	990-T		Exempt Org	anization B	usine	ss I	ncome	Tax Re	turn	}	OM	IB No 1545-0687
Form	336-1		(ar	id proxy tax u	nder s	ectio	on 6033	(e))	1617		4	2018
0	J	For cale	endar year 2018 or other tax				and ending		I.VI C	/		
•	rtment of the Treasury nal Revenue Service	▶ Do	PGo to www.ir not enter SSN numbers	s.gov/Form990T for s on this form as it								Public Inspection for I) Organizations Only
A	Check box if address changed		Name of organization	(Check box if na					D Employ			
	xempt under section	1		,				•		ees' trust,		
_	K 501(C)(03)	Print	SACO MAIN	STREET,	INC.							
	408(e) 220(e)	or									5534	12
	408A 530(a)	Туре	· · · · · · · · · · · · · · · · · · ·									vity code
	529(a)]]	City or town, state or province, country, and ZiP or loveligh postal code						structions	1		
C	Book value of all assets	<u> </u>	SACO			ME_	04072	<u> </u>	72	<u> 2515</u>	<u> </u>	
a	at end of year		roup exemption number					··				
			neck organization type					01(c) trust	401(a)			Other trust
	Enter the number of the	-		_	<u> </u>	Descr	ibe the on	ly (or first) ui	nrelated trade			
	ICE CREAM			• •	1 611						•	one, complete
	Parts I–V If more than o	-		•		previ	ous senter	ice, complet	e Parts I and	I II, com	npiete	
	Schedule M for each ad During the tax year, was					ront c	uheidiaa	controlled ar	oup?		_	Yes X No
i i	f "Yes." enter the name	and ider	ntifying number of the	parent corporation	iporapa 1	irent-s	ubsidiaiy	controlled gr	oup,			Tes III
	>		3	, ,								
J.	The books are in care of	f▶ R	OBERT BIGGS	3	_			Tele	phone numb	er 🕨	207	-286-3546
P	art I Unrelated	d Trade	e or Business Inc	ome			(A)	Income	(B) Expe	nses		(C) Net
1a	Gross receipts or sale	s .	64,143									
b	Less returns and allow	vances .		c Balance	>	1c		64,143				
2	Cost of goods sold (Se	chedule /	A, line 7)			2		39,703		,,, ,		
3	Gross profit Subtract					3	 	24,440				24,440
4a	Capital gain net incom		•			4a						
b	• , ,,		line 17) (attach Form 479)	7)		4b						
C	Capital loss deduction					4c	 		 			
5	Income (loss) from partnership	-	oration (attach statement)			<u>5</u> 6			<u> </u>			
6 7	Rent income (Schedu Unrelated debt-finance		o (Sahadula E)			7	 					
8			nts from controlled organi	zation (Schedule F)		8	-				-	
9			(c)(7), (9), or (17) organiz	•		9	 					
10	Exploited exempt activ			a (2022 2)		10						
11	Advertising income (S	•	•			11_						
12	Other income (See ins					12	RF	CEIVE	5			
13	Total. Combine lines	3 through	h 12			13		24,440				24,440
P	art II Deductio	ns Not	t Taken Elsewhei	re (See instruc	tions fo	r I	itations of	ondeducti	ons)ばtxc	ept fo	r con	tributions,
			t be directly conne		inrelate	a bæ	siness:it	icome (iu)		<u> </u>	. 1	
14	•	ers, dire	ctors, and trustees (So	chedule K)		1			—J <u>&</u>		4	20 540
15	Salaries and wages						_ 99	DEN, U			5	32,540
16 17	Repairs and maintena Bad debts	ınce									6 7	4,653
18	Interest (attach sched	ule) /see	instructions)				See	Staten	ent 1		8	305
19	Taxes and licenses	ule) (see	instructions)				500				9	2,984
20	Charitable contributions (See instru	ictions for limitation rules)							_	0	
21	Depreciation (attach F							21			1	
22			Schedule A and elsew	here on return				22a		22	2b	0
23	Depletion									2	3	
24	Contributions to defer	red comp	pensation plans							2	4	
25	Employee benefit prog	grams								2	5	
26	Excess exempt expen		nedule I)							2	6	
27	Excess readership co	sts (Sche	edule J)								7	
28	Other deductions (atta	ach sche	dule)				See	State	ment 2		8	10,785
29	Total deductions. Ad								2		9	51,267
30			come before net opera	=					mi		o	-26,827
31		_	ss arising in tax years l		ter Janu	ary 1,	2018 (see	instructions)	3		1	
32			come Subtract line 31						ال"	1 3	2	-26,827

