EXTENDED TO MAY 15, 2017 Form **990-T Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2015 or other tax year beginning m JUL~1,~2015~ , and ending m ~JUN~30,~2016~Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) n Employer identification number Check box if Name of organization ( \_\_\_\_ Check box if name changed and see instructions.) (Employees' trust, sei address changed 38-3649930 B Exempt under section FSL HOME IMPROVEMENTS, INC. Print E Unrelated business activity codes X = 501(c)(3)Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions ) 408(e) 220(e) 1201 E. THOMAS ROAD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code ] 529(a) PHOENIX, AZ 85014 900099 C Book value of all assets 0928 F Group exemption number (See instructions.) 1,331,789. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust SEE STATEMENT H Describe the organization's primary unrelated business activity. X No I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. Telephone number ► 602-285-1800 The books are in care of THE ORGANIZATION (A) Income (C) Net Part I Unrelated Trade or Business Income (B) Expenses 626,851. 1a Gross receipts or sales 626,851 b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 626,851. 3 626,851 Gross profit. Subtract line 2 from line 1c 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 Income (loss) from partnerships and S corporations (attach statement) 5 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 **212** 12 Other income (See instructions; attach schedule) 626,851. Total. Combine lines 3 through 12 626,851 13 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) ഗ 14 Compensation of officers, directors, and trustees (Schedule K) 14 <u>323,430.</u> 15 Salaries and wages 15 757. 16 Repairs and maintenance 16 2,195. 17 Bad debts 17 ö MAY 2 6 2017 18 Interest (attach schedule) 18 22,443. 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 <u>23,9</u>80 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23,980. 23 23 Depletion 24 Contributions to deferred compensation plans 24 66,896. 25 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) SEE STATEMENT 2 212,156. 28 28 651,857<u>.</u> 29 29 Total deductions. Add lines 14 through 28 -25,006. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3 31 32 -25,006. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 1,000. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or 34 -25,006. line 32 Form **990-T** (2015) LHA For Paperwork Reduction Act Notice, see instructions.

Form 990			<u>IPROVEME</u>	ENTS, IN	IC.			38	<u> 3649</u>	930			Page 2
Part	111	Tax Computation											
35	Orga	nizations Taxable as Corpora	itions See instr	ructions for tax c	omputation.								
	Cont	rolled group members (section	ns 1561 and 15	63) check here ]	► 🔲 See i	nstructions a	and:						
;	<b>a</b> Ente	your share of the \$50,000, \$2	25,000, and \$9,	925,000 taxable	income bracke	ts (in that ord	der):		1				
	(1)	\$	(2)  \$		_ (3)	\$				İ			
1		organization's share of: (1) A		x (not more than		\$ \$		_ 	1				
		Additional 3% tax (not more th		`	_	\$		_	İ				
		me tax on the amount on line 3			L					35c			0.
36		ts Taxable at Trust Rates See		r tax computatio	n. Income tax o	on the amour	nt on line 34	from:					
			Schedule D (Fo		oomo tan c					36			
37	Prox	y tax See instructions	001100001000 (10						. –	37			
38		native minimum tax							· F	38			
39		I. Add lines 37 and 38 to line 3	lac or 36 which	avar annliae					<b>-</b>	39			0.
Part		Tax and Payments	oc or oo, winch	icvei applies	<del></del>			<del></del>	<u>t</u>	39			<u> </u>
		gn tax credit (corporations att	and Form 1110:	truoto attach Co	rm 1116\		40.						
			acii roiiii 1116,	, trusis attacti Fo	(סונו וווי)		40a						
ı		r credits (see instructions)	0000				40b						
•		ral business credit. Attach For					40c						
		it for prior year minimum tax (		01 or 8827)			40d	-					
		credits Add lines 40a throug	jh 40d							40e			
41		ract line 40e from line 39			<b>–</b>				_	41			0.
