

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545 0687

2017Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, 2017, and ending _____.

▶ 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

A ☒ Check box if address changed	Print or Type HAVEN CHARITABLE FOUNDATION INC 805 HAMMOCK LN KNOXVILLE, TN 37934	☐ Check box if name changed and see instructions	D Employer identification number (Employees' trust, see instructions) 20-8090568
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)		E Unrelated business activity codes (See instructions) 531190	
C Book value of all assets at end of year 750,623.	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
▶ **INVESTMENT****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation ▶**J** The books are in care of ▶ **KARI YATKOWSKI** Telephone number ▶ **480-753-0084**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
2 b Less returns and allowances				
3 c Balance ▶				
4 Cost of goods sold (Schedule A, line 7)				
5 Gross profit Subtract line 2 from line 1c				
6 a Capital gain net income (attach Schedule D)				
7 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
8 c Capital loss deduction for trusts				
9 Income (loss) from partnerships and S corporations (attach statement)				
10 Rent income (Schedule C)				
11 Unrelated debt-financed income (Schedule E)		16,035.		16,035.
12 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
13 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
14 Exploited exempt activity income (Schedule I)				
15 Advertising income (Schedule J)				
16 Other income (See instructions, attach schedule)				
17 Total. Combine lines 3 through 12		16,035.	0.	16,035.

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	22b	
24 Contributions to deferred compensation plans	23	
25 Employee benefit programs	24	
26 Excess exempt expenses (Schedule J)	25	
27 Excess readership costs (Schedule J)	26	
28 Other deductions (attach schedule)	27	
29 Total deductions. Add lines 14 through 28	28	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	
31 Net operating loss deduction (limited to the amount on line 30)	30	16,035.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32	16,035.
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	33	1,000.
	34	15,035.

BAA For Paperwork Reduction Act Notice, see instructions.

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Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computationControlled 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

35 c 2,255.

36 Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on the amounton 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 2,255.

Part IV Tax and Payments**41 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41 a

b Other credits (see instructions)

41 b

c General business credit Attach Form 3800 (see instructions)

41 c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41 d

e Total credits. Add lines 41a through 41d

41 e 0.

42 Subtract line 41e from line 40

42 2,255.

43 Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866

43

☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 2,255.

45 a Payments A 2016 overpayment credited to 2017

45 a

b 2017 estimated tax payments

45 b

c Tax deposited with Form 8868

45 c

d Foreign organizations Tax paid or withheld at source (see instructions)

45 d

e Backup withholding (see instructions)

45 e

f Credit for small employer health insurance premiums (Attach Form 8941)

45 f

g Other credits and payments ☐ Form 2439

45 g

☐ Form 4136 ☐ Other Total

45 g

46 Total payments. Add lines 45a through 45g

46 0.

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached ☒

47 70.

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48 2,359.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

50 Enter the amount of line 49 you want Credited to 2018 estimated tax

Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)**51** 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 (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 hereYes No
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? If YES, see instructions for other forms the organization may have to fileYes No
X**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.

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

Date 8/28/18

Title PRESIDENT /na

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

LYNN C. OLSON

Preparer's signature

Lynn Olson

Date

8/21/18

Check ☐ if self-employed

PTIN

P00154155

Firm's name

TULL, FORSBERG & OLSON, PLC

Firm's EIN

86-0130568

Firm's address

5225 N. CENTRAL AVE. SUITE 220

Phone no

(602) 277-5447

PHOENIX, AZ 85012

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Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

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				
4 a Additional section 263A costs (attach schedule)	4 a				
b Other costs (attach sch)	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5 Total. Add lines 1 through 4b	5				X

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

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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 sch)	(b) Other deductions (attach schedule)
(1)		16,035.		
(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)		100.0000 %	16,035.	
(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			16,035.	

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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 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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1– 5) ▶	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

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
		0%	
		0%	
		0%	
		0%	
Total. Enter here and on page 1, Part II, line 14 ▶			

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FEDERAL STATEMENTS

PAGE 1

CLIENT LO1331

HAVEN CHARITABLE FOUNDATION INC

20-8090568

8/17/18

10 44AM

STATEMENT 1
FORM 990-T, PART IV
OTHER CHARGES AND PAYMENTS

LATE INTEREST

	\$	34.
TOTAL	\$	<u>34.</u>