

Form 990-T

EXTENDED TO MAY 15, 2019
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0087

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

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

Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 109,926,713; D Employer identification number 20-8947208; E Unrelated business activity codes 531190; F Group exemption number 1736; G Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity. SELF-STORAGE RENTALS

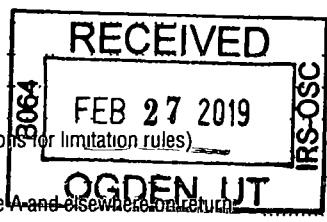
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of MYRA N WILSON Telephone number 504-486-8673

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 2 Cost of goods sold; 8 Interest, annuities, royalties, and rents from controlled organizations (1,620); 12 Other income (295,694); 13 Total (297,314).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 16 Repairs and maintenance (9,086); 18 Interest (34,662); 19 Taxes and licenses (16,048); 21 Depreciation (26,972); 28 Other deductions (335,284); 29 Total deductions (422,052); 30 Unrelated business taxable income before net operating loss deduction (<130,980.); 33 Specific deduction (1,000); 34 Unrelated business taxable income (<130,980.).



SEE STATEMENT 2

SEE STATEMENT 3

SCANNED APR 15 2019

4

Handwritten initials/signature

RENAISSANCE NEIGHBORHOOD DEVELOPMENT CORPORATION

Form 990-T (2017)

20-8947208

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. <input type="checkbox"/> Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	
b Other credits (see instructions) 41b	
c General business credit. Attach Form 3800 41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	
e Total credits. Add lines 41a through 41d 41e	
42 Subtract line 41e from line 40 42 0.	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 43	
44 Total tax. Add lines 42 and 43 44 0.	
45a Payments: A 2016 overpayment credited to 2017 45a	
b 2017 estimated tax payments 45b	
c Tax deposited with Form 8868 45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	
e Backup withholding (see instructions) 45e	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total 45g	
46 Total payments. Add lines 45a through 45g 46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 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 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 50	

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

51 At any time during the 2017 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 <input type="checkbox"/> <input checked="" type="checkbox"/>	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. <input type="checkbox"/> <input checked="" type="checkbox"/>		
53 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Sign Here

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.

Signature of officer: *[Signature]* Date: 2/21/2017 Title: EXECUTIVE DIRECTOR

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

Paid Preparer Use Only

Print/Type preparer's name JOHN S. WILES, CPA	Preparer's signature <i>[Signature]</i>	Date 2/15/19	Check <input type="checkbox"/> if self-employed	PTIN P01222673
Firm's name ▶ LAPORTE, APAC			Firm's EIN ▶ 72-1088864	
Firm's address ▶ 111 VETERANS MEMORIAL BLVD., #600 METAIRIE, LA 70005-4958			Phone no. 504-835-5522	

Form 990-T (2017)

RENAISSANCE NEIGHBORHOOD DEVELOPMENT

Form 990-T (2017) CORPORATION

20-8947208

Page 3

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

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

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

(see instructions)

1. Description of property

(1)
(2)
(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)		
(2)		
(3)		
(4)		
Total	0.	Total

(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)				
(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)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2017)

RENAISSANCE NEIGHBORHOOD DEVELOPMENT

Form 990-T (2017) CORPORATION

20-8947208

Page 4

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) MILLENIUM					
(2) PROPERTIES INC	47-2384782				
(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) <11,702.>	<11,702.>	1,620.	1,620.	6,242.
(3)				
(4)				
Totals			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)
			1,620.	6,242.

STATEMENT 4

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)				
(2)				
(3)				
(4)				
Totals		0.		0.

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)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Form 990-T (2017)

RENAISSANCE NEIGHBORHOOD DEVELOPMENT

Form 990-T (2017) CORPORATION

20-8947208

Page 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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
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	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
MISCELLANEOUS REVENUE		49,819.	
RENTAL INCOME		245,875.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		295,694.	

FORM 990-T	INTEREST PAID	STATEMENT	2
DESCRIPTION		AMOUNT	
INTEREST		34,662.	
TOTAL TO FORM 990-T, PAGE 1, LINE 18		34,662.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
PROFESSIONAL FEES		106,861.	
SUPPLIES		806.	
TELECOMMUNICATIONS		563.	
INSURANCE		6,700.	
POSTAGE		373.	
MISCELLANEOUS		9,176.	
OCCUPANCY		210,805.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		335,284.	

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 4
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES		1,634.	
RENT EXPENSE		4,608.	
- SUBTOTAL -	1		6,242.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			6,242.