For calendar year 2016 or other tax year beginning   2016, and ending   2016		•	Exempt Organization Busin	ess	Income Tax	Return		OMB No 1545-06	887
Doubtment of the Trissury		(and proxy tax under section 6033(e))					୭ <b>⋒4 0</b>		
Description			For calendar year 2018 or other tax year beginning		<u> </u>				
Do not enter SN numbers on this form at it may be may be placed your purpose.		•					Ope	n to Public Inspec	tion for
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September   Sep			Drint Drint			,			
data   sole   sole   sole   Lans Ing. MI 48933   Sole			or Alia Carrier Data			code			
Separation   Se			_ 1.754		•	0000			
Comparison of the Compariso				9000	199	. /			
1, 408, 756,   G Check organization type   M   501(c) corporation   Describe the only (or first) unrelated trade or business   Describe the only (or first) unrelated trade or business   Describe the only (or first) unrelated trade or business   Describe the only (or first) unrelated trade or business, then complete Parts   H-V   Imore than one, describe the first in the blank space at the end of the previous sentence, complete Parts   Imore than one, describe the first in the blank space at the end of the previous sentence, complete Parts   Imore than one, describe the first in the blank space at the end of the previous sentence, complete Parts   Imore than one, describe the first in the blank space at the end of the previous sentence, complete Parts   Imore than one, describe the first in the blank space at the end of the previous sentence, complete Parts   Imore than one, describe the first in the previous sentence, complete Parts   Imore than one, described the first in the part   Imore than one, described the first in the part   Imore than one, described the first in the part   Imore than one, described the first in the part   Imore than one of the first in the part   Imore than one of the part   Imore   Imore than one of the part   Imore				1 🕨					<del>\                                    </del>
H Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business, the organization's unrelated trade or business, then complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts II and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule Group? ▶ □ Yes ☒ No III are for so seles III as Sevens III as Gross recepts or sales III of 8890 ☐ Sevens III as Gross recepts or sales III of 8890 ☐ C Balance ▶ III and III are I					on	ust 🗍 4	101(a) tru	st 🗌 Other	trust
trade or business here Pxcctglation of reater volvers' corp justificate full If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	•		2) 100 / / 201			Describe t	the only (	or first) unrelat	ted
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		trac	de or business here ▶Acctg/admin of member workers' comp insurance fund	d If o	nly one, complete F				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?									
If "Yes," enter the name and identifying number of the parent corporation   Telephone number   (517) 484-5588     James   Cost of goods sold Schedule A, line 7)   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Subtract line 2 from line 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Goods profit A from 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Goods profit A from 1c   Cost of goods sold (Schedule A, line 7)     Gross profit Goods pr	23								
The books are in care of   Karen Stevens		<b>I</b> Dur	ring the tax year, was the corporation a subsidiary in an affiliated grou	up or a	a parent-subsidiary c	ontrolled gro	up?	▶ 🗌 Yes 🗵	Ŋo □
Part   Unrelated Trade or Business Income   (a) Income   (b) Expenses   (c) Net				oratio				· · · · · · · · · · · · · · · · · · ·	
10   10   10   10   10   10   10   10						1			
b Less returns and allowances				<del></del>	(A) Income		enses	(C) Net	1 4
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4 Income (loss) from a parinership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annulus, oxylidis, and rents from a controlled organization (Schedule 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 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 5 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions (Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or affer January 1, 2018 (see instructions) 31 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 32 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 31 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 31 Unrelated business taxable income Defore net operating loss deduction Subtract line 29 from line 13 31 Unrelated business taxable income Defore net operating loss d				10	106 890				_ `
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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income Subtract line 31 from line 30  31			Unrelated business taxable income before net operating loss de	duction					
32 Unrelated business taxable income Subtract line 31 from line 30 32 10,817			Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (se	e instructions	s) 31_	· 7. 145 46 3	1

