Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Open to Public

Inter		ue Service		s.gov/Form990 for Instri						Inspection	
<u>A</u>			endar year, or tax year begin			, <u>and e</u>	nding		1/2018		
$\overline{}$		applicable		-CARE SERVICES FOR	CHILDREN INC			D Employer	identificatio	n number	
Ш	Address	change	Doing business as			····					
\Box	Name ch	ange	Number and street (or PO box if	mail is not delivered to street	address) Roor	n/suite		39-1096281		 -	
\equiv		_	4310 N 46TH ST		<u>_</u>			E Telephone	number		
Ш	Initial retu	ırn	City or town	Sta				(414) 871-8	500		
\Box	Final return	/terminated	MILWAUKEE	W							
二			Foreign country name	Foreign province/state/cou	nty Fore	gn postal	code	ا ا		40	0.000
	Amended	return						G Gross rece	eipts \$	46	0,203
	Application	n pending	F Name and address of principal o	fficer [.]			H(a) is th	nis a group return f	or subordinates	s? Yes	X No
			EDWARD KONKOL 4310 N	46TH ST, MILWAUKEE	E, WI 53216		H(b) Are	e all subordinate	s included?	Yes	¬ No
		nt status	X 501(c)(3) 501(c) () ◀ (insert no)		527	. –	'No," attach a lis			
	Tax-exem				4947(a)(1) or		, , , , , , , , , , , , , , , , , , ,	ito, attaon a no	. (5555	557	
<u>J 1</u>	Nebsite	:: ► WW	W DAYCARESERVICESFO	RCHILDREN.COM		.	H(c) Gr	oup exemption r	number 🕨		
K	orm of o	rganization	X Corporation Trust	Association Other	>	L Yea	r of forma	ation 1968	M State o	of legal domicile	WI
	art I	Sui	mmary	······································		<u> </u>				·	
	1		escribe the organization's mi	ssion or most significan	nt activities:	Prov	ides da	y care for pr	eschool ch	oldren	
e		Dillony o	out the organization of the	oolon or most signmour	it dollvilles.		iaço au	y <u>oaic ioi pi</u>	23011001 01	11101011	·
aŭ											
Ę	1 _										
₽Š	2		nis box ▶ if the organiz		•	sposed	of more	e than 25% (1	ssets.	
؈ۼ	3		of voting members of the go		•				3		<u>6</u>
Š	4		of independent voting memb		• •				4		<u>6</u>
Ž,	5		mber of individuals employed	•	(Part V, line 2a	a)			5		21
<u>~</u> €.	6		mber of volunteers (estimate		.			·	6	····	2
DEActivities & Governance	7a	Total un	related business revenue fro	m Part VIII, column (C),	, line 12 .	REC	FIV	ED]	7a		0
9	b	Net unre	lated business taxable incor	ne from Form 990-T, lin	e 34			-U =1	7b	3	0,212
					17	OCT		Prior Year		Current Year	
<u>.</u>	8	Contribu	itions and grants (Part VIII, li	ne 1h) .	[위.	0CI2	8 20	119 (469	,223	37	8,502
Revenue	9	Program	n service revenue (Part VIII, i	ine 2g)	.		1	S 7	',300		2,343
Š	10	Investm	ent income (Part VIII, column	n (A), lines 3, 4, and 7d)] .(OGD	FNI	17 170	,626		477
α,	[]:11	Other re	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c	and 1 1e)			26	5,797	3	2,093
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, colu	mn (A), line 12)	· ·		673	3,946	41	3,415
	13	Grants a	ind similar amounts paid (Pa	rt IX, column (A), lines	1–3) .				0		0
	14	Benefits	paid to or for members (Part	t IX, column (A), line 4)		,			0		0
(j)	15		other compensation, employee			O) .		427	,240	32	7,661
3Se	16a		onal fundraising fees (Part I)	, ,	<i>\ </i>	•			0		0
Expenses	b		draising expenses (Part IX,		·	o					
찣	17		penses (Part IX, column (A)	* * * * * * * * * * * * * * * * * * * *			fer :	160	,869		0,855
	1 4-		penses. Add lines 13-17 (mu			•			3,109		8,516
	18		e less expenses. Subtract lin		11 (A), iiile 23) .				5,837		5,101
<u> </u>		1/evenue	e less expenses. Subtract in	e to itoffi lifte 12 .		_ :	Beginn	ning of Current		End of Year	5,101
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20	Total ac	sets (Part X, line 16) .				Degiiii		,333		7,964
Asse	21		pilities (Part X, line 26)		• •	•					
Net Assets or Fund Balances	22		ets or fund balances Subtrac	ot line 21 from line 20		•			3,705 3,628		6,437 1,527
				A line 21 Hom line 20 .	 		L	240	,0201		1,321
	art II		nature Block I declare that I have examined this	rotura includina accompania	a sobodulos and st	otomonto	and to th	no boot of multo	a.uladaa		
			ct, and complete Declaration of prep								
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Sig	gn		Signature of officer	III am	<u> </u>			Date >	9, 1,		
He	re		Michael H.	Fhlor -	- Chif	1+	FIL	2016	ام	Ottice	Y
				<u> </u>	6-1110		1/1	101114	<u> </u>	<u> </u>	<u></u>
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Pa		. Roi	BERT W KABITZKE	ROBERT W K	ABITZKE	C	> 8/	12/2019 se	elf-employed	P00809862	
	eparer		's name ► SCRIMA KABITZ					Firm's EIN ▶	39-19458		
US	e Only	y ——	's address ► 328 W SUNSET		3180				(262) 542		
			e this return with the prepare					Phone no	(202) 542	-0401 X Vac	No
n/I ~	V TOO IE	0.000.0	A VALE FOR USE WITH THE READARD		INTERCEDED AND A STREET						

