• Form 990-T	Exempt Organization Business Income Tax Return									
(5)	(and proxy tax und	ļ	2017							
•	For calendar year 2017 or other tax year beginning	_	ZU 17							
Department of the Treasury Internal Revenue Service	► Go to www.irs gov/Form990T for i ► Do not enter SSN numbers on this form as it ma	7	Open to Public Inspection to 50 (c)(3) Organizations Only							
A Check box if address changed	Name of organization (Check box if name or RESIDENTIAL HOME FOR T	(Emplo	yer identification number oyees' trust, see ctions)							
B Exempt under section	Print DEVELOPMENTALLY DISABI		INC		3:	1-0902494				
X 501(c)(3	or Number, street, and room or suite no. If a P.O. bo			· · ·	Unrela	ited business activity codes				
408(e) 229(e)	Type P.O. BOX 997	,			(369 III	istructions)				
408A 530(a)	City or town, state or province, country, and ZIP of COSHOCTON, OH 43812	531:	120							
C Book value of all assets at end of year	F Group exemption number (See instructions.)									
4,902,3	4,902,336. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trus									
H Describe the organization	n's primary unrelated business activity. > COMMERO	IAL	REAL ESTAT	E RENTAL						
	the corporation a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	▶∟	Yes	s X No				
	and identifying number of the parent corporation			7.	4.0	COO 0770				
	► JARROD HIGBY d Trade or Business Income	1	(A) Income	one number > 74	40-0	(C) Net				
		1	(A) mounte	(D) Expenses		(0) Net				
1 a Gross receipts or sale		1.								
b Less returns and allo		1c 2								
2 Cost of goods sold (S3 Gross profit. Subtract	,	3			\dashv	· · · · · · · · · · · · · · · · · · ·				
4a Capital gain net incon		4a								
	4797, Part II, line 17) (attach Form 4797)	4b			- +					
		4c								
•	artnerships and S corporations (attach statement)	5								
6 Rent income (Schedu		6		· · · · · · · · · · · · · · · · · · ·	\dashv					
•	ed income (Schedule E)	7	5,025.	1,2	76.	3,749				
	yalties, and rents from controlled organizations (Sch. F)	8	3,0231		, , , ,	37,13				
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	\rightarrow			\dashv					
	vity income (Schedule I)	10								
11 Advertising income (S	- ,	11	·							
	structions, attach schedule)	12								
13 Total. Combine lines	•	13	5,025.	1,2	76.	3,749				
	ns Not Taken Elsewhere (See instructions for	or limita		· ·	<u>_</u>					
	contributions, deductions must be directly connecte			s income)						
14 Compensation of off	icers, directors, and trustees (Schedule K)	CEIN	/ED	ļ	14					
15 Salaries and wages	† <u>************************************</u>	<u> </u>		Ļ	15					
16 Repairs and mainter	ance Q	- ^		Ļ	16					
17 Bad debts	dule) NOV	19	2018 일	<u> </u>	17	•				
18 Interest (attach sche	dule)			-	18					
19 Taxes and licenses	001)EN			19	· · · · · · · · · · · · · · · · · · ·				
		ノにい	, UT		20					
21 Depreciation (attach	•		21							
	aimed on Schedule A and elsewhere on return		22a		22b					
23 Depletion	l			-	23					
•										
, ,	•			-	26					
27 Excess readership c				}	27					
28 Other deductions (at				}	28	0.				
	dd lines 14 through 28	at har or) from line 10	}	29	3,749				
	axable income before net operating loss deduction. Subtrain	or iine 29	o nom ime 13	}	30	3,149				
, -	eduction (limited to the amount on line 30)	L	20	}	31	3,749.				
	33	1,000								
34 Unrelated business line 32	taxable income. Subtract line 33 from line 32. If line 33 is	greater	man inic 32, enter the Sil	ianei VI 2610 VI	34	2,749				
IIIIG UZ				<u></u> i.	04	2,1=20				

