Form 99 0	D-T -	Į Æ	Exempt Organization Bus			Γax Retur	n	OMB No 1545-0687
	- ` `		(and proxy tax und		· · · · ·			
1		For cal	lendar year 2016 or other tax year beginning ${ m AUG 1 , }$	20	16_ , and ending JU	JL 31, 20	17 d	7 2016
Department of	the Treasury		▶ Information about Form 990-T and its instru	ctions is	available at www.irs	gov/form990t	701	2010
Internal Reven	ue Service		Do not enter SSN numbers on this form as it may	y be ma	de public if your organi	<u>zation is a 501(c)(3</u>		501(c)(3) Organizations Only
	eck box if Iress changed		Name of organization (Check box if name of	changed	and see instructions.)	•	(Emp	loyer identification number ployees' trust, see uctions)
B Exempt	inder section	Print	TREZEVANT EPISCOPAL HO	ME				3-7363212
X 501(or Type	Number, street, and room or suite no. If a P.O. bo		lated business activity codes instructions)			
408(6	e)220(e)	lybe	177 NORTH HIGHLAND				4	
408A 529(a			City or town, state or province, country, and ZIP of MEMPHIS, TN 38111	or foreig	n postal code		531	110
C Book value	of all assets	F Grou	ip exemption number (See instructions.)					
98,8	54,997.	G Chec	ck organization type X 501(c) corporation	on [501(c) trust	401(a) trus		Other trust
H Describe	the organization	n's prima	ary unrelated business activity RENTAL	OF :	DEBT-FINANC	ED PROPER	YTS	
I During th	e tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	>	Ye	es 🗶 No
			tifying number of the parent corporation.					
			KENT PHILLIPS			hone number 🕨	<u>901-</u>	
Part	Unrelated	d Trac	le or Business Income		(A) Income	(B) Expens	es	(C) Net
1a Gross	receipts or sale	es						
b Less r	eturns and allov	vances	c Balance	1c			192	
	f goods sold (S			2			Y. Zip	ra Salta Large Constant
-	profit. Subtract			3			1186	
	l gain net incon	•	,	4a		3 48 84		
			art II, line 17) (attach Form 4797)	4b				
•	l loss deduction			4c_				
			ips and S corporations (attach statement)	5	22 200			57 CA1
	ncome (Schedu			6	23,200.	80,	841.	-57,641.
			ne (Schedule E)	7		+		
			and rents from controlled organizations (Sch. F)	8		 		
			on 501(c)(7), (9), or (17) organization (Schedule G)				-	
			me (Schedule I)	10		+		
	ising income (S		•	11 12				
	. Combine lines		is, attach schedule)	13	23,200.		841.	-57,641.
13 Total			ot Taken Elsewhere (See instructions fo				0 1 1 .	37,041.
1			itions, deductions must be directly connected					
14 Comp	ensation of off	icers dir	rectors, and trustees (Schedule K)				14	
	ies and wages	,	(00.00.0)				15	
	irs and mainten	ance					16	
616 Repa 17 Bad o 18 Intere							17	
18 Intere	est (attach sche	dule)					18	
19 Taxes	and licenses	·					19	
19 Taxes 20 Charı 21 Depre 22 Less	table contributi	ons (See	e instructions for limitation; rules)				20	
	oration (attaon		,02,		21		W-200	
22 Less	depreciation cla	aimed or	Schedule.A and elsewhere on return		22a		22b	
23 Deple 24 Contr 25 Empl 263 Exces 270 Exces	tion		[월] JUN 1 9 2018 [이				23	
-24 Contr	ributions to defe	erred cor	mpensation plans (i)				24	
(25) Empl	oyee benefit pro	ograms	C.C.F.F.1 13T				25	
26; Exces	ss exempt expe	nses (Sc	hedule)_ OGDEN, UT				26	
27) Exces	ss readership co	osts (Sch	nedule J)				27	
28 Other	deductions (at	tach sch	edule)				28	
	deductions A		-				29	0.
			ncome before net operating loss deduction. Subtrac	ct line 29			30	-57,641.
	-		(limited to the amount on line 30)			TEMENT 1	31	
			ncome before specific deduction. Subtract line 31 fr		30		32	-57,641.
=		-	/ \$1,000, but see line 33 instructions for exceptions	•			33	1,000.
		taxable	income Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the s	maller of zero or		F. C. 4.5
line 3	2			_			34	-57,641.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions

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Part II	Tax Computation					
35	Organizations Taxable as Corporations. See instr	ructions for tax computation.				
	Controlled group members (sections 1561 and 156	63) check here 🕨 🔲 See instruction:	s and.		16 g	
а	Enter your share of the \$50,000, \$25,000, and \$9,9	925,000 taxable income brackets (in that o	rder):		10 mg	
	(1) \$ (2) \$	(3) [\$				
b	Enter organization's share of: (1) Additional 5% ta	x (not more than \$11,750)				
	(2) Additional 3% tax (not more than \$100,000)	L \$				
C	Income tax on the amount on line 34			•	► 35c	0.
36	Trusts Taxable at Trust Rates. See instructions for	r tax computation. Income tax on the amo	unt on line 34 from:		E.A.	
	Tax rate schedule or Schedule D (Fo	orm 1041)		•	36	
37	Proxy tax See instructions			•	▶ 37	
38	Alternative minimum tax				38	
	Tax on Non-Compliant Facility Income See Instru				39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies	<u> </u>		40	0.
Part I			<u> </u>		7/20/06/27	
	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			
	Credit for prior year minimum tax (attach Form 88	01 or 8827)	41d			
	Total credits Add lines 41a through 41d				41e	
	Subtract line 41e from line 40	5	2000 🗔 011		42	0.
	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 L Uther	(attach schedule)		
	Total tax Add lines 42 and 43		1 45- 1		44	0.
	Payments: A 2015 overpayment credited to 2016 2016 estimated tax payments		45a		- *^`\[\]	
	Tax deposited with Form 8868		45b 45c			
	Foreign organizations: Tax paid or withheld at sour	ca (saa instructions)	45d			
	Backup withholding (see instructions)	ce (see manuchons)	45e			
	Credit for small employer health insurance premiui	ms (Attach Form 8941)	45f		\dashv	
		orm 2439	731			
y		Other Total	▶ 45g			
46	Total payments. Add lines 45a through 45g		1081		46	
	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached 🕨 🔲			47	
	Tax due. If line 46 is less than the total of lines 44			•	- 48	0.
49	Overpayment. If line 46 is larger than the total of I	ines 44 and 47, enter amount overpaid		•	49	0.
50	Enter the amount of line 49 you want. Credited to			funded	50	
Part V	Statements Regarding Certain	Activities and Other Informa	tion (see instru	ctions)		
51	At any time during the 2016 calendar year, did the	organization have an interest in or a signat	ure or other authori	ty		Yes No
	over a financial account (bank, securities, or other)		•			
	FinCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If YES, enter the name of t	the foreign country			- : M ir v - 1
	here -					_ X
	During the tax year, did the organization receive a		or transferor to, a fo	reign trust?		X
	If YES, see instructions for other forms the organiz	•				
53	Enter the amount of tax-exempt interest received o		d statements, and to the	hest of my know	ledge and belief it is	true
Sign	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of preparer (other than	n taxpayer) is based on all information of which pre	parer has any knowledg	e F: =		THOSE STATE OF THE
Here		6/14/2018 NOFFIC		_	May the IRS discuss the preparer shown	ting rotain with
	Signature of officer	Date Title				Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	100
Paid	The type property of harms			self- employe	ľ	
Prepa	rer AMY M. DOOLIN	AMY M. DOOLIN	06/14/18			97217
Use O	DIVON UITOURO	GOODMAN LLP	· · · · · · · · · · · · · · · · · · ·	Firm's EIN		747981
USE U	111V	DY GROVE RD, STE 40	0		-	
	Firm's address ► MEMPHIS, T	'N 38120		Phone no.	(901)761	L-3000
					Form	n 990-T (2016)