	990-T (2018) SACO MAIN STREET, INC.	<u>.</u>	14-20	05342					'age ∠
Pa	rt III Total Unrelated Business Taxable income								
33	Total of unrelated business taxable income computed from all unrelated trades or b	usinesse	es (see			1			
	instructions)					33			
34	Amounts paid for disallowed fringes					34			
35	Deductions for net operating loss arising in tax years beginning before January 1, 2	018 (see	•			1 1			
	instructions)					35			
36	Total of unrelated business taxable income before specific deduction. Subtract line	35 from	the sum			1 1			
	of lines 33 and 34			0	G	36			0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				70	37		<u>l,</u>	000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is great	ater than	n line 36,	·	-				_
	enter the smaller of zero or line 36					38			0
	rt IV Tax Computation					<u> </u>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)					39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax o					1			
	the amount on line 38 from Tax rate schedule or Schedule D (For	m 1041))			40			
41	Proxy tax. See instructions					41			
42	Alternative minimum tax (trusts only)					42			
43	Tax on Noncompliant Facility Income. See instructions					43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies					44			0
Pa	rt V Tax and Payments	1	1			,			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	1						
b	Other credits (see instructions)	45t	>						
C	General business credit Attach Form 3800 (see instructions)	450	;			1 1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	450	<u> </u>			1 1			
е	Total credits. Add lines 45a through 45d					45e			
46	Subtract line 45e from line 44					46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other ((att sch)				47			
48	Total tax. Add lines 46 and 47 (see instructions)					48			0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) li	ne 2				49			
50a	Payments A 2017 overpayment credited to 2018	50a	1			1 1			
b	2018 estimated tax payments	50t	<u> </u>			1 1			
С	Tax deposited with Form 8868	500	;]			
d	Foreign organizations Tax paid or withheld at source (see instructions)	50 c	1]			
е	Backup withholding (see instructions)	50e	•]]			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f]			
g	Other credits, adjustments, and payments: Form 2439					1 1			
	Form 4136 Other Total I	5 0g	a] :			
51	Total payments. Add lines 50a through 50g					51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached			>		52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed				<u></u>	53			0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	nt overpa	ııd		•	54			
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax ▶	•	1	Refunded	ı 🕨	55			
Pa	rt VI Statements Regarding Certain Activities and Other Info	rmatic	n (see in	structions)					
56	At any time during the 2018 calendar year, did the organization have an interest in o	or a sign	ature or ot	her authority	,			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "YES," the	ne organ	ization ma	y have to file	;				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter here ▶	the nam	e of the fo	reign country	У				x
57		ontor of	ar transfor	arta afara	an tr	10t2			x
31	During the tax year, did the organization receive a distribution from, or was it the grain of "YES," see instructions for other forms the organization may have to file	antor or,	or transier	or to, a forei	gn trt	ist?			1
58	Enter the amount of tax-exempt interest received or accrued during the tax year	\$							<u> </u>
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	tements and	d to the hest of	my knowledne ar	nd belie	fitis			
Si~	true correct and complete Declaration of property (either then toyogyar) is based on all information of which are	parer has ar	ny knowledge	m, momocyc a		,	May the IRS	discuss th	us return
Sig							with the prepa	arer show	n below
Hei	- 100 Sauvanio a 141 111							res	No
	Signature of officer Date Title			Data		T			
_	Print/Type preparer's name Preparer's signature to the control of			Date		Check	If PTIN		
Paid			a== :	·····		self-emp		047158	
	arer Firm's name > Simensky, Engstrom & Association	ces,	CPA's	5	Firm's	EIN 🕨	01-0	<u> </u>	1028
Use	Only P.O. Box 760								
	Firm's address > Saco, ME 04072				Phone	no	207-28		
							r ($T \Lambda \Omega \Omega$	/2019

