, , , , , , , , , , , , , , , , , , ,			IRS NOTICE						
Form 990-T	Ex		anization Bus			Tax Re	eturn	- 1	OMB No 1545-0687
(m. 2)	(and proxy tax under section 6033(e))						2010		
(terr	For calend	For calendar year 2018 or other tax year beginning, and ending					-	2018	
Department of the Treasury Internal Revenue Service	 Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 					F	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed	Na	Name of organization (D Emplo (Empl	oyer identification number oyees' trust, see ctions)	
B Exempt under seet of	Print M	IIAMI VALLI	Y CHILD DEV	ELOI	MENT CENTE	RS		3	1-0713127
X 501(c)(3 () 7	or N	or Number, street, and room or suite no. If a P.O. box, see instructions.					E Unrek	ated business activity code	
408(e) 220(e)	`` _	Type 215 HORACE STREET						,000	,
408A530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45402 900							900	099
C Book value of all assets at end of year			nber (See instructions.)	>					
9,249,1		Check organization ty		_			401(a)		Other trust
H Enter the number of the				1 PEN		the only (o			
			RKING FRINGE ous sentence, complete Pa						
business, then complete		at the end of the previ	ous sentence, complete ra	,	d II, complete a Schedul	e IVI IOI EACI	additiona	ıı ıraoe	or
		ation a subsidiary in ar	affiliated group or a parer	nt-subsi	diary controlled group?		▶ [Ye	s X No
If "Yes," enter the name a									
J The books are in care of					Telept	one numbe	r ▶ 9	37-	226-5664
Part Unrelate		or Business In	come	·	(A) Income	(B)	Expenses	959 \	(C) Net
1a Gross receipts or sale	_			١. ا					
b Less returns and allo2 Cost of goods sold (S	_	line 7)	_ c Balance	1c 2		\$1.565.00 \$1.565			
2 Cost of goods sold (\$3 Gross profit. Subtrac	•	•		3		Constant of	er ake		<u> </u>
4a Capital gain net incor			٤	4a	· · · ·	Contract of the		9	
· =	•	II, line 17) (attach For	m 4797)	4b		17.30C.14.00			·
c Capital loss deduction	n for trusts	,,	,	4c		+ 1945.03	S. SEE	Min's	
5 Income (loss) from a	partnership	or an S corporation (attach statement)	5				徽江	
6 Rent income (Schedule C)			6						
7 Unrelated debt-finance	ed income ((Schedule E)		7_		ļ			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)				8					
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				9		 			
10 Exploited exempt acti	-	(Schedule I)		10		 			
	11 Advertising income (Schedule J) 12 Other income (Schedule J)						872-1-68 Fe/19	W029	
•					0.	1. 2. 3. 3. 4. 5. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	K. C. 1891.3	S. 30	
			re (See instructions fo	13 or limita		L			
			st be directly connected						
14 Compensation of off	icers, direct	tors, and trustees (Sch	nedule K)			=-:		14	
15 Salaries and wages								15	
16 Repairs and mainter	ance						į	16	
17 Bad debts 18 Interest (attach schedule) (see instructions)						_17_			
·	aule) (see ir	nstructions)						18	
						19 20			
· · · · · · · · · · · · · · · · · · ·						<u>20</u>			
		, chedule A and elsewhe	re on return		22a	-		22b	
23 Depletion				5	7			23	
						24			
25 Employee benefit programs					25				
26 Excess exempt expenses (Schedule I) 27 Excess readers hip costs (Schedule I)						26			
Zi Excess readership costs (Scriedule V)							27		
28 Other deductions (attach schedule)						28			
The state of the s						29	0.		
						30 31	<u> </u>		
						32	0.		
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.							<u> </u>	Form 990-T (2018)	

Form 990-T	(2018) MIAMI VALLEY CHILD DEVELOPMENT CENTERS 31-0	713127	Page 2
Part II	Total Unrelated Business Taxable Income		· · · · · · · · · · · · · · · · · · ·
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	30,014.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	30,021.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	33	
36	·		20 014
	lines 33 and 34	36	30,014.
	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,	1 1	
	enter the smaller of zero or line 36	38	29,014.
Part I	/ Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	6,093.
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	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	6,093.
Part			0,000
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	37000	
	Other credits (see instructions) 45b		,
	General business credit. Attach Form 3800 45c		
	Credit for prior year minimum tax (attach Form 8801 or 8827) Table of the Addition (for the each 45 d		
	Total credits. Add lines 45a through 45d	45e	6 002
46	Subtract line 45e from line 44	46	6,093.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu		
	Total tax. Add lines 46 and 47 (see instructions)	48	6,093.
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		
b	2018 estimated tax payments 50b		
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) 50f		
	Other credits, adjustments, and payments: Form 2439		
•	Form 4136 Other Total > 50g		
51	Total payments. Add lines 50a through 50g	51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	6,093.
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	: —	0,093.
	- · · · · · · · · · · · · · · · · · · ·	54	
Part V		55	
			
	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		X_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х
	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 >\$		
0:	Under penalties of perjury, I declare that I have examined this cours, including accompanying schedules and statements, and to the best of my kn correct, and complete Declaration of paperer (shier than target) is based on all information of which preparer has any knowledge	owledge and belief	f, it is true,
Sign			cuss this return with
Here	Sign HERE	the preparer sho	
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	HERBERT L LEMASTER, HERBERT L self-emplo	- 1	
	CD3		039882
Prepa	- CTARY COVARRED VIACINES CO		0800053
Use O	10100 INNOVATION DRIVE		
		937-22	6-0070
922744 04			
823711 01-	DE 13	F	orm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation N/A						
1 Inventory at beginning of year						6	Ι		
• • • •	Purchases 2				ine 6	۳	<u> </u>		
3 Cost of labor				7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I,					
4a Additional section 263A costs				line 2					
(attach schedule) 4a			8 Do the rules of section 263A (with respect to				Yes	No	
b Other costs (attach schedule)					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	ease	d With Real Prop	erty)			
1. Description of property									
(1)									
(2)		. <u>-</u>			·		-		
(3)	<u>-</u>				<u> </u>				
(4)		· ·			·-				
	2. Rent receive	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)							
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		_0.					
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)					(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶.		0.	
Schedule E - Unrelated Deb	t-Financea	income (see	instructions)		1 Deduction describes				
			2. Gross income from		 Deductions directly connected with or allocable to debt-financed property 				
Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)									
(2)					· -				
(3)				1		1			
(4)				†	· · · · · · · · · · · · · · · · · · ·				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Column 4 divided by column 5	7. Grass income reportable (column 2 x column 6)			8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column		
Totals			•		0			0.	
Total dividends-received deductions included in column 8					>	•		0.	
							Form 990-T	/2018)	

Totals (carry to Part II, line (5))

>

0.

Form 990-T (2018)

0.

Form 990-T (2018) MIAMI VALLEY CHILD DEVELOPMENT CENTERS 31-07131
Part II. 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) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs costs (1) (2) (3) (4) 0. 0 0. Totals from Part I Enter here and on page 1, Part I, line 11, col (B) Enter here and on Enter here and page 1, Part I, line 11, col (A) 0. O 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 1. Name 2. Title (1) % (2) % (3) % (4) % 0. Total. Enter here and on page 1, Part II, line 14 ▶

Form 990-T (2018)