	. (20.0)			_			
Part		otal Unrelated Business Taxable Income					
33 `	Total of	f unrelated business taxable income computed from all unrelated trade	s or businesses (see				
	instruct	tions)		33	10,	817	
34	Amoun	ts paid for disallowed fringes		34			
35		tion for net operating loss arising in tax years beginning before Ja	anuary 1, 2018 (see				_
		tions)		35			
26		f unrelated business taxable income before specific deduction. Subtract	line 35 from the sum	-00			
36		·	inte 33 north the 3uitt	00		0.7.7	
		33 and 34		36		817	
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions		37	1,	000	
38		ted business taxable income. Subtract line 37 from line 36 If line 37 is	greater than line 36,				
	enter th	ne smaller of zero or line 36		38	9,	817	
Part I	V T	ax Computation					
39		zations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39	2.	062	
40		Taxable at Trust Rates. See instructions for tax computation	n Income tax on	1		002	
		ount on line 38 from Tax rate schedule or Schedule D (Form 104		40			
44		tax. See instructions .	· ·	41			
41	-		_	42			
42		tive minimum tax (trusts only)		<del></del>			
43		Noncompliant Facility Income. See instructions	•	43		260	
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	44	<del>2</del> ,	062	
Part		ax and Payments				,	
45a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	_			
b	Other o	credits (see instructions)	45b				
С		ıl busıness credit. Attach Form 3800 (see instructions)	45c				
d		for prior year minimum tax (attach Form 8801 or 8827).	45d	7			
e		redits. Add lines 45a through 45d		45e			
46		ct line 45e from line 44	• •	46	2.	062	
			· · · · · · · · · · · · · · · · · · ·	47			
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 C	iner (attach schedule)			060	
48		ax. Add lines 46 and 47 (see instructions)		48		062	
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (	1 1	49			
50a	Payme	nts A 2017 overpayment credited to 2018	<b>50a</b> 459				
b	2018 es	stimated tax payments .	50b				
С	Tax de	posited with Form 8868	<b>50c</b> 0				
d		n organizations. Tax paid or withheld at source (see instructions)	50d				
e		o withholding (see instructions)	50e	_			
f		for small employer health insurance premiums (attach Form 8941) .	50f			[	
		credits, adjustments, and payments:  Form 2439					
g			50g			İ	
	Forn		30g [	┥ ┏╻ ┃		4 - 0	
51	-	payments. Add lines 50a through 50g		51		459	
52		ted tax penalty (see instructions). Check if Form 2220 is attached	▶ ∟	52			
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ow		53	1,	603	
54		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter am		54			
55	Enter the	e amount of line 54 you want	Refunded ▶	55			
Part '	<b>V</b> I S	tatements Regarding Certain Activities and Other Information	(see instructions)				
56		time during the 2018 calendar year, did the organization have an interes	t in or a signature or	other au	ithority T	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes	s," the organization m	ay have	to file		
	FinCEN	N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," er	nter the name of the f	oreign c	country		
	here ▶			_	· [		×
57		the tax year, did the organization receive a distribution from, or was it the grantor	of or transferor to a fo	reian tru			×
57			or, or transferor to, a re	. orgin inu	~ }		
		" see instructions for other forms the organization may have to file	- <b>L</b> C				
_58	Enter th	ne amount of tax-exempt interest received or accrued during the tax yea	and statements, and to the h	net of m	knowledge	and hel	of it is
O:	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of whice	and statements, and to the c th preparer has any knowledd	e Tourns	niowiedge a	and Deli	or, it is
Sign	1,00,0			way tr	e IRS discus		
Here		Chief Exe	cutive Officer	(see ins	ne preparer s structions)? [		
		ure of officer Date Title					
D~:~	·	Print/Type preparer's name Preparer's signature	Date /	heck	] <sub>if</sub> PTI	IN	
Paid		Timothy P. Lebel, CPA Timble CPA	1 / / 1	elf-emplo	1	0040	745
Prepa		Dischild Tabal C Dica DC			▶ 38-27	7803	37
Use (	Only	Firm's name ► FairChild, Lebel & Rice, FC  Firm's address ► 5123 West St. Joseph, Lansing, MI 4891	hone no	(517)3			
		Firm Saudiess > 3123 Head St. 0030pm, Dansing, in 4031	·		Form 9		