Form	1 990-T (2018) SACO I	MAIN STREE	ET, I	INC.				065342			P	age 3
Sch	edule A - Cost of Goo	ods Sold. Enter	metho	od of inve	ento	ry valuation ▶	Cost	Method				
1	Inventory at beginning of ye	ear 1			6	Inventory at end of	/ear		6	; [
2	Purchases	2		29,916	1	•		ect				
3	Cost of labor	3			1	line 6 from line 5 E						
4a	Additional sec 263A costs	1			i	in Part I, line 2		· unu	٦ ا	. 1	39.	703
	(attach schedule)	40			8	Do the rules of sect	on 263/	(with recent to	<u>'</u>		Yes	No
b	Other costs	4a 4a		9,787	°			•			162	NO
_	(attach schedule) Stm				{	property produced of		ed for resale) apply				₹.
5	Total. Add lines 1 through			39,703		to the organization?		18041 D I D				<u> </u>
	edule C – Rent Incom	ie (From Real i	roper	ty and F	'ers	onal Property Lo	easea	with Real Prop	erty	<i>(</i>)		
<u>(se</u>	ee instructions)									_		
1. Des	cription of property	 						<u> </u>				
(1)	N/A	·										
(2)												
(3)					·							
(4)												
<u></u>		2 Rent receiv	ed or accn	ued	-							
	(a) From developed granedy (if the p	oreantena of reat]	(h) Esom s	ool on	d porcenal preparty (if the		3(a) Dodustions	diron	by connected with the	00000	
	 (a) From personal property (if the p for personal property is more that 	=				d personal property (if the or personal property exceed	•	· ·		ly connected with the in and 2(b) (attach schedu		
	more than 50%)			.(0) 0	5 - 5 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -		9.					
			 					<u> </u>			;,,,	+
<u>(1)</u>			 								,,,,,	
(2)						<u></u>						
(3)			ļ									
(4)			ļ									
Tota	<u> </u>		Total					(b) Total deduction	ns.			
(c) T	otal income. Add totals of c	olumns 2(a) and 2(l	o) Enter	•				Enter here and on p		,		
	and on page 1, Part I, line 6.					>		Part I, line 6, column	(B)	>		
Sch	edule E – Unrelated D	Debt-Financed	Incom	e (see in	struc	tions)				-		
		•						3. Deductions directly	conne	ected with or allocable	to	
				l		s income from or		debt-financed property				
	1. Description of debt-fit	nanced property		al		to debt-financed property	(a) 9	Straight line depreciation	Т	(b) Other deductions		
						property	(4)	(attach schedule)		(attach schei		
	N/A			-			1	· · · · · · · · · · · · · · · · · · ·	\dashv			
(1)	N/A						 		\dashv	· · · · - · · · · · · · · · · · · · · ·		
(2)				ļ		 	1		\dashv			<u>~_7</u>
(3)							1		+			
(4)				ļ					\dashv			
	4 Amount of average	Average adjusted of or allocable to			6	Column]			8 Allocable dec	fuctions	
	acquisition debt on or allocable to debt-financed	debt-financed prop				4 divided		Gross income reportable column 6)		(column 6 x total c		าร
	property (attach schedule)	(attach schedule			by	column 5	· `	Solution 2 x column of		3(a) and 3(b))	
(1)						%			T			
(2)		•, •		1		9/	7		_			
						9/	1		十			
(3)						9/	1		\dashv			
(4)				<u> </u>			1	hara and 4	+	Enter hors and a		
								here and on page 1 I, line 7, column (A)		Enter here and of Part I, line 7, co		
_							'"	i, inic 7, column (A)		raiti, iiie 7, O	, willi	(5)
Tota						•	L		-+			
Tata	l dividende-received deduc		aluma 0					.				

