1	
	7

Forn	, 990-T								OMB No 1545-0047		
		(and proxy tax under section 6033(e))							4	2040	
		For calendar year 2019 or other tax year beginning, and ending, and ending Go to www.irs.gov/Form990T for instructions and the latest information.								2019	
	rtment of the Treasury nal Revenue Service	•	Go to www.irs.gov/Formagor for in Do not enter SSN numbers on this form as it may				-		Open 1 501(c)	to Public Inspection for (3) Organizations Only	
A [Check box if address changed	Name of propagation (Check how if name phagged and are nativipations) :								entification number trust, see	
В 8	exempt under section									31-0713127	
	501(c 0) 3)	or '	Of Number street and room or suite no. If a P.O. how see instructions.								
	408(e) 220(e)	Type 215 HORACE STREET									
F	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45402 900099								
C Bo	ook value of all assets end of year		F Group exemption number (See instructions.)								
			G Check organization type ► X 501(c) corp	poration	n 501(d) trust	401(a)	trust		Other trust	
H E	nter the number of the	organiza	tion's unrelated trades or businesses.	1		Describe	the only (or first) un	related			
tra	ade or business here 🕨	► DIS	SALLOWED PARKING FRINGE	BEI	VEFIT . If o	nly one,	complete Parts I-V.	If more	than	one,	
			ce at the end of the previous sentence, complete Pa	irts I an	d II, complete a S	Schedule	M for each additiona	al trade	or		
	isiness, then complete						-				
			poration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled	group?	▶ L	Ye	S	X No	
			tifying number of the parent corporation.			~		27	226	5.5664	
			OONALD R. HOENDORF te or Business Income		(A) Incom		one number > 9		<u> </u>		
			le of Basilless income	Т	(A) Illeuil		(B) Expenses			(C) Net	
	Gross receipts or sale Less returns and allow		c Balance	ا 🚛							
2	Cost of goods sold (S			1c 2			:				
3	Gross profit Subtract		•	3							
4 a	Capital gain net incom			4a							
b		•	art II, line 17) (attach Form 4797)	4b					_		
c	Capital loss deduction			4c			RECEIVE		7	,	
5	•		ship or an S corporation (attach statement)	5	,				5		
6	Rent income (Schedu		, , , , , , , , , , , , , , , , , , , ,	6		33	IAN 1 7 202		31		
7	Unrelated debt-finance		ne (Schedule E)	7	1	ଧ	U/\IV-i-1-2U2		ار		
8			nd rents from a controlled organization (Schedule F)	8		ш			Ĭ		
9	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9			DGDEN, U	T	7		
10	Exploited exempt activ	vity inco	me (Schedule I)	10	y						
11	Advertising income (S	chedule	: J)	11							
12	Other income (See ins	struction	s; attach schedule)	12							
13	Total. Combine lines			13		0.					
ഗ <u> Pa</u>			ot Taken Elsewhere (See instructions for			ctions)					
SCANNII 6 017			e directly connected with the unrelated busin	ess inc	come)		-				
≥ 14	•	cers, di	rectors, and trustees (Schedule K)					14			
Z 15	Salaries and wages							15			
∏16 □	Repairs and mainten	ance						16			
	Bad debts	4.1.3.7						17 18			
JUN 0 3 2020	Interest (attach schedule) (see instructions) Taxes and licenses										
Z	Depreciation (attach	Earm 45	(60)		ا م	n 1		19			
ુ ૂ			soc) Schedule A and elsewhere on return		21		· · · · · ·	21b			
ಲ್ಡ್ಸ್	Depletion	unica oi	Schedule A and elsewhere on return		[2]	<u>a </u>		22			
25,	Contributions to defe	rred cor	mnancation plane					23			
		yee benefit programs									
25		ipt expenses (Schedule I)									
26		rship costs (Schedule J)									
27	Other deductions (at	•	•					27			
28	Total deductions. Add lines 14 through 27								-	0.	
29		iss taxable income before net operating loss deduction. Subtract line 28 from line 13								0.	
30			oss arising in tax years beginning on or after Januar								
	(see instructions)	-		•				30		0.	
31	•	axable ır	ncome. Subtract line 30 from line 29					31		0.	
92370		_	work Reduction Act Notice, see instructions.						For	rm 990-T (2019)	

