	Form	990⊶T	E	Exempt Organization Bus			ax Return	1	OMB No 1545-0687			
				(and proxy tax unde					2018			
			For ca	lendar year 2018 or other tax year beginning $\underline{\mathtt{JUL}}$ 1,				<u>9</u>	<b>ZU 10</b>			
		tment of the Treasury at Revenue Service	<ul> <li>Go to www.irs gov/Form990T for instructions and the latest information.</li> <li>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)</li> </ul>						Open to Public Inspection for 50 1(c)(3) Organizations Only			
	A []	Check box if address changed		Name of organization ( Check box if name changed and see instructions.)					ployer identification number ployees' trust, see ructions)			
	B E	xempt under section	Print	CAMPUS CHILDCARE CENTE	04-2716370  E Unrelated business activity code (See instructions )							
		501( )( )	10 TVD0	Number, street, and room or suite no. If a P.O. box								
		408(e) X 220(e)	Туре	44R BRATTLE STREET, NO. 102					·			
	F	408A 530(a)		City or town, state or province, country, and ZIP or CAMBRIDGE, MA 02138	900099							
	C Boo	ok value of all assets and of year		F Group exemption number (See instructions.)	<u>,                                    </u>							
	ate	and of year 4 . 834 . 0	0 4 4 . G Check organization type ► X 501(c) corporation 501(c) trust 401						Other trust			
	H En	Enter the number of the organization's unrelated trades or businesses.   1 Describe the one							d			
		trade or business here SEE STATEMENT 1 If only one, complete Parts I-V. If more than one,										
				ace at the end of the previous sentence, complete Pa	rts I ar							
		siness, then complete		•		, ,						
		-		poration a subsidiary in an affiliated group or a parentifying number of the parent corporation.	it-subs	sidiary controlled group?	▶ [	Υ	es No			
	_			THE ORGANIZATION		Telenho	ne number > 6	617-547-3432				
				de or Business Income		(A) Income	(B) Expense:		(C) Net			
<b>1</b> 707	1a	Gross receipts or sale					(,,=:,,=::=		<u> </u>			
₹		Less returns and allow		c Balance	10	]						
_	-	Cost of goods sold (S		A. line 7)	2			,				
-		Gross profit. Subtract		, , , , , , , , , , , , , , , , , , ,	3			·				
L I I		Capital gain net incon			4a			-				
≓		, -	•	Part II, line 17) (attach Form 4797)	4b							
		Capital loss deduction		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4c							
į	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5							
É		Rent income (Schedu		· · · · · · · · · · · · · · · · · · ·	6							
i.	7	Unrelated debt-finance	ed incoi	me (Schedule E)	7							
ζ .	8	Interest, annuities, ro	yaltıes, a	and rents from a controlled organization (Schedule F)								
<b>≠</b> ,	9	Investment income of	f a section	on 501(c)(7), (9), or (17) organization (Schedule G)								
	10	Exploited exempt activities	vity inco	ome (Schedule I)								
	11	Advertising income (S	Schedul	e J)	11							
	12	Other income (See in:	struction	ns; attach schedule)								
		Total. Combine lines			13	0.	<del>-</del>					
	Pa			ot Taken Elsewhere (See instructions foutions, deductions must be directly connected			income)					
Juis	14	Compensation of off	icers di	rectors, and trustees (Schedule K) RECEIV				14	T			
3	15	Salaries and wages		KECFIV	FN			15	- <del></del>			
12	16	Repairs and mainten	ance	1001	د. ي	1		16				
ç	17	Bad debts		ee instructions) MAR <b>0 6</b> 20	300	180		17				
ž	18	Interest (attach sche	dule) (s	ee instructions)		18						
_	19	Taxes and licenses		10 (A) 11		19						
Batchine/ is Occ	20	Charitable contributi	Charitable contributions (See instructions for limitation rules)									
ξį	21	Depreciation (attach	Form 4	562)	Salania,	21						
	22	Less depreciation cla	ss depreciation claimed on Schedule A and elsewhere on return									
<u>.</u> ⊑ {	23	Depletion						23				
<b>8</b> €	24	Contributions to defe	erred co	mpensation plans				24				
rž'	25	Employee benefit pro	ograms					25				
	26	Excess exempt expe	nses (S		26							
	27	Excess readership co	-		27							
	28	Other deductions (at			28							
	29	Total deductions. A			29	0.						
	30	Unrelated business t			30	0.						
	31			loss arising in tax years beginning on or after Janua	ry 1, 2	018 (see instructions)		31	<del> </del>			
	32		_	ncome. Subtract line 31 from line 30				32	0.			
			- 0	nunde Dadustian Ast Nation, one instructions					Farm 000 T (0040)			

