

Form 990-T

EXTENDED TO MAY 15, 2019
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

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

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

Check box if address changed

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

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

Exempt under section

FANNIE BATTLE DAY HOME FOR CHILDREN, INC

62-0476290

- 501(c)(3)
408(e)
408A
529(a)

Print or Type

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

108 CHAPEL AVENUE

E Unrelated business activity codes (See instructions)

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

NASHVILLE, TN 37206

812930

Book value of all assets at end of year 2,028,602.

F Group exemption number (See instructions.)

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

H Describe the organization's primary unrelated business activity. PARKING LOT LEASE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

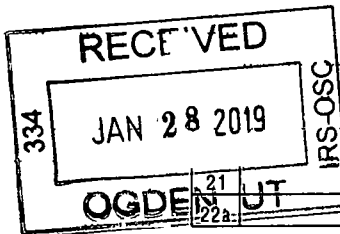
J The books are in care of LISA ROBERTSON Telephone number (615) 228-6745

Part I Unrelated Trade or Business Income

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Net gain (loss), etc. Total income is 25,542.

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 is 0.



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Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total. Total amount is 4,412.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 41e from line 40, Other taxes, Total tax, Payments, 2017 estimated tax payments, Tax deposited with Form 8868, Foreign organizations, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 49 you want. Total amount is 4,754.

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

Table with 3 columns: Question, Yes, No. Questions include: 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...; During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here: 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. Signature of officer: Melanie Shunkaun 11/19/19, Date: 11/19/19, Title: EXECUTIVE DIRECTOR.

Paid Preparer Use Only: Print/Type preparer's name: SARA G. MOON, Preparer's signature: Sara G Moon, Date: 2019 01 08 17 59 31, Check self-employed: [], PTIN: P00034774, Firm's name: CHERRY BEKAERT LLP, Firm's EIN: 56-0574444, Firm's address: 222 SECOND AVE, SOUTH STE 1240 NASHVILLE, TN 37201, Phone no: 615-383-6592.

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

| | | | | | | | | | |
|----|-------------------------------------------------|----|--|---|----------------------------------------------------------------------------------|---|--|-----|----|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | | | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | | |
| 3 | Cost of labor | 3 | | | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | | Yes | No |
| b | Other costs (attach schedule) | 4b | | | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | 8 | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1 Description of property

| |
|------------------------|
| (1) PARKING LOT |
| (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) | 25,542. | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 25,542. |

| | | | |
|----------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------|----|
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► | 25,542. | (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) ► |
| Total dividends-received deductions included in column 8 | | | 0. | 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 | | | 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 III **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

LINE 35C TAX COMPUTATION

STATEMENT 1

| | | | |
|-----|-----------------------------------------------|------------|--------------|
| 1. | TAXABLE INCOME | | 24,542 |
| 2. | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . . | | 24,542 |
| 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 | | 3,681 |
| 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>3,681</u> |
| 15. | TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017 | | <u>5,154</u> |
| | | DAYS | |
| 16. | TAX PRORATED FOR NUMBER OF DAYS IN 2017 | 184 | 1,856 |
| 17. | TAX PRORATED FOR NUMBER OF DAYS IN 2018 | 181 | 2,556 |
| 18. | TOTAL TAX PRORATED | <u>365</u> | <u>4,412</u> |