			ŀ	F	vanication Des		l	. T D.	4	<u>L</u>	OMB No 1545-0687
	Form	. 990-T.	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						2016		
			For calendar year 2016 or other tax year beginning , and ending						<u> </u>		
	Depar	tment of the Treasury	<b>.</b> .	Information about I o not enter SSN numbe	Form 990-T and its inst						to Public Inspection for
	A	Revenue Service Check box if		Name of organization	( Check box if name of				D Employer Ide		c)(3) Organizations Only
	A B	address changed  xempt under section		Name or organization	( Check box it name o	manged and se	e instruction	B)	(Employees' tr		
	_	K 501( C)( 3)	Print	Sarah's Fi	riends Inc				1		•
	}	408(e) 220(e)	or		r suite no If a P.O box, see ins	etructions			34-1	5630	)56
	<u> </u>	408A 530(a)	Туре	PO Box 907	·	0000013			E Unrelated but		
	ř	529(a)	.,,,,		nce, country, and ZIP or foreig	n nostal code			(See instruction		
	CE			Bryan	,,,	ОН	4350	6	53112	20	
		Book value of all assets t end of year	F G	roup exemption number	er (See instructions.)	• · · · · · · · · · · · · · · · · · · ·		<del></del>			<del></del>
		185,121		neck organization type				501(c) trust	401(a) trus		Other trust
	H [	Describe the organization				<del></del>					
		▶ Rental	•	•	•						
	ī	During the tax year, was t	the corp	oration a subsidiary in	an affiliated group or a	parent-sub	sidiary co	ntrolled group	?		Yes X No
	ľ	f "Yes," enter the name a	and ident	tifying number of the pa	arent corporation.		·				
		<u> </u>		<del></del>		<u> </u>					
	_ , ,,,,	he books are in care of		atherine Cr					phone number >	41	9-636-272
				or Business Inc	ome		(A	Income	(B) Expenses		(C) Net
	1a	Gross receipts or sales			<u>.</u> .					ı	
	b	Less returns and allowa			c Balance	► 1c	<del> </del>				
~	2	Cost of goods sold (Sch		•		2	<del>}</del> -				
2017	3	Gross profit. Subtract lin			•	3	<del> </del> -	<del></del>			<del>-</del>
~`	4a	Capital gain net income		•	<b>.</b> .	4a	<del></del>	<del>,</del>	,,,,		····
		Net gain (loss) (Form 4797		• •	,	4b	<del> </del>		***************************************		
,	_	Capital loss deduction f	<del></del>								
1	5	Rent income (Schedule					3	977	2,583		
_	7	Unrelated debt-finance		(Schodule E)	and the second second	7.	3 1 .	. 6,360		-	2,363
	8	Interest, annuities, royalties	. ,,		ations (Schedule F)	8	<del> </del>		(*	5.5	***************************************
SCANNEL	9	Investment income of a sec	, , ,			9	<u> </u>	1,27,600	1/2	-37	
4	10	Exploited exempt activit			uon (concusto c)	10	<del>                                     </del>			(	
0	11	Advertising income (Sci	•			11	<del> </del>		<del></del>		
ΨĮ	12	Other income (See insti				12					<del></del>
	13	Total. Combine lines 3		•		13		6,560	3,	977	2,583
		rt II Deduction	ns Not	Taken Elsewher	e (See instruction	s for limit	tations o	on deductio	ns.) (Except fo	or cor	
		<u>deductions</u>	<u>s must</u>	be directly connec	cted with the unre	lated bus	<u>siness ir</u>	icome.)			
	14	Compensation of officer	rs, direct	ors, and trustees (Sch	edule K)				.  -	14	1,875
	15	Salaries and wages							<u> </u>	15	
	16	Repairs and maintenant	ce						.  -	16	<del></del>
	17	Bad debts					•	<b>a.</b>		17	
	18	Interest (attach schedul	e)				See	Statem	ent 1	18	1,605
	19	Taxes and licenses	•		RECEIVE	<u> </u>			<b>}</b>	19	147
	20	Chantable contributions (Se		li .	MEDELVE			امدا	3 334	20	<del></del>
	21	Depreciation (attach For	m 4562					21	3,324		2 224
	22	Less depreciation claim	ea on S	chedule A and elsewile	South the South South South	2017	<b>3</b> ∯·	22a	<del></del>	22b 23	3,324
	23	Depletion Contributions to deferre	d compe	1		Market Liberton Co.	<b>=</b>		F	24	
	24 25	Employee benefit progra		insation plans	OGDEN.	[1,7]	li I		-	25	·
	25 25	Excess exempt expense		j. (Lalubi					· ·	26	<del>,</del>
	26 27	Excess readership costs								27	- 1-
	21 28	Other deductions (attack			octor . G		See	Statem	ent 2	28	2,992
	20 29	Total deductions. Add		- 1 1 1 L	Contraction of the second	•			~~~ <i></i>	29	9,943
	2 <del>9</del> 30	Unrelated business taxa	•	1.7	na loss deduction. Subt	ract line 29	from line	13		30	· -7,360
	30 31	Net operating loss dedu			-	1 /		· · · · ·	· - · · ·	31	
	31 32	Unrelated business taxa			•	1 from line	30	•	,	32	-7,360
	33	Specific deduction (Gen		· · · · · · · · · · · · · · · · · · ·			-	• •		33	1,000
	34	Unrelated business ta	-			-	than line	32,	· · · [	$\top$	
		ontor the smaller of zero				<u>.</u>		•		34	-7.360

