,								
990-T	E		anization Bus			Tax Retur	n	OMB No. 1545-0687
	For ca		year beginning DEC 1			OV 30, 20	17	2016
	Į		Form 990-T and its instru					2010
Department of the Treasury Internal Revenue Service			ers on this form as it ma					en to Public Inappetion to 1(c)(3) Organizations Only
A Check box if address changed			Check box if name of				[DEmploye	r identification number ees' trust, see
B Exempt under section	Print	Mayer Elect	ric Supply	Fou	ndation, In	nc.	63	-0505982
<b>X</b> 501(c)(3 )	Type		m or suite no. If a P.O. bo	x, see i	nstructions.		E Unrelate	d business activity codes ructions)
408(e) 220(e)	, Abe	P.O. Box 1:	328					•
408A530(a)	1		ovince, country, and ZIP o	or foreig	n postal code		İ	_
529(a)	ļ	Birmingham					9000	99
C Book value of all assets	F Grou	ip exemption number (Se	E Instructions.)  X 501(c) corporation	<u> </u>	·	<del></del>		· · · · · · · · · · · · · · · · · · ·
					501(c) trust	401(a) trust		Other trust
H Describe the organization								
•			affiliated group or a parc	nt-subc	idiary controlled group?		Yes L	X No
J The books are in care of		ifying number of the pare			T-1		(205)	583-3500
		de or Business In			(A) Income	hone number > (8) Expense		(C) Net
1a Gross receipts or sale		ie oi Pasiiless III	1	<del></del>	(4) modile	(U) EXPONS	<del>-</del>	(0) 1101
b Less returns and allo			c Baiance	1c			į	t
2 Cost of goods sold (S		Δ line 7)	J Coalance	2		<del> </del>		
3 Gross profit. Subtrac			デベ ト ブ	3		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
4 a Capital gain net incor				4a		<del> </del>		
• •	•	art II, line 17) (attach For	m 4797)	4b		<del> </del>		<del></del>
c Capital loss deductio			<b> ,</b>	4c				
•		ips and S corporations (a	ttach statement)	5	<8,383	> Stmt	13	<8,383.
6 Rent income (Schedu			•	6				
7 Unrelated debt-finance	ed incor	ne (Schedule E)		7		1		<del></del>
8 Interest, annuities, ro	yaltıes, a	nd rents from controlled	organizations (Sch. F)	8				· · · · · · · · · · · · · · · · · · ·
9 Investment income o	f a sectio	n 501(c)(7), (9), or (17)	organization (Schedule G)	9				
10 Exploited exempt act	ivity inco	me (Schedule I)		10				
11 Advertising income (	Schedule	J)		11				
12 Other income (See in				12				
13 Total, Combine lines				13	<8,383.			<8,383.
			re (See instructions fo					
		<del>`</del>	st be directly connecte	a with	the unrelated busines	ss income )		
	licers, dir	ectors, and trustees (Sch	edule K)		•	•	14	
15 Salaries and wages							15	
16 Repairs and mainter 17 Bad cebts	lance				•	•	16	
18 Interest (attach sche	dulet		CE CE	7	• •		17	
19 Taxes and licenses	daicy	(m)		לכזר		**	19	
	ons (See	instructions to Hightation	Hilles 1 2 2010	121	•		20	<del></del>
21 Depreciation (attach			A 1010	7-13	21	-	<del>  "   </del>	
		Schedule A and elsewhe	ro-on-tetur?	j	22a		22b	
23 Depletion			CULIV, UT	jr  -	, [		23	
24 Contributions to defe	erred cor	npensation plans	-	<u>-</u> -	••		24	
25 Employee benefit pro	ograms		.,				25	
26 Excess exempt expe				-	•		26	
27 Excess readership of	osts (Sch	redule J)					27	
28 Other deductions (at		* *					28	
🕵 29 - Total deductions A		•	-		,		29	0.
30 Unrelated business t			g loss deduction. Subtrac	t line 29			30	<8,383.
31 Net operating loss de		(limited to the amount on				ement 14	31	
			uction. Subtract line 31 fr		30		32	<8,383.
			structions for exceptions				33	1,000.
	taxable	income. Subtract line 33	from line 32. If line 33 is	greater	than line 32, enter the si	mailer of zero or		^ ^ -
line 32	. D	made Dankerston A 4 25 - 1					34	<8,383.
623701 11-22-17 LHA F	r raper	vork neauction Act Notic	e, see instructions.					Form <b>990-T</b> (2016)

