	Form	990-T	E	xempt Organization Bus	ine	ss Income T	ax Return	<b>)</b>	OMB No 1545-0687					
		= /	ي ليدا	(and proxy tax unde	er se	ction 6033(e))	101	コー	0040					
		\	Forgal	and proxy tax unde		, and ending	191		· 2018					
				► Go to www.irs.gov/Form990T for in:										
		tment of the Treasury al Revenue Service		Open to Public Inspection for 501(c)(3) Organizations Only										
	A [	Check box if		Name of organization ( Check box if name cl		(Empl	oyer identification number loyees' trust, see							
		address changed	<i>:</i>	MIANT VALLEY OUTLD DEVI		1-0713127								
		kempt under section	Print or		MIAMI VALLEY CHILD DEVELOPMENT CENTERS									
		] 501(C)(3) ] 408(e) [ ] 220(e)	Туре	Number, street, and room or suite no. If a P.O. box 215 HORACE STREET	(See II	nstructions)								
	늗	408A 530(a)		City or town, state or province, country, and ZIP or	foreia	n nostal code		1	•					
		] 529(a)		DAYTON, OH 45402	10.0.9	r poolar oodo		900	099					
	C Bo	ok value of all assets		E Group everytion number (Coe instructions)	<u>►</u>									
	- at e	9;249,1	) trust	Other trust										
	H En	ter the number of the	organiza	G Check organization type ▶ X 501(c) corption's unrelated trades or businesses. ▶	1	Describe	the only (or first) ur	related	•					
	tra	de or business here	DIS	SALLOWED PARKING FRINGE	BEN	IEFIT . If only one,	complete Parts I-V.							
		·		ce at the end of the previous sentence, complete Pa		<del></del>								
		siness, then complete												
	I Du	ring the tax year, was	the corp	oration a subsidiary in an affiliated group or a paren	ıt-subsi	diary controlled group?	▶ [	Ye	es X No					
	If '	Yes," enter the name a	nd ident	ifying number of the parent corporation.					1 .					
				OONALD R. HOENDORF		Teleph	one number 🕨 9	37-	226-5664					
	Pa	rt₃l∛ Unrelated	Trac	le or Business Income		(A) Income	(B) Expense	S	(C) Net					
	1 a	Gross receipts or sale	S			·		- A. C. C.	999 A V 30					
	b	Less returns and allow	vances	<b>c</b> Balance ▶	1c									
	2	Cost of goods sold (S	chedule	A, line 7)	2		<b>对外验的产</b> 系	ALV.						
	3	Gross profit. Subtract	line 2 fr	om line 1c	3		III make to	EIV	FA-					
	4 a	Capital gain net incom	ne (attac	h Schedule D)	4a		四次高生工	100						
	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		THE BANG	7						
	C	Capital loss deduction	for trus	sts	4c	/		~ KU	KO 1011					
	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5 *	[	二、一つで大利		5/8/					
	6	Rent income (Schedu	le C)	•	6 -		T ASE	V. +	7 7 6					
	7	Unrelated debt-financ	ed incor	ne (Schedule E)	7		300							
	8	Interest, annuities, roy	alties, a	nd rents from a controlled organization (Schedule F)	8									
	9	Investment income of	a section	in 501(c)(7), (9), or (17) organization (Schedule G)	9									
	10	Exploited exempt activ	vity inco	me (Schedule I)	10									
	11	Advertising income (S	Schedule	(L :	11	<del></del>	)	/3446 9 <sup>2</sup>						
	12	Other income (See in:	struction	s; attach schedule)	12			<b>读歌:</b> 为						
	13	Total. Combine lines			13	0.	l <u></u>		<u> </u>					
	Ŗа	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)												
		<del></del>	т	<del></del>										
	14	•	icers, di	rectors, and trustees (Schedule K)				14						
`	15	Salaries and wages						15	<del> </del>					
F. A MECEIVE OF BONN WANCE 8. 2020	16	Repairs and mainten	ance					16	<del> </del>					
~	17	Bad debts						17						
2	18	Interest (attach sche	dule) (s	ee instructions)				18	<del></del>					
*	19	Taxes and licenses						19	<del> </del>					
緊	20		•	e instructions for limitation rules)		ایما		20						
2	21	Depreciation (attach		•		21		300						
€	22	•	aimed or	n Schedule A and elsewhere on return		22a	<del></del>	22b						
<del>5</del> 3	23	Depletion						23	<del> </del>					
. <u>₹</u> .	24	Contributions to defe		mpensation plans				24	<del></del>					
<u> </u>	25	Employee benefit pro	-					25						
>10. cg	26	Excess exempt expe	•	·				26	<del></del>					
£3.5	27 .	Excess readership co	•	•	27	<del> </del>								
		Other deductions (at		•				28	0.					
202 <b>0</b>	29	Total deductions. A		<del>-</del>	t line O	) from line 12		29	0.					
20	30			ncome before net operating loss deduction. Subtract				30						
	31			loss arising in tax years beginning on or after Janual	ıy I, 20	TO (SEE INSTRUCTIONS)		31	0.					
	32			ncome. Subtract line 31 from line 30			<del></del>	11	Form <b>990-T</b> (2018)					
	82370	11 01-09-19 LMA FO	n raper	work Reduction Act Notice, see instructions.	_			16	(2010)					