Schedule F – Interest, Annu	ities Rovalt	ies, and Ren	ts Fron	Controll	ed Or	ganiza	tions	see instruct	ions)	r ago -	
P" Interest Films		100, 4114 1101	Exemp	t Controlled	Organ	nization	s	000 111011 401	101107		
Name of controlled organization	ıdel	nuncation number		related income e instructions)	income 4 Total of specified uctions) payments made		ified de	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								<u> </u>			
(2)			·	-							
(3)				······································		_					
(4)											
Nonexempt Controlled Organiza	tions				·						
7 Tayahla Income		Net unrelated income soss) (see instructions)		payments made		ınclı	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)				·· ·····		<u> </u>				2.	
(2)						ļ					
(3)						ļ					
(4)						ļ					
Totals					•	Ente	ld columns er here and t I, line 8, c	on page 1,	Ente	d columns 6 and 11 or here and on page 1, t I, line 8, column (B)	
Schedule G – Investment In	come of a S	ection 501(c	1(7), (9)	or (17) O	rganiz	ation	(see in	structions)			
			/(· /) (· /	, (, .	. 9		(555	J. 1 4 6 11 6 11 6 1			
1. Description of income		2 Amount of ii	ncome	directly	ductions connected schedule)	nnected 4 Set-asides				5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A											
(2)						<u>-</u>				14	
(3)				<u> </u>						***	
(4)			· · · · · · · · · · · · · · · · · · ·								
Totals	.	Enter here and o Part I, line 9, co				•				ter here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Exer	mpt Activity	Income, Oth	er Than	Advertisi	ing Inc	come	see ins	tructions)	· · · · · · · · · · · · · · · · · · ·		
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expendirection	nses ly d with on of ed	4. Net income (from unrelated or business (co 2 minus columi If a gain, compcols 5 through	itrade lumn n 3)	5 Gross income 6 Expenses from activity that attributable to is not unrelated business income		ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1) N/A					$\neg \dagger$						
(2)					+						
(3)											
(4)	† * *			***************************************	f			1			
Totals •	Enter here and o page 1, Part I, line 10, col (A)	n Enter here page 1, P	art I,		•			'		Enter here and on page 1, Part II, line 26	
Schedule J – Advertising In	come (see in	structions)	<u> </u>								
Part I Income From P			Consc	lidated B	asis						
Name of periodical	2 Gross advertising income	3 Dire advertising	ct	4. Advertising gain or (loss) (2 minus col 3 a gain, compicols 5 through	ng (col i) If ute		culation	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A			<u> </u>								
(2)					Γ					7	
(3)		· · · · · · · · · · · · · · · · · · ·			Γ					7	
(4)					T					1	
										•	
Totals (carry to Part II, line (5))											

OIIII 330-1 (2	2010) 02200			,					
Part II	Income Fro	m Perio	dicals Repo	orted on a S	Separate Basis (F	or each	periodical liste	d in Part II	, fill in columns
,	2 through 7	on a line	-by-line basi	is)					

2 through 7 on a	<u>a iine-by-iine basi</u>	<u>(S)</u>				
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)			<u></u>			
(3)						'
(4)					<u> </u>	
Totals from Part I						
	Enter here and on page 1, Part I, tine 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)]				

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)		%	Value v
Total Enter here and on page 1 Part II line 14			

Form **990-T** (2018)

· SAC5342 SACO MAIN STREET, INC.

Federal Statements

FYE: 12/31/2018

14-2065342

Statement 1 - Form 990-T, Part II, Line 18 - Interest

Description	Ar	Amount		
ICE CREAM & GIFT SHOP Line of Credit	\$	305		
Total	\$	305		

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Advertising	\$ 1,74
Occupancy	3,38
Travel	4 4
BANK FEES	99
DUES AND SUBSCRIPTIONS	63
SMALL EQUIPMENT	2,56
UNIFORMS	22
Office ,	77
Total	\$ 10,78

Statement 3 - Form 990-T, Schedule A, Line 4b - Other Costs

	 Amount	
ICE CREAM & GIFT SHOP	Supplies	\$ 9,787
Total	,	\$ 9,787

Form **990-T**

Schedule M Charitable Contribution and Loss Calculation

Description ICE CREAM & GIFT SHOP

2018

26,827

Name
SACO MAIN STREET, INC.

5 Total loss carried forward to 2019

Taxpayer Identification Number

14-2065342

Unincorporated Business Income Tax Code 722515 Activity Snack and non-alcoholic beverage

Worksheet 1 Activity Charitable Contribution Deduction	I	
1 Activity Income (Schedule M, Line 13, col C)	1	24,440
2 Activity Expense (does not include amount needed for Line 20)	2	51,267
3 Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4 Current activity contribution limit (Multiplier used is 10 %)	4	
5 Current year contributions	5	0
6 Prior year contributions (corporations only)	6	
7 Total available contributions (Add lines 5 and 6)	7	
8 Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Remaining contributions (subtract line 8 from line 7)	9	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0
Worksheet 2 Activity Losses and Carryforward Amounts		
1 Activity losses (do not include amounts before 2018)	1	
2 Amount of loss used in the current year	2	0
3 Prior year losses carried over to next year	3	
4 Losses generated by current year activity	4	26,827

Worksheet 3 Activity Charitable Contribution Carryforward

	Prior Year			Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15		·····			
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year					
Current Year Amount 0					
Charitable Contribution Carryover Available To Next Year					