42		r taxes. Check if from: Fo	orm 4255 L	Form 8611	l Form 8697	Form 8	3866(	Other (attach sche	dule)	42			
43		I tax Add lines 41 and 42					1 1		-	43			0.
		nents: A 2014 overpayment cr	redited to 2015				44a						
	<b>b</b> 2015	estimated tax payments					44b						
	c Tax o	leposited with Form 8868					44c						
	<b>d</b> Forei	gn organizations: Tax paid or v	withheld at sour	ce (see instructi	ons)		44d						,
	e Back	up withholding (see instruction	ns)				44e						
	<b>f</b> Cred	t for small employer health ins	surance premiur	ms (Attach Form	8941)		44f						
	g Othe	r credits and payments:	Fr	orm 2439									
		Form 4136	🔲 о	ther		Total <b>&gt;</b>	44g						
45	Total	payments Add lines 44a thro	ough 44g							45			
46	Estin	nated tax penalty (see instructi	ons). Check if F	orm 2220 is atta	ched 🕨 🔙					46			
47	Tax	lue If line 45 is less than the t	otal of lines 43	and 46, enter am	ount owed					47			0.
48	Over	payment If line 45 is larger th	an the total of li	nes 43 and 46, e	nter amount ov	erpaid			▶ □	48			0.
49	Enter	the amount of line 48 you wa	nt: Credited to 2	2016 estimated	tax 🕨			Refunded	▶ □	49			
Part	<b>V</b> :	Statements Regardi	ng Certain	<b>Activities</b>	and Other	Informat	t <b>ion</b> (see ı	nstructions)					
1 At	any tim	ie during the 2015 calendar ye	ar, did the orga	nization have an	interest in or a	signature or	other author	rity over a financ	cial acco	unt (bar	nk,	Yes	No
se	curities	, or other) in a foreign country	? If YES, the or	ganization may h	ave to file FinCl	EN Form 114	, Report of F	oreign Bank an	d Financ	ial .			
Ac	counts	If YES, enter the name of the	foreign country	here -				J			İ		X
2 Du	ring the	tax year, did the organization received instructions for other forms the organization	e a distribution from	m, or was it the gran	ntor of, or transfer	or to, a foreign	trust?						Х
		amount of tax-exempt interest									F		
Sche	dule	A - Cost of Goods S	old. Enter m	ethod of invent	ory valuation	► N/	A				<u></u>		
		at beginning of year	1			ry at end of y				6			
	ırchase	,	2		1	goods sold.		e 6	-				
	st of la	bor	3		1	e 5. Enter hei				7			
		section 263A costs (att_schedule)	4a		1	ules of section		•	_			Yes	No
		ts (attach schedule)	4b				•	or resale) apply	to			163	140
		d lines 1 through 4b	5	· .··	1		i acquired it	or resaic) apply	10				
<u> </u>		nder penalties of perjury, I declare th		d this return, includ		inization? i schedules and	d statements	and to the best of r	ny knowle	dge and	belief, it is t	rue	
Sign	cc	rrect, and complete Declaration of	preparer (other tha	n taxpayer) is base	d on all information	n of which prep	arer has any k	nowledge					
Here		V -7-5	_	1./	1- × T	מדסממנ	TONTO				liscuss this		vith
		Signature of officer	<del>}</del>	Date		PRESID	EM.I.		′		hown below	•	7
-			,	In					_		A Tes	5	No
		Print/Type preparer's name		Preparer's sign	iature	0	ate	Check L	if	PTIN			
Paid		001 DEED	<b>CD</b> -	 	*****	_ا_	E / 0.0 / :	self- empl	oyed		006-		
Prep	arer	COLETTE KAMPS		COLETTE	KAMPS	CPA 0	5/02/3				03676		
Use	Only	Firm's name HENRY						Firm's E	N <u></u>	86	<u>-0133</u>	388	<u> </u>
				NER RD,	STE 10	)1			, .				
		Firm's address > TEM	PE, AZ	85284				Phone n	o. (4	80)	839-		
523711 0	1-06-16									F	Form <b>99</b>	0-T (	2015)

Schedule C - Rent Income			NC . d Personal	Propert	y Lease	38-36 ed With Real Pi			
1 Description of property									
(1)									
(2)							_		
(3)									
(4)									
		ed or accrued				2(a) Daductions dire	ctly con	nacted with the income in	
(a) From personal property (if the p rent for personal property is mo 10% but not more than 50	re than	(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)				3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)				<del></del>		<del>-</del>			
(3)			<del></del>				_	<del></del>	
(4)								· · · · · · · · · · · · · · · · · · ·	
Total	0.	Total	·····		0.	···			
c) Total income Add totals of columns	ter				(b) Total deductions				
here and on page 1, Part I, line 6, colum Schedule E - Unrelated De		Income (see	unatruationa\		0.	Part I, line 6, column (B)	<u> </u>	0	
Scriedule E - Officialed De	DI-Fillance	income (see	Instructions			3 Deductions directly	connect	ed with or allocable	
			2. Gross in			to debt-fin			
1. Description of debt-		or allocable to debt- financed property		(a)	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)			ļ. <u>.</u>						
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	ped property 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)				9/	,				
(3)				%					
(4)				%	0				
						iter here and on page 1, art I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				J	▶		<u>0. </u>	0	
Total dividends-received deductions	ncluded in column	8						0	
Schedule F - Interest, Ann	uities, Royal					nizations (see in	nstruc	tions)	
		Exem	pt Controlled C	rganizatio T	<del></del>	<del></del>		T - "	
Name of controlled organization	Employer ide numb		3 inrelated income (see instructions)		4. of specified ents made	5. Part of column 4 included in the cont organization's gross	rolling	connected with income	
(1)									
(2)									
(3)									
(4)						<u> </u>			
Nonexempt Controlled Organization	ns	<u> </u>							
7. Taxable Income 8. Net unrelated income (see instructions)				ments	in the cont	olumn 9 that is included rolling organization's oss income	organization's with income in colu		
(1)			<del></del>					<del></del>	
(2)			<del></del>	<del></del>					
(3)				$\overline{}$			_		
(4)		<del></del>						<del></del>	
					Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A)	Ent	Add columns 6 and 11 er here and on page 1, Part I, line 8, column (B)	
Totals						0.		0	
523721 01-08-18					<del>-,</del>			Form <b>990-T</b> (2015	

Schedule G - Investme (see instr		Section !	501(c)(7	), (9), or (17) Or	ganizat	tion		
1. Descr	ription of income			2. Amount of income		luctions connected schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)			T t					
(2)					<del>-</del>			
(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 (see instru		Income	, Other		ng Inco	me		
		2 -		4. Net income (loss)			- <del></del>	7 -
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper directly cor with prodi of unrela business ii	inected uction ited	from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	from act is not u	s income ivity that nrelated s 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)								<del>                                     </del>
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F	art I.					Enter here and on page 1, Part II, line 26
Totals	0.		_0.					0.
Schedule J - Advertision	ng Income (see	nstructions)						
Part I Income From I	Periodicals Rep	orted on	a Cons	olidated Basis				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, comput cols 5 through 7		rculation come	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)	<del></del>			1	-			
(4)	<del></del>	+		-	<u> </u>			
	<del></del>			<del> </del>				<del></del>
T . I. (22000145 Don't II Ivos (5))		^	0					^
Totals (carry to Part II, line (5))  Part II Income From I		0.l	0. 2. Sapa	rato Basis (Fee		dia al liada di	- Dod II fill in	0.
	7 on a line-by-line ba		a Sepa	Tate Dasis (For e	each peno	dicai listed i	n Part II, III in	
1. Name of periodical	2 Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, comput cols. 5 through 7		rculation come	6. Readership costs	<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4)</li> </ol>
(1)								
(2)								<del></del>
(3)					1			<del></del>
(4)					+			
Totals from Part I	<b>•</b>	0.	0.	<del>-</del>				0.
TOTALS HOLL PAIL!	Enter here and page 1, Part I, line 11, col (A)	on Enter h	ere and on 1, Part I, I, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.					0.
Schedule K - Compens	sation of Office	rs, Direct	ors, an	<b>d Trustees</b> (see	ınstructio			
1 N	ame			2. Title		3 Percent of time devoted business	*a   7. Comp	ensation attributable elated business
(1)		· <del>-</del>		<del></del>			%	
(2)	<u> </u>				_	·_·	%	
(3)		<del></del>			_		%	
(4)							%	
Total Enter here and on page 1, P	art II. line 14		<u> </u>			L	7.0	0.
nore and on page 141				<del></del>			<del></del>	Form <b>990-T</b> (2015)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
PROFESSIONAL SERVICES TRAVEL CLIENT TRANSPORTATION OCCUPANCY SUPPLIES LICENSES & FEES TRAINING TELEPHONE MANAGMENT FEES OFFICE EXPENSE		11,557. 18,071. 1,547. 63,995. 12,301. 17,175. 4,181. 9,960. 68,847. 4,522.
TOTAL TO FORM 990-T, PAGE 1,	INE 28	212,156.