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	Say Ferm						700000	•	
Form	990-T \	E	Exempt Orga	nization Bus	sines	s Income T	ax Return	L	OMB No 1545-0047
			Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						0040
	For calendar year 2019 or other tax year beginning, and ending						_	2019	
Departm	ent of the Treasury		► Go to www	rs gov/Form990T for in	struction	s and the latest inform	ation	_	
	Revenue Service		Do not enter SSN number	ers on this form as it may	/ be mad	e public if your organiz	ation is a 501(c)(3)	5	pen to Public Inspection 01(c)(3) Organizations O
A	Check box if		Name of organization (Check box if name of	changed a	and see instructions)			er identification numbe yees' trust, see
	address changed							instruc	•
	mpt under section	Print	**************************************	CENTER FOR COMMUNITY ALTERNATIVES, INC.					<u>5-1395992</u>
=	501(c)))3)	or Type	1	n or suite no If a P.O. bo					ed business activity co structions)
	408(e)220(e)	.,,,,		FFERSON STR					
=	408A530(a) 529(a)		City or town, state or pro	ovince, country, and ZIP of Y 13202	or foreign	postal code			
C Book	value of all assets d of year		F Group exemption num		<u> </u>				
	<u>3,670,0</u>		G Check organization type		poration	501(c) trust	401(a)	trust	Other tru
H Ente	r the number of the o	organiza	ition's unrelated trades or	businesses 🕨			e the only (or first) un		
	or business here						, complete Parts I-V.		
desc	ribe the first in the bl	lank spa	ace at the end of the previo	ous sentence, complete Pa	arts I and	II, complete a Schedul	e M for each addition	al trade (or
	ness, then complete l								
			poration a subsidiary in an		nt-subsid	liary controlled group?	▶ (Yes	S L No
			tifying number of the pare					1 - /	100 5600
			CAROLINA COR de or Business Inc		Ī	******	none number > 3		
			ac or Dusiness III		, 	(A) Income	(B) Expenses	` 	(C) Net
	iross receipts or sale			- Polosos				1	
	ess returns and allow		A (7)	」 c Balance ▶	1c	 			
	Cost of goods sold (S		<u>.</u>		2		 		
	iross profit. Subtract				3		<u> </u>		
	Capital gain net incom	•	·	~ 4707)	4a		 		
			Part II, line 17) (attach Fori	11 4797)	4b				
	apital loss deduction			ttoch statement)	4c 5				
	Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F)						 		· · · · · · · · · · · · · · · · · · ·
							 	-+	
			on 501(c)(7), (9), or (17) (•			 		
	xploited exempt activ			organization (Schedule G)	10		 		<u>.</u>
	Advertising income (S	•	, ,		11		 	-	
	Other income (See ins		•		12				
	otal. Combine lines				13	0.	 		
Part	l II Deductio	ns No	ot Taken Elsewhe	re (See instructions for					
			be directly connected v						
14	Compensation of off	icers, di	rectors, and frustees (Sch	edule K)				14	
	Salaries and wages	-		0 2 2020 S				15	
16	Repairs and mainten	ance	MAR MAR	U & 2020				16	
17	Bad debts							17	
18	Interest (attach sche	dule) (s	ee instructions)C 📑	T 34 1 4 4 7 7 1				18	
19	Taxes and licenses							19	
20	Depreciation (attach	Form 4	562)			20			
	· ·		n Schedule A and elsewhe	re on return		21a		21b	
22	Depletion							22	
23	Contributions to defe	erred co	ompensation plans					23	
24	Employee benefit pro	ograms						24	
25	Excess exempt expe	nses (So	chedule I)					25	
26	Excess readership co	osts (Sc	chedule J)					26	
24 25 26 27	Other deductions (at	tach sci	hedule)					27	
28	Total deductions Add lines 14 through 27								
29	Unrelated business t	axable ı	income before net operatir	ng loss deduction. Subtra	ct line 28	from line 13		29	
30	Deduction for net op	eduction for net operating loss arising in tax years beginning on or after January 1, 2018							
	(see instructions)							30	

Form 9	T(2019) CENTER FOR COMMUNITY ALTERNATIVES, INC.	<u> 10-</u>	1395992 Page 2
*	Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<u> </u>
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 unrelated business taxable income before specific deduction. Subtract line 36 from line 35	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.
	Tax Computation		
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	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	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Ru			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other credits (see instructions) 46b		
C	General business credit Attach Form 3800 46c		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
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	0.
	Payments: A 2018 overpayment credited to 2019	30	
	2019 estimated tax payments 51b 14,532.	1	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
	Backup withholding (see instructions) 51e		
	Credit for small employer health insurance premiums (attach Form 8941) 516 517	-	
	Other credits, adjustments, and payments. Form 2439		
¥	Form 4136 Other Total > 51g	i	
52	Total payments Add lines 51a through 51g	52	14,532.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	14,552.
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\Box	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	54	14,532.
56		55_	14,532.
	Inter the amount of line 55 you want: Credited to 2020 estimated tax Statements Regarding Certain Activities and Other Information (see instructions)	56	14,002.
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Vee No
3/			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		į
			Х
E0.	here		$\frac{\Lambda}{X}$
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		^
	If "Yes," see instructions for other forms the organization may have to file		
	Enter the amount of tax-exempt interest received or accrued during the tax year		
Sign	Under penalties of perjury, I declare that, have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	.age and be	eller, it is ode,
Here		lay the IRS	discuss this return with
	EXECUTVE DIRECTOR		shown below (see
			² X Yes No
		if PTIN	I
Paid			11004000
Pre	parer TIMOTHY HAMMOND		01224809
Use	Only Firm's name ► BONADIO & CO. / L&P Firm's EIN ►	16	5-1131146
	432 NORTH FRANKLIN STREET	,	
	Firm's address ► SYRACUSE, NY 13204 Phone no. (<u>(315)</u>	422-7109
923711	01-27-20		Form 990-T (2019)