Form 990-1	(2018) CAMPUS CHILDCARE CENTERS, INC. 04-27	<u> 16370                                    </u>	Page 2
Part I	II Total Unrelated Business Taxable Income		
33`	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
36	·	00	
	lines 33 and 34	36	1 000
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	) 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		_
	enter the smaller of zero or line 36	38	<u> </u>
Part I		-	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax See instructions	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 \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1	
b	Other credits (see instructions)	7	
C	General business credit. Attach Form 3800	7	
d d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>-</b>	
_		-   A.E.L.	
e	Total credits Add lines 45a through 45d	45e	0.
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	<u> </u>
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018	-l' l	
b	2018 estimated tax payments	_	
C	Tax deposited with Form 8868	_	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	_	
е	Backup withholding (see instructions) 50e	_]	
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		•
	Form 4136 X Other 4,619. Total 50g 4,619	<u>.</u>	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 2	51/	4,619.
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	4,619.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	4,619.
Part \		<del>9 3</del>	
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		
	here		v
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	<del></del> -	$-\frac{x}{x}$
37			<del>-   ^-</del>
50	If "Yes," see instructions for other forms the organization may have to file.		1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	awlodes as it is in	C it up true
Sign	correct and complete Deparation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	owiedge and belie	i, it is true,
Here	12.12.12.22.12.22.12.22.12.22.12.22.12.22.12.22.12.22.12.22.12.22.2	May the IRS discus	s this return with
11010	Nondiuse of afficer	the preparer shown	- ' I
			Yes No
	Print/Type preparer's name   Preparer's signature   Date   Check   L	if PTIN	
Paid	self- employed	ł .	
Prepa	arer JAYNE A. ANDREWS JAYNE A. ANDREWS 02/15/20		14653
Use (	Only Firm's name ► ANSTISS & CO., P.C. Firm's EIN ▶	<u>04-2</u>	917204
	1115 WESTFORD STREET		
	Firm's address ► LOWELL, MA 01851 Phone no.	<u>(978) 4</u>	52-2500
823711 0	1-09-19	Forr	n <b>990-T</b> (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

COST OF PARKING AND TRANSPORTATION BENEFITS PAID

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		, AMOUNŢ
TAX PAID WITH ORIGINAL	FILING - 512(A)(7) REPEAL	4,619.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	4,619.

## Campus Child Care, Inc. 2018 Form 990-T – Amended Statement

The following lines were changed as a result of the repeal of Section 512(a)(7):

- Part I, Line 12 Other income
- Part I, Line 13 Total
- Part II, Line 30 Unrelated business taxable income before net operating loss deduction
- Part II, Line 32 Unrelated business taxable income
- Part III, Line 33 Total of unrelated business taxable income computed from all unrelated trades or businesses
- Part III, Line 36 Total of unrelated business taxable income before specific deduction
- Part III, Line 38 Unrelated business taxable income
- Part IV, Line 39 Organizations Taxable as Corporations
- Part IV, Line 44 Total
- Part V, Line 46 Subtract line 45e from line 44
- Part V, Line 48 Total tax
- Part V, Line 50g Other credits, adjustments, and payments
- Part V, Line 51 Total payments
- Part V, Line 52 Estimated tax penalty
- Part V, Line 53 Tax due
- Part V, Line 54 Overpayment
- Part V, Line 55 Enter the amount of line 54 you want: Refunded