- (2 <b>0</b> 10)		<u> </u>		rage	, 0
Schedule A—Cost of Goo	ds Sold. Enter method of	of inventory valuation >	N/A		
1 Inventory at beginning	of year 1	6 Inventory a	at end of year	6	
2 Purchases .	2	7 Cost of	goods sold. Subtract		
3 Cost of labor .	3		line 5. Enter here and		
4a Additional section 26		ın Part I, lır	ne 2	7	
(attach schedule)	4a		les of section 263A (wit		2
b Other costs (attach sch			roduced or acquired for	resale) apply	F
5 Total. Add lines 1 throu		to the orga		X	
Schedule C-Rent Income	e (From Real Property	and Personal Property I	Leased With Real Pro	perty)	
(see instructions)	<del></del>	<del></del>			
Description of property	<del></del>	<del></del>			_
(1)	<del></del>	· <del>-</del>			
(2)		<del></del> .			
(3)					
	2. Rent received or accrued		<del></del>		_
	2. Hent received or accrued				
(a) From personal property (if the per- for personal property is more than more than 50%)	10% but not percentage of	al and personal property (if the rent for personal property exceeds rent is based on profit or income)		connected with the income if 2(b) (attach schedule)	
(1)	"				_
2)					_
(3)		•			
(4)					
Total	Total		(h) Total daduations		
(c) Total income. Add totals of concere and on page 1, Part I, line 6,	column (A)		(b) Total deductions. Enter here and on page Part I, line 6, column (B)		
Schedule E—Unrelated De	ebt-Financed Income (	see instructions)	2. Dodustions directly sen	pooted with a allegable to	
1 Description of del	ot-financed property	Gross income from or allocable to debt-financed	debt-financ	nected with or allocable to sed property	
		property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
1)					
2)	· · · · · · · · · · · · · · · · · · ·				
3)			<u> </u>		
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 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	3
1)		%			
2)		%			_
3)		%			
4)		%	<u> </u>		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)	•
Totals		. ▶			_
Total dividends-received deduct	ions included in column 8		<b>&gt;</b>	<u> </u>	

Schedule F-Interest, Ann	uities, Royalties,				<b>janizations</b> (se	e instruc	tions)			
•		Exempt	Controlled	Organizations		_				
Name of controlled organization	2. Employer identification number	1	lated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5		
(1)							1			
(2)										
(3)							1			
(4)							<del> </del>			
Nonexempt Controlled Organiz	zations	<u> </u>						<del></del>		
					10 Part of colum	on O that is	11.0	eductions directly		
7. Taxable Income		Net unrelated income oss) (see instructions)		9. Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		connected with income in		
(1)										
(2)										
(3)								<u> </u>		
(4)										
Totals					Add columns 5 Enter here and 6 Part I, line 8, co	on page 1, blumn (A)	Enter I Part I,	columns 6 and 11 lere and on page 1, line 8, column (B)		
Schedule G-Investment I	Income of a Sect	ion 501(			zation (see ins	tructions	)_			
Description of income	2. Amount o	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)		
(1)										
(2)										
(3)										
(4)						,				
Totals	Enter here and Part I, line 9, o	column (A)		Advantation I	,	-7	Part I, lı	re and on page 1, ne 9, column (B)		
Schedule I - Exploited Exe	empt Activity Inc	ome, Otr	<u>ier inan</u>	Advertising in	icome (see inst	ructions)	)			
1. Description of exploited activi	2 Gross unrelated business inco from trade of business	me conn prod pr	expenses directly ected with duction of hirelated ess income	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. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)										
(2)										
(3)				-						
(4)		1								
Totals	Enter here and page 1, Part line 10, col (	I, page	here and on e 1, Part I, 0, col (B)			-		Enter here and on page 1, Part II, line 26		
Schedule J-Advertising I	ncome (see instriii	ctions)								
	eriodicals Repor		Consoli	dated Basis						
Tare medici romi	Trodicals (teps)	100 011 0	00110011	4 Advertising		1		7 Excess readership		
1. Name of periodical	2 Gross advertising income		. Direct tising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Reac		costs (column 6 minus column 5, but not more than column 4)		
(1)			-	,						
(2)				1		_		]		
(3)				1				j !		
(4)			<u>.                                    </u>	1						
		<del> </del>			-					
Totals (carry to Part II, line (5))	<b>•</b>						_			

Ç.

Part II Income From Period	licals Reported	on a Separat	<b>e Basis</b> (For ea	ach periodical li	isted in Part II	, fill in columns
2 through 7 on a line-	by-line basis )					
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)					<u></u>	
Totals from Part I	<b>-</b>				-	
,	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)	•		•		• '	
Schedule K—Compensation of	Officers, Direc	tors, and True	<b>stees</b> (see instru			
1. Name		2	2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)			-	%	6	
(2)				%	<u>΄</u>	
(3)				9/	6	
(4)				9/	6	
Total. Enter here and on page 1, Part II, I	ine 14			<u> </u>	<b>&gt;</b>	

## Additional information from your Form 990-T: Exempt Organization Business Income Tax Return

## Form 990-T: Exempt Organization Business Income Tax Return Other Deductions

## **Continuation Statement**

Description	Amount			
Accounting	14,207.			
Legal & professional	85.			
Equipment lease and maintenence	1,281.			
Dues & subscriptions	850.			
Occupancy	7,757.			
Postage	400.			
Supplies	381			
Telephone/web/internet	1,800			
Travel	5,359.			
Outreach/public relations	1,259.			
Tota	33,379.			