Flant Hill   Tax Computation   Selections 161 and 153)   Check lare   Selections 161 and 153)   Selections 161 and 153	Form 990-T (201	Mayer Electric Supply Foundation, Inc.	•	63-0	<u> 505</u>	982	Page 2
Controlled group members (sections 1561 and 1563) check there	Part III	Tax Computation					
a. Enter your share of the \$50,000, \$25,000, and \$9,925,000 issuable income brackets (in that order):  (1) S	35 · Org	anizations Taxable as Corporations. See instructions for tax computation.					
District organization's share of; (1) Addenoral 5% tax (not more than \$10,000)   S   S	Cor	strolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions an	ıd:			,	
District organization's share of; (1) Addenoral 5% tax (not more than \$10,000)   S   S	a Ent	er your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	er):				
b Enter organizations share of (1) Addinanal 5% tax (not more than \$11,750) [2] Addinanal 3% tax (not more than \$10,000) c Income tax on the amount on line 34 36			•	1			
(2) Additional 3/s tax froit more than \$100,000)    Income tax on the amount on tine 34				ī			
c Income tax on the amount on line 34  35 Trusts Taxable at Trust Rese, See Instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Tax rate schedule or  Tax and payments  Tax and schedule or  Tax and schedule				7		1	
Tracts Taxable at Trust Rates. See instructions for tax compulsation. Income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   37   37   37   37   38   37   37   38   38				_	<b>▶</b>   3	15c	0.
Tax rate schedule or Schedule D (Form 1041)			on line 34	from:			
38 Alternative minimum tax 39 Tax on Non-Compiliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35 cor 36, whichever applies 40 O.  Part IV Tax and Payments 41s Foreign tax rendi (corporations attain Form 118; trusts attain Form 1116) 5 Other credits (see instructions) 6 General business credi. Attain Form 3800 6 Credit for prior year minimum tax (attach Form 8801 or 8827) 7 Total activity and the second of the se				1	<b>▶</b> [ :	36	
38 Alternative minimum tax 39 Tax on Non-Compiliant Facility Income. See instructions 40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies 41 Foreign tax rarelit (corporations attach Form 118); trusts attach Form 1116) 41a Foreign tax rarelit (corporations attach Form 3800 41b Control for prior year minimum tax (attach Form 3800 41c Credit for prior year minimum tax (attach Form 3800 41c Credit for prior year minimum tax (attach Form 3800 41c Credit for prior year minimum tax (attach Form 3800 41c Credit for prior year minimum tax (attach Form 3801 or 8827) 41d 41d 41c	37 Pro	<del>-</del> ,			_		
Tax on Non-Compilant Facility Income. See instructions   39		•		.,	· -		<del></del>
Total Add lines 37, 38 and 38 to line 35 cor 35, whichever applies   40   0		- "	•	•			
Part IV   Tax and Payments		· · · · · · · · · · · · · · · · · · ·			_		<u></u>
41s Foreign tax credit (corporations attach form 1118; trusts attach Form 1116)  0 Other credits (see instructions)  General business credit. Attach Form 3800  41c  41c  41d  42 Subtract line 4 te from line 40  43 Other taxes. Otheck if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (anusch schedule)  43 Other taxes. Otheck if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (anusch schedule)  44 Otal tax. Add line 42 and 43  45 a Payments: A 2015 overpayment credited to 2016  b 2016 estimated tax payments  c Tax deposited with Form 8868  d Foreign organizations: Tax paid or withheld at source (see instructions)  45 Backup withholding (see instructions)  45 Backup withholding (see instructions)  45 Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments: ☐ Form 2439 ☐ Other I are delicated tax penalty (see instructions)  45 Total payments. Add lines 45s through 45g  47 ☐ Total payments. Add lines 45s through 45g  48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpaid  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want. Credited to 2017 estimated tax  Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 Atary time during the 2016 calendar year, did the organization have an interest in or a significant 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 118, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country  If YES, see instructions for other forms 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 of the results of the organization of the results of the organization of the payment of the foreign trust?  Form 221/8 ☐ Payment Prepayers				<del></del>		+0	
b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 4 ta through 41d 42 Subtract line 41e from time 40 43 Other taxes. Check if from:			T 410 T		$\neg \vdash$		
d Credit for prior year minimum tax (stach Form 8801 or 8827)  Total credits, Add lines 41 at through 41d  Subtract line 41e from line 40  410  410  410  410  410  410  410		·	-		$\dashv$	1	
a Credit for prior year minimum tax (attach Form 8801 or 8827)  a Total credits. Add lines 41a through 41d  41c  41c  41c  41c  41c  41c  41c		• •	<del></del>		$\dashv$		
e Total credits. Add lines 41 a through 41d  42 Subtract line 4 te from line 40  43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (extech schedule)  43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8666 ☐ Other (extech schedule)  44 Total Isax. Add lines 42 and 43  45 a Payments. A 2015 overbayment credited to 2016  5 2016 estimated tax payments  6 Tax deposited with Form 8868 ☐ 45b		•			$\dashv$		
42 Subtract line 4 te from line 40  30 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)  41 Total tax. Add lines 42 and 43  44		•	410		┨.		
A3 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8666  Other (attach schedule)  A4 Total tax. Add lines 42 and 43		•		•	·		
