	•								2 / 0	902	. J 1	U J	- 35 (
	_	oon T	Exe	empt Org	anization B	usir	ess Incon	ne Ta	x Retur		L	OMB N	o 1545 0687
1.0	rF0	<sub>ım</sub> 990-T	F		nd proxy tax u				6/3N	1704 , 20		2	016
77	- '				tax year beginning							<b>Z</b> _	010
ひし	Depart	ment of the Treasury I Revenue Service	ł		n 990-T and its in ers on this form as it						10	pen to Put	lic Inspection for
_	A X	Check box if	001101	Circl Soft Hallis		<u> </u>	hanged and see inst			<del>````</del>	) Emp	loyer iden	ganizations Only bification number
		address changed cempt under section		Helena I	Industries,	Inc					(Em ınstr	ployees' tru uctions )	ıst, see
		501( c )( <u>63</u> )	or	Entity i	n Bankrupto	ЗУ				1	81	-0309	5451
		408(e) 2200	(е) Туре		coadway #805	5				Ī			iness activity
		408A 530	(a)	prirings	s, MT 59101					Ì		•= (•••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	L	529(a)		<u> </u>		<del></del>							
	C Bo	ok value of all assets at d of year	<u> </u>	<del></del>	imber (See instruct	<u>_</u>							<del></del>
		3,485,725	<u>'l</u>	k organizatior		501(c	) corporation	5010	(c) trust	401	(a) tr	ust [	Other trust
	H D	escribe the organia	zation's primar	y unrelated b	usiness activity								
	1 D	uring the tax year,	was the corpo	ration a subs	idiary in an affilia	ted gr	oup or a parent	-subsidia	ary control	ed grou	p?	► □Y	es X No
		'Yes,' enter the na	·									لــا	
	JT	he books are in care	of Barba	ara Walsh	ז			Te	elephone n	umber 🏲	(40	6) 44	2-8632
	Par	t I Unrelated	Trade or B	lusiness In	come		(A) Incom	1e	(B) Ex	penses		(	C) Net
	. 1 a	Gross receipts or	sales					1			į		
		Less returns and allow			<b>c</b> Balance <b>&gt;</b>	1c							<del></del>
		Cost of goods sold	•			2							
•	3	Gross profit Subt				3 4a							
,		Capital gain net in			1707)	4a 4b							
i		b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts							<del></del>				
		5 Income (loss) from partnerships and S corporations							· · · · · · · · · · · · · · · · · · ·		-+		
ı		(attach statement)		6									
	6	Rent income (Schedule C)					20	100		20 20	+		0.106
ͺ τ	7	•					20,	,100.	·	28,20	06.		-8,106.
, "	9	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)											
, iu	. 10	Exploited exempt	9 10	<del></del>									
	11	Advertising incom	11					-+					
SCAN.	12	Other income (Se	e instructions,	attach sched									
$\mathcal{Q}$						12							
	13	Total. Combine lin				13		,100.		28,20	06.		-8,106.
	Par	t II Deductio	ns Not Take	en Elsewhe	e <b>re</b> (See instru	ction	s for limitation	ns on	deductio	ns.) (E	xcep	t for	
	14	Compensation of			pe directly con		edwitti trie u	rireiate	a pusine		14		<del></del>
	15	Salaries and wage		ors, and trust	chd lo Carotton or		ပ္က			-	15		
	16	Repairs and main		اها	AUG 2 4 20	18	ΙΫ́Ι			-	16		
	17	Bad debts		B106	AUG 24 20	10	1821			<b>├</b>	17		
	18	Interest (attach so	hedule)	1-1			<b>'=</b> {			<u> </u>	18		
	19	Taxes and license	es.	<b>I</b>	OGDEN,	<u>U I </u>	لـــا				19		
	20	Charitable contrib	limitation rules)						20				
	21	Depreciation (atta	ch Form 4562)				21	1	10,	900.			
	22 Less depreciation claimed on Schedule A and elsewhere on retu					turn	22	а			22b		
	23	Depletion									23		
	24 Contributions to deferred compensation plans										24		
	25	Employee benefit	programs							-	25		
	26	Excess exempt ex	•	•							26		
	27	Excess readership									27		
	28	Other deductions								I	28 29		
	29 30	Total deductions. Unrelated busines			t operating loss d	eductio	on Subtract line	29 from	n line 13	L-	30		-8,106.
	31	Net operating loss					Jabaac mie	II UII	13	L-	31		0,100.
	32	Unrelated busines					ct line 31 from I	ine 30			32		-8,106.
	33	Specific deduction									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

BAA For Paperwork Reduction Act Notice, see instructions.

