	000-T	1 6	EXI Exempt Orgai	TENDED TO MA	Y 1	l5, 2020 ss income l	ay R	eturn	. 1	OMB N	lo 1545-0687
Form	990-T			nd proxy tax unde			ax II		00		
Ġ		Forcal	lendar year 2018 or other tax yea	• •			л 30		ا ﴿ وَ	2	N18
D	toward of the Toward	-		.irs.gov/Form990T for in					_		- 10
	tment of the Treasury of Revenue Service		Do not enter SSN number	rs on this form as it may	be ma	de public if your organiz	ation is a	501(c)(3).			ublic Inspection for organizations Only
A [Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)			(Emp	loyer (dentr oloyees' tru: uctions)	fication number st, see
B E	xempt under section	Print	MIAMI VALLE	Y HOUSING OF	PPOI	RTUNITIES, :	INC.		-		21426
X	501(CV(/3)	or Type	Number, street, and room		•					lated busin instructions	ess activity code s)
Ļ	408(e)220(e)	',,,,	907 W FIFTH					. _	ł		
F	408A530(a) 529(a)		City or town, state or prov DAYTON, OH	45402	rtoreig	n postal code	· 		531	120	
C Bo	ok value of all assets and of year 17,915,8	0.1	F Group exemption numb		<u> </u>	504/2) 44		401(a)			Other truet
u c.	17,915,8	U L .	G Check organization type tion's unrelated trades or b		oratior		the only	401(a) (or first) un			Other trust
	de or business here	-				. If only one					e
	·		ce at the end of the previou	ıs sentence, complete Par	rts I an						-,
	siness, then complete					· · · · · · · · · · · · · · · · · · ·				٠.,	
I Di	iring the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a paren	it-subsi	idiary controlled group?		▶ [Y	es 🛚 🛚 🛚 🗓	□No -
			tifying number of the paren	t corporation.		<u> </u>	-		2.0	060	
			<u>PHANU PEIRIS</u> de or Business Inc	omo		,	1	oer ▶ 9	•	263-	(C) Net
			te or business inc	ome		. (A) Income	(B) Expenses	·	-	(C) NET
ı a b	Gross receipts or sale Less returns and allow		-	c Balance	1c		i	,		,	_
2	Cost of goods sold (S		A. line 7)	Coalance	2				*		
3	Gross profit. Subtract		•		3		<u> </u>				
4 a	Capital gain net incom				4a			-]	
ථා	• •	•	art II, line 17) (attach Form	4797)	4b		<u> </u>			<u> </u>	
Ö	Capital loss deduction	for trus	sts		4c		ļ		<u></u>		
5≥	Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5		ļ <u>-</u>				
É	Rent income (Schedu				6	50.05 2	<u> </u>	<u> </u>	٥.		F 500
70	Unrelated debt-finance				7	70,053.	 	64,5	25.		5,528.
رو			nd rents from a controlled o		8		 	 -			
8			on 501(c)(7), (9), or (17) or	ganization (Schedule 6)	9 10		 			 	
10-	Exploited exempt active Advertising income (S	•	, ,		11		 				
和	Other income (See ins		•		12		*	; .			
	= 0				13	70,053.		64,5	25.		5,528.
	rt II Deductio	ns No	t Taken Elsewher	e (See instructions fo	r limita	ations on deductions)					
<u> </u>	. (Except for c		itions, deductions must		with t	he unrelated business	sincome) ~ -			· <u>·</u> ,
14 .			rectors, and trustees (Sche	dule K)			•		14_		
15	Salaries and wages		•	EIV	EU	ત્રુધ ~```	• • • •		15	 	·
16	Repairs and mainten	ance	•	RECEI		<u> & </u>			16 17	 	
17 18	Bad debts Interest (attach sche	dula) (c	na instructions)	ه م	205				18		
19				let APR UD					19	 	
20	Charitable contribute	ons (See	e instructions for limitation	rulsia		لمسرآل			20		
21	Depreciation (attach			rulas APR 02 rulas OGDE	W.	21	9	,282.			
22	•		Schedule A and elsewhere	e on return		22a	9	,282.	22b		0.
23 ,	Depletion		•				•		23	ļ	
24	Contributions to defe	erred co	mpensation plans						24	ļ	
25 [}]	Employee benefit pro					,		•	25	 	
26	Excess exempt exper								26		
27	Excess readership co	•							27		
28	Other deductions (at								28 29		0.
29	Total deductions. A		14 through 28 ncome before net operating	Ince daduction Subtract	lina 90	a from line 12			30		5,528.
30 31			oss arising in tax years beg						31		
32			ncome. Subtract line 31 fro		y 1, 20	(555 1157 6510115)		3	32		5,528.
			work Reduction Act Notice				,			Form	990-T (2018)

