Ferm	990	-T
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## Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2015

Form **990-T** (2015)

OMB No 1545-0687

	For cale	endar year 2015 or other tax y	year beginning 04/0	1/15 , and	ending 03/3	31/16	; ;		2015
Department of the Treasury	<b>.</b>	► Information about F Do not enter SSN numbe	Form 990-T and its instri						to Public Inspection fo )(3) Organizations Only
Internal Revenue Service  Check box if		Name of organization	( Check box if name ch				D Employer iden		
A address changed  B Exempt under section	-	THE OF OLGENIZATION	( onear ook ii haine an		,		(Employees' tru:		
X 501( C)( 3)	Print	VOLUNTEER	HOUSING DEV	ELOPME	NT CORP	. ]			
408(e) 220(e	1		suite no If a P O box, see insti				58-14	006	10
408A 530(a	' l _	407 EAST M	MAIN STREET				E Unrelated bus	iness act	livity codes
529(a)		City or town, state or provin	nce, country, and ZIP or foreign	postal code			(See instruction	· ·	ı
C Book value of all assets	-	MORRISTOWN	1	TN 3	7814		53112	0	
at end of year	F G	Group exemption numbe	er (See instructions)						
4,934,57	5 <b>G</b> C	heck organization type	► X 501(c) co	poration	501(c) tru	st	401(a) trust		Other trust
H Describe the organizati	on's prima	ary unrelated business a	activity						
<u> </u>									
I During the tax year, wa	s the corp	oration a subsidiary in a	an affiliated group or a	parent-subsidi	ary controlled (	group?			Yes X N
If "Yes," enter the name	e and iden	ntifying number of the pa	arent corporation						
J The books are in care	- N	MARY HAZELWO				Telephi	one number >	42	3-586-149
		e or Business Inc			(A) Income	relepin	(B) Expenses	12	(C) Net
1a Gross receipts or sal		e or Dusiness inc			(	<del></del>	(-,		<b>\-</b> /
b Less returns and allo			<b>c</b> Balance	▶ 1c					
-2 Cost of goods sold (\$		A line 7)	J C Dalarice	2					
3 Gross profit Subtract		·		3					
4a Capital gain net incom				4a					
, ,	•	line 17) (attach Form 4797	7)	4b					•
c Capital loss deduction			,	4c					
5 Income (loss) from partnersh				5					
6 Rent income (Sched		,		6					
7 Unrelated debt-finan	•	ie (Schedule E)		7					
8 Interest, annuities, roya	lties, and re	ents from controlled organiz	ations (Schedule F)	8	-				
9 Investment income of a	section 501	1(c)(7), (9), or (17) organiza	ation (Schedule G)	9					
10 Exploited exempt ac	tivity incon	ne (Schedule I)		10					
11 Advertising income (	Schedule -	J)		11	·				
12 Other income (See ii	nstructions	s, attach schedule)	SEE STMT 1	12		500			5
13 Total. Combine lines				13-17		500			.50
Part II Deducti	ions No	t Taken Elsewher	re (See instruction	s for Jimitat	ions on ded	uctions	(Except fo	or cor	itributions,
deduction	ons mus	t be directly conne	cted with the daile	laree pusiti	DV	)	<u>-</u>	44	
14 Compensation of offi	icers, aired	ctors, and trustees (Sch	requierk) REG	., \	ડી		ļ-	15	<del></del>
15 Salaries and wages			1	1 2017 DEN UT	[監		-	16	1,3
16 Repairs and mainter	ance		Icyl FEB &	M. Marine	\		-	17	
17 Bad debts	dulo\		CAL FEB	EN I	كمشتشندة		-	18	
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	uule)		\ LOG					19	
	(See instru	uctions for limitation rules)	\\				-	20	
21 Depreciation (attach	•				21		5,953		
•		Schedule A and elsewh	iere on return		22a			22b	5,9
23 Depletion	ou on c	Solicadio / Carla ciocimi	ioro on rotam		[===1		Ţ,	23	
24 Contributions to defe	erred comp	oensation plans					İ	24	<del></del>
25 Employee benefit pro	-	Jonation plane						25	
26 Excess exempt expe	_	nedule I)					F	26	
27 Excess readership of	•	•					ļ	27	
28 Other deductions (at	,	•					· [	28	
29 Total deductions.		•						29	7,2
		come before net operati	ing loss deduction Sub	tract line 29 fr	om line 13		Ţ	30	-6,7
		limited to the amount or	•		-		Ī	31	
	•	come before specific de	•	1 from line 30	•		Ī	32	-6,7
		\$1,000, but see line 33					Ī	33	1,0
•	-	income. Subtract line 3			an line 32,		Ī	T	<del></del>
enter the smaller of								34	-6,7

For Paperwork Reduction Act Notice, see instructions.

