2939332803930

EXTENDED TO NOVEMBER 15, 2018 Form 990-T Exempt Organization Business Income Tax Return OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning ► Go to www.irs gov/Form990T for instructions and the latest information Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Check box if name changed and see instructions.) Check box if Name of organization ((Employees' trust, see address changed THE BATTEN FOUNDATION 54-1451569 B Exempt under section Print Unrelated business activity codes X 501(&)(3) Number, street, and room or suite no. If a P.O. box, see instructions, (See instructions) Type 408(e) 220(e) P.O. BOX 3310 City or town, state or province, country, and ZIP or foreign postal code 408A [530(a) 529(a) 523000 NORFOLK, VA 23514 C Book value of all assets F Group exemption number (See instructions.) end of year 58,031,895. G Check organization type ► X 501(c) corporation 401(a) trust Other trust 7 501(c) trust H Describe the organization's primary unrelated business activity. > UBTI FROM PASS-THROUGH INVESTMENT X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. The books are in care of
EDIE CRAWFORD 757-625-7670 Telephone number Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 a 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 252,154. STMT 252,154. 13 Income (loss) from partnerships and S corporations (attach statement) 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 -80, STATEMENT 14 360 -80,360. 12 Other income (See instructions; attach schedule) 794 Total, Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Part II (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) RECEIVED 15 Salaries and wages 15 RS-OSC 16 Repairs and maintenance 16 NOV 2 0 2018 17 17 Bad debts 18 18 Interest (attach schedule) 19 19 Taxes and licenses OGDEN, UT 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22a 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 28 28 Other deductions (attach schedule) 0. 29 29 Total deductions Add lines 14 through 28 171.794. 30 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 72,988. SEE STATEMENT 15 31 31 Net operating loss deduction (limited to the amount on line 30) 98,806. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 1,000. Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 33

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2017)

97,806.

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

34

line 32

Form 990-	r (2017)	THE BATTEN FOUNDATION		54-14	151569		Page 2
Part I	11-	Tax Computation					
35		nizations Taxable as Corporations. See instructions for tax computation.					
		rolled group members (sections 1561 and 1563) check here See instructions at	nd.				
2		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order					
	(1)	\$ (2) \$ (3) \$	' <i>''</i>				
h		organization's share of: (1) Additional 5% tax (not more than \$11,750)					
		dditional 3% tax (not more than \$100,000)					
		ne tax on the amount on line 34			> 35c	21.	504.
36		s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 34 from:	•			
00		Tax rate schedule or Schedule D (Form 1041)	on mic o4 mom.		▶ 36		
37	Prov	/ tax. See instructions			37		
38		native minimum tax		•	38		
39		on Non-Compliant Facility Income. See instructions			39		
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	21.	504.
Part I		Tax and Payments			. 1 40 1		704.
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		T = T		
		credits (see instructions)	41b				
C		ral business credit. Attach Form 3800	41c		7		
-		t for prior year minimum tax (attach Form 8801 or 8827)	41d		7		
		credits. Add lines 41a through 41d			41e		
42		act line 41e from line 40			42	21.5	504.
43		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 Other	attach schedule			
44		tax Add lines 42 and 43			44	21.5	504.
		ents: A 2016 overpayment credited to 2017	45a				
		estimated tax payments	45b		-		
		eposited with Form 8868		75,000	7		
		gn organizations: Tax paid or withheld at source (see instructions)	45d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		ip withholding (see instructions)	45e		ㅋ !		
		t for small employer health insurance premiums (Attach Form 8941)	45f		┦ !		
		credits and payments: Form 2439	101		┦ !		
9		Form 4136 Other Total	45g				
46		payments. Add lines 45a through 45g	408		46	75.0	000.
47		ated tax penalty (see instructions) Check if Form 2220 is attached			47		570.
48		ue. 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	52,8	326.
	-		826. Ref	unded	50		0.
Part V		Statements Regarding Certain Activities and Other Informatio				•	
51		time during the 2017 calendar year, did the organization have an interest in or a signature				Yes	No
•		a financial account (bank, securities, or other) in a foreign country? If YES, the organization				1	
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f				ł	1
	here		,	,		<u> </u>	X
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor to, a for	eian trust?		_ _	X
		6, see instructions for other forms the organization may have to file.	a				
53		the amount of tax-exempt interest received or accrued during the tax year >\$				ľ	
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the	est of my know	rledge and belief, it is	true,	
Sign	co	rect, and complete Declaration of preparer/(bther than taxpayer) is based on all information of which preparer	r has any knowledge				
Here		Jale F. Malley 1114118 DIRECTO)R		May the IRS discuss the preparer shown		
	₩	Signature of officer Date Title		}		Yes [No
		Print/Type preparer's name Preparer's signature Da	ite	Check	ıf PTIN		ليتيب
Paid		Tropardi o dignatoro		self- employe	i		
		BETH P. BRADBERRY BETH P. BRADBERRY 11	/12/18		P0062	22198	3
Prepa	C	Firm's name ► ROSELINE TAX ADVISORS, PLLC	· - · - · - ·	Firm's EIN			
Use C	niy	140 VIRGINIA STREET, SUITE 300		o Ent			
		Firm's address RICHMOND, VA 23219		Phone no.	804-545-	-7440)

Phone no. 804-545-7440 Form **990-T** (2017)

Calabilla A Carlo Commis	- 									
Schedule A - Cost of Good	IS SOID. Enter	method of inven	tory va	aluation N/A				,		
 Inventory at beginning of year 	1		6	Inventory at end of year	ar		_6	<u> </u>		
2 Purchases			7	Cost of goods sold. St	ubtract	line 6				
3 Cost of labor	3		4	from line 5. Enter here	and in	Part I,		1		
4 a Additional section 263A costs				line 2				<u> </u>		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to			Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	acquired	i for resale) apply to				
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?			بسبس			
Schedule C - Rent Income	(From Real	Property and	Pers	sonal Property L	.ease	d With Real Prop	erty			
(see instructions)					·					
1. Description of property										
(1)										
(2)										
(3)			_							
(4)						·				
		ed or accrued				2/a) Daduations directly		stad with the in	sama in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	i of rent for p	ersonal	nal property (if the percentag property exceeds 50% or if id on profit or income)	ge	3(a) Deductions directly columns 2(a) a	nd 2(b) (attach schedul	e)	
(1)										
(2)										
(3)										
(4)			•							
Total	0.	Total			0.					
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.		_		
here and on page 1, Part I, line 6, colum		<u> </u>			_0.	Enter here and on page 1, Part I, line 6, column (B)	>	•		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstruc	ctions)						
			١,	Construence from		3 Deductions directly con to debt-finance			0	
1 Description of debt-fi				Gross income from or allocable to debt-	(a)	Straight line depreciation	T	(b) Other de	ductions	
l Description of debt-in	manced property			financed property	` `	(attach schedule)		` (attach sch	nedule)	
			ļ						_	
(1)			ļ		ļ		4_			
(2)			ļ		ļ		4_			
(3)			ļ							
(4)			-				4_			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8. Allocable column 6 x tota 3(a) and	al of colu	
(1)	 		 	%			1			
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, c		
Totals						0	_			0.
Total dividends-received deductions	ncluded in column	. 8			<u> </u>		_			<u>0.</u>

Schedule F - Interest, A	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	tion	S (see in	structio	ns)
				Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organizat	Name of controlled organization		ployer cation iber	3 Net unrelated income (loss) (see instructions)			tal of specified ments made	5 Part of column 4 that included in the controllin organization's gross inco		trolling	6 Deductions directly connected with income in column 5
(1)		<u> </u>		·							
(2)											
(3)				-		ļ —					
(4)											
Nonexempt Controlled Organi	zations	· · · · · · · · · · · · · · · · · · ·		<u> </u>							
7. Taxable Income	8 Net u	nrelated incom ee instructions		9 Total	of specified payr made	nents	10 Part of column the controllingross	nn 9 tha ng orgai i income	nization's		reductions directly connected th income in column 10
/1\		-								<u> </u>	
<u>(1)</u> <u>(2)</u>				 _							
(3)				ļ · — — —							
(4)										<u> </u>	
							Add colum Enter here and line 8, c		a 1, Part I, A)	l	ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme		ne of a S	ection	501(c)(7	'), (9), or (17) Org	janization				
1 Descri	ription of incor	me			2 Amount of	ıncome	3. Deduction directly connec (attach sched	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											-
(2)											
(3)										_	
(4)											
					Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Totals					<u> </u>	0.					0.
Schedule I - Exploited (see instru		Activity	Income 	e, Other	Than Adv	ertisin	g Income				
			3. Exp	nenses	4 Net incom		r .				7 Excess exempt
1 Description of exploited activity	2 G unrelated income trade or b	business e from	directly co	onnected duction elated	from unrelated business (co minus columi gain, compute through	tumn 2 n 3) If a n cots 5	5. Gross inco from activity the is not unrelate business incor	nat ed	6. Exp attribut colui	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter here page 1, line 10, e	Part I, col (A)	Enter her page 1, line 10,	, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals	- 1	0.		<u> </u>							0.
Schedule J - Advertising Part I Income From F	ig incon	ne (see ir	nstruction	s)	a lidata d	Basia					
Part I Income From F	eriodica	ais nepo	ortea or	i a Cons	solidated	Dasis					
1. Name of periodical		2 Gross advertising income		3 Direct rtising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati	on	6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											1
(3)					_		<u></u>				1
(4)									· ·-·-		
Totals (carry to Part II, line (5))	•	C).	0	•		<u> </u>				0.

Form 990-T (2017)

Part | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

		,					
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)
							
m Part I	>	0.	0.	1			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
art II (lines 1-5)	>	0.	0.				0.
	1 Name of periodical	1 Name of periodical m Part I art II (lines 1-5)	2 Gross advertising income Im Part I Enter here and on page 1, Part I, line 11, col (A) art II (lines 1-5) O .	advertising advertising costs In Name of periodical advertising costs In Part I	1 Name of periodical 2 Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross advertising costs 3 Direct advertising costs col 3) If a gain, compute cols 5 through 7 2 Gross advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross advertising costs 3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	1 Name of periodical 2 Gross advertising income 3 Direct advertising costs or (loss) (col 2 minus coll 3) If a gain, compute colls 5 through 7 5 Circulation income m Part 1 D • O • Enter here and on page 1, Part I, line 11, col (A) art II (lines 1-5) O • O •	1 Name of periodical 2 Gross advertising and or (loss) (col 2 minus cols 3) If a gain, compute cols 5 through 7 6. Readership costs 7 Mane of periodical 8 Direct advertising costs 9 O O O O O O O O O O O O O O O O O O

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)		%	
(2)		%	
(3)			
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

Co to unin	w irs aov/Form4626 fo	r inatruations and th	a latast information
יש אין טע עד	W 115 QUV/FUIIII4020 IU	i inistructions anu tii	e ialesi iiiloiiilalioii

OMB No 1545-0123

Name				Employer identification number
	THE BATTEN FOUNDATION			54-1451569
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
			Ì	
1	Taxable income or (loss) before net operating loss deduction		1	170,794.
2	Adjustments and preferences:			
а	Depreciation of post-1986 property		22	1
b	Amortization of certified pollution control facilities		21)
С	Amortization of mining exploration and development costs		20	;
d	Amortization of circulation expenditures (personal holding companies only)		20	
е	Adjusted gain or loss		26	;
f	Long-term contracts		21	
a	Merchant marine capital construction funds		20	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		21	
i	Tax shelter farm activities (personal service corporations only)		2i	
i	Passive activities (closely held corporations and personal service corporations only)		2	
k	Loss limitations		2k	
1	Depletion		21	
·	Tax-exempt interest income from specified private activity bonds		2n	
n	Intangible drilling costs		2n	
0	Other adjustments and preferences		20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	170,794.
4	Adjusted current earnings (ACE) adjustment:		<u> </u>	
	ACE from line 10 of the ACE worksheet in the instructions	4a 170,7	94	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	74 170/		1
U	negative amount. See instructions	4b	0.	
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
	Enter the excess, if any, of the corporation's total increases in AMTI from prior			
·	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments See instructions. Note: You must enter an amount on line 4d			
	(even if line 4b is positive)	4d		
	ACE adjustment.	1 40		}
E			İ	
	 If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	Ì	40	0.
		J	4e	170,794.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	STATEMENT 1	5	72,988.
6	Alternative tax net operating loss deduction. See instructions	- · · · · · · · · · · · · · · · · · · ·	6	12,300.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residuai	,	97,806.
	Interest in a REMIC, see instructions	O-):	7	31,000.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	me 8c):		
а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	ا ما	١	
_	group, see instructions. If zero or less, enter -0-	_8a	0.	
	Multiply line 8a by 25% (0.25)		-0.	
C	Exemption. Subtract line 8b from \$40,000 If completing this line for a member of a control	ea	⊢	40 000
_	group, see instructions. If zero or less, enter -0-		8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	57,806.
10	Multiply line 9 by 20% (0.20)		10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	44 564
12	Tentative minimum tax. Subtract line 11 from line 10		12	04 - 04
13	Regular tax liability before applying all credits except the foreign tax credit		13	21,504.
14	Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0 Enter here			_
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<u> </u>	14	
JWA	For Paperwork Reduction Act Notice, see separate instructions.			Form 4626 (2017)

	Adjusted Current Earnings	•		
	➤ See ACE Worksheet Ins	tructions		
		-		170 704
1 Pre-adjustment AMTI. Enter the amount from I	ine 3 of Form 4626		1	170,794.
2 ACE depreciation adjustment:		1.1	`	
a AMT depreciation		2a		
b ACE depreciation:		_	1 1	
(1) Post-1993 property	2b(1)		1 1	
(2) Post-1989, pre-1994 property	2b(2)		1 1	
(3) Pre-1990 MACRS property	2b(3)			
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	26(5)		1 1	
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1)		2b(7)		
c ACE depreciation adjustment. Subtract line 2b(· · · ·		2c	
3 Inclusion in ACE of items included in earnings	and profits (E&P):	1 1	1 1	
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance conti		3c		
d Inside buildup of undistributed income in life in		3d	——	
e Other items (see Regulations sections 1.56(g)-	1(c)(6)(iii) through (ix)			
for a partial list)				
f Total increase to ACE from inclusion in ACE of		ough 3e	3f	
4 Disallowance of items not deductible from E&F	•	1.1		
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of public utilities	es that are deductible under section 247 (as			
affected by PL 113-295, Div A, section 221(a)(41)(A), D		4b		ı
c Dividends paid to an ESOP that are deductible	• •	4c	. 	
d Nonpatronage dividends that are paid and dedu	ictible under section	44		
1382(c)	4/d\/2\/\\ and /\\\ for a	4d		
e Other items (see Regulations sections 1.56(g)-	i(a)(3)(i) and (ii) for a	40		
partial list) f Total increase to ACE because of disallowance	of stame not doductable from ESD. Add li	4e L	4f	
5 Other adjustments based on rules for figuring 8		nes 4a milough 4e	71	
a Intangible drilling costs	- OLF	5a		
b Circulation expenditures		5b	 	
c Organizational expenditures		5c		
d LIFO inventory adjustments		5d		
e Installment sales		5e		
f Total other E&P adjustments. Combine lines 5a	through 5e		5f	
6 Disallowance of loss on exchange of debt pools	-		6	
 Acquisition expenses of life insurance compan 			7	
8 Depletion			8	
9 Basis adjustments in determining gain or loss	rom sale or exchange of pre-1994 prope	erty	9	
O Adjusted current earnings. Combine lines 1, 2				
Form 4626	<u> </u>	. <u></u>	10	170,794.

FORM '990-T	INCOME (LOS	STATEMENT 13		
DESCRIPTION	1	,		AMOUNT
INCOME FROM INCOME FROM INCOME FROM	79,910 170,005 2,239			
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 5		252,154
FORM 990-T		OTHER INCOME		STATEMENT 14
DESCRIPTION	ı.			AMOUNT
INCOME FROM INCOME FROM INCOME FROM INCOME FROM INCOME FROM	-5,227 -3,931 -57,063 -1,731 -12,408			
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12		-80,360.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
	72,988.	0.	72,988.	72,988.
12/31/16				

FORM 4626	ALTERNATI	VE MINIMUM TAX NO	OL DEDUCTION	STATEMENT 16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
12/31/16	72,988.	0.	72,988.	
AMT NOL CAR	RYOVER AVAILABLE T	HIS YEAR	72,988.	

33