Form 990	(2018) MIAMI VALLEY HOUS	NG OPPORTUNITIES,	INC.	31-1:	<u> 321426</u>	Page 2
Part	II Total Unrelated Business Taxa	ble Income				
33	Total of unrelated business taxable income compu	ted from all unrelated trades or businesses	s (see instru	ctions)	33	5,528.
34	Amounts paid for disallowed fringes		•	,	34	
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see ii	nstructions)	STMT 1	35	5,528.
36	Total of unrelated business taxable income before					
	lines 33 and 34				36	
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)		3,	8 37	1,000.
38	Unrelated business taxable income. Subtract lin		line 36.			
	enter the smaller of zero or line 36	•	•		38	0.
Part	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)			▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for		unt on line 3	38 from:		
	Tax rate schedule or Schedule D (Fe	•		1	40	
41	Proxy tax. See instructions	,		i	▶ 41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instru	ctions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, w				44	0.
Part '						
45a	Foreign tax credit (corporations attach Form 1118	trusts attach Form 1116)	45a			
b	Other credits (see instructions)	·	45b	-		
c	General business credit. Attach Form 3800		45c			
đ	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d			
е	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🗀	Other (attach schedule	e) 4 7	
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), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018		50a			
b	2018 estimated tax payments		50b			
C	Tax deposited with Form 8868		50c			
d	Foreign organizations: Tax paid or withheld at soul	ce (see instructions)	50d		_	
e	Backup withholding (see instructions)		50e		_	
f	Credit for small employer health insurance premiu	ms (attach Form 8941)	50f	.==-	_	
g	Other credits, adjustments, and payments: F	orm 2439				
	Form 4136 0	Other Total	▶ 50g			
51	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached 🕨 🔙			52	
53	Tax due. If line 51 is less than the total of lines 48	49, and 52, enter amount owed		•	► 53	
54	Overpayment. If line 51 is larger than the total of		d	,	▶ 54	
55	Enter the amount of line 54 you want: Credited to			Refunded	► 55	
Part '	/I Statements Regarding Certain	Activities and Other Informa	ition (se	e instructions)		
56	At any time during the 2018 calendar year, did the	•				Yes No
	over a financial account (bank, securities, or other		-			
	FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," enter the name of	the foreign	country		
	here					X
57	During the tax year, did the organization receive a	•	or transferor	to, a foreign trust?		X
	If "Yes," see instructions for other forms the organ	•				
58_	Enter the amount of tax-exempt interest received of Under penalties of perjury, I declare that I have examined		d statements	and to the best of my kee	uladaa and halu	
Sign	correct, and complete Declaration of preparer (other tha	n taxpayer) is based on all information of which pre	parer has any	knowledge	wiedge and bein	
Here	No Marin Willey	Shely 1800 3/26/2020				scuss this return with
	Signature of officer	Date CEO			the preparer si instructions)?	hown below (see No
	T - Cognition of the control of the		I D-4-	Charle [X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	f PTIN	
Paid	DEVECH PAMAL CDA	DEVESH KAMAL, CPA	12/29	self- employ		0201226
Prepa		<u> </u>	<u> </u>	Firm's EIN		-0800053
Use (IN STREET, SUITE 50	0.0		<u>- </u>	
	Firm's address > SPRINGFIEI		•	Phone no	937-39	99-2000
823711 01				1		Form 990-T (2018)
320.1101	,	4 1			•	(2010)

Schedule A - Cost of Goods	Sold. Enter method of invent	tory valuation N/A	<u> </u>	
Inventory at beginning of year	1	6 Inventory at end of yea	r	6
2 Purchases	2	7 Cost of goods sold. Su	ubtract line 6	
3 Cost of labor	3	from line 5. Enter here	and in Part I,	
4a Additional section 263A costs		line 2		7
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or a	cquired for resale) apply to	
5 Total. Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income ((see instructions)	From Real Property and	Personal Property L	eased With Real Prope	erty)
1. Description of property				
(1)			··- <u>-</u>	
(2)				
(3)				
(4)				<u>-</u>
	2. Rent received or accrued			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than 'of rent for po	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)	ge 3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)	" "			
(2)		<u> </u>		
(3)				
(4)				
Total	O. Total		0.	
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)		
		2	3. Deductions directly conn- to debt-finance	
4		Gross income from or allocable to debt-	(a) Straight line depreciation	(b) Other deductions
Description of debt-fine	anced property	financed property	(attach schedule)	' (attach schedule)
			STATEMENT 4	STATEMENT 5
(1) 137		137,628.	9,282.	117,487.
(2)				
(3)				
(4)				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	 Average adjusted basis of or allocable to debt-financed property (attach schedule) 	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) 158,846.	312,045.	50.90%	70,053.	64,525.
(2)		%		
(3)		%		
(4)		%		
STATEMENT 2	STATEMENT 3		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			70,053.	64,525.
Total dividends-received deductions inc	cluded in column 8			0.
10.2. 0141001100 10001400 0000010119 1110	Side of the second seco			Form 000 T /2019\