For Paperwork Reduction Act Notice, see Instructions.

99

Form 990-T (2016)

-	14t T-0				. 090 =			
	It II Tax Computation	<del> </del>		11				
35	Organizations Taxable às Corporations. See instructions for tax computation. Control	lled group		1 1				
	members (sections 1561 and 1563) check here ▶ See instructions and:							
а	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):							
	(1) \[ \\$ \] (2) \[ \\$ \]			1 1				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	<u> \$</u>		- 1				
	(2) Additional 3% tax (not more than \$100,000)	\$		4 1				
C	Income tax on the amount on line 34		•	35c				
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		_	1 1				
	the amount on line 34 from: Tax rate schedule or Schedule D (Form	1041)	<b>.</b>	36	<del></del>			
37	Proxy tax. See instructions		•	37	<del></del>			
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	<del></del>	<del></del>	40				
P:	rt IV Tax and Payments	<del></del>	<del></del>	<del>}</del>	<del></del>			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		4 1				
b	Other credits (see instructions)	41b		4 1				
C	General business credit Attach Form 3800 (see instructions)	41c		4 1				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	·	4 1				
e	Total credits. Add lines 41a through 41d		•	41e				
42	Subtract line 41e from line 40 Other taxes		•	42				
43	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att.)	sch)		43				
44	Total tax. Add lines 42 and 43			44	0			
45a	Payments: A 2015 overpayment credited to 2016	45a	<del></del>	4 1				
b	2016 estimated tax payments	45b		4 1				
C	Tax deposited with Form 8868	45c		4 1				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	·	4 1				
е	Backup withholding (see instructions)	45e	<del></del>	4 1				
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	<del></del>	4 1				
g	Other credits and payments: Form 2439							
	Form 4136	45g	<del></del>	4 1				
46	Total payments. Add lines 45a through 45g		٠ . ㅡ	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		<b>.</b>	48				
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49				
50	Enter the amount of line 49 you want. Credited to 2017 estimated tax	adlan (	Refunded ▶	50				
	Statements Regarding Certain Activities and Other Inform				Ves Ne			
51	At any time during the 2016 calendar year, did the organization have an interest in or a significant account (bank, securities, or other) in a foreign country? If YES, the organization of the country o	•	•		Yes No			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the nan	-			'			
	here	110 01 110 1010	ngir ocultiry		x			
52	During the tax year, did the organization receive a distribution from, or was it the grantor of	of or transfe	or to a foreign trust?	•	X			
-	If YES, see instructions for other forms the orga , ¿ation may have to file.		u, 10, u 10.0.g., 11.001.					
53	Enter the amount of tax-exempt interest receiv \( \lor \) accrued during the tax year \( \rightarrow \)	6						
	Under penalties of perjury, I declare that I have examined ' , return, including accompanying schedules and statemen			it is				
Sig	true, correct, and complete Declaration of preparer (other an taxpayer) is based on all information of which preparer	r nas any knowled	ge		May the IRS discuss this return with the preparer shown below (see instructions)?			
Her								
	Signature of officer Date Title				X Yes No			
	Print/Type preparer's name Preparer's signature	) ,	Date	Check	if PTIN			
Paid	Carma Rupp Gemal K.	ss!	11/02/17	self-empl				
Prep			Firm's	EIN D	34-1176143			
Use								
	Firm's address Napoleon, OH 43545		Phone	no	419-599-8045			
					Form <b>990-T</b> (2016)			

