

EXTENDED TO MAY 15, 2017
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

OMB No 1545-0687

2015

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ 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

<p><input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FSL HOME IMPROVEMENTS, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1201 E. THOMAS ROAD</p> <p>City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85014</p>	<p>D Employer identification number (Employees' trust, see instructions) 38-3649930</p> <p>E Unrelated business activity codes (See instructions) 900099</p>
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<p>C Book value of all assets at end of year 1,331,789.</p>	<p>F Group exemption number (See instructions.) ▶ 0928</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	
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H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

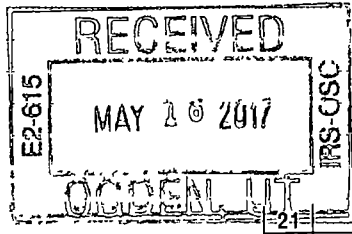
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **602-285-1800**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 626,851.			
b Less returns and allowances			
c Balance ▶	1c 626,851.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 626,851.		626,851.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
Unrelated debt-financed income (Schedule E)	7		
Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
Exploited exempt activity income (Schedule I)	10		
Advertising income (Schedule J)	11		
Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 626,851.		626,851.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
 (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)			14
15 Salaries and wages			15 323,430.
16 Repairs and maintenance			16 757.
17 Bad debts			17 2,195.
18 Interest (attach schedule)			18
19 Taxes and licenses			19 22,443.
20 Charitable contributions (See instructions for limitation rules)			20
21 Depreciation (attach Form 4562)			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	23,980.	22b 23,980.
23 Depletion			23
24 Contributions to deferred compensation plans			24
25 Employee benefit programs			25 66,896.
26 Excess exempt expenses (Schedule I)			26
27 Excess readership costs (Schedule J)			27
28 Other deductions (attach schedule)	SEE STATEMENT 2		28 212,156.
29 Total deductions. Add lines 14 through 28			29 651,857.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30 -25,006.
31 Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 3		31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32 -25,006.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			33 1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34 -25,006.



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Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 35-39 for tax computation.

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-49 for tax and payments.

Part V Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 1-3 regarding foreign accounts and trusts.

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

Table with 3 columns: Line number, Description, and Amount. Includes lines 1-8 for cost of goods sold calculation.

Sign Here: Declaration of preparer, Signature of officer (COLETTE KAMPS), Date (5/12/17), Title (PRESIDENT).

Paid Preparer Use Only: Print/Type preparer's name (COLETTE KAMPS, CPA), Preparer's signature, Date (05/02/17), Check self-employed, PTIN (P00367616), Firm's name (HENRY & HORNE, LLP), Firm's EIN (86-0133881), Firm's address (2055 E WARNER RD, STE 101, TEMPE, AZ 85284), Phone no. ((480) 839-4900).

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		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)		(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)	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.

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)					
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)	
			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)				
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.

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

OTHER DEDUCTIONS

STATEMENT

2

DESCRIPTION

AMOUNT

PROFESSIONAL SERVICES	11,557.
TRAVEL	18,071.
CLIENT TRANSPORTATION	1,547.
OCCUPANCY	63,995.
SUPPLIES	12,301.
LICENSES & FEES	17,175.
TRAINING	4,181.
TELEPHONE	9,960.
MANAGEMENT FEES	68,847.
OFFICE EXPENSE	4,522.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	212,156.