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



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	ı	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	ls l	
(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	412.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	1	
Tax rate schedule or Schedule D (Form 1041)	36	
37 Proxy tax See instructions	37	
	38	
	39	
39 Tax on Non-Compliant Facility Income. See instructions	40	412.
40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies Part,IV Tax and Payments	40	4121
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	\dashv	
b Other credits (see instructions) 41b	\dashv \vdash	
c General business credit. Attach Form 3800	-	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	- 	
e Total credits. Add lines 41a through 41d	41e	410
42 Subtract line 41e from line 40	42	412.
43 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		410
44 Total tax Add lines 42 and 43	44	412.
45 a Payments A 2016 overpayment credited to 2017 45a 4 0 0		
b 2017 estimated tax payments 45b 1,860	<u>) </u>	
c Tax deposited with Form 8868	_	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	_	
e Backup withholding (see instructions)		
f Credit for small employer health insurance premiums (Attach Form 8941) 45f		
g Other credits and payments. Form 2439		
☐ Form 4136 ☐ Other ☐ Total ► 45g		
46 Total payments. Add lines 45a through 45g	46	2,260.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48	
49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ 49	1,848.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax	▶ 50	0.
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		Yes No
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		<u> </u>
here >		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?		— x
If YES, see instructions for other forms the organization may have to file.		
53 Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
Under penalties of perium. I declare that have examined this exum, including accompanying schedules and statements, and to the best of my to	knowledge and	belief, it is true,
Under penalties of perjuly, I declare that have examined this often, including accompanying schedules and statements, and to the best of my scorrect, and complete Declaration of preparer (other flam scayer) is based on all information of which preparer has any knowledge		
Here Acc 11-15-18 EXECUTIVE DIRECTOR		iscuss this return with
Signature of officer Date Title	instructions)?	hown below (see
		22 100 110
Think type property of many		
Paid PERMY COLLING CDA PERMY COLLING CDA 11/15/18		0602371
Preparer BETTY COLLINS CPA BETTY COLLINS CPA 11/15/18		-1476702
Use Only Firm's name ▶ BRADY, WARE & SCHOENFELD, INC. Firm's EIN	<u> </u>	14/0/02
4249 EASTON WAY SUITE 100	614 0	05_7407
Firm's address ► COLUMBUS, OH 43219 Phone no.		85-7407

723711 01-22-18

Schedule A - Cost of Good	s Sold. Enter me	ethod of invento	ory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6		
2 Purchases	Purchases 2				ne 6			
3 Cost of labor	3		from line 5 Enter here	and in P	art I,			
4a Additional section 263A costs			line 2			7	T T	
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		.	
5 Total. Add lines 1 through 4b	5		the organization?				<u> </u>	
Schedule C - Rent Income (see instructions)	(From Real Pi	operty and	Personal Property	Lease	ed With Real Prop	perty)		
Description of property								
(1)								
(2)			····					
(3)								
(4)								
	2. Rent received of	r accrued			2(a) Deductions directly	annocated with the		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for per	d personal property (if the percentarsonal property exceeds 50% or if its based on profit or income)	age	3(a) Deductions directly columns 2(a) and	d 2(b) (atlach sched	dule)	
(1)								
(2)								
(3)								
(4)								
Total	0 • To	otal		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	· / · · /	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	bt-Financed Ir	ncome (see in	structions)					
			Gross income from or allocable to debt-		Deductions directly conn to debt-finance	d property		
1. Description of debt-fit	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)		
				Si	PATEMENT 1	STATEMI		
(1) 923 AND 925 CHES	TNUT DR.		26,588.		2,793.		3,96	<u> 50.</u>
(2)						1		
(3)						1		
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjoint of or allocated to the second se	able to d property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	le deductio total of colu and 3(b))	
STATEMENT 3 (1) 14,276.	STATEME	75,545.	18.90%		5,025.		1,27	76
	1.	73,343.	**************************************		3,023	"		
(2)						 		
(3)			<u> </u>		*	 		
(4)			76		ator hara and ac acce 1	Enter here ar	nd on page	1
					nter here and on page 1, Part I, line 7, column (A)	Part I, line 7		
Totals			>		5,025		1,27	76.
Total dividends-received deductions in	ncluded in column 8		'					<u> </u>

Form 990-T (2017) DEVELOPMENTALLY DISABLED INC
Schodule F - Interest Annuities Royalties, and Rents From Controlled Organization

