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	_		E	Exempt Org	aniz	atio	n Busin	ess	Inco	me T	ax I	Retur	190	/ <u>۲</u>	DMB No 1	545-068	37
	Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))															
		,	(and proof of the details of the control of the con							40		20	18				
	For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19 Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.								'								
	-	ent of the Treasury Revenue Service	▶ Do i		-								1(c)(3).		to Public c)(3) Organ		
	<u> </u>	heck hox if	► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (☐ Check box if name changed and see instructions) D Em												ıdentıfica		
		ddress changed pt under section	 	KIDCO Creative I	. —			•			•		(Em	ployee	s' trust, see	e instructi	ions)
	_ `	1(C)() 3)	Print	Number, street, and			o IfaPO box	, see in:	structions	1				6	5-025758	18	
	□ 40			761 E Okeechobe	ee Rd										business a	activity c	ode:
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code									(266	nstru	ictions)					
	52			Hialeah, FL 3301											532000		
	C Book at end	yalue of all assets d of year		oup exemption i											·		
				neck organization							(c) tru] 401(a			Other 1	
,				organization's un								Describ					
5				Rental and Leasi													
_			-	at the end of the omplete Parts III		us se	ntence, com	ibiere	Parts	and II,	com	piete a S	cneau	ie ivi	ior eaci	1 addit	.ionai
Ś				e corporation a su		<u> </u>	affiliated arou	in or s	narent.	eubeidi		ntrolled a	roun'?	٠ ,	► □ Y	as · [7]	
)		-		and identifying n	-		_	•		-Subsiui	ary co	naoneu g	loup:	•	, ii	53 <u>V</u>	NO
				► KIDCO Creati				oracio	/11. P	Tele	enhon	e numbe	r Þ		305-57	6-6990	
				e or Business					(A) Income	•		репѕеѕ		/ (C		
		Gross receipts											T				\nearrow
		Less returns and				С	Balance ▶	1c	ľ					-			
	2			Schedule A, line	7) .			2									\neg
707	3	Gross profit S	Subtract	t line 2 from line	1c			3							$\overline{}$		
~	4a	Capital gain ne	et incor	ne (attach Sched	dule D)			4a				-		7			
~	b	Net gain (loss)	(Form 4	4797, Part II, line	17) (att	ach F	orm 4797)	4b									
	С	Capital loss de	eductio	n for trusts .				4c									
Z L	5	Income (loss) fro	om a parl	tnership or an S co	rporation	n (attac	ch statement)	5									
_	6	Rent income (Schedu	ile C)				6		26700			91719			-65019	
7	7	Unrelated deb	t-financ	ced income (Sch	edule E)		7			/						
SCANNEL	8	Interest, annuities,	royalties,	and rents from a con	trolled org	ganızatı	on (Schedule F)	8									
3	9	Investment incom	e of a sec	ction 501(c)(7), (9), or	(17) orga	nızatıor	n (Schedule G)	9									
3	10	Exploited exer	mpt act	ıvıty ıncome (Scl	nedule l) .		10				_					
顶	11	Advertising in	come (S	Schedule J) .				11									
	12	-		ructions; attach s		-		12		78						78	
	13			3 through 12				13/	<u> </u>	26778			91719			-64941	
	Part			Taken Elsewh									-			ns,	
				be directly con					siness	income	9.)		$\overline{}$	<u> </u>		 -	
	14	•		cers, directors, a	ına trus	tees (Schedule K)		• • •	•	/	7	لنکود∵	14		\longrightarrow	
	15 16	Salaries and war Repairs and m	_			•	<i>j</i> · · ·			· <i>P</i>	d_/		·*X	(16.			—
	17	Bad debts				-/-				•<	42	· `\\	, F	17	$\overline{}$	\rightarrow	
	18			iule) (see instruc		<i>.</i> .				•	1/2	PER O ENTY	ا د ح	18	$\overline{}$		
	19							• •	•	•	. /, ,	EN	0	/19	- † -	\rightarrow	
	20			ns (See instructi	/	lımıta	tion rules)	•	•					20			
	21	Depreciation (21	/	` ' '	100			$\overline{}$	
	22			imed on Schedu	ile A an	d else	where on re	turn .		22a		$\overline{}$	87	22b		1	
	23	Depletion .				. 6								23			
	24	•		rred compensati	on plan	s į	REC	.FI	/ED					24	_		
	25	Employee ben		•		I		<u>-</u>	<u> </u>	ارى			.	25			
	26		- 2/	nses (Schedule I) .	. [0 0 0	ω.σ.	,00,00°	<u> 8</u>			. [26			
	27	-		sts (Schedule J)		la	DEC:	2 ,8	ZUZO.	S-09(. [27			
	28	,		ach schedule)		. J.		ومعيد والمد		[종]				28			
	29	,		dd lines 14 throu			OGD	EN	UT	!				29			
	30			xable income be		oper	ating loss de	duction	on. Sub					30		-64941	
	31	Deduction for r	net opera	ating loss arising	ın tax ye	ars be	eginning on o	r after	January	/ 1, 2018	3 (see	ınstructio	ns)	31			
	32/			axable income. S										32		-64941	
	For Par	nerwork Reduct	tion Act	Notice, see instr	uctions.				Cat	No 1129	1.J		_	_	Form 9	990-T	(2018)

