Form **990-T** (2018)

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

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Form 990-	TIMEDE & CHIEDREN D I DICE, INC.	61-054	19561	Page 2
Part			<del>,</del>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-34,831.
34	Amounts paid for disallowed fringes	_	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	T 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	ત્ર પી	36	<u>-34,831.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	35	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	39	111	
	enter the smaller of zero or line 36		38	<u>-34,831.</u>
Part	IV Tax Computation		· <del>-</del>	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		1 1	
	Tax rate schedule or Schedule D (Form 1041)	<b>•</b>	40	
41	Proxy tax See instructions	<b>•</b>	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.
Part '	V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a			
b	Other credits (see instructions) 45b		] }	
С	General business credit. Attach Form 3800		]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		]	
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 8866 Other (atta	ach schedule)	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), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018 50a			
	2018 estimated tax payments 50b		1	
	Tax deposited with Form 8868		1	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1	
	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941)  50f	<del></del> _	]	
a	Other credits, adjustments, and payments: Form 2439		1 1	
	Form 4136 Other Total <b>50g</b>		1 1	
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	•	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	ded 🕨	55	
Part \	VI Statements Regarding Certain Activities and Other Information (see instruction	ons)		
56	At any time during the 2018 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			1 1
	here <b>&gt;</b>			<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my know	wledge and be	lief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	<u> </u>		<del></del>
Here	3/1/20 PRESIDENT/CEO		•	cuss this return with wn below (see
	Signature of officer Date Title		structions)?	_ '_
	Print/Type preparer's name Preparer's signature Date Ch	eck 1	f PTIN	
Paid	Sel Sel	f- employed	1	
Prepa		F -J	P01	391676
Use C	DENTING WALCHE LIVEGAY C COMPONE DOG	rm's EIN		1064249
USE C	9300 SHELBYVILLE ROAD SUITE 1100			
		hone no. (	502)4	26-9660
323711 01				orm <b>990-T</b> (2018)
				•

Schedule A - Cost of Good	<b>Is Sold.</b> Enter	method of inve	ntory v	aluation > N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year			6	
2 Purchases	2	<u></u>	7 Cost of goods sold Subtract line 6			line 6		
3 Cost of labor	3			from line 5. Enter here				
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	acquire	d for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	id Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 
1. Description of property								
(1) BILLBOARD								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) as		cted with the income in attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.	_		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b></b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated De	bt-Financed	I Income (see	ınstru	ctions)				
			2	. Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		perty
1. Description of debt-fi	inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)								
(2)								<del></del>
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n 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)				%				
(2)			1	%				
(3)				%			$\perp$	
(4)		_		%				
						nter here and on page 1, Part I, line 7, column (A)		Inter here and on page 1, Part I, line 7, column (B)
Totals				▶		0		0.
Total dividends-received deductions in	ncluded in column	18					. [	0.
				<del>" _</del>			_	Form 990-T /2018)

Schedule F - Interest,	Annuities, Roya	alties, and	d Rent	s From Co	ontrolle	ed Organiz	zatio	<b>1S</b> (see ins	struction	ns)
				Controlled O						
1 Name of controlled organiza	) identi	nployer fication mber	3. Net unr (loss) (see	related income e instructions)	<b>4</b> . Tota	al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)		<del></del>					<del> </del>			
(2)			-							
(3)	<del></del>								$\overline{}$	
(4)			_				<del>                                     </del>		-	
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inco (see instruction		9 Total	of specified payi made	nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's		ductions directly connected in income in column 10
(1)										<del></del>
(2)										
(3)									-	
(4)										·
	<u> </u>					Add colun Enter here and line 8, 6		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		Section	501(c)(	7), (9), or	(17) Or	ganization	1			· · · · · · · · · · · · · · · · · · ·
1 Desc	ription of income			2 Amount of	ıncome	3. Deductio directly conne (attach sched	ected	4 Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										Ţ <b></b> -
(2)										
(3)										
(4)		-								
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.					
Schedule I - Exploited (see instru		y Income	, Other	Than Ad		ng Income	<del>-</del>			<u> </u>
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expe directly con with prodi of unrela business is	nnected uction ated	4 Net incom from unrelated business (co minus 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 exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F	Parti,							Enter here and on page 1, Part II, line 26
Totala		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Schedule J - Advertising	Da Income (see	inetri ietione	0.							0.
	Periodicals Rep			solidated	Basis					
1. Name of periodical	2 Gross advertising income		Direct ising costs	4 Adverti or (loss) (cc col 3) If a ga cols 5 th	d 2 minus iin, compute	5 Circulat income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)										
(3) (4)				-						
Totals (carry to Part II, line (5))	•	0.	0							0.
Totals (our y to r art ii, iiie (5))		<u>v. •1</u>		•1		<del></del>		<del></del>		Form <b>990-T</b> (2018)

Part II Income From Perio			arate Basis (For ea		in Part II fill in	71 1 ago
columns 2 through 7 on a	-		arato basis (i oi ea	chi pendulcai listed	mir ait ii, iii iir	
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, line 11, col (B)	-		•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0	•			0.
Schedule K - Compensatio	n of Officers,	Directors, ar	nd Trustees (see in	structions)		
1 Name	,		2 Title	3. Percent time devoted business	i to	pensation attributable irelated business
(1)					%	
(2)				,	%	
(3)					%	

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(4)

Total Enter here and on page 1, Part II, line 14

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
06/30/18	-20,311.	0.	-20,311.	-20,311.		
NOL CARRYO	VER AVAILABLE THIS	YEAR	-20,311.	-20,311.		