

1706

Form 990-T
CIS47Y7DN

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

OMB No 1545-0687

2016

For calendar year 2016 or other tax year beginning Jul 1, 2016, and ending Jun 30, 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 <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust see instructions)	
		Tiptonville Main Street		62-1791287
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) <input type="checkbox"/> 220(e) <input type="checkbox"/> 530(a)	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions	E Unrelated business activity codes (See instructions)	
		130 South Court Street		0
		City or town, state or province, country, and ZIP or foreign postal code		Tiptonville TN 38079

C Book value of all assets at end of year 20,875.	F Group exemption number (See instructions) ▶
	G Check organization type . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity
None

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ Yes No
If 'Yes,' enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ Marcia Mills Telephone number ▶ (731) 253-8144

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total Combine lines 3 through 12	13	0.	

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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)	
14 Compensation of officers, directors, and trustees (Schedule K)	14
15 Salaries and wages	15
16 Repairs and maintenance	16
17 Bad debts	17
18 Interest (attach schedule)	18
19 Taxes and licenses	19
20 Charitable contributions (See instructions for limitation rules)	20
21 Depreciation (attach Form 4562)	21
22 Less depreciation claimed on Schedule A and elsewhere on return	22a
23 Depletion	23
24 Contributions to deferred compensation plans	24
25 Employee benefit programs	25
26 Excess exempt expenses (Schedule I)	26
27 Excess readership costs (Schedule J)	27
28 Other deductions (attach schedule)	28
29 Total deductions. Add lines 14 through 28	29
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31 Net operating loss deduction (limited to the amount on line 30)	31
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32 0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34 0.

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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 0.
 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 0.

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 (see instructions) 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 0.
 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 0.
 45a 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
 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ 49 0.
 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 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? X
 If YES, see instructions for other forms the organization may have to file
 53 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: Marcus Miller Date: 8/31/18 Title: Director
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: Fred Wortman Preparer's signature: [Signature] Date: 8-31-2018 Check if self-employed PTIN: P01417132
 Firm's name: FRED WORTMAN Firm's EIN: _____
 Firm's address: 146 Argo Road Phone no: (731) 264-5757
RIDGELY TN 38080

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