

EXTENDED TO MAY 15, 2019

Form 990-T

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Go to www.irs.gov/Form990T for instructions and the latest information.

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

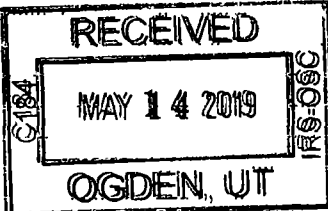
Form header section containing: A Check box if address changed; B Exempt under section 501(c)(03); C Book value of all assets at end of year 4,405,502; D Employer identification number 58-2389721; E Unrelated business activity codes 900099; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of KARI B. LOVE Telephone number 404-577-5000

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 3,000.

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 14-34. Total deductions 1,000. Unrelated business taxable income 2,000.



SCANNED JUN 26 2019

49

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 **SEE STATEMENT 5** **35c** **359.**

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** **359.**

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** **359.**

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** **359.**

45a Payments: A 2016 overpayment credited to 2017 **45a**

b 2017 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 **STATEMENT 2 \$3** **48** **359.**

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 2018 estimated tax** **Refunded** **50**

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

51 At any time during the 2017 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**

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** **X**

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

Sign Here **Signature of officer** *Quil D. Love* **Date** *5/3/19* **Title** **EXECUTIVE DIRECTOR**

Paid Preparer Use Only **Print/Type preparer's name** **M. SUSAN HILL** **Preparer's signature** **M. SUSAN HILL** **Date** **05/03/19** **Check if self-employed** **PTIN** **P00846200**

Firm's name **WARREN AVERETT, LLC** **Firm's EIN** **45-4084437**

Firm's address **SIX CONCOURSE PARKWAY, SUITE 600 ATLANTA, GA 30328** **Phone no.** **770-396-1100**

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
DISALLOWED TRANSPORTATION FRINGE BENEFITS (1/1/18 - 6/30/18)		3,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		3,000.

FORM 990-T	INTEREST AND PENALTIES	STATEMENT 2
TAX FROM FORM 990-T, PART IV		359.
LATE PAYMENT INTEREST		10.
LATE PAYMENT PENALTY		11.
TOTAL AMOUNT DUE		380.

FORM 990-T	LATE PAYMENT INTEREST						STATEMENT 3
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST	
TAX DUE	11/15/18	359.	359.	.0500	46	2.	
INTEREST RATE CHANGE	12/31/18	0.	361.	.0600	135	8.	
DATE FILED	05/15/19		369.				
TOTAL LATE PAYMENT INTEREST						10.	

FORM 990-T	LATE PAYMENT PENALTY					STATEMENT 4
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY	
TAX DUE	11/15/18	359.	359.	6	11.	
DATE FILED	05/15/19		359.			
TOTAL LATE PAYMENT PENALTY					11.	

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 5

1.	TAXABLE INCOME		2,000	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		2,000	
3.	LINE 1 LESS LINE 2		0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0	
5.	LINE 3 LESS LINE 4		0	
6.	INCOME SUBJECT TO 34% TAX RATE		0	
7.	INCOME SUBJECT TO 35% TAX RATE		0	
8.	15 PERCENT OF LINE 2		300	
9.	25 PERCENT OF LINE 4		0	
10.	34 PERCENT OF LINE 6		0	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		0	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX			<u>300</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>420</u>	
		DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	151	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	208	
18.	TOTAL TAX PRORATED	<u>365</u>		<u>359</u>