		AAA T	1	Evenuet Onneriesties 5	!			. T D.	4		<u> </u>	CIVID 140 1545-0087
	Form	990-T		Exempt Organization B	ınder s	sectio	n 6033	(e))	\ a	06		2018
	D	≱*্ rtment of the Treasury	For cale	endar year 2018 or other tax year beginning 07	/01/	18,	and ending	06/30/		UU	n, m	
		riment of the Treasury nal Revenue Service	<b>▶</b> Do	► Go to www.irs.gov/Form990T for not enter SSN numbers on this form as it						(c)/3)		n to Public Inspection to c)(3) Organizations Only
	<u>A</u> [	Check box if	7 20	Name of organization ( Check box if na								on number
	B	address changed Exempt under section		Traine or organization (	anie Gridinge	, a a la a a a a	C 111311 GCLIGI	,		•		nstructions )
		X 501(C) 3) Print Star Center, Inc.										
	F	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, si	ee instructio	ıns			− 6:	2-1:	354:	152
	ř	408A 530(a)	Туре	1119 Old Humboldt								activity code
	Ì	529(a)	31.	City or town, state or province, country, and ZIP or		stal code			_	instruction		
	C	Book value of all assets		Jackson			3830	5	9	000	99	
		it end of year	F G	roup exemption number (See instruction	ıs) 🕨							· · · · · · · · · · · · · · · · · · ·
		-		heck organization type ▶ X 501(c		ation	5	01(c) trust	401(	a) trus	t	Other trust
	H			ation's unrelated trades or businesses								
	ı		-	$_{ m lg}$ and event space. $^-$				, ,				y one, complete
	ſ			cribe the first in the blank space at the e	nd of the	previo	us sente	nce, complete	e Parts I ai	nd II, c	-	
				rade or business, then complete Parts II		•		•				
2020	1 (	During the tax year, was	the corp	poration a subsidiary in an affiliated grou	ip or a pa	arent-su	ubsidiary	controlled gro	oup?		<u> </u>	Yes X No
20	I	f "Yes," enter the name	and idei	ntifying number of the parent corporation	i i		•	-				
$\infty$		<u> </u>										
0	********	he books are in care of		listy Hart				Tele	phone nun	nber 🕨	73	<u> 31-668-388</u>
=	_P;			e or Business Income			(A)	Income		penses	ļ	(C) Net
3	1a	Gross receipts or sale:	s						`			
10	b	Less returns and allow		c Balance	•	1c				<del>```</del>	٠	
	2	Cost of goods sold (So				2			: ::::::::::			<u> </u>
Z	3	Gross profit Subtract				3				<del></del>		
SCANNED	4a	Capital gain net incom		•		4a			<del></del>	***************************************	····	
Ç	b			line 17) (attach Form 4797)		4b		DECT	FT 3500 2004	····		
(1)	С	Capital loss deduction				4c	+-	RECE	V.*1)	Į.		
	5	Income (loss) from partnership		oration (attach statement)		5	<u> </u>		- Anna Contract	<u> </u>		
	6	Rent income (Schedul	,			6	33	MAR 2 4	7020	131		
	7	Unrelated debt-finance		,		7	1-			18.	$\rightarrow$	
	8	•		nts from controlled organization (Schedule F)		8		OGDE	1 117	1 ±	$\rightarrow$	
æ	9			(c)(7), (9), or (17) organization (Schedule G)		9	<u> </u>	JUDEN	v, U1		-	
翼	10	Exploited exempt activ	•	'		10						
17	11	Advertising income (So		·	1	11		40.056				40.05
14	12	Other income (See ins		,,	_	12		40,056				40,050
AP PR	13	Total. Combine lines 3		Taken Elsewhere (See instruc	tions fo	13	tations	40,056	ns ) /Ev	cont	for or	40,050
A	#Ç≪	deduction:	s must	be directly connected with the u	nrelate	ed bus	iness ir	on deduction come.)	JIIS.) (⊏X	cept	ioi cc	minoulons,
	14			ctors, and trustees (Schedule K)							14	
Hacelved In Betching Oguen	15	Salaries and wages		,						ſ	15	24,40
g o	16	Repairs and maintenai	nce								16	4,56
8 E	17	Bad debts									17	
医翼	18	Interest (attach schedu	ıle) (see	instructions)							18	
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	19	Taxes and licenses									19	
	20	Charitable contributions (S	ee instru	ctions for limitation rules)							20	
<b>©</b>	21	Depreciation (attach Fe	orm 456	2)				21	3,	139		
2020	22	Less depreciation clair	ned on S	Schedule A and elsewhere on return				22a			22b	3,139
•	23	Depletion								Ĺ	23	
	24	Contributions to deferr	ed comp	pensation plans							24	
MAY	25	Employee benefit prog	rams								25	
Z	26	Excess exempt expens	ses (Sch	nedule I)							26	<u> </u>
c	27	Excess readership cos	ts (Sche	edule J)							27	
S &	28	Other deductions (atta-	ch sche	dule)			See	Statem	ent 2	<u>, L</u>	28	26,39
ğς	<b>2</b> 9	Total deductions. Add	d lines 1	4 through 28					2	18	29	58,50
Ö	30	Unrelated business tax	able inc	ome before net operating loss deduction	n. Subtra	ct line 2	29 from I	ne 13		L	30	-18,45
Received in	<b>3</b> 1	Deduction for net opera	atıng los	s arising in tax years beginning on or af	ter Janua	ary 1, 2	018 (see	instructions)		<b>,</b> ,	31	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	82	Unrelated business tax	able inc	ome Subtract line 31 from line 30					- 2	211	32	-18,45
	DAA	For Paperwork Reduc	ction Ac	t Notice, see instructions.						•		Form <b>990-T</b> (2018