	90 (2017) DAY-CARE SERVICES FOR CHILDREN INC	39-1096281	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
1.	Briefly describe the organization's mission: PROVIDES DAY CARE SERVICES AND HEAD START SERVICES TO PRESCHOOL-AGE CHILDREN AN SUMMER CARE TO SCHOOL-AGE CHILDREN.		
	District and the second		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	· · · · Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 414,279 including grants of \$) (Revenue PROVIES DAY CARE SERVICES TO PRESCHOOL-AGE CHILDREN AND EXTENDED SUMMER CARE CHILDREN. THESE SERVICES ARE PROVIDED AT A DAY CARE CENTER LOCATED IN THE CENTRA MILWAUKEE AREA.	TO SCHOOL-AGE	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue of \$) (
4c	(Code:) (Expenses \$	ue \$)
4d	Other program services. (Describe in Schedule O.)		
4-	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 414,279		

Checklist of Required Schedules

Page 3

ADO

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	ļ	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7				v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		}	
	Part III	5		_X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
Ŭ	complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
3				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9_		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		·	١
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	. [Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's siparities of consolidated infanotal statements for the tax year instance a feetinet activities as year instance a feetinet activities and year instance and year insta	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -	^	
1 4 d	Schedule D, Parts XI and XII	12a	х	
	·	128	-^-	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	ا ا		v
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	\	1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
- •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
19		40		V
	If "Yes," complete Schedule G, Part III	19		X
		_		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ĺ	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-^
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	}	x
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	-^-
2 7 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a.	240	<u> </u>	
h		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		ŀ
نہ	to defease any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		l	.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ	ļ	ļ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		}	ļ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		l	
	conservation contributions? If "Yes," complete Schedule M.	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			i
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			<u> </u>
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b) '	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	000	<u> </u>	
00	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100	 	 ^-
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part]	
	VI	37	1	~
		31	 -	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38] X _	l