-8,106. Form **990-T** (2016)

34

TEEA0205L 09/19/16

		(2016) Helena Industries, Inc		81	-030	5451	P	age 2
	,	Tax Computation						
35		nizations Taxable as Corporations. See instructions for tax computation						
	Contro	olled group members (sections 1561 and 1563) check here 🕨 🗌 <b>See instr</b>	uctions and		il			
а	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bracks	ets (in that order	7)	1 1			
	(1)  \$	(2)  \$ (3)  \$						
b		organization's share of (1) Additional 5% tax (not more than \$11,750)	\$		1 1			
_		Iditional 3% tax (not more than \$100,000)	\$		1 1			
,	• •	ne tax on the amount on line 34	L <u>¥</u>		35 c			0.
_		s Taxable at Trust Rates. See instructions for tax computation. Income tax	on the amount		100			<del></del>
-		e 34 from Tax rate schedule or Schedule D (Form 1041)	on the amount	•	36			
27		/ tax. See instructions		•	37			
37	_	native minimum tax		_	38			
38								
39		n Non-Compliant Facility Income. See Instructions			39			
40	Total.	Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40			0.
Par	t IV	Tax and Payments						
		gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	41 a					
	_	credits (see instructions)	41 b		1			
		ral business credit Attach Form 3800 (see instructions)	41 c		1 1			
		t for prior year minimum tax (attach Form 8801 or 8827)	41 d		1 [			
		credits. Add lines 41a through 41d	4.0		41 e			0
		eact line 41e from line 40			42			<u>0.</u>
		taxes Check if from Form 4255 Form 8611 Form 8697 Form	0066		42			0.
43			0000		42			
		Other (attach schedule)			43			
		tax. Add lines 42 and 43	lar i		44			0.
	-	nents A 2015 overpayment credited to 2016	45 a		1 1			
		estimated tax payments	45 b		1 1			
		deposited with Form 8868	45 c		] ]			
•	<b>J</b> Foreig	gn organizations Tax paid or withheld at source (see instructions).	45 d		1 1			
•	Backı	up withholding (see instructions)	45 e		1 1			
f	Credi	t for small employer health insurance premiums (Attach Form 8941)	45 f		] [			
ç	Other	r credits and payments Form 2439			<b>i</b>			
	F	orm 4136 Other Total	45 g		1 1			
46		payments. Add lines 45a through 45g			46			0.
		nated tax penalty (see instructions) Check if Form 2220 is attached		▶□	47			_ <del></del> -
47		· · · · · · · · · · · · · · · · · · ·		, L				
48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48			
49	-	payment. If line 46 is larger than the total of lines 44 and 47, enter amount	overpaid.	•	49			
50	Enter	r the amount of line 49 you want Credited to 2017 estimated tax		Refunded >	50			
Pai	rt V	Statements Regarding Certain Activities and Other Information	ition (see instri	uctions)				
51	At any	y time during the 2016 calendar year, did the organization have an interest in or a	signature or other	er authority ov	er a		Yes	No
_	financ	cial account (bank, securities, or other) in a foreign country? If YES, the organiza	ition may have t	o file FinCEN	Form	114.		
		ort of Foreign Bank and Financial Accounts If YES, enter the name of the fo	-			,	$\vdash$	- V
							<del> </del>	X
52		ng the tax year, did the organization receive a distribution from, or was it the	e grantor of, or t	ransteror to,	a foreig	gn trust?	1	<u>X</u>
		S, see instructions for other forms the organization may have to file						ļ
_53	Enter	the amount of tax-exempt interest received or accrued during the tax year	\$	0.				L
	<del>-</del>	Under penalties of perury, I declare that I have examined this return, including accompanying sche belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all	dules and statements, information of which	, and to the best of	f my kno knowled	wledge and ge		
Sig	n			proparet the day	May the	IRS discuss t	his returr	n with
Her	'e		TEE		the prep	arer shown boons)?		_
		, n = , M	- 		1	XY	es	No
D		Print/Type preparer's name	ate	Check X if	PT	IN		
Pai		Sherill Frickle Sherill Frickle	8-17-18	self-employed	P	0000922	21	
Pre		Firm's name SHERILL FRICKLE CPA	<u> </u>	<del></del>		3427158		
par Use	er			FIITISEIN	20-3	1461130		
Onl		Firm's address 2045 HEWITT DR		_	,	.a. a==		
		BILLINGS; MT 59102		Phone no	(40	06) 655		
BAA	١	TEEA0202L 09/19/16				Form 9	<b>90-T</b> (2	:016)