Form **990-T** (2018)

Page	2

Pa	art III Total Unrelated Business Taxable income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		-	
	₽nstructions)	Į	33	
34	Amounts paid for disallowed fringes		34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	Į	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	,,	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	4	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0
Pε	art.IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	, I		
	the amount on line 38 from. Tax rate schedule or Schedule D (Form 1041)	▶	40	
41	Proxy tax. See instructions	▶ [	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions	Ī	48	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	ľ	44	0
	art V Tax and Payments		+	
<del></del>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a			
b	Other credits (see instructions)  45b			
	General business credit Attach Form 3800 (see instructions)  45c	$\neg$		
C	· · · · · · · · · · · · · · · · · · ·	$\dashv$		
d	, , , , , , , , , , , , , , , , , , , ,	一	44.	
e 46	Total credits. Add lines 45a through 45d	-	45e	
46	Subtract line 45e from line 44 Other taxes	<u> </u>	46	
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att sch)	}	47	
48	Total tax. Add lines 46 and 47 (see instructions)	- }	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	[	49	
50a		300		
b	2018 estimated tax payments			
C	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions)		S	
е	Backup withholding (see instructions) 50e		``	
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ _50g			
51	Total payments. Add lines 50a through 50g		51	1,300
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	$\Pi$	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. ▶ [	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 57	▶ [	54	1,300
<b>3</b> 5	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 1,300   Refunded	d▶	5\$	
	art VI Statements Regarding Certain Activities and Other Information (see instructions)	,		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		•	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file	3		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign countrelies ▶	y		" x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ian teiu	-12	$\frac{1}{x}$
J1	If "YES," see instructions for other forms the organization may have to file	gii iius	י אני	-
58	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 a	nd belief	ıt ıs	
ei~	this parent and analysis Declaration of account fether than toward in board on all information of which account has any branched			the IRS discuss this return
Sig			with (see	the IRS discuss this return the preparer shown below instructions)?
Her	17000 12000 12002			X Yes No
	Signature of officer   Date   Title     Print/Type preparer's name   Preparer's parture   Date			PTIN
	1 / human	- 1	Check if	
Paid -	"		self-employed	P00083268
•	parer Firm's name Alexander Thompson Arnold, PLLC	Firm's E	in )	<u> 52-1110839</u>
Use	Only 227 Oil Well Rd	ı		
	Firm's address Jackson, TN 38305	Phone r		<u>1-427-8571</u>
				Form 990-T (2018)

%

%

%

Enter here and on page 1,

Part I, line 7, column (A)