44 Total tax. Add lines 42 and 43  45 a Payments. A 2015 overpayment credited to 2016  5 2016 estimated tax payments  c Tax deposited with Form 8868  d Foreign organizations: Tax paid or withheld at source (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:			,,, <u> </u>			<del></del>	
Double Sumated tax payments:  1			166 L (	ANEF (attach schedu			
b 2016 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:			1 1			14	<u> </u>
c Tax deposited with Form 8858 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments:	•		<del></del>		_		
d Foreign organizations: Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:  Form 4136  form 4136  Other  Total  459  459  460  Total payments. Add lines 45a through 45g  Estimated tax penalty (see instructions) Check if Form 2220 is attached   Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  480  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  500  Enter the amount of line 49 you want. Credited to 2017 estimated tax  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  Finc N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  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.  Enter the amount of tax-exempt interest received or accrued during the tax year  Signalure of officer  Date  Value penalties of grayry, 1 federic has the line vein, including accompaying schedules and statements, and to the best of my knowledge and boiled, it is true.  Signalure of officer  Date  Value penalties of grayry, 1 federic has the line vein, including accompaying schedules and statements, and to the best of my knowledge instructions?  Way the IPS discuss this ratum with the preparer is a my knowledge  Print/Type preparer's name  Preparer's sonature  Value of the print is the print is penaltied of the print is penaltied in the print is penaltied of the penalties of					_		
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (Attach Form 8941)  g Other credits and payments:		·					
Credit for small employer health insurance premiums (Attach Form 8941)   Q Other credits and payments:			45d				
Form 4136	e Bac	kup withholding (see instructions)	45e		┛.	•	
Form 4136 Other Total  45g  46  Total payments. Add lines 45a through 45g  47  Estimated tax penalty (see instructions) Check if Form 2220 is attached  47  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  48  0.  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  49  0.  Enter the amount of line 49 you want. Credited to 2017 estimated tax  And 47, enter amount overpaid  49  0.  Tax due, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  49  0.  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  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.  52 Enter the amount of tax-exempt interest received or accrued during the tax year  \$\$  Sign Under penalties of lightly. I decise that there examined the return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Signature of officer	f Cred	tit for small employer health insurance <u>premi</u> ums (Attach Form 8941)	451				
Total payments. Add lines 45a through 45g  45 Estimated tax penalty (see instructions) Check if Form 2220 is attached  46 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  48 Overpayment. If line 49 by our want Credited to 2017 estimated tax  49 Overpayment. If line 49 you want Credited to 2017 estimated tax  49 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  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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year  \$  Sign  46  47  48  0.  48  0.  49  0.  50   Part V Statements Regarding Certain Activities and Other Information (see instructions)  48  No  49  0.  50  Part V Statements Regarding Certain Activities and Other Information (see instructions)  49  0.  50  Part V Statements Regarding Certain Activities and Other Information of where the part of the file of the file of the file of the file of the organization may have to file  51 At any time during the 2016 calendar year, did the organization frequence 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.  52 Enter the amount of tax-exempt interest received or accrued during the tax year  \$  53 Enter the amount of tax-exempt interest received or accrued during the tax year  \$  54  55  56  57  57  58  58  59  59  59  59  59  59  59  59	g Othe	er credits and payments: Form 2439			- }	1	
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ 48	L.	Form 4136 Other Total	45g				
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Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid  50 Enter the amount of line 49 you want. Credited to 2017 estimated tax    Refunded   S0	47 Esti	nated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲			4	17	
Part V   Statements Regarding Certain Activities and Other Information (see instructions)    Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information of the authority over a financial account, and on the preparation of the preparation	48 Tax	due. If line 46 is less than the total of lines 44 and 47, enter amount owed		l	<b>►</b> [4	18	
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  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Sign Under penalties of perfury. 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.  Signature of officer Date Title  Print/Type preparer shown below (see Instructions)? ★ Yes No  Print/Type preparer's name Preparer's signature	49 Ove	rpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	J	▶ [	19	0.
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  52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  15 Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$  15 Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$  15 Enter the amount of by poster (other than tax-payer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and companying schedules and statements, and to the best of my knowledge and belief, it is true.  15 Signature of officer  15 Date  16 \infty 22/18  16 \infty 22/18  17 \infty 22/18  17 \infty 22/18  18 \infty 32/18  19 \infty 49/18  10 \infty 49/18  11 \infty 49/18  11 \infty 49/18  12 \infty 43/29  13 \infty 43/2500  14 \infty 43/2500  15 \infty 43/2500  16 \infty 43/2500  17 \infty 43/2500  18 \infty 43/2500  19 \infty 43/2500  19 \infty 43/2500  10 \infty 43/2500  10 \infty 43/2500  10 \infty 43/2500  11 \infty 43/2500  12 \infty 43/2500  12 \infty 43/2500  13 \infty 43/2500  15 \infty 43/2500  16 \infty 43/2500  17 \infty 43/2500  18 \infty 43/2500  18 \infty 43/2500  19 \infty 43/2500  19 \infty 43/2500		r the amount of line 49 you want; Credited to 2017 estimated tax		Refunded	<b>▶</b> :	50	
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  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.  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Under penalties of gerury, 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 employed Declaration of pipparer (other than texpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see Instructions)? X Yes No  Print/Type preparer's name  Preparer's signature  David P Kassouf  David P Kassouf  Firm's name Kassouf & Co., PC  Firm's EIN 63-0590670  Phone no. (205)443-2500	Part V	Statements Regarding Certain Activities and Other Information	<b>on</b> (see ir	nstructions)			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  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.  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Under penalties of gerguy, 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 expressed to polaration of pieparer (other than texpeyer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No.  Print/Type preparer's name  Preparer's signature  David P Kassouf  Print/Type preparer's name  Preparer's signature  David P Kassouf  Print's address  Birmingham, AL 35205-4009  Phone no. (205)443-2500	51 At a	ny time during the 2016 calendar year, did the organization have an interest in or a signature	or other au	ithority			Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  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.  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Sign  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.  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  David P Kassouf  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Type prepare	over	a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may have	to file			
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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Sign  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 compared to Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge  Here  Print/Type preparer's name  Preparer's signature  David P Kassouf  David P Kassouf  David P Kassouf  David P Kassouf  Prim's name ▶ Kassouf & Co., PC  Firm's address ▶ Birmingham, AL 35205-4009  Phone no. (205)443-2500	FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	foreign cou	intry			
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  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 propagate (other than texpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)? X yes No  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  David P Kassouf  David P Kassouf  David P Kassouf  Prim's name Kassouf & Co., PC  Firm's name Kassouf & Co., PC  Firm's address  Birmingham, AL 35205-4009  Phone no. (205)443-2500							
Sign Here    Under penalties of gerury, 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 texpayer) is based on all information of which preparer has any knowledge    Variable   Variab	52 Duri	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to	, a foreign trust?			X
Under penalties of gerury, 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 texpayer) is based on all information of which preparer has any knowledge    May the IRS discuss this return with the preparer shown below (see instructions)?   X yes   No.	If YE	S, see instructions for other forms the organization may have to file.					
Here    Collision							
Here    Collision		Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, a	and to the best of my	клоwled	tge and belief	l, it is true,
Paid Preparer Use Only  Paid Prim's name ► Kassouf & Co., PC  2101 Highland Ave S Suite 300 Firm's address ► Birmingham, AL 35205-4009  Pint Title    Date   Check	Sign	( ) ( abil 11-1 see					
Paid Preparer Use Only  Paid P Kassouf David P Kassouf Preparer Support Support Preparer Use Only  Prim's name ► Kassouf & Co., PC  2101 Highland Ave S Suite 300 Firm's address ► Birmingham, AL 35205-4009  Poate Check If Self- employed PIN Self- employed P00047363 Poot Firm's EIN ► 63-0590670 Phone no. (205)443-2500	Here	M M C. CRUS 6/22/18 MANGE	·/				
Paid Preparer Use Only    Paid	,	Signature of officer Date Title			instru	ctions)? X	Yes No
Use Only    Firm's name   Kassouf & Co., PC		Print/Type preparer's name Preparer's sygnature Date	te	Check	f_	PTIN	
Use Only    Firm's name   Kassouf & Co., PC	Paid	( Cassary U	6/2/2	self- employ	ed		
Use Only Firm's name ► Kassouf & Co., PC Firm's EIN ► 63-0590670  2101 Highland Ave S Suite 300 Firm's address ► Birmingham, AL 35205-4009 Phone no. (205)443-2500			7/18			P000	47363
2101 Highland Ave S Suite 300 Firm's address Birmingham, AL 35205-4009 Phone no. (205)443-2500	•			Firm's EIN	<b>&gt;</b>	63-0	590670
Firm's address ► Birmingham, AL 35205-4009 Phone no. (205)443-2500	Jac Only	2101 Highland Ave S Suite 300					
التنافي والمناف والمناف والمرافي والمناف		Firm's address ▶ Birmingham, AL 35205-4009		Phone no.	(2	05)44	3-2500

Schedule A - Cost of Good	ds Sold. Ente	method of inve	ntory v	aluation N/F	1				
1 Inventory at beginning of year	1			Inventory at end of ye			6		
2 Purchases	. 2			Cost of goods sold. S					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,		1	
4a Additional section 263A costs	1 1			line 2			7	<u> </u>	
(attach schedule)	4a		_  8	Do the rules of section	1 263A (1	with respect to		Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	46		_	property produced or	acquired	d for resale) apply to		1	1.
5 Total. Add lines 1 through 4b	5		<del></del>	the organization?			<u>. , </u>		<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	id Pei	rsonal Property	Leas	ed With Real Pro	perl	(y) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(g)Deductions directly	/ conna	cted with the Income	in
(8) From personal property (if the personal property is more 10% but not more than 509	e thaл	of rent for	persons	onal property (if the percent property exceeds 50% or if ad on profit or income)	 LAG9	columns 2(a) ar	nd 2(b)	(attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		· · · · · · · · · · · · · · · · · · ·	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	. •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated De	bt-Financed	Income (see	instruc	ctions)					
			2	Gross income from		<ol><li>Deductions directly conto debt-finance</li></ol>	nected	with or allocable	
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation	7	(b) Other deduction	18
	,			manced property	1	(attach schedule)		(attach schedule)	
(1)	· · · · · · · · · · · · · · · · · · ·		+		<u> </u>		+		<del></del>
(2)							1		
(3)							1		
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis llocable to need property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	,	8. Aliocable deducti column 6 x total of co 3(a) and 3(b))	
(1)				%			$\mathbf{I}^{-}$		
(2)				%			$\mathbf{I}^{-}$		
(3)				%			T		
(4)	<u> </u>			%					
						iter here and on page 1, art I, line 7, column (A)		inter here and on pag Part I, line 7, column (	
Totals .				▶		0	.		0.
Total dividends-received deductions in	icluded in column	8	•					<del></del>	0.
				<del></del>		<del></del>		Corm 000 T	(001C)

623731 01-18-17

(4)

0

0.

Totals (carry to Part II, line (5))

0.

Form 990-T (2016)

Columns 2 trirod	9117 0116	i mie-by-mie 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.
		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.
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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	0.

Form 990-T (2016)

Form 990-7	• = =	ss) from Partners S Corporations	hips	Statement 13
Description	on			Amount
	ty Partners II num Fund II, L.P.			<2,114.5 <6,269.5
Total to F	Form 990-T, Page 1,	line 5		<8,383.>
Form 990-1	r Net	Operating Loss D	eduction	Statement 14
	Net Loss Sustained	Operating Loss D  Loss  Previously  Applied	eduction Loss Remaining	Statement 14  Available This Year
Form 990-1 Tax Year 11/30/14 11/30/15		Loss Previously	Loss	Available