Form 990-		0713127	Page 2
Part I			0.
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	<u> </u>
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	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	4 000
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	0.
:Pärt·l	V <sup>†</sup> Tax Computation	<del></del>	
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)	Tax and Payments		
45 a	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		
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 (attach sche	edule) 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		
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		
g			
	Form 4136 X Other 6,093. Total ► 50g 6,09	93.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 1	51	6,093.
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	<b>▶</b> 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>▶</b> 54	6,093.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	<b>▶</b> 55	6,093.
<sub>*</sub> Part*	Statements Regarding Certain Activities and Other Information (see instructions)		
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 >		_ 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	?	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 >\$		13.25 53.33
	Under penalties of perjury, I decigre that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete. Decigration of penalties (other than taxpayer) is based on all information of which preparer has any knowledge	knowledge and belief, it	is true,
Sign	SIGNHERE	May the IRS discus	
Here	confil of the contract of the	the preparer shows	
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Paid	HERBERT L LEMASTER,   Self-emp		
Prepa	arer CPA (01/02/20)		39882
Use (	Only Firm's name ► CLARK, SCHABFER, HACKETT & CO. Firm's E	IN ► 31-0	800053
-30 (	10100 INNOVATION DRIVE		
	Firm's address ► DAYTON, OH 45342 Phone n	no. 937-226	
000744 0		F	990-T (2010)

Form 990-T (2018) MIAMI VALLEY CHILD DEVELOPMENT CENTERS

31-0713127

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	itory v	valuation ► N/A		<del></del>		
1 Inventory at beginning of year 1				Inventory at end of year		6		
2 Purchases	2		ine 6					
3 Cost of labor	3			from line 5. Enter here	Part I,			
4a Additional section 263A costs				line 2	Į	7		
(attach schedule)	4a		_ 8	Do the rules of section	with respect to		Yes No	
<ul><li>Other costs (attach schedule)</li></ul>	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 I	Property and	l Per	sonal Property L	ease	d With Real Propo	erty)	<del></del>
1. Description of property								
(1)								
(2)								
(3)								
(4)				- · · · · · · · · · · · · · · · · · · ·				
		ed or accrued				3(a) Deductions directly		ad with the income is
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	` of rent for p	persona	sonal property (if the percentag Il property exceeds 50% or if sed on profit or income)	Эв	columns 2(a) an	d 2(b) (a	tach 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	1 (A)	<b>•</b>		· · · · · · · · · · · · · · · · · · ·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶_	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	uctions)				
			;	2. Grass income from		3. Deductions directly conr to debt-finance		
1. Description of debt-fir			or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1					
(2)			1					
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8, Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)			$\bot$	%				
(2)			ļ	%			<u> </u>	
(3)			<u> </u>	%			┷	
(4)			<u> </u>	%				
						nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals				<b>&gt;</b>		0.	.	0.
Total dividends-received deductions in	ncluded in column	18				<b>&gt;</b>		0.
								Form 990-T (2018)

