

Form **990-T**  
 Department of the Treasury  
 Internal Revenue Service

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

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

OMB No 1545-0687

**2016**

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

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t)

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

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE MARTIN LUTHER KING, JR. BUSINESS EMPOWERMENT CENTER, INC.</b>	<b>D</b> Employer identification number (Employees' trust, see instructions) <b>04-3221277</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>237 CHANDLER STREET</b>	<b>E</b> Unrelated business activity codes (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>WORCESTER, MA 01609</b>	

**C** Book value of all assets at end of year **99,890.**

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

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

**H** Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

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

**J** The books are in care of **MICHAEL HUTNAK, CFO** Telephone number **(508) 620-2316**

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			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	<b>0.</b>		

**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)		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
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
31	Net operating loss deduction (limited to the amount on line 30)		31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34

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THE MARTIN LUTHER KING, JR. BUSINESS  
EMPOWERMENT CENTER, INC.

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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
Controlled group members (sections 1561 and 1563) check here  See instructions and:  
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) \$ \_\_\_\_\_  
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 34 from:  
 Tax rate schedule or  Schedule D (Form 1041)  **36**

**37 Proxy tax.** See instructions  **37**

**38 Alternative minimum tax**  **38**

**39 Tax on Non-Compliant Facility Income.** See instructions  **39**

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies  **40** 0.

**Part IV Tax and Payments**

**41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **41a**

**41b Other credits** (see instructions) **41b**

**41c General business credit.** Attach Form 3800 **41c**

**41d Credit for prior year minimum tax** (attach Form 8801 or 8827) **41d**

**41e Total credits.** Add lines 41a through 41d **41e**

**42 Subtract line 41e from line 40** **42** 0.

**43 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **43**

**44 Total tax.** Add lines 42 and 43 **44** 0.

**45a Payments: A 2015 overpayment credited to 2016** **45a**

**45b 2016 estimated tax payments** **45b**

**45c Tax deposited with Form 8868** **45c**

**45d Foreign organizations: Tax paid or withheld at source** (see instructions) **45d**

**45e Backup withholding** (see instructions) **45e**

**45f Credit for small employer health insurance premiums** (Attach Form 8941) **45f**

**45g Other credits and payments:**  Form 2439  Form 4136  Other \_\_\_\_\_ Total **45g**

**46 Total payments.** Add lines 45a through 45g **46**

**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached  **47**

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed  **48** 0.

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  **49** 0.

**50 Enter the amount of line 49 you want: Credited to 2017 estimated tax**  **50**  Refunded

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

**51** At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority 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 here  Yes  No

**52** 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.  Yes  No

**53** Enter the amount of tax-exempt interest received or accrued during the tax year  \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: *Brenda L. Booth* Signature of officer | 5-9-18 Date | CFO Title

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

**Paid Preparer Use Only**

Print/Type preparer's name: **BRENDA L. BOOTH** Preparer's signature: *Brenda L. Booth* Date: **05/07/18** Check  if self-employed  if PTIN **P01342395**

Firm's name: **CBIZ MHM, LLC** Firm's EIN: **26-3753134**

Firm's address: **500 BOYLSTON STREET BOSTON, MA 02116** Phone no. **617-761-0600**

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