CANNED
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2016

4			EXT	TENDED TO MA	V 1	5. 2017			
Form 9	ညီ_T ါ	l F	xempt Orgai	nization Rus	ine	ss Income T	ax Return	. 1	OMB No 1545-0687
Form 3	90- I	1 -		nd proxy tax und			ux ricturi	' Ì	CIVID 140 1343-0867
		For oat	endar year 2015 or other tax yea				nt 30 201	6	0045
		PO Car		orm 990-T and its instruc				<u> </u>	2015
	t of the Treasury venue Service		Do not enter SSN number					ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
			Name of organization (ation is a 50 i(c)(s).	D Empl	oyer identification number
	Check box if address changed] [Maine of organization (Gueck ook ii name c	nanyeu	and see instructions.)		(Emp	ployees' trust, see uctions)
		Daina I	MIAMI VALLE	V HOTISTNIC OF	סם∩ז	מייות דיייד די פי	INC		1-1321426
	pt under section 11(c)(3)	Print or	Number, street, and room				LIVE .		lated business activity codes
=	8(e) 220(e)	Туре	907 W FIFTH					(See	instructions)
	8A 530(a)		City or town, state or prov					┨	
=	9(a)		DAYTON, OH		ioreig	ii postai code		531	120
	lue of all assets	E Groun	exemption number (See ii		<u> </u>			<u> </u>	120
at end o	f year		corganization type	X 501(c) corporation	, [501(c) trust	401(a) trust		Other trust
			ary unrelated business activ		·		101(4) 11 401		Olliof trade
			oration a subsidiary in an a		t-subs	diary controlled group?	▶ [Y	es X No
•	•	-	ifying number of the paren	· · · · · · · · · · · · · · · · · · ·		analy commonate groups		`	
			CONNIE ISAAC			Teleph	one number 🕨 9	37-	263-4449
Part	Unrelate	d Trac	le or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
1a Gro	ss receipts or sale	es						W.	
b Les	s returns and allo	wances		c Balance	1c			72	
2 Cos	at of goods sold (S	Schedule	A, line 7)		2			* **	
3 Gro	ss profit. Subtrac	t line 2 fr	om line 1c		3			49	
4a Cap	oital gain net incor	ne (attac	h Schedule D)		4a			<u> </u>	
b Net	gain (loss) (Form	1 4797, P	art II, line 17) (attach Form	1 4797)	4b			47	
	oital loss deductio				4c			<u> </u>	<u> </u>
			ips and S corporations (att	ach statement)	_5	04 004	* **	<u>~</u> _	4 005
	nt income (Schedi				6_	91,891.	87,8	85.	4,006
	elated debt-financ		· ·		7			11	BECEIVELY
		-	and rents from controlled or		8_	<u> </u>			10000
			on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9			181	3.2017
	loited exempt act	-			10 11				Jr.,
	vertising income (is; attach schedule)		12			1001	GENEN, UI
	tal. Combine lines				13	91,891.	87,8	815	QC 4,006.
Part I			t Taken Elsewher	e (See instructions fo					270000
			itions, deductions must				income)		
14 Co	mpensation of of	ficers, di	rectors, and trustees (Sche	dule K)				14	
	laries and wages	·	, ,	,				15	
16 Re	pairs and maintei	nance						16	
17 Ba	ıd debts							17	
18 Int	terest (attach scho	edule)						18	
19 Ta	xes and licenses							19	
		•	e instructions for limitation	rules)				20	
	preciation (attach					21		- <u>%</u>	
22 Le	ss depreciation cl	aimed or	n Schedule A and elsewhere	e on return		22a		22b	
	epletion							23	
	intributions to def		mpensation plans					24	
	nployee benefit pr	•						25	
	cess exempt expe	•	•					26	
	cess readership o							27	
	her deductions (a							28	0.
	otal deductions			Llace deduction. Cubicant	luna Or) from line 19		29	4,006.
			ncome before net operating In (limited to the amount on		inne 29	SEE STAT	ר יינאבאים	30 31	4,006.
			r (illilited to the amount on ncome before specific dedu	· · · · · · · · · · · · · · · · · · ·	am lina		L Pinisin.	32	4,000.
			y \$1,000, but see line 33 in			00		33	1,000.
			income. Subtract line 33 ft			than line 32, enter the sn	naller of zero or	- 55	2,000.
	e 32				g. 04101			34	0.
523701		narwork	Reduction Act Notice see	instructions				<u> </u>	Form 990-T (2015)