Form 990 (2017) DAY-CARE SERVICES FOR CHILDREN INC. 39-1096281 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . 1c Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. Х 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.......... 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions?.. 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . 7b h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?. g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? а b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter: а Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? . . . Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which ì the organization is licensed to issue qualified health plans . . . 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI

the Einler the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Einter the number of voting members included in line 1a, above, who are independent. b Einter the number of voting members included in line 1a, above, who are independent. b Einter from forcer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 Did the organization have any significant changes to its governing documents since the pnor Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? c Section B. Policies, fries Section B. Progress information about policies not required by the Internal Revenue Code. 10a Did the organization have local chapters, branches, or affiliates? 10b Horross, directors, or trustees, and key employees required to discloses annually interests that could give rise to conflicts? 10c Horoganization have a w	Sect	ion A. Governing Body and Management						
if there are maternal differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee, explain in Schedule (). Die Enter the number of voting members included in line 1a, above, who are independent. Die Any officer, director, fusities, or key employee have a family relationship or a business relationship with any other officer, director, fusities, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant diverges to its governing documents since the port Form 950 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Beach committee with authority to act on behalf of the governing body? Is bear any officer, director, furstee, or key employee isled in Part VII. Section A, who cannot be reached at the organization have launch and the properties of such chapters, affiliates? Die Theory of the companization have written policies and procedures governing the activities of such chapters, affiliates? Die the organization have local chapters, branches, or affiliates? Die the organization have a written occument releast on an organization to review this Form 90	4.		۱		Yes	No		
the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b. Einter the number of voting members included in line 1a, above, who are independent. 1b. 6 2	1a		1a (A		
be Enter the number of voting members included in line 1a, above, who are independent. 1						1		
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MICHAEL EHLER (414) 871-8500	20	State the name, address, and telephone number of the person who possesses the organization's	books and records	•				
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Form 990 (2017)	DAY-CARE SERVICES FOR CHIL	DREN INC								39-10962	81 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	ey.	Em	plo	oyee	s, ŀ	lighest Comp	ensated	
	Employees, and Independent C					-	•				
	Check if Schedule O contains a r	esponse or no	te to	any	y Iir	ne ii	n this	s Pa	art VII		🔲
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	ed E	mployees		
1a Complete t	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the										
organization's	tax year	•	•						,		
• List all d	 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount 										
of compensati	of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid										
	of the organization's current key emplo										
	organization's five current highest con reportable compensation (Box 5 of For										yee)
	ind any related organizations	ili vv-z aliu/ol bi	JX / C	ארנ	וווונ	108	9-WII	30)	or more man \$1	oo,ooo from the	
-	of the organization's former officers, ke	v emplovees ar	nd hia	hes	t co	mne	ancat	ed e	employees who r	eceived more th	an
	eportable compensation from the organ								ympioyees wile i	Cocived more un	all
	of the organization's former directors	•			_				as a former direc	tor or trustee of	the
	more than \$10,000 of reportable compe										
List persons in	n the following order: individual trustees	or directors; ins	titutio	nal	trus	stee	s; offi	cers	s, key employee:	s; highest	
	employees; and former such persons.	·					•			, •	
X Check thi	s box if neither the organization nor any	y related organiz	ation	con	npe	nsa	ted a	ny c	urrent officer, die	ector, or trustee	
					((C)					
						ition					
	(A) Name and Title	(B) Average					than one of the state of the st		(D) Reportable	(E) Reportable	(F) Estimated
	113.113 5.112 1.113	hours per	office	er an	d a d	rect	or/trust	ee)	compensation	compensation	amount of
		week (list any hours for	Individual trustee or director	Inst	Officer	₩	를 를	Former	from the	from related organizations	other compensation
		related organizations	rect	Institutional	ह्	em	lest	Вe	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	9 2	nal		Key employee	i i		(44-2/1099-141130)		and related
		line)	stee	trustee	ļ	%	Pens		ļ	ļ	organizations
				8			Highest compensated employee	ļ			
(1) RICHAR	RD BUSCHMANN	4 00	 			 -	-	-	 		
PRESIDENT			x		х				l 0	o	0
(2) WILLIA	M COFFER	2 00									
BOARD MEM	BER		X						o	0	0
(3) DAVID	ESPINOZA	2.00									_
BOARD MEM			X			<u> </u>		<u> </u>	0	0	0
	RