

Schedule G - Investm (see ins	ent In		Section (501(c)(7	'), (9), or (17) O	rganiza	tion			
1 . De	scription o	f income			2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										, , , ,
(2)										
(3)										
(4)								+		
(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					0.					0.
Schedule I - Exploited (see inst	d Exer	npt Activity				ing Inc	ome			-
	\top	<u>, </u>			4. Net income (loss)					T -
1. Description of exploited activity	i	2. Gross elated business ncome from de or business	3. Experdirectly conwith produof unrelables business in	inected uction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from ac	ss income tivity that unrelated as income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)								1		
(3)										
(4)										
(+)	р	er here and on age 1, Part I, le 10, col. (A).	Enter here a page 1, F line 10, co	art I,						Enter here and on page 1, Part II, line 26.
Totals	▶	0.		0.						0.
Schedule J - Advertis	sing In	come (see i	nstructions							
					solidated Basis					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2) (3)										
(3)										
(4)										
, · · ·										
Totals (carry to Part II, line (5))			0.	0						0.
Part II Income From columns 2 throug	Perio			a Sepa	rate Basis (For	each peri	odical liste	d in Pa	ırt II, fill in	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		irculation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)					1			İ		
(3)										
(4)										
Totals from Part I	_		0.	0						0.
Totals Holli's art		Enter here and o page 1, Part I, line 11, col. (A)	on Enter h page . line 1	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	<u></u> nsatio		0 . rs. Direct	ors. an		instruction	ons)			0.
·	Name		,	<u> </u>	2. Title		3. Perce time devo	ted to		ensation attributable elated business
				1			busine			
(1)				-			1	%		
(2)				1			1	%		
(3)							1	%		
(4)								%		
Total. Enter here and on page 1,	, Part II, I	ine 14						▶		0.

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTION CARRYOVER	N/A	779,384.
TOTAL TO FORM 990-T, PAGE 1, L	779,384.	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED COM	NTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF FOR TAX YEA	AR 2011 AR 2012 779,384 AR 2013			
TOTAL CARRYOT	JER F YEAR 10% CONTRIBUTIONS	779,384 779,384		
	BUTIONS AVAILABLE ME LIMITATION AS ADJUSTED	1,558,768 2,198		
	ONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	1,556,570 0 1,556,570		
ALLOWABLE COM	NTRIBUTIONS DEDUCTION		2,3	198
TOTAL CONTRI	BUTION DEDUCTION		2,3	198

FORM 990-T INCOME (LOSS)	FROM PARTNERS	ROM PARTNERSHIPS		
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)	_
CMN.COM K-1	23,300.	320.	22,98	30.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	23,300.	320.	22,98	30.