Schedule A — Cost of Good	ds Sold. Ent	er method of inve	entory valuation	<b>•</b>						
1 Inventory at beginning of year	1	6	Invent	ory at	end of year	6				
2 Purchases	2	7			oods sold. Subtract					
3 Cost of labor		3				ne 5 Enter here , line 2	_			
4 a Additional section 263A costs (attack	h schedule)			and in	rani	, me z	7		141	
		4a	ء ا	D- 11-					Yes	No
<b>b</b> Other costs (attach sch).		4 b	8	DO THE prope	ruies rtv prod	of section 263A (wi duced or acquired fo	in resp or resa	ect to le) annly		
5 Total. Add lines 1 through 4	р	5		zation?	{	Х				
Schedule C - Rent Income	(From Rea	I Property and	d Personal P	roperty	y Lea	sed With Real P	rope	<b>rty)</b> (see ır	structi	ons)
1 Description of property										
(1)										
(2)						<del></del>				
(3)										
(4)		<del> </del>		_		<del>,</del>				
		ed or accrued	<del></del>		.——	<b>3(a)</b> Deduction	ns dire	ctly connec	ted wit	h
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	(If the perce property ex	eal and persona entage of rent f ceeds 50% or it l on profit or ind	or persor the rent	nal	the income ii	n colur	nns 2(a) ar chedule)	nd 2(b)		
(1)										
(2)										
(3)										
(4)										
Total		Total	-							
(c) Total income. Add totals of co here and on page 1, Part I, line 6		d 2(b) Enter				(b) Total deductions. here and on page 1, Pa 1, line 6, column (B)				
Schedul e E - Unrelated De	ebt-Finance	d Income (see	instructions)			<del></del>				
1 Description of debt	-financed area	nerty.	2 Gross incon		<b>3</b> De	eductions directly co debt-fina	nnecte nced p	ed with or a	allocable St	le to
1 Description of debt	ierty	financed property		depr	(a) Straight line eciation (attach sch	(b) Other deductio			ns	
(1) Building space, Hel	Lena, MT		2	0,100		10,900		. 17,306.		
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)      5 Average adjusted ba or allocable to debt-fin property (attach schedule)			<b>6</b> Columi divided column	by 5		7 Gross income portable (column 2 x column 6)		8 Allocable deductio (column 6 x total c columns 3(a) and 3(		of
(1)			100.0			20,100	١.		28,2	06.
(2)				8						
(3)				8	1					
(4)				%	;					
					Enter Part	r here and on page 1, line 7, column (A	1, Ento Par	er here and t I, line 7,	l on pa column	ge 1, (B)
Totals				b	•	20,100			28,2	06.
Total dividends-received deduction	ons included i	n column 8					<b>P</b>			
BAA	<del>-                                    </del>	TE	EA0203L 09/19/16					Form 9	990-T (	2016)