Form **990-T** (2018)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

Totals

Total dividends-received deductions included in column 8

101111 330-1 (2010) DCGI C	<del></del>	<u></u>				2 .	,,,,,,	, 2		rage ·
Schedule F - Interest, Anni	uities, Royalt	ies, and Ren	ts Fron	n Controll	ed Or	ganiza	ations	(see instruc	tions)	
· · · · · · · · · · · · · · · · · · ·				ot Controlled						
1 Name of controlled organization	11		yer number 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) N/A										
(2)										
(3)			l							
(4) Nonexempt Controlled Organiza	tions.		1							
Nonexempt Controlled Organiza	T		Т							
7. Taxable Income	l l	Net unrelated income oss) (see instructions)		9. Total of specific payments made		ınci	uded in the	mn 9 that is controlling ross income		Deductions directly     nected with income in     column 10
(1)										
(2)										
(3)										
(4)					-					
	•					Ente	id columns er here and rt I, line 8, c	on page 1,	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Totals			\ <del>(=</del> )	(4=) 0	<u>•</u>					it i, line o, colonii (b)
Schedule G – Investment Ir	icome of a S	ection 501(c	)(7), (9)	, or (17) O	rganız	ation	(see in:	structions)		
1 Description of income		2 Amount of it	ncome	directly	fuctions connected schedule)			Set-asides ach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1) <b>N/A</b>				<del>                                     </del>						
				1					_	
(2)				<del> </del>		-+		<del></del>		
(3)				<u> </u>		-				
(4)		Enter here and o Part I, line 9, col	n page 1, umn (A).	3	```		,,,,,,	1 11	Er P	ater here and on page 1, art I, line 9, column (B)
Totals	<b></b>					·				
Schedule I – Exploited Exer	npt Activity	Income, Othe	<u>er Than</u>	Advertisi	ng Inc	ome (	see ins	tructions)		
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expen directly connected productio unrelate business in	y with n of ed	4. Net income (liftom unrelated to or business (coli 2 minus column If a gain, compicols 5 through	rade umn 3) ute	from ac	is income clivity that unrelated is income	6 Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A			+					· · · · · · · · · · · · · · · · · · ·		
•			+							
(2)						-		+		
(3)					-+					
(4)	Enter here and or page 1, Part I,	page 1, Pa	arti,		<del></del> .	<del>.,,</del>	<del></del>	<u>L</u>	······	Enter here and on page 1,
Totals	line 10, col (A)	line 10, col	(B)				" "			Part II, line 26
<u> Schedule J – Advertising In</u>										
Part I Income From P	<u>eriodicals Re</u>	<u>eported on a</u>	<u>Conso</u>	lidated Ba	<u>ısis</u>					
1 Name of penodical	2 Gross advertising income	3 Direct advertising		4 Advertising gain or (loss) (c 2 minus col 3) a gain, computed to 5 through	ool If te		culation come	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A				~		-	-			\ \ \ \ \ \
(2)		<u> </u>		<b>*</b> .	``					<b>Ţ</b> .;
(3)		<del></del>	<del></del> [*	į						<b>1</b>
					-					
(4)					+					, , , , , , , , , , , , , , , , , , ,
Totals (carry to Part II, line (5))										

Part II 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 bas	<u>is.)</u>				
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) N/A						
(2)						
(3)						
(4)						
Totals from Part I			, , , , , , , , , , , , , , , , , , ,		3.57	
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	*		`\	Enter here and on page 1, Part II, line 27

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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2018)

74174 Star Center, Inc. 62-1354152

FYE: 6/30/2019

## **Federal Statements**

2/27/2020 10:59 AM

Page 1

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

Description	 Amount
Auditorium rental	\$ 40,056
Total	\$ 40,056

## Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description		Amount
Credit card fees	\$	344
Janitorial supplies	•	718
Insurance		3,845
Utilities		6,050
Administrative allocation		1,671
Marketing		6,000
Janitorial		6,000
Professional fees		500
Rent expense		510
Supplies		753
Total	\$	26,391

Form **4562** 

Department of the Treasury

Internal Revenue Service

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2018

chment.

179

Identifying number Name(s) shown on return Star Center, Inc. 62-1354152 Business or activity to which this form relates Indirect Depreciation **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. 1,000,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't 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 14 15 Property subject to section 168(f)(1) election 15 98,13916 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property See instructions.) Part III Section A 17 590 17 MACRS deductions for assets placed in service in tax years beginning before 2018 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in service only-see instructions) 19a 3-year property b 5-year property c 7-year property 10-year property 15-year property 20-year property 25 yrs S/L 25-year property 27 5 yrs. MM S/L Residential rental property 27.5 yrs MM S/L 07/18/18 9,550 | 39 yrs ММ 235 S/L Nonresidential real 12/11/18 15,861 39.0 property MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Class life 20a 12 yrs S/L 12-year S/L 30-year 30 yrs MM C MM S/L 40-year 40 yrs đ Part IV Summary (See instructions.) 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 99,184 here and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23