Form 9	99 <u>0-T (2016)</u> Sarah	n's Friends	Inc				34-1	663056			Page 3	
	dule A - Cost of Go	ods Sold. Enter	method o	of invento	ry valuation							
1	Inventory at beginning of ye	ear 1		6	Inventory at en	nd of ye	ear		6			
2	Purchases	2		7	Cost of goods	s sold.	. Subtrac	t line 6 from	$\Box$			
3	Cost of labor	3			line 5. Enter he	line 5. Enter here and in Part I, line 2			7			
4a	Additional sec 263A costs (attach schedule)	4a		8	Do the rules of					Ye	s No	
Ъ	Other costs (attach schedule)	4b						for resale) apply				
	Total. Add lines 1 through	4b 5		_	to the organiza					•	1	
Sche	dule C - Rent Incon	ne (From Real P	roperty a	and Perso			sed W	ith Real Prope	rty)			
	instructions)							<u> </u>				
1. Descn	ption of property											
(1)	Apartments											
(2)												
(3)	<del></del>	·										
(4)												
		2. Rent receive	d or accrued									
	(a) From personal property (if the p	percentage of rent	(	(b) From real an	d personal property (d	f the		3(a) Deductions	directly co	nnected with the income	9	
	for personal property is more the	an 10% but not	perc	centage of rent f	or personal property e	xceeds		in columns 2	2(a) and 2(b) (attach schedule)			
	more than 50%)		50	% or if the rent is	s based on profit or in	come)	ome) S			ee Statement 3		
(1)						6	560			3	,977	
(2)												
(3)	<u></u>											
(4)												
Tota[			Total			6	,560	(b) Total deduction	8.			
	al income. Add totals of cond on page 1, Part I, line 6,	, , , , , ,	Enter		<b>•</b>	6	,560	Enter here and on pa Part I, line 6, column		3	,977	
Sche	dule E – Unrelated (	Debt-Financed In	come (s	ee instruct	ions)				`		<u></u>	
	1. Description of debt-f	financed property			Income from or			3. Deductions directly debt-find	connected anced prop			
	1. 5030 (\$100 0 0 0050)	interiose proporty			property			traight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	,	
(1)	N/A											
2)												
3)							· · · · · ·	<del></del>				
4)												
	4. Amount of average	5. Average adjusted be	1818		. Column					8. Allocable deduction	19	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed propert	v		4 divided	ĺ		oss income reportable	-   - (	(column 6 x total of colu		
	property (attach schedule)	(attach schedule)		by	column 5	1	. (u	olumn 2 x column 6)	1 _	3(a) and 3(b))		
1)						%						
2)						%						
3)						%						
4)						%		<u> </u>				
								ere and on page 1, ine 7, column (A).		er here and on pa t I, line 7, column		
<b>Totals</b>						►		<del></del>			<u>-</u>	
otal d	lividends-received deduc	ctions included in colu	mn 8					<b>&gt;</b>				
	<del></del>									Form <b>990-</b>	<b>T</b> (2016)	