Form 990-T (2016) Helena In									<del></del>		305451		
Schedule F - Interest, Ann	nuiti		_					Orgai	nizations	(see in	struction	s)	
1 Name of controlled organization id		Employer ntification number	3	Net un		Ť	nizations  4 Total of spec payments ma		<b>5</b> Part of that is in the cor	cluded	in (	6 Deductions directly connected with income in column 5	
						1_				ıncome			
(1)													
(2)						L							
(3)						↓							
(4)						1_							
Nonexempt Controlled Organization			<del></del>										
7 Taxable Income	inc	et unrelated come (loss) instructions)	ss)   p		Total of specified payments made		ıncluded ı	n the c			connecte	ctions directly d with income olumn 10	
(1)													
(2) (3) (4)	-												
(3)													
(4)													
Totals							Add columns here and on p 8, co		, Part I, line		e and on	s 6 and 11 Enter page 1, Part I, line llumn (B)	
Schedule G - Investment	Inco	me of a Sec	ctior	1 501(	c)(7), (9	), (	or (17) Orga	nizati	on (see in:	structio	ns)		
1 Description of income		2 Amount o		come dire		De	Deductions		4 Set-asides (attach schedule)		5 Tota set-a	al deductions and sides (column 3 us column 4)	
(1)	-+			-					<del></del>				
(2)		<u></u>			<del>                                     </del>				·		l		
(2)													
(4)													
		Enter here and Part I, line 9,									Enter he Part I, I	ere and on page 1 ine 9, column (B)	
Totals Schedule I – Exploited Exe		t Activity In		10 Ot1	har Tha	n /	Advorticing	Incor	70 (222 :22				
Schedule 1 – Exploited Exe	emp	2 Gross				$\overline{}$						1.75	
1 Description of exploited acti	ivity	unrelated business income fro trade or business	d s om	conno pro of u	nses directly ected with duction inrelated ess income	fro or 2 I	Net income (loss) om unrelated trade business (column minus column 3) f a gain, compute umns 5 through 7	activi unrela	s income from ty that is not ated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)	
(1)												-	
(2)													
(3)													
(4)													
		Enter here on page Part I, line column (a	1, 10,	on p Part	here and page 1, I, line 10, mn (B)							Enter here and on page 1, Part II, line 26	
Totals		<u> </u>	_				·····						
Schedule J – Advertising						<b>1</b> -	J D ! -						
Part I Income From Perio	odic											1	
1 Name of periodical		2 Gross advertisin income		adve	Oirect ertising osts	(1	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)		<del> </del>		l		T	unough /						
(2)						]						]	
(3)													
(4)			_			$oxed{igspace}$						<u> </u>	
Totals (carry to Part II, line (5))		•							C				
PAA					EA0204 L (	1	0/15	<u> </u>				orm <b>990-T</b> (2016)	

Page 5

Part II Income From Periodica 7 on a line-by-line basis )	s Reported or	ı a Separate E	<b>Basis</b> (For each p	eriodical listed in	Part II, fill in co	lumns 2 through			
1 Name of periodical	<b>2</b> Gross advertising income	<b>3</b> Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5 Circulation income	<b>6</b> Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)			
(1)									
(2) (3) (4)									
(3)	ļ		<b></b>						
(4)			<u> </u>	l		ļ			
Totals from Part I ►									
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)			Enter here and on page 1, Part II, line 27				
Totals, Part II (lines 1-5)						<u> </u>			
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instri	uctions)					
1 Name		2 Title	ation attributable ated business						
					%				
					%				
					%				
					%				
Total. Enter here and on page 1, Part II	, line 14	<del></del>			<b>&gt;</b>				
<b>BAA</b> TEEA0204 L 09/19/16 Form <b>990-T</b> (2016)									

Page 1 2016 **Federal Statements** Helena Industries, Inc Entity in Bankruptcy 81-0305451 Statement 1
Form 990-T, Schedule E, Line 3b
Other Deductions Allocable to Debt-Financed Property Building space, Helena, MT 998. Insurance \$ 8,784. Interest Repairs 976. 1,395. 5,153. 17,306. Taxes Utilities Total \$