



As Amended

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SECTION 512(A)(7) REPEAL

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

OMB No 1545-0687

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

A Check box if address changed
B Exempt under section 501(c)(3)
C Book value of all assets at end of year 1,177,256.

Name of organization MAIN STREET VENTURES
Number, street, and room or suite no. 1311 VINE STREET
City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45202

D Employer identification number 31-1663711
E Unrelated business activity codes 531390

F Group exemption number
G Check organization type 501(c) corporation

H Describe the organization's primary unrelated business activity. RENTAL INCOME
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 ROBERT W. MCDONALD Telephone number 513-357-9626

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Net gain, and Total. Total income is 40,455 and total net is 36,822.

Table for Deductions Not Taken Elsewhere. Rows include Compensation of officers, Charitable contributions, Depreciation, and Total deductions. Total deductions are 36,822, resulting in a net operating loss deduction of 0.

SCANNED JUL 16 2020

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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**
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: 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 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: Form 2439 Other 338. Total ▶ **45g** 338.
46 Total payments. Add lines 45a through 45g ▶ **46** 338. SEE STATEMENT 2
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**
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ **49** 338.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded ▶ **50** 338.

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 ▶ _____ ▶ 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 ▶ \$ _____ ▶ Yes No

Sign Here

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: 2/17/2020 Title: EXECUTIVE DIRECTOR SECRETARY

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

Paid Preparer Use Only	Print/Type preparer's name JANE E. PFEIFER	Preparer's signature JANE E. PFEIFER	Date 03/15/19	Check <input type="checkbox"/> if self-employed	PTIN P00014949
	Firm's name ▶ CLARK, SCHAEFER, HACKETT & CO.			Firm's EIN ▶ 31-0800053	
	Firm's address ▶ 1 EAST 4TH STREET CINCINNATI, OH 45202			Phone no. 513-241-3111	

As Amended

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A							
1 Inventory at beginning of year	1						
2 Purchases	2						
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						
		6 Inventory at end of year	6				
		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7				
		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>			Yes	No
Yes	No						

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

2. Rent received or accrued			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)			0.
(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.

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)
		%	
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		▶	0.
Total dividends-received deductions included in column 8		▶	0.

As Amended

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)					
(2)					
(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)				
(3)				
(4)				

	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)
Totals	0.	0.

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)				

	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 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 STMT 3	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 STMT 4	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) RENTALS	40,455.	3,633.	36,822.	185,090.	262,236.	36,822.
(2)						
(3)						
(4)						

	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 28
Totals	40,455.	3,633.			36,822.

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.
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As Amended

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. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

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.

As Amended

MAIN STREET VENTURES

31-1663711

FOOTNOTES

STATEMENT 1

THE RETURN IS BEING AMENDED TO REMOVE THE AMOUNT ON PART I, LINE 12, "OTHER INCOME" AS A RESULT OF TAX LAW CHANGES RETROACTIVELY REVOKING THE TAXATION OF PARKING FRINGES PROVIDED TO EMPLOYEES OF NONPROFIT ORGANIZATIONS.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
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DESCRIPTION	AMOUNT
TAX PAID ON SECTION 512(A)(7) WITH ORIGINAL 990-T FILING	338.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	338.

FORM 990-T	SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT 3
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
HOST FEES		1,248.	
CLEANING FEES		2,385.	
- SUBTOTAL -	1		3,633.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3			3,633.

FORM 990-T	SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT 4
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
HOUSING EXPENSES - PROGRAM		262,236.	
- SUBTOTAL -	1		262,236.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			262,236.

Regarding changes made to Part I, Line 12 of the Form 990-T:

Due to the implementation of The Taxpayer Certainty and Disaster Relief Act of 2019 (The Act), parking expenses recorded as UBIT under guidance of the TCJA Section 512(a)(7) has been repealed. Our treatment of parking expenses under TCJA Section 512(a)(7) as UBIT resulted in additional income being reported on Line 12 of Part I on the Form 990-T. This amount has been removed in the amended return in order to reflect the change in tax treatment.

The amount paid as a result of this tax is being reported on Part IV, line 45g of the amended Form 990-T. This amendment serves as a refund request for this amount.