Schedule F - Interest, Annu	ities, Royali	ies, and Rent	s From	Controlle	d Orga	aniza	tions (	see instructi	ons)		
( )				ot Controlled							
Name of controlled organization	ıdı	enuncation number				4. Total of specified payments made		Part of column 4 that included in the controllin organization's gross included.		6. Deductions directly connected with income in column 5	
(1) N/A			-					·			
(2)	<del></del>										
(3)	1									<del></del>	
(4)				· ·	<u> </u>						
Nonexempt Controlled Organiza	tions									<u> </u>	
Honexempt Controlled Organiza	10113						_				
7. Taxable Income		. 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)	1										
(4)											
						En	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			(7) (0)	o= (47) O=	<u> </u>	41					
Schedule G – Investment In	come of a S	ection 501(c)(	(7), ( <del>9</del> ), 	or (17) Or	ganıza ———	tion	(see ins	tructions)		<del></del>	
1. Description of income		2. Amount of in	2. Amount of income		3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)			6. Total deductions and set-asides (col. 3 plus col. 4)	
(1) <b>N/A</b>								-			
(2)		1						·			
(3)				-							
(4)										<del></del>	
Totals	<b>&gt;</b>	Enter here and or Part I, line 9, colu	ımn (A).							nter here and on page 1, art I, line 9, column (B).	
Schedule I – Exploited Exer	npt Activity	ncome, Otne	<u>r Inan .</u>	Advertisin	g Inco	me (	see inst	ructions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected of production unrelated business inc	with i of d	4. Net income (ke from unrelated tr or business (coli 2 minus column If a gain, compicols 5 through	ade umn 3) ite	from a	ss income ctivity that unrelated ss income	6. Expe attributu colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A	_ <del></del>										
(2)										<del> </del>	
(3)	· · · · · · · · · · · · · · · · · · ·							-			
(4)		<del></del>								<del> </del>	
Totals	Enter here and o page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rtl,				Enter here and on page 1, Part II, line 26				
Schedule J - Advertising In	come (see ins	structions)									
Part I Income From P			Consol	idated Bas	sis		· <u>-</u>				
1. Name of penodical	2. Gross advertising income	3. Direct advertising c		4. Advertising gain or (loss) (c 2 minus col 3) a gain, comput cols 5 through	ol If		culation come	6. Read	-	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
N/A			<del></del>	o anoogn	<del></del>						
(1) N/A					·  -			-+		4	
(2)										-	
(3)					-			<del></del>		-	
(4)			<del> </del>			·					
Totals (carry to Part II, line (5))				<del></del>						Form 990-T (2018)	

<u> FOIIII 990-1 (2</u>	OIO) Saran	2 FITEHOS I	.110		34-1003030		
Part II	<b>Income From</b>	Periodicals Repo	rted on a Separ	ate Basis (For e	each periodical lis	sted in Part II, fill	in columns
	2 through 7 on	a line-by-line basi	s.)	<u> </u>			

2 through 7 on a line-by-line basis.)										
1. Name of penodical	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	6. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1) N/A										
(2)										
(3)	<u> </u>	<u> </u>								
(4)										
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				
Totals, Part II (lines 1-5)				<u></u>						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) Katherine Cramer	Exective Director	%	1,875
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			1,875

Form **990-T** (2016)

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.
► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