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Schedule A - Cost of Goods	Sold. Enter	method of inver	itory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2 7				ine 6	14
3 Cost of labor	3		from line 5 Enter here		Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	% : .·
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (From Real	Property and	Personal Property L	ease	d With Real Prope	erty)
(see instructions)						
1 Description of property						
(1) 3440/3452/3470 W	AYNOKA		···			
(2)						
(3)						
(4)						
	2 Rent receive	ed or accrued				
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	columns 2(a) and	connected with the income in d 2(b) (attach schedule) EMENT 2
(1)			23,2	00.		80,841.
(2)			· ·			· · · · · · · · · · · · · · · · · · ·
(3)						
(4)						
Total	0.	Total	23,2	00.	i	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	23,2		(b) Total deductions Enter here and on page 1 Part I, line 6 column (8)	▶ 80,841.
Schedule E - Unrelated Deb		Income (see	instructions)		,	00/0121
		(2 Gross income from		Deductions directly conne to debt-finance	
1 Description of debt-fir	nanced property		alle a alale de alaled		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)	of or a debt-finar	adjusted basis illocable to nced property 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)			%			
					nter here and on page 1, Part I line 7 column (A)	Enter here and on page 1, Part I, line 7 column (B)
Totals			•		0.	0.
Total dividends-received deductions IF	icluded in column	8			>	0.
		-				Form 990-T (2016)

Schedule F - Interest, A	Annuities, Hoyal		Controlled C			LIONS	(see instru	ctions)	
1 Name of controlled organizate	2. Em identifi num	ployer 3 Net un (loss) (see	related income e instructions)	4. Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		g i	Deductions directly connected with income in column 5
(1)					<u>-</u>				
(2)									
(3)								ļ.,	 .
(4)					_				
Nonexempt Controlled Organia	zations				· · · · · · · · · · · · · · · · · · ·				
7 Taxable Income	Net unrelated incon (see instructions		of specified pay made	ments	10 Part of colur in the controlli gross	mn 9 that is ng organiza s income	included 1	1 Dedu with in	uctions directly connected ncome in column 10
(1)									-
(2)									
(3)									
(4)									
					Enter here and	nns 5 and 10 on pa ge 1 , column (A)		Enter her	columns 6 and 11 re and on page 1 Part I, ne 8, column (B)
Totals				<u> </u>			0.		0.
Schedule G - Investme		Section 501(c)(7	7), (9), or (17) Or	ganization				
(see instr	ructions)		2. Amount of	income	3 Deduction	cted	4 Set-aside		5 Total deductions and set-asides
(1)					(attach sched	ule)			(col 3 plus col 4)
(2)									
(3)			1						
(4)									
Totals		•	Enter here and Part I line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru		Income, Other	Than Ad	vertisir	ng Income				- •
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 incor from unrelated business (comminus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Expense attributable column 5	to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)]						
(4)									
Totals	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
Schedule J - Advertising		nstructions)			10 IF 10 W)# #6"		
Part'I Income From F	Periodicals Rep	orted on a Con	solidated	Basis					
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6 Readershi costs	p	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1) (2) (3) (4)				na r a					
Totals (carry to Part II, line (5))	•	0. 0	· A CHECK AL THE TE	no esse para de 18 de 20			-	17	0.
									Form 990-T (2016)

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Part III 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)

4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7 7 Excess readership 2 Gross advertising 3 Direct 5 Circulation 6 Readership costs (column 6 minus column 5, but not more 1 Name of periodical costs advertising costs income income than column 4) (1) (2) (3) (4) 0. 0. 0. Totals from Part I 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 0. 0 0 Totals, Part II (lines 1-5)

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 (2016)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
07/31/13 07/31/14	23,599. 56,833.	0.	23,599. 56,833.	23,599. 56,833.
07/31/15 07/31/16	29,958. 46,320.	0.	29,958. 46,320.	29,958. 46,320.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	156,710.	156,710.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH :	RENTAL	INCOME	STATEMENT 2
DESCRIPTION				TIVITY UMBER	AMOUNT	TOTAL
INTEREST PROPERTY TAXES DEPRECIATION					34,416. 17,766. 28,659.	
		- SUBTOTA	L –	1		80,841.
TOTAL TO FORM 99	0-т, schedui	LE C, COLUI	MIN 3			80,841.