Form 990-T (2018) MIAMI Schedule F - Interest, A	VALLEY Innuities,	CHIL Royalti	D DEVELO	OPM nts I	ENT CE	ntrolle	RS d Organiza		31-07 (see ins		Page 4
					ontrolled O		<del></del>				
Name of controlled organizate	loyer 3. Ne (loss)	et unrel ) (see ii	lated income instructions)	<b>4.</b> To pay	tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income			g connected with income		
(1)											
(2)				-			· <del></del> -				
(3)		**				•		Ì			1
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income		elated income instructions)	(loss) 9.1	Total of	f specified payn made	nents	10. Part of column the controllingross	mn 9 that ing organ s income	nzation's		uctions directly connected ncome in column 10
					<del></del>						
(2)											
(3)											
(4)			1 - "								
	, , , , , ,		•				Add colun Enter here and line 8, c		1, Part I,	Enter her	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals						•			0.		0.
Schedule G - Investme	nt Income	e of a S	ection 501(d	c)(7)	, (9), or (	17) Org	ganization			<u> </u>	
(see insti			•				_				
1. Desc	ription of income	3			2. Amount of	income				asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					-						
(2)						•					
(3)											
(4)											
					Enter here and o Part I, line 9, co		Section of			44. N	Enter here and on page 1, Part I, line 9, column (B)
Totals				▶		0.					0.
Schedule I - Exploited	_	ctivity I	income, Oth	ner "	Than Adv	ertisir	ng Income				
(see instru				—т			1		T		T
1. Description of exploited activity	2. Gro unrelated by income to trade or bu	usiness from	3 Expenses directly connected with production of unrelated business income		Net income (loss) from urrelated 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		attribut	penses lable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)	Enter here a page 1, P line 10, co	art I,	Enter here and or page 1, Part I, line 10, col (B)	n j							Enter here and on page 1, Part II, line 26
Totals		0.		0.							0.
Schedule J - Advertision			structions)								
Part Is Income From	Periodica	ls Repo	rted on a C	ons	olidated	Basis					
1. Name of periodical		2. Gross dvertising income	3. Direc advertising c						6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						S. 70	Š.				
(2)	1							<del></del>		574	
(3)											
(4)									<u> </u>	,	
				_							_
Totals (carry to Part II, line (5))	<u> </u>	0		0.	.				<u> </u>		0. Form <b>990-T</b> (2018)

Form 990-T (2018) MIAMI VAL								0713121	7 F	age 5
Part II Income From Perio			Separ	ate Basis (For ea	ch perio	dical listed	ın Pa	t II, fill in		
columns 2 through 7 on a	line-by-line basis	)				<del></del>				
1. Name of periodical	2. Gross advertising income		Direct ling costs					Readership costs	7. Excess readers costs (column 6 mi column 5, but not m than column 4)	nus nore
(1)					-					
(2)										
(3)										
(4)										
Totals from Part I	0.		0.			74. 1894 N. 18				0.
	Enter here and on page 1, Part I, line 11, col (A)	page	re and on 1, Part I, , col (B)						Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.		0.							0.
Schedule K - Compensation	n of Officers, I	Directo	rs, and	Trustees (see in	structio	ns)				
1. Name				2. Title		3. Percentime devote business	d to		insation attributable elated business	
(1)				•			%			
(2)			-				%	,		
(3)					•		%			
(4)							%			
Total. Enter here and on page 1, Part II, II	ine 14						<b>&gt;</b>			0.

#### MIAMI VALLEY CHILD DEVELOPMENT CENTERS

31-0713127

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION	AMOUNT
AMOUNT PAID ON ORIGINALLY FILED RETURN	6,093.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	6,093.

#### **Statement of Amendment**

Federal 990-T

#### Part III, Line 34:

Section 512(a)(7) was repealed with the December 2019 Tax legislation signed into law on December 20, 2019. This repeal was effective back to the date of enactment (January 1, 2018) and this amended return reflects the correction and exclusion of any amounts previously included under Section 512(a)(7) parking fringe benefits.

Part III, Lines 36, 38, 39, 53 and 54 are recalculated based on the change on Line 34.

Amount in Part V, Line 50g reflects refund already received with originally filed return.