DAA

,		HOUSING DEVELO	PME	NT CORP.	58-	1400610				Pa	ige <b>2</b>
. <u>Pa</u>	rt III Tax Computation										
35•	Organizations Taxable as Corpora	tions. See instructions for tax	comp	utation Controlle	ed group		İ	1			
	members (sections 1561 and 1563) of	check here 🕨 🔲 See inst	ructi	ons and			i	)			
а	Enter your share of the \$50,000, \$25	,000, and \$9,925,000 taxable in	ncome	brackets (in tha	at order)		1	1			
	(1) \$ (2) \$	(3)	\$				1	1			
b	Enter organization's share of (1) Add	litional 5% tax (not more than \$	511,75	0)	\$						
	(2) Additional 3% tax (not more than	\$100,000)			\$	_		}			
С	Income tax on the amount on line 34						•	35c			
36	Trusts Taxable at Trust Rates. See	e instructions for tax computation	on Inc	come tax on							
	the amount on line 34 from	Tax rate schedule or		edule D (Form 1	041)		•	36			
37	Proxy tax. See instructions			(, , , , , , , , , , , , , , , , , , ,	,			37			
38	Alternative minimum tax							38			
39	Total. Add lines 37 and 38 to line 35	or 36, whichever applies					1	39			
	ort IV Tax and Payments	or oo, whichever applies			<del></del>	<del></del>					
40a	Foreign tax credit (corporations attac	h Form 1118 trusts attach For	m 111	6)	40a			$\neg \neg$			
_		in one ino, trasts attach i on		0)	40b		$\dashv$	1			
b	Other credits (see instructions)	2000 (200 (200 (200)			<del>                                     </del>			1			
C	General business credit Attach Form	·			40c			{			
đ	Credit for prior year minimum tax (att	•			40d						
е	Total credits. Add lines 40a through	400					ŀ	40e			
41	Subtract line 40e from line 39 Other taxes							41			
42	Check if from Form 4255 Form	n 8611 Form 8697 For	m 8866	Other (att s	ich )		ŀ	42			
43	Total tax. Add lines 41 and 42						-	43			0
44a	Payments A 2014 overpayment cred	lited to 2015			44a			Ì			
b	2015 estimated tax payments				44b			Ì			
С	Tax deposited with Form 8868				44c			}			
d	Foreign organizations Tax paid or wi	thheld at source (see instruction	ns)		44d			}			
е	Backup withholding (see instructions	)			44e			}			
f	Credit for small employer health insu	rance premiums (Attach Form	8941)		44f			}			
g	Other credits and payments	Form 2439			1		-				
	Form 4136	Other	_	Total 🕨	44g			ļ			
45	Total payments. Add lines 44a throu	igh 44g		_ <del></del>				45			
46	Estimated tax penalty (see instruction	ns) Check if Form 2220 is attach	ched			<b>&gt;</b>	$\prod$	46			
47	Tax due. If line 45 is less than the to	tal of lines 43 and 46, enter am	ount o	owed			<b>&gt;</b>	47			
48	Overpayment. If line 45 is larger tha	n the total of lines 43 and 46, e	nter a	mount overpaid			▶ [	48			
49	Enter the amount of line 48 you want Cre					Refunded	ı ▶ İ	49			
		ing Certain Activities a	nd C	ther Inform	ation (se			ــــــــــــــــــــــــــــــــــــــ			
1	At any time during the 2015 calendar									Yes	No
•	over a financial account (bank, secur	•			-	•				1.50	
	FinCEN Form 114, Report of Foreign	,	•	, · <b>J</b>		,				1 1	
	here <b>&gt;</b>			o, chier the han		cigir country				1 1	Y
2	During the tax year, did the organizat	ion receive a distribution from	05.440	o .+ +b.c. oo+c	· 6 - 1 - 0					<del>  - +</del>	$\frac{X}{X}$
2	If YES, see instructions for other form			s it the grantor c	n, or transi	eror to, a toreign t	iusi			<del>  -  </del>	
•		<del>-</del>								1 1	
3	Enter the amount of tax-exempt inter					<del></del>				┸┸┸	
	edule A - Cost of Goods So							<del></del>			
1	Inventory at beginning of year	-1		Inventory at end	•		}	6			
2	Purchases	2		Cost of goods			Ì	)			
3 4 a	Cost of labor	3		line 5 Enter her		•	Į	7		<del>,</del>	
4a	Additional sec 263A costs (attach schedule)	4a	8	Do the rules of s	section 263	A (with respect to				Yes	No
b	Other costs (attach schedule)	4b		property produc	ed or acqui	red for resale) ap	ply			1	
5_	Total. Add lines 1 through 4b	5		to the organizati							
	Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of pre-	e examined this return, including accompar	nying so	hedules and statemen	ts, and to the b	est of my knowledge and	l belief, it	. IS			
Sig	n 1/21. 84-	- L	moma	non or which preparer	nas any knowie	oge			May the IRS d with the prepa (see instructio	Iscuss this	return below
Hei	e XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2. <i>12115117</i> ▶ Þ	RES	IDENT							50.011
	Signature of officer	Date Title		I D D I I I					XY	es	No
	Print/Type preparer's name	Preparer's s	ignatur		<u></u>	Date		Check	if PTIN		
Paid	DUANE CLINE	DUANE C	LINE	Luane	-Clin	<b>D</b> (2) 12/2:	2/16	self-emp	loyed P004	81281	
		CLINE, CPA, LLC					Firm's E			7608	336
		K 1951			<del></del>						
-50	Firm's address MORRIS		6-1	951			Phone i	no	423-58	37-91	335
	1.5	2.2011.7 111 3701	<u> </u>				, none			990-T	