Form 990	0-T (2019)	MIAMI VALLEY CHILD DEVELOPMENT CENTERS	31-0	0713127 Page 2
Part	111	Total Unrelated Business Taxable Income		
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33		ts paid for disallowed fringes	33	
34		ble contributions (see instructions for limitation rules)	34	0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
00		ne smaller of zero or line 37	39	0.
Part		Tax Computation		
40		rations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	$\overline{}$	ax rate schedule or Schedule D (Form 1041)	41	
42		ax. See instructions	42	
43	-	tive minimum tax (trusts only)	43	
44		Noncompliant Facility Income. See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part		Tax and Payments		
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	_	redits (see instructions) 46b		
		business credit. Attach Form 3800 46c	į l	
		or prior year minimum tax (attach Form 8801 or 8827)	i I	
		redits. Add lines 46a through 46d	46e	
47		at line 46e from line 45	47	0.
48		exes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
- 49		xx. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
		nts: A 2018 overpayment credited to 2019		
	-	stimated tax payments 51b 6,120.		
		posited with Form 8868 51c	i l	
		organizations; Tax paid or withheld at source (see instructions) 514	i	
	-	withholding (see instructions) 51e		
	-	or small employer health insurance premiums (attach Form 8941) 511	1 1	
		redits, adjustments, and payments: Form 2439	i	
9	_	orm 4136 Other Total 51g	-	
52		ayments. Add lines 51a through 51g	52	6,120.
53	•	ed tax penalty (see instructions). Check if Form 2220 is attached	53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	· · · · · · · · · · · · · · · · · · ·
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	6,120.
56	•	ne amount of line 55 you want: Credited to 2020 estimated tax	56	6,120.
Part		Statements Regarding Certain Activities and Other Information (see instructions)		
57	At anv	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	•	inancial 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
58	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.		
59	Enter th	ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲		
		nder penalties of perjury, I declare that where examined this return, including accompanying schedules and statements, and to the best of my knowled	ge and belie	of, it is true,
Sign		prect/and complete Geclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	u the IDS di	scuss this return with
Here		- 1	-	nown below (see
			tructions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paic	1	HERBERT L LEMASTER, Self-employed		
	arer	CPA 01/06/20		0039882
-	Only	Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's EIN ►	31-	-0800053
-30	y	10100 INNOVATION DRIVE		
		Firm's address ► DAYTON, OH 45342 Phone no. 9	<u> 37-2</u> 2	26-0070
923711	09-16-19		F	orm 990-T (2019)

Schedule A - Cost of Goods	S Sold. Enter	method of inver	ntory v	aluation > N/A			_		
1 Inventory at beginning of year	1		6 Inventory at end of year				6		
2 Purchases	2		7		line 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			7	line 2		7			
(attach schedule)	4a		8	Do the rules of section	with respect to	-	Yes	No	
b Other costs (attach schedule)	4b			property produced or a	for resale) apply to				
5 Total. Add lines 1 through 4b	5		<u>. </u>	the organization?					
Schedule C - Rent Income (see instructions)	From Real	Property and	d Per	sonal Property L	ease	d With Real Propo	erty) 		
1. Description of property									
(1)	-			····					
(2)									
(3)	·								
(4)									
		ed or accrued							
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with d 2(b) (attach so	the income in hedule)	.
(1)		<u> </u>							
(2)						·			
(3)									
(4)						l			
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>			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	ctions)					
			Ι,	2. Gross income from		 Deductions directly conn to debt-finance 		locable	
Description of debt-financed property			'	or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Ott	(b) Other deductions (attach schedule)	
(1)		-	+				1		
(2)			+				 		-
(3)			1		<u> </u>		1		
(4)			1		l				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to niced property in schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	cable deducti 5 x total of co (a) and 3(b))	
(1)			1	%					
(2)				%		· · - · · · · · · · · · · · · · · ·	1		
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		e and on pag e 7, column (
Totals				>		0.			0.
Total dividends-received deductions in	icluded in column	18		- !		>			0.
							F	orm 990-T	(2019)

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Form 990-T (2019) 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)

1. Name of peri	odical	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)		<u> </u>			* -		
(2)				· ·		l	*1
(3)							
(4)		, i					
Totals from Part I	•	0.	0.	i i			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 26
Totals, Part II (lines 1-5)	>	0.	0.	<u> </u>		,	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)