` Form	Form 990-T _i (2018) Page 2							
Par	t III T	otal Unrelated Business Taxable Income						
		f unrelated business taxable income computed from all unrelated trades or be	usinesses (se	el T	T			
4		tions)			-64941			
34		its paid for disallowed fringes		34	-01011			
35	Dadua	tion for net operating loss arising in tax years beginning before January	1 0010 /60/	L 7-7-1				
33		tions)		35				
00								
36		f unrelated business taxable income before specific deduction. Subtract line 35		1 1				
		: 33 and 34		36	-64941			
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1000			
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greate			Į			
	enter t	ne smaller of zero or line 36	· · · · · · · · · · · · · · · · · · ·	3 8	-64941			
Par		ax Computation	<u> </u>	L				
39		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)		_ · · ·				
40		Taxable at Trust Rates. See instructions for tax computation. Inc		n				
	the am	ount on line 38 from: 🔲 Tax rate schedule or 🔲 Schedule D (Form 1041)	>	40				
41		tax. See instructions		41				
42	Alterna	tive minimum tax (trusts only)		42				
43	Тах ог	Noncompliant Facility Income. See instructions		43				
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44				
Par		ax and Payments						
45a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a						
ь	-	predits (see instructions)		7				
c		ul business credit. Attach Form 3800 (see instructions)		=				
d		for prior year minimum tax (attach Form 8801 or 8827)		┥ ।				
e		redits. Add lines 45a through 45d		45e	-			
46		ct line 45e from line 44		46				
47		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att		47				
48		ax. Add lines 46 and 47 (see instructions)		48				
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line		49				
49 50-		nts: A 2017 overpayment credited to 2018	٠ _ا .	1 3 1				
50a			-		ļ			
þ					į			
C		posited with Form 8868						
d		n organizations: Tax paid or withheld at source (see instructions) 50d						
e		withholding (see instructions)		→ 1				
f	Credit	for small employer health insurance premiums (attach Form 8941) . 50f						
g	Other of	credits, adjustments, and payments: Form 2439	ł	1 1				
		n 4136	L	_				
51		ayments. Add lines 50a through 50g		_ 51				
52		ted tax penalty (see instructions). Check if Form 2220 is attached				<u> </u>		
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed						
54	Overpa	syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount o	•					
55		e amount of line 54 you want Credited to 2019 estimated tax	Refunded >	<u> </u>				
Pan	V S	tatements Regarding Certain Activities and Other Information (see i	nstructions)					
56	At any	time during the 2018 calendar year, did the organization have an interest in or	a signature or	other author	ity Yes	No		
		financial account (bank, securities, or other) in a foreign country? If "Yes," the						
	FinCEN	I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name of the	foreign coun	try _			
	here 🕨				L	✓_		
57	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or t	ransferor to, a f	oreign trust?		1		
	If "Yes.	" see instructions for other forms the organization may have to file.						
58	Enter ti	ne amount of tax-exempt interest received or accrued during the tax year > \$						
	Under	penalties of penury. I declare that I have examined this return, including accompanying schedules and state	ments, and to the	best of my know	edge and belie	f, nt Is		
Sig		prrect, and complete. Declaration of preparer (other than texpayer) is based on all information of which prepare	er has any knowled	ge	discusa this n			
Her	116	Minulingus 1/2/21/20 President/CEO		with the pre	parer shown b	elow		
) · 	ure of officer Date Title	.,	(see instructi	ous), 🔼 es 🗓	140		
			Date		PTIN			
Paid		- The state of the	•	Check I if self-employed				
Pre	parer	Contract	 +	Firm's EiN ►				
Use	Only	Firm's name						
		Firm's address ►		Phone no.				