Form 990-1		1-1321426	Page A
.Part*II	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.	13	
	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):	. W. W.	
	(1) \$ (2) \$ (3) \$		
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	88, 2	
	(2) Additional 3% tax (not more than \$100,000)		
c	Income tax on the amount on line 34	→ 35c	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:	7 7 7	
•	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax. See instructions	37	
	Alternative minimum tax	38	
38		39	0.
39 Part IV	Total. Add lines 37 and 38 to line 35c or 36, whichever applies V Tax and Payments		
	<u> </u>		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a 40a		
	Other credits (see instructions)	——— 🐫	
	General business credit. Attach Form 3800		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	•	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		
	Total tax. Add lines 41 and 42	43	0.
	Payments: A 2014 overpayment credited to 2015		
b	2015 estimated tax payments		
C	Tax deposited with Form 8868		
đ	Foreign organizations; Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions) 44e		
f	Credit for small employer health insurance premiums (Attach Form 8941)		
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		
Part V		;)	
1 At a	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a fir	ancial account (ba	nk, Yes No
	urities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank	•	1 3
	ounts. If YES, enter the name of the foreign country here		Х
Durir	ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file		x
	er the amount of tax-exempt interest received or accrued during the tax year >\$		1 1 8
	ule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A		
	entory at beginning of year 1 6 Inventory at end of year	6	
-	chases 2 7 Cost of goods sold. Subtract line 6	21	
	t of labor 3 from line 5. Enter here and in Part I, line 2	7	
	tional section 263A costs (att. schedule) 4a B Do the rules of section 263A (with respect to		Yes No
	er costs (attach schedule) 4b property produced or acquired for resale) app		
	at. Add lines 1 through 4b 5 the organization?	,	
<u> </u>		my knowledge and be	olief, it is true,
Sign	Under penalities of perjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of correct, also demplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	Mullimate Policion 1/24/2 CEO		discuss this return with shown below (see
	Signature of officer Date Title		
	Print/Type preparer's name Preparer's signature Date Check		1
Paid	DEVECU VANAT COA DEVECU VANAT COA 01/11/17	employed	10201226
Prepa	DEVESH KAMAL, CPA DEVESH KAMAL, CPA 01/11/17		00201226
Use C		's EIN ► 31	L-0800053
	14 EAST MAIN STREET	027 1	000 0000
	Firm's address ► SPRINGFIELD, OH 45502 Phor	ne no937-3	
F00711 01	06.16		Form 990-T (2015)

. Description of property									
(1) RENTAL PROPERTY									
2)									
3)									
4)	·								
		ed or accrued				2/s) Deductions direc	ctly connected with the in-	icome ib	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent f	al and personal propert or personal property ex- rent is based on profit	ceeds 50% or if	ge 	columns 2(a) and 2(b) (attach schedul TEMENT 2	le) 	
1)				91,8	91.		8'	7,885	
<u>2) </u>									
3)						<u> </u>			
4)otal	0.	Total		91,8	01				
) Total income. Add totals of columns				91,0	<u> </u>	(b) Total deductions.			
ere and on page 1, Part I, line 6, columi	n (A)	<u> </u>		91,8	91.	Enter here and on page 1, Part I, line 6, column (B)	8'	7,885	
chedule E - Unrelated Det	ot-Financed	Income (se	ee instructions)						
			2. Gross inc	come from		3. Deductions directly c	onnected with or allocable	9	
1. Description of debt-fi	nanced property		or allocable financed	to debt-	(a) Straight line depreciation (attach schedule)		(b) Other de	(b) Other deductions (attach schedule)	
1)									
2)									
3)									
4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	adjusted basis allocable 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 column		
1)				%					
2)				%					
3)			_	%					
1)				%					
						nter here and on page 1, art I, line 7, column (A)	Enter here and Part I, line 7, co	olumn (B)	
otals				▶!	_		<u> </u>	0	
otal dividends-received deductions III chedule F - Interest, Annu	ities Boyalt	ies and Re	nte From Co	ntrolled O	raani	zatione /		0	
chedule i - interest, Anna	lites, noyali	·	mpt Controlled O			Zations (see in	structions)		
1. Name of controlled organization	2. Employer ide numl	entification Ne	3. et unrelated income es) (see instructions)	Total of sp payments	ecified	5. Part of column 4 included in the controrganization's gross in	olling connected w	ith income	
	_			ļ					
1)						 			
2)									
3)				 					
4) onexempt Controlled Organization				<u> </u>					
		0 ((000)	Total of specified pays		Port of a	olumn 9 that is included	dd. Dadastaas daast		
7. Taxable Income 8.	Net unrelated incom (see instructions		made	ments 10.	n the cont	rolling organization's ross income	11 Deductions direct with income in colu		
1)									
2)									
3)									
4)									
· · · · · · · · · · · · · · · · · · ·		1		E	nter here	olumns 5 and 10 and on page 1, Part I, 8, column (A)	Add columns 6 a Enter here and on pag	ge 1, Part I,	
								(0)	
						0.	iii 6 6, Coldinii	(

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.	,å k	1		444	\$ <u>6.</u> 1	- :	0	
		Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, 1, col (B)							Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)		0.		0.				, , ,			0	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.
			Form 990-T (2015)

Form **990- I** (20[.]

523731 01-06-16

		
ACTIVITY NUMBER	AMOUNT	TOTAL
	30,623. 20,739.	
	3,991. 220.	
	523.	
	5,160.	
1	1,594.	87,885.
_		87,885.
	NUMBER	NUMBER 30,623. 20,739. 3,991. 220. 16,111. 523. 6,453. 5,160. 2,471. 1,594.