					MENT CORP		<u> 58-140</u>				Page 3		
S€hedule C – Rent Incom	e (From Re	eal Propert	y and F	er.	sonal Propert	y Lea	ased With	Re	al Property	/)			
(see instructions)													
Description of property											<del></del>		
1) N/A													
2)				_									
3)													
4)													
	2 Ren	it received or accru	ied										
(a) From personal property (if the p	ercentage of rent		(b) From	n real	and personal property (r	the	7	3	(a) Deductions dire	ctly connec	ted with the income		
for personal property is more that	an 10% but not		percentage	of re	nt for personal property e	xceeds			ın columns 2(a)	and 2(b) (a	ttach schedule)		
more than 50%)		_	50% or if t	he re	nt is based on profit or in	come)	1						
1)													
2)													
(3)													
4)													
Total		Total					(h	) Tot	al deductions.				
(c) Total income. Add totals of co	olumns 2(a) and	d 2(b) Enter				•			ere and on page	1.			
here and on page 1, Part I, line 6,		(_,			<b>&gt;</b>				ine 6, column (B)				
Schedule E – Unrelated [	Debt-Financ	ed Income	see in	strı	uctions)	·							
			<u> </u>				:	3 Ded	uctions directly con	nected with	or allocable to		
4. December of debt 5	Description of debt-financed property				ross income from or				•	nced property			
1 Description of debt-financed property				alloc	able to debt-financed property		(a) Straig	(a) Straight line depreciation			(b) Other deductions		
					ppy			(attach schedule)			(attach schedule)		
(1) N/A						_	·						
(2)													
(3)													
(4)			·								· · · · · · · · · · · · · · · · · · ·		
4 Amount of average	5 Average ac	djusted basis			6 Column					-	Allocable deductions		
acquisition debt on or allocable to debt-financed	of or allocable to debt-financed property				4 divided		1		e reportable		umn 6 x total of columns		
property (attach schedule)	(attach so	, , ,			by column 5		(colum	nn 2 x	column 6)	ŀ	3(a) and 3(b))		
(1)					<del></del>	%				<del> </del>			
(2)	<u> </u>					% %							
(3)						% %				<u> </u>			
							<del></del>						
(4)				_					Lon =000 1	Fatasi			
							Part I, line		l on page 1, olumn (A)		here and on page 1, line 7, column (B)		
T-4-1-							' =: ( ),	., .	0.0	1 4.1.	(2)		
Totals							L						
Total dividends-received deduc			d Daws			10			<u> </u>	<del></del>			
Schedule F – Interest, An	inuities, Ro	yaities, an	a Kent					ns (	(see instructi	ons)			
4 Name of accession		0.5	}		xempt Controlled	Orga	anizations				<del>,</del>		
Name of controlled organization		2 Employ identification n	4	3	Net unrelated income	4	Total of specified	otal of specified 5 Part of column			6 Deductions directly		
Organization in		ido/iliidadoi/ili		(lo	oss) (see instructions)	t	payments made		included in the c	-	connected with income		
									organization's gi	ross inc	ın column 5		
(1) N/A													
(2)				_					L				
(3)													
(4)													
Nonexempt Controlled Organ	ızatıons												
						_	40 Per	4 -6	luma O that is		4. Dadistinas desalle		
7 Taxable Income	•	8 Net unrelat			9. Total of specif		1		olumn 9 that is ne controlling		Deductions directly     nected with income in		
/ Laxable income (loss) (see		(loss) (see in	structions)		payments mad	е	1		gross income	}	column 10		
(1)							+			<del>                                     </del>			
					<u> </u>		<del> </del>		<del></del>	<del>                                     </del>			
(2)				$\dashv$			+			<del>                                     </del>			
(3)							+			<del></del> -			
4)					<u> </u>		Adda	- Oluma	s 5 and 10		dd columns 6 and 11		
							Enter h	nere ar	nd on page 1,	Ent	er here and on page 1,		
							Part I,	line 8,	column (A)	Pa	rt I, line 8, column (B)		
Totals						<u>_</u>	<u> </u>			L			
											Form QQN_T (2015		