Schedule F - Interest, A	nnuitie	s, Royalti	es, and	Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	ns)	
				Exempt (Controlled O	rganızatı	ons					
Name of controlled organizati .	on	2. Emplidentification	ation		related income a instructions)		tal of specified ments made	includ	t of column 4 led in the contration's gross i	rolling	6. Deductions direct connected with inco in column 5	otly ime
(1)											·-	
(2)												
(3)												
	-		- 1									
(4) Nonexempt Controlled Organiz	zations		1.	-		L						
7 Taxable Income		related income	(loss)	0 Total	of specified payr	nents	10. Part of colur	nn 9 the	t is included	11. D	eductions directly conn	nected
7. Taxable Micania		ee instructions)		9. 70	made		in the controlli	ng organ income	nization's		h income in column 10	
(1)			-									
(2)												
(3)	-											
(4)					· · - · ·							
			1				Add colurr Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Pa line 8, column (B)	art I,
Totals									0.			0.
Schedule G - Investmen	nt Incon	ne of a So	ection 5	501(c)(7	'), (9), or (17) Org	ganization					
(see instr				, ,,								
1. Descr	iption of incor	пе	-		2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-	asıdes schedule)	5. Total deduct and set-asic (col 3 plus co	des
(1)												
(2)												
(3)												
(4)				~-								
		· · ·			Enter here and o Part I, line 9, co						Enter here and on Part I, line 9, colum	
Totals Schedule I - Exploited I	Evemnt	Activity I	ncome	Other	Than Adv			per coapy)	# 4604_7#778 <u>#</u>	89"	
(see instru		Activity i	licome	, Other	man Au	CI (IOII	ig income					
Description of exploited activity	2. G unrelated income trade or b	business o from	3. Expedirectly co- with prod- of unre- business	onnected duction lated	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribute colur	able to	7. Excess exerexpenses (colu 6 minus column but not more the column 4)	ımn n 5,
(1)												
(2)												
(3)												
(4)												
Totals	Enter her page 1, line 10,	Part I,	Enter here page 1, line 10, c	Part I,							Enter here an on page 1, Part II, line 2	
Schedule J - Advertisir	ng Incon		structions		- James Hotelson Million Million	yenerilika						
Part I Income From F					solidated	Basis		-				
W WAR COMMAN BK		•										
1. Name of periodical		2. Gross advertising income		. Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, comput	5. Circulat		6. Reade cost		7. Excess readers costs (column 6 m column 5, but not r than column 4)	nore
(1)	-		1									
(2)	1 -											
(3)							? }					
(4)												No.
Totals (carry to Part II, line (5))	•	0		0								0.
. orang (our y to r art righting (o))			<u> </u>				_1		•		Form 990-T	

1. Name of periodica	al	2. Gross advertising income	3. Direct advertising costs	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, fine 11, col (B)	,	•	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.
Schedule K - Comp	ensation	of Officers. D	irectors, and	Trustees (see in	structions)		

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, lin	ne 14		<u> </u>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	14,739.	7,740.	6,999.	6,999.
06/30/15	3,990.	0.	3,990.	3,990.
06/30/17	9,040.	0.	9,040.	9,040.
06/30/18	11,337.	0.	11,337.	11,337.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	31,366.	31,366.

FORM 990-T	SCHEDULE E -	UNRELATED	DEBT-FINANCED	INCOME	STATEMENT 2
	AVE	RAGE ACQUIS	SITION DEBT		

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
137	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		162,945. 162,945. 162,945. 162,945. 162,945. 162,945. 154,746. 154,746. 154,746. 154,746. 154,746.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		1,906,146.
AVERAGE AQUISITION DEBT		158,846.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SC	HEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 3
DESCRIPTION OF DEE	T-FINANCED PROPERTY	ACTIVITY NUMBER	
137		1	AMOUNT
	ASIS OF PROPERTY FIRST DAY OF YEAR ASIS OF PROPERTY LAST DAY OF YEAR		316,709. 307,381.
AVERAGE ADJUSTED B	ASIS OF PROPERTY FOR THE YEAR		312,045.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	9,282.	9,282.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(A)		9,282.

FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
PAYROLL AND RELATE REPAIRS AND MAINTEREAL ESTATE TAXES OCCUPANCY INTEREST INSURANCE AND BONE BANK CHARGES OFFICE SUPPLIES SECURITY SMALL EQUIPMENT PROFESSIONAL FEES			45,010. 28,509. 5,213. 20,245. 6,392. 9,559. 43. 243. 373. 1,507. 393.	
	- SUBTOTAL	- 1		117,487.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	3(B)		117,487.