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization 1. Description of Income 2. Amount of income diatrian schedule) 1. Description of Income of Income of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Income of Income of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 1. Description of Inter here and on page 1. Part I, line 5, column (A) 2. Gross Inter here and on page 1. Part I, line 5, column (A) 2. Gross Inter here and on page 1. Part I, line 5, column (A) 2. Gross Inter here and on page 1. Part I, line 5, column (A) 2. Gross Inter here and on page 1. Part I, line 5, column (A) 3. Description of Inter here and on page 1. Part I, line 5, column (A) 2. Gross I, Part I, line 5, column (A) 3. Description of Inter here and on page 1. Part I, line 5, column (A) 2. Gross Inter here and on page 1. Part I, line 5, column (A) 3. Description of Inter here and on page 1. Part I, line 5, column (A) 3. Description (A) 4. Advertising gain of Inter here and on pag				Exempt	Controlled O	rganizatio	ons				
(2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (8)	Name of controlled organizate	ıden	identification					ınclud	included in the controlling		connected with income
(2) (3) (4) Nonexempt Controlled Organizations 7. Taxabili frozone 8. Net urralizated resembloss) (5) (10) (2) (3) (4) Aut destinates 3 and 10 (5) (6) Aut destinates 3 and 10 (6) Aut de	(1)			1							
(9) Nonexempt Controlled Organizations 7. Taxable Income 8. Net undested access (base) 9. Total of sexoled payments (10) (10) (20) (3) (4) Add columns S and 10 Enter here with company 1, Part I, line 8, column (3) (5) (6) Add columns S and 10 Enter here with company 1, Part I, line 8, column (3) (6) (7) (8) (9) (9) Add columns S and 10 Enter here with company 1, Part I, line 8, column (3) (6) (7) (8) (9) (9) Add columns S and 10 Enter here with company 1, Part I, line 8, column (3) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				-							
(4) New summer Controlled Organizations 7, Taxable Income 8, Net unseleded recome loss) (10) (11) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (1) (5) (6) (7) (8) (9) (9) Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (1) (8) (9) (9) (9) Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (1) (9) (9) (9) Add columns 5 and 10 Enter here and on page 1, Part I, line 9, column (1) (9) (10) (9) (11) (9) (10) (11) (12) (13) (14) (14) (15) (16) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19						-					
Value Valu				†							
7, Tabable Income 8, Net unrelated recome (lose) (see instructions) 9, Total of specified payments (made of the production of the accident of the accide		zations		<u> </u>							·
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (8) (5) (6) (6) Add columns 5 and 10 Enter here and on page 1, Part 1, time 8, column (8) (6) (7) (8) (9) (9) (1) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, time 8, column (9) (9) (9) (9) (9) (9) (9) (1) (9) (1) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, time 8, column (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)		1	ome (loss)	Q Total	of specified payr	nents	10 Part of colu	ımn 9 tha	t is included	11 Dec	fuctions directly connected
23 (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Column (B) Colum	,			0, 75			in the control	ling orgai	nization's		
23 (4) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Column (B) Colum	(1)			 							
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (8) O Columns 6 and 11 Ende here and on page 1, Part 1, line 8, column (8) O Columns (8)				 		1					
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) Column 6 and 11 Enter here and on page 1, Part 1, line 8, column (B) Column 6 and 11 Enter here and on page 1, Part 1, line 8, column (B) Column 6 and 11 Column 6 and 12 Column 6 and 13 Column 6 and 14 Column 6 and 15 Co				_							
Add columns fair of the fee and on page 1, Part I, line 8, column (A) Column (A) Column (B) Column (Column (B) Column (B) Column (B) Column (Column (B) Column (B) Column (Column (B) Column (Column (B) Column (B) Column (Column (B) Column (Column (B) Column (Column (B) Column (B) Column (B) Column (Column (B) Column				+		1					
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) 4. Sert-audite (attach schedule) 5. Total deduction directly connected (attach schedule) (2) (3) (4) Softer here and on page 1. Part 1, line 9, column (A) 1. Description of explored divinity unrelated business income of uncome of ministration of unrelated business income from unrelated trade or business (activity) 1. Description of explored activity unrelated business income of uncome from unrelated trade or business (activity) 1. Description of explored activity unrelated business income of uncome from unrelated trade or business income or unrelated business income or unrelated business income or unrelated during trade or business income or unrelated during trade or business income 1. Description of explored activity 1. Description of explored activity 2. Gross unrelated business income or business (activity) and unrelated during trade or business income 1. Description of uncome from unrelated trade or business (activity) and unrelated during trade or business income 1. Description or unrelated business income 1. Description or unrelated business income 2. Gross and trade trade or business income 3. Enter here and on page 1, Part 1, unrelated business income 4. Net income floating income (activity) and on activity that business income 6. Expenses attributable to column 4) (1) (2) (3) (4) Enter here and on page 1, Part 1, unrelated business income page 1, Part 1, unrelated business income Enter here and on page 1, Part 1, unrelated business income page 1, Part 1, unrelated business income Enter here and on page 1, Part 1, unrelated business income page 1, Part 1, unrelated business income page 1, Part 1, unrelated business income Enter here and on page 1, Part 1, unrelated business income page 1, Part 1, unrelated business income page 1, Part 1, unrelated bus	(+)						Enter here and	on page	e 1, Part I,	Enter h	ere and on page 1, Part I,
(see instructions) 1. Description of income 2. Amount of income directly commonted (attach schedule) (1) (2) (3) (4) Soften here and on page 1, Part 1, line 9, column (a servicity that so not unrelated activity that seed on page 1, Part 1, line 9, column (a servicity that so not unrelated activity that seed on page 1, Part 1, line 9, column (a servicity that so not unrelated business income for trade or business income for trade or business income (1) (2) (3) (4) Softedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity incomes activity incomes of exploited activity incomes income for trade or business income for	Fotals					▶			0.		0
1. Description of income 2. Amount of income (directly connected (attach schedule) (a Sectio	n 501(c)(7), (9), or	(17) Or	ganizatio	n			
(2) (3) (4) Ster here and on page 1, Part I, line 9, column (A) Part	1. Desc	ription of income			2. Amount of	income	directly conn	ected			5. Total deductions and set-asides (col 3 plus col 4)
(3) (4) Enter here and on page 1, Part I, line 9, column (A) (5) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited boarness income for unrelated boarness income for unrelated boarness income for unrelated boarness income for unrelated boarness income of unrelated boarness income for unrelated boarness income of unrelated vade or	(1)										
(3) (4) Enter here and on page 1, Part I, line 9, column (A) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited business income from trade or business sciencific connected business income for uncertainty for during of unrelated business income of unrelate											
Enter here and on page 1, Part 1, line 9, column (A) Part 1, line 9, column (A)				-							
Enter here and on page 1, Part I, line 9, column (A)								_			
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 income for business income	. ,	. 							'		Enter here and on page Part I, line 9, column (B)
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 income for business income	Totals			•		0.					0
1. Description of exploited activity arrivated business income from trade or business income from during trade or business income from activity that is not unrelated trade or business income from activity that is not unrelated business for an activity that is not unrelated business for activity that is not unrelated business for an activity that is not unrelated business for ac	-	-	ty Incon	ne, Othe	r Than Ad	vertisi	ng Incom	е			
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) 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 gain or (loss) (col 2 minus col 3) if a gain, compute col 3) if a gain, compute col 5 through 7 (1) (2) (3) (4)	1. Description of	2. Gross unrelated business income from	directly with p of u	connected roduction nrelated	from unrelated business (co minus columi gain, compute	trade or fumn 2 n 3) If a e cols 5	from activity is not unrela	that ted	attributa	ble to	6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) 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 gain or (loss) (col 2 minus col 3) if a gain, compute col 3) if a gain, compute col 5 through 7 (1) (2) (3) (4)	(1)										
(3) (4) Enter here and on page 1, Part I, line 10, col (A) 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 colds 5 through 7 (1) (2) (3) (4)											
(4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I. Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 1 Name of periodical 2 Gross advertising advertising costs advertising costs advertising costs follows from than column 4) (1) (2) (3) (4)	(3)	·			†·						
Enter here and on page 1, Part 1, line 10, cot (A) Schedule J - Advertising Income (see instructions) Part I. Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 2 Gross advertising costs advertising costs advertising costs 1 Name of periodical (1) (2) (3) (4)			1		1						
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income (see instructions) 2 Gross advertising costs advertising costs or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4)	()	page 1, Part I,	page	1, Part I,		1	-	.,,	L, —— .—		on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) (4)			•								0
1 Name of periodical 2 Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) 4. Advertising gain or (loss) (col 2 minus cols 5 through 7 5. Circulation income 6. Readership costs (column 5, but not mor than column 4)											
1 Name of periodical advertising advertising costs of advertising costs advertising costs (col. 3) If a gain, compute costs (col. 3) If a gain, compute (col. 5 through 7) (1) (2) (3) (4)	Part I Income From I	Periodicals Re	ported o	on a Con	isolidated	Basis					
(2) (3) (4)	1 Name of periodical	advertisin	- 1		or (loss) (co	ol 2 minus iin, computi					7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(2) (3) (4)	(1)										
(3) (4)											
(4)											
· · · · · · · · · · · · · · · · · · ·	Fotals (carry to Part II, line (5))	>	0.	0			<u></u>		<u></u>		0 Form 990-T (201

Form 990-T (2017) DEVELOPMENTALLY DISABLED INC

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)							
(2)							
(3)				-			
(4)							
Totals from Part I	▶	0.	0.	, ,	-	,	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, tine 11, col (B)	,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	i*			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)		%	-
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)