

EXTENDED TO MAY 15, 2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2015 or other tax year beginning JUL 1, 2015 and ending JUN 30, 2016

2015

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

Department of the Treasury Internal Revenue Service

Header section containing organization name (TRI-COUNTY HUMAN SERVICES, INC.), address (1815 CRYSTAL LAKE DRIVE, LAKELAND, FL 33801-5979), and identification numbers.

Section C: Book value of all assets at end of year (7,767,290) and Section G: Check organization type (501(c) corporation).

H Describe the organization's primary unrelated business activity: SEE STATEMENT 3

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of: TINA PHILLIPS Telephone number: 863-709-9392

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (614,611), Cost of goods sold (244,468), and Total (511,536).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers (407,642), Repairs and maintenance (15,595), and Total deductions (88,632).

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled 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 **35c** 0.  
**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 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**  
**b** Other credits (see instructions) **40b**  
**c** General business credit. Attach Form 3800 **40c**  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**  
**e Total credits.** Add lines 40a through 40d **40e**  
**41** Subtract line 40e from line 39 **41** 0.  
**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42**  
**43 Total tax.** Add lines 41 and 42 **43** 0.  
**44a** Payments: A 2014 overpayment credited to 2015 **44a**  
**b** 2015 estimated tax payments **44b**  
**c** Tax deposited with Form 8868 **44c**  
**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d**  
**e** Backup withholding (see instructions) **44e**  
**f** Credit for small employer health insurance premiums (Attach Form 8941) **44f**  
**g** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **44g**  
**45 Total payments.** Add lines 44a through 44g **45**  
**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **46**  
**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.  
**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.  
**49** Enter the amount of line 48 you want: **Credited to 2016 estimated tax**  **Refunded**  **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2015 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  **Yes**  **No**  
**2** 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.  **Yes**  **No**  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **LOWER OF COST OR MARKET**

1	Inventory at beginning of year	1	31,893.	6	Inventory at end of year	6	62,459.
2	Purchases	2	275,034.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	244,468.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
4a	Additional section 263A costs (att. schedule)	4a					
b	Other costs (attach schedule)	4b					
5	<b>Total.</b> Add lines 1 through 4b	5	306,927.				

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.

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **DIRECTOR OF FINANCE** Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer Use Only**  
 Print/Type preparer's name: EDITH L. YATES  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00143042  
 Firm's name: BAYLIS & COMPANY PA CPAS Firm's EIN: 59-2050983  
 53 LAKE MORTON DRIVE  
 Firm's address: LAKELAND, FL 33801-5344 Phone no.: (863) 688-8841

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

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**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 schedule) <b>STATEMENT 8</b>	(b) Other deductions (attach schedule) <b>STATEMENT 9</b>	
(1) COMMERCIAL RENTALS	58,325.	16,186.	26,617.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) <b>STATEMENT 10</b>	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) <b>STATEMENT 11</b>	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) 399,754.	460,354.	86.84%	50,649.	37,170.
(2)		%		
(3)		%		
(4)		%		
Totals			50,649.	37,170.
Total dividends-received deductions included in column 8				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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	0.	0.				
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**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 (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**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) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.



FORM 990-T	OTHER INCOME	STATEMENT	5
DESCRIPTION		AMOUNT	
PSYCHIATRIC SERVICES		90,744.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		90,744.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	6
DESCRIPTION		AMOUNT	
OCCUPANCY		22,465.	
TRAVEL		291.	
INSURANCE		23,846.	
SUBCONTRACT SERVICES		23,015.	
SUPPLIES		15,162.	
EQUIPMENT RENTAL		1,897.	
CONFERENCES		1,590.	
PROFESSIONAL FEES		366.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		88,632.	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/13	726,336.	3,397.	722,939.	722,939.	
06/30/14	41,660.	0.	41,660.	41,660.	
NOL CARRYOVER AVAILABLE THIS YEAR			764,599.	764,599.	

FORM 990-T                      SCHEDULE E - DEPRECIATION DEDUCTION                      STATEMENT      8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		16,186.	
- SUBTOTAL -	1		16,186.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			16,186.

FORM 990-T                      SCHEDULE E - OTHER DEDUCTIONS                      STATEMENT      9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		21,866.	
INSURANCE		4,751.	
- SUBTOTAL -	1		26,617.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			26,617.

FORM 990-T                      AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY                      STATEMENT      10

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		399,754.	
- SUBTOTAL -	1		399,754.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			399,754.





2015 DEPRECIATION AND AMORTIZATION REPORT

COMMERCIAL RENTALS

E- 1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FIXED ASSETS	06/30/15	SL	5.00	16	16,186.				16,186.			16,186.	16,186.
	* TOTAL 990-T SCH E DEPR					16,186.				16,186.	0.		16,186.	16,186.

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>TRI-COUNTY HUMAN SERVICES, INC.</b>	Employer identification number (EIN) or <b>59-1708182</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1815 CRYSTAL LAKE DRIVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LAKELAND, FL 33801-5979</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TINA PHILLIPS**

- The books are in the care of ▶ **1815 CRYSTAL LAKE DRIVE - LAKELAND, FL 33801-5979**  
Telephone No. ▶ **863-709-9392** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.