

Form 990-T

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

OMB No 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

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

A Check box if address changed

Name of organization ( Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

SIDE BY SIDE VA, INC

54-1572424

Number, street, and room or suite no. If a P.O. box, see instructions.

P. O. BOX 5542

E Unrelated business activity codes (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

RICHMOND, VA 23220-0542

531120

C Book value of all assets at end of year 747,240.

F Group exemption number (See instructions.)

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

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-subsidary controlled group? Yes No X

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of SIDE BY SIDE VA, INC. Telephone number 804-644-4800

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc. Total income 3,304, Total expenses 2,073, Total net 1,231.

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)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; etc. Total deductions 0, Unrelated business taxable income before net operating loss deduction 1,231, Net operating loss deduction 0, Unrelated business taxable income before specific deduction 1,231, Specific deduction 1,000, Unrelated business taxable income 231.



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** **35.**

**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** **35.**

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** **35.**

**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** **35.**

**45 a** Payments A 2015 overpayment credited to 2016 **45a**

**b** 2016 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  Form 4136  Other \_\_\_\_\_ Total **45g**

**46 Total payments.** Add lines 45a through 45g **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 **48** **35.**

**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** **Refunded** **50**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

**51** At any time during the 2016 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** **X**

**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 **X**

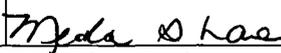
**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  **11-5-17** **EXECUTIVE DIRECTOR**  
 Signature of officer Date Title

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

**Paid Preparer Use Only**

Print/Type preparer's name **MEDA S LANE** Preparer's signature  Date **11-5-17** Check  if self-employed PTIN **P00361884**

Firm's name **LANE & ASSOCIATES, P.C.** Firm's EIN **54-1216800**

Firm's address **2839 HATHAWAY ROAD RICHMOND, VA 23225** Phone no **(804) 272-7421**