Form **990-T** (2018)

'ao	е	3

Form 990-14	2016)									age o
Schedule	e A-Cost of Good	s Sold. Er	iter method of ir	nventory v	aluation_►					
1 Inv	entory at beginning of	f year	1	6	Inventory a	it end of year .	6	·		
2 Pu	rchases		2	7	Cost of	goods sold. Subtract	1			
3 Co	st of labor	[3		line 6 from	line 5. Enter here and				
4a Ad	ditional section 263A	A costs			ın Part I, lın	ne 2	7			
(att	tach schedule)		4a	8		es of section 263A (wit			Yes	No
b Oth	ner costs (attach sche	dule)	4b			roduced or acquired for				
_ 5 To	tal. Add lines 1 throug	h 4b	5			nization?				✓
Schedule	e C-Rent Income	(From Re	al Property and	Persona	l Property L	eased With Real Pro	perty))		
(see inst	tructions)									
1. Description	n of property									
(1) Rental F	Real Estate									
(2)										
(3)										
(4)		· · · · <u>-</u> · · · ·						··· =		
		2. Rent receiv	ed or accrued							
	ersonal property (if the perce anal property is more than 10 more than 50%)		(b) From real ar percentage of rent 50% or if the rent	for personal p	roperty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				ie
(1)					2670	20			-	91719
(2)			-							
(3)						-				
(4)										
Total			Total		2670	00				
	come. Add totals of colu	umne 2(a) an	d 2/h) Enter			(b) Total deductions. Enter here and on page	1			
	n page 1, Part I, line 6, co		© 2(b) Litter ▶			Part I, line 6, column (B)				91719
	e E-Unrelated De		ed Income (see	instruction	s)					
				2. Gross in	ncome from or	 Deductions directly cor debt-finance 			cable to	0
	 Description of debt 	t-financed prop	perty		debt-financed		(a) Straight line depreciation (b) Other d		luction	s
				pr	operty	(attach schedule)		(attach sch	edule)	
(1)										
(2)										
(3)										
(4)						<u> </u>	<u> </u>			
acquisition debt on or of or		e adjusted basis allocable to anced property	4 0	Column divided olumn 5	(column 6 ×		Allocable de nn 6 × total 3(a) and 3	of colu		
proper	rty (attach schedule)	(atta	ch schedule)						• • •	
(1)				<u> </u>	%		-			
(2)					<u>%</u>	<u>-</u>				
(3)							-			
(4)				<u> </u>	%		 			
						Enter here and on page 1, Part I, line 7, column (A)		here and I, line 7, c		
Totals					•					
	ends-received deduction	ons included	in column 8	•		. •	1			

Schedule F—Interest, Ann	uities, Royaities,				ariizations (se	e mstruc	Juons)	
			Jontrolled	l Organizations			1	
Name of controlled organization	2. Employer identification number	3. Net unrela (loss) (see in		4. Total of specified payments made	5. Part of column included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations		-	•				
7. Taxable Income	8. Net unrelated in			ital of specified	10. Part of colum			eductions directly cted with income in
	(loss) (see instruct	tions)	pay	yments made	organization's gro			column 10
(1)							-	
(2)								
(3)								<u>. </u>
(4)								
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals		·	\(\frac{1}{2}\) (\(\frac{1}{2}\)	(47) 0	<u> </u>			
Schedule G-Investment I	Income of a Sect	tion 501(c		Or (17) Organi Deductions				otal deductions
1. Description of income	2. Amount o	of income	dire	ctly connected ach schedule)	4. Set-aside (attach schedu		and s	et-asides (col 3 plus col 4)
(1)								
(2)								
(3)								
(4)								
Totals .	Enter here and Part I, line 9, o	column (A)			,		Part I, I	re and on page 1, ne 9, column (B)
Schedule I—Exploited Exe	empt Activity Inc	ome, Oth	er Than	Advertising In	icome (see inst	tructions	S)	1
1. Description of exploited activ	2. Gross unrelated business inco from trade business	ome prod	xpenses irectly ected with luction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses itable to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					· -			
(2)								
(3)								
(4)		''-						·
Totals .	Enter here and page 1, Part line 10, col (ti, page	nere and on a 1, Part I, 0, col (B)		· ·			Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncome (see instru	ctions)		L				
	Periodicals Repo		Consoli	dated Basis				
income i fom i	eriodicais riepoi	ted on a	00113011					7. Excess readership
1. Name of penodical	2. Gross advertising income		Direct gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7				adership osts	costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)		\neg		1				1
(3)				1				1
(4)				1		<u>-</u>		1 :
Totals (carry to Part II, line (5))	•					_		

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.)

2. Gross advertising income

2. Gross advertising costs

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. Name of penodical	2. Gross advertising income	3. Direct advertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						_
(4)						
Totals from Part I . ▶						
	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)						

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	•		

Form **990-T** (2018)

990-T SUPPORTING STATEMENTS FOR 65-0257588

KIDCO Creative Learning Inc 65-0257588 761 E Okeechobee Rd Hialeah, FL 33010

Schedule of Other Income:

Description	Amount
Interest Income	78
	78

Schedule of Deductions for Schedule C - Deductions for Property Rental Real Estate

Description	Amount
Auto Rxpense	102
Insurance Expense	3541
Landscaping	4586
Legal Seervices	1425
Property Taxes	18853
Repairs and Maintenance	18966
Utilities	4872
Other Services	287
Depreciation	39087
	91719