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions	Schedule	G - Investment	Income of a Section	ion 501(c)(7), (9)	, or (17) Or	ganization (see instructions)
--	----------	----------------	---------------------	--------------------	--------------	-------------------------------

1 Description of income		2 Amount of	Income	3 Deductions directly connect (attach schedul	ed		et-asides n schedule)	i	5 Total deductions nd set-asides (col 3 plus col 4)
(1) N/A									
(2)									
(3)									
(4)									
Totals	<b>.</b>	Enter here and Part I, line 9, c							r here and on page 1, I, line 9, column (B)
Schedule I - Exploited Exer	npt Activity Ir	ncome, Oth	er Than	Advertising In	come	(see instru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expr direconnect producunrel business	enses ctly ed with tion of ated	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gr from is no	ross income activity that of unrelated less income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A									
(2)		1							
(3)									<del></del>
(4)					<del> </del> -		<del> </del>		<del></del>
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10, d	Part I,						Enter here and on page 1, Part II, line 26
Schedule J – Advertising In	Some (see incl	trustions)							
			- C	lideted Decis					
Part I Income From P	eriodicais Re	ported on	a Conso		г		<del></del>		<del></del>
1 Name of penodical	2 Gross advertising income	3 Di advertisii	- 1	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	1	Circulation income	6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A	<u> </u>								<del></del>
(2)									
							<del> </del>	<del>"</del>	
_	· · · · · · · · · · · · · · · · · · ·					<del></del>	<del>                                      </del>		
(4)	<del> </del>						<del> </del>		<del></del>
Totale (corp. to Bort II lino (5))									
Totals (carry to Part II, line (5))  Part II Income From P	Poriodicals Po	norted on	a Sanara	to Pagin (For a	oob n	ariodical li	stad in Ba	ort II fill	ın columne
			a Separa	ite Dasis (FOI 6	sacii pe	enouicai ii	Sieu III Fa	#IL II, IIII	in columns
2 through 7 on a	ine-by-line ba	asis)					T		
1 Name of penodical	2 Gross advertising income	<b>3</b> Di advertisii		4 Advertising gain or (toss) (col 2 minus col 3) If a gain, compute cols 5 through 7	4	Circulation income	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A	<u> </u>						<u> </u>		
(2)	ļ						<u> </u>		
(3)									
(4)					<u> </u>		<u> </u>		
Totals from Part I	l								
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter her page 1, line 11,	Part I,						Enter here and on page 1, Part II, line 27
Schedule K - Compensatio	n of Officers.	Directors	and Trus	stees (see instru	ictions)				<del></del>
1 Nam				2 Title		time	Percent of e devoted to business		ensation attributable to related business
(1) N/A							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Par	t II, line 14						<b>•</b>		
DAA									Form <b>990-T</b> (2015)

58-1400610

## **Federal Statements**

## Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	<u>An</u>	nount
RENTAL OFFICE BUILDING	\$	500
TOTAL	\$	500

## Form **4562**

Department of the Treasury

Internal Revenue Service

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

2015

tachment equence No 17

Identifying number Name(s) shown on return VOLUNTEER HOUSING DEVELOPMENT CORP. 58-1400610 Business or activity to which this form relates RENTAL OFFICE BUILDING Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2016 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 953 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property ) (See instructions ) Part III Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2015 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction репод service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs S/L Residential rental 27 <u>5 yrs</u> S/L ММ property MM 27 5 yrs SIL Nonresidential real MM 39 yrs S/L property MM Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs 40-year 40 yrs MM S/L Summary (See instructions ) Part IV Listed property Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 5,953 here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs