Form 990-T	For calendar year 2017 or other tax year beginning and ending the Treasury Go to www.irs.gov/Form9907 for instructions and the latest information.				2017 Open to Public Inspection for 501(c)(3) Organizations Only		
Department of the Treasury							
A Check box if address changed B Exempt under section X 501(C)()3	Name of organization (Check box if name Association Doucet	Name of organization (Check box if name changed and see instructions) Association Doucet Inc (Employee			identification number s' trust, see instructions)		
	8(e) 220(e) Or Number, street, and room or suite no. If a P.O. box, see instructions			90-05	0-0581077		
408A 530(a				E Unrelated busi	iness activity codes		
C Book value of all assets	City or town, state or province, country, and ZIP or t	foreign postal code NH 0	3061	53119	· 1		
C Book value of all assets at end of year	F Group exemption number (See instructions						
175,57) corporation	501(c) trust	401(a) trust	Other trust		
H Describe the organizat	ion's primary unrelated business activity						
If "Yes," enter the nam	as the corporation a subsidiary in an affiliated group e and identifying number of the parent corporation		·		► Yes X N		
J The books are in care			Telep	hone number 🕨	603-882-23		
	ed Trade or Business Income	· · · · · · · · · · · · · · · · · · ·	(A) Income	(B) Expenses	(C) Net		
1a Gross receipts or sal			{				
b Less returns and allo		► 1c					
2 Cost of goods sold (\$3 Gross profit Subtract	•	2					
•	me (attach Schedule D)	3		 			
· -	97, Part II, line 17) (attach Form 4797)	4a 4b		 			
c Capital loss deductio	·	4c 4c					
	ps and S corporations (attach statement)	5		 			
6 Rent income (Schedu	•	6	45,480	17,4	08 28,0		
	ced income (Schedule E)	7	13,100	27,72	20,0		
	ries, and rents from controlled organizations (Schedule F)	8					
· · · · · · · · · · · · · · · · · · ·	section 501(c)(7), (9), or (17) organization (Schedule G)	9					
	ivity income (Schedule I)	10					
11 Advertising income (S	•	11					
- •	structions; attach schedule)	12					
13 Total. Combine lines	•	13	45,480	17,40	08 28,0		
Part II Deduction	ons Not Taken Elsewhere (See instructions must be directly connected with the un	ons for limitat	ions on deduction				
	cers, directors, and trustees (Schedule K)	related bushie	33 Income./	1 1	4		
15 Salaries and wages	is an octor of the fraction (constant)				5		
16 Repairs and maintena	ance				6		
17 Bad debts				 	7		
18 Interest (attach sched	ule)		 ,	-	8		
19 Taxes and licenses	REC	EIVED	∜	1	9		
20 Charitable contributions (See instructions for limitation rules)	(2	2	0		
21 Depreciation (attach F	Form 4562) med on Schedule A and elsewhere on return 0 2		3 21	<u></u>			
22 Less depreciation clar	med on Schedule A and elsewhere in return 2	2 g 2018	22a	22	.tb		
23 Depletion		- 1		_2	3		
	red compensation plans	EM. UIL		_2	4		
25 Employee benefit prog			<u>ــنــ</u>	2	5		
26 Excess exempt expen				2	6		
27 Excess readership cos				2	7		
28 Other deductions (atta	·			2:	8		
29 Total deductions. Ad				2			
	xable income before net operating loss deduction.	Subtract line 29 f	rom line 13	3(
	duction (limited to the amount on line 30)			3			
	xable income before specific deduction. Subtract lir		0	3:			
	enerally \$1,000, but see line 33 instructions for exce			3:	3 1,00		
	axable income. Subtract line 33 from line 32. If line	e 33 is greater th	an line 32,		.		
enter the smaller of ze							
DAA For Paperwork Redu	ction Act Notice, see instructions.	0	١٠ ٠٠		Form 990-T (201		

Form	990-T (2017) Association Doucet Inc	90-0	0581077			Р	age 2
Pa	art III · Tax Computation						
35	Organizations Taxable as Corporations. See instructions for tax computation. Conf	trolled 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 (iii	n that order).		j	}		
	(1) \[\\$ \] (2) \[\\$ \] (3) \[\\$			}			
ь	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$		1	Ì		
	(2) Additional 3% tax (not more than \$100,000)	\$		1	1		
С	Income tax on the amount on line 34	ـــــ	>	35c	ļ	4,	061
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			
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		4.	061
	rt IV Tax and Payments						
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a			<u> </u>		
b	Other credits (see instructions)	41b]		
c	General business credit. Attach Form 3800 (see instructions)	41c			}		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			ļ		
	Total credits. Add lines 41a through 41d	[410]		41e			
42	Subtract line 41e from line 40			42		4	061
43	Other taxes			43			
	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att : Total tax, Add lines 42 and 43	scn }		44		4	061
	Payments: A 2016 overpayment credited to 2017	Lacat		44		/	001
	2017 estimated tax payments	45a					
	• •	45b	4,185	ļ			
	Tax deposited with Form 8868	45c	4,103	- {			
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	 -	Į			
	Backup withholding (see instructions)	45e		- (
	Credit for small employer health insurance premiums (Attach Form 8941)	45f					
g	Other credits and payments Form 2439	l (- [ļ		
	Form 4136 Other Total ▶	45g			i I	4	105
	Total payments. Add lines 45a through 45g		. 🖼	46			185 121
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		▶ 🗓	47		<u>·</u>	121
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		P	48			3
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpa	aid		49			
	Enter the amount of line 49 you want Credited to 2018 estimated tax		Refunded ▶	50			
	t V Statements Regarding Certain Activities and Other Inform						Na
	At any time during the 2017 calendar year, did the organization have an interest in or a				}	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the org	_	-		4	ļ	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the n	ame of the fo	oreign country		,		x
	here ►	_	_		}		X
	During the tax year, did the organization receive a distribution from, or was it the granto	or of, or transf	feror to, a foreign trus	st7	<u> </u>	1	
	If YES, see instructions for other forms the organization may have to file.				1	}	
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of pequity, I declare that I have examined this return, including accompanying schedules and statement	nto, and to the best	of my knowledge and belief	d 10			
liar	I frue correct and combigle Declaration of property (other than townwest in beand on all information of which property	has any knowledg	i oi my knowledge and beller, le	II IS	May the IPS dis	cuss the	s return
sign Iere					May the IRS dis with the prepare (see instructions	s shown	below
1616	0 Volo lleasurer				X Yes		No
	Signature of officer Print/Type preparer's name Preparer's Anatura						
امئد		CLA	1 1	Check	[
aid	Peter J. Houde, CPA	L L	08/01/18				
repa se C			Firm's E	IN P	02-03) / '	240
st U			1		602 001	2 2	705
	Firm's address Nashua, NH 03060-2938		Phone r	10	603-882	<u> </u>	100

(1) N/A (2) (3) Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, line 10, col (A) line 10, col (B) Part II, line 26

Schedule J - Advertising Income (see instructions)

Part I Income From F	Periodicals Repo	<u>orted on a Cons</u>	olidated 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) N/A						
(2)]
(3)						
(4)						
Totals (carry to Part II, line (5))						<u> </u>
						- 000 T (0047)

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

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.) 4 Advertising 7. Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5. Circulation 6 Readership advertising minus column 5, but 2 minus col 3) If 1 Name of periodical advertising costs costs income ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (3) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (B) line 11, col (A) Part II, fine 27 Totals, Part il (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 1. Name 2. Title unrelated business business (1) N/A % (2) (3) %

Form 990-T (2017)

%

90-0581077

Federal Statements

Statement 1 - Form 990-T, Schedule C, Column 3 - Deductions

	Description	Deduction
Land Rental Taxes		17,408
Total		17,408

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Association Doucet Inc

Identifying number

_	% Robe	rt Lavoie					90-	- 05	81077
	iness or activity to which this form relates	. •		- · ·					
_	Indirect Depreciat			470					
			perty Under Section ty, complete Part V			olata Dam			
1	Maximum amount (see instruction		ty, complete Part V	before you	com	olete Par	11	T.	510,000
2	Total cost of section 179 property	•	oo matruationa)					1 2	310,000
3	Threshold cost of section 179 property		•	(ations)				3	2,030,000
4	Reduction in limitation. Subtract		· ·	Jelions)				4	270307000
5	Dollar limitation for tax year Subtract I			filina sonaratoly	caa in	etructione		5	
6		on of property		Cost (business us			Elected cost	1	
						 			7
					_	 			†
7	Listed property Enter the amoun	t from line 29	· · · · · · · · · · · · · · · · · · ·		7	1			1
8	Total elected cost of section 179		nts in column (c), lines 6	and 7			<u> </u>	8	
9	Tentative deduction Enter the sn		• •					9	
10	Carryover of disallowed deduction							10	
11	Business income limitation Enter	r the smaller of busin	ess income (not less tha	n zero) or line	5 (se	e instructio	ns)	11	
12	Section 179 expense deduction	Add lines 9 and 10, b	out don't enter more than	line 11				12	
13	Carryover of disallowed deduction	1 to 2018 Add lines 9	and 10, less line 12		13	<u> </u>			<u> </u>
	e: Don't use Part II or Part III below			- · · - · · ·					
			and Other Deprecia			<u>ude lister</u>	d propert	y.) (See instructions.)
14	Special depreciation allowance for		other than listed property) placed in se	rvice			Ì	
	during the tax year (see instructio	•						14	
15 40	Property subject to section 168(f)	• •						15	875
16 D	Other depreciation (including ACF art III MACRS Depreciat		do listed manage. V	Caa inatuus	4:			16	0/3
	art III MACKS Deprecial	ion (Don t includ	de listed property.) (Section A	See instruc	uons				
17	MACRS deductions for assets pla			2017				17	0
18	If you are electing to group any assets placed				hora			111	<u>ــــــــــــــــــــــــــــــــــــ</u>
			rvice During 2017 Tax \			eral Depr	eciation S	vsten	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery	<u> </u>	Convention	(f) Metho		(g) Depreciation deduction
19a	3-year property	3614166	Only-see manachoris)	+					
ь	5-year property	1			_				ļ
С		1		 					
d	10-year property	1		1					
е	15-year property]							
f	20-year property]							
g	25-year property			25 yrs.			S/L		
h	Residential rental			27.5 yrs		ММ	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property	<u></u>			<u> </u>	MM	S/L		<u> </u>
		sets Placed in Servi	ice During 2017 Tax Ye	ar Using the	Altern	ative Dep	reciation (Syste	m
	Class life	1		 	ļ		S/L		
	12-year	 		12 yrs.	S/L			ļ	
	40-year	<u> </u>		40 yrs.	L	MM	S/L		<u> </u>
	urt IV Summary (See inst						———		
1	Listed property. Enter amount from		40 - 100		~ 4 -		}	21	
2	Total. Add amounts from line 12, lines and on the appropriate lines					nter			875
3	here and on the appropriate lines of				ctions			22	6/3
•	For assets shown above and place portion of the basis attributable to s	ru iii service during tr	ie current year, enter the	'	23				(
	Earnon or and pages attributable to s	JUDIT ZOJA COSIS			_∠ა				<u></u>