DAA

Sarah's Friends Inc

Identifying number 34-1663056

There are no amounts for Page 2

	ess or activity to whi ndirect	ch this form relates  Depreciat	ion						_	_		
P	arti El	ection To Exper	nse Certain Prop	erty Under Se	ction 179	•						
	No	ote: If you have a	iny listed property	, complete Pai	rt V before	you c	omplet	e Part	l <u>.                                    </u>			
1	Maximum am	ount (see instructions	3)							1	5	00,000
2	Total cost of	section 179 property	placed in service (see	instructions)						2		
3	Threshold co	st of section 179 prop	erty before reduction	in lımitation (see in	structions)					3	2,0	10,000
4	Reduction in	limitation. Subtract lin	e 3 from line 2 If zero	or less, enter -0-						4		
5_	Dollar limitation	for tax year. Subtract lin	e 4 from line 1. If zero or	less, enter -0 If mar	ried filing sepa	rately, se	e instruct	ions		5		
6_		(a) Description	n of property		(b) Cost (bus	siness use	only)	(c)	Elected cost			
	<del></del>	· •										
					<u> </u>		<del></del>					
7		ty Enter the amount t					7					
8		· ·	roperty. Add amounts	in column (c), lines	s 6 and 7					8	<del></del>	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8					••	9					
10			from line 13 of your 20	•			•••			10		<del></del>
11			he smaller of business	•	•	line 5 (s	see instr	uctions)		11		
12		•	dd lines 9 and 10, but		•		(42)	•••••		12		
13 Vote			to 2017. Add lines 9 a or listed property. Inste				13	_		<u></u>		<u></u>
		<del></del>	ion Allowance a		reciation (	Don't	include	listed	properh	1/90	e instruction	one )
4			qualified property (oth					i iisteu	property	. <i>)</i> (36	e ii isti ucti	J(13.)
		year (see instruction		lei titaii listed prop	erty) placed ii	II SCI VIO	•			14		
15	•	ect to section 168(f)(1	•			•	•			15		
16		ation (including ACR				•	•	••		16	<del></del>	6,647
_			ion (Don't includ	e listed propert	v.) (See in	structi	ions.)			_ 10		<u> </u>
	- 1. 7				ion A							
7	MACRS dedu	ctions for assets place	ed in service in tax ye	ars beginning befo	re 2016					17		Ō
18_	If you are electing	to group any assets placed	in service during the tax year	into one or more genera	I asset accounts,	check her	re	_	_▶ □_			
		Section B-	Assets Placed in Se	rvice During 2016	Tax Year U	sing the	e Gener	al Depre	ciation Sy	stem		
	(a) Classifica	ation of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instructi	nt use	Recovery period	(e) Co	nvention	(f) Metho	od	(g) Depreciat	on deduction
9a_	3-year prope	erty					<u> </u>					<del>-</del>
þ	5-year prope	erty										<del>.</del>
c	7-year prope	erty					ļ					
	10-year prope						ļ					
е	15-year prope						<b>-</b>				<del></del>	<del>-</del> .
f_	20-year prope			<del></del>			<del>                                     </del>	_				
9	25-year prope					5 yrs.	<del> </del>		S/L			<del></del> -
h	Residential re property	ntal				.5 yrs		<u>IM</u>	S/L		<del></del>	·
<del>-</del> -	<u> </u>					.5 yrs.		IM IM	S/L			
ı	Nonresidentia property	ı reai				9 yrs	+		S/L			
	property	Section C A	ssets Placed in Serv	lee During 2016 T	av Voar Hei	na the		IM Ive Deni	S/L	vetem		
	Class life	3600010-73	Sets Flaced III Selv	ice During 2010 1	ax rear cor	ing this	T	ive Depi	S/L	yatom		
	Class life		1	<del></del>	1	2 yrs.	1	-	S/L			
	12-year 40-year		<u></u>			0 yrs.		 1M	S/L			
77	THE P. C. THE	mmary (See ins	tructions \			V 713.						<del></del>
. <del>7 . 9</del> !1		y. Enter amount from						<del></del>		21		
22		-	nes 14 through 17, line	es 19 and 20 in col	lumn (a), and	I line 21	. Enter					
_			f your return. Partners							22		6,647
23			d in service during the			• • • •					<del></del>	
-		basis attributable to s	=				23	_				
		A 4 4 4		. 42					_			4562 (0040

4638 Sarah's Friends Inc 34-1663056

FYE: 12/31/2016 `

## **Federal Statements**

## Statement 1 - Form 990-T, Part II, Line 18 - Interest

Description	Amount	
Mortgage Interest	\$ 1,605	1
Total	\$ 1,605	!

## Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Insurance	\$ 843
Security System	483
Utilities	1,666
Total	\$ 2,992

## Statement 3 - Form 990-T, Schedule C, Column 3 - Deductions

Description	Deduction
Apartments	
Legal Fees	610
Cleaning & Maintenance	171
Taxes	1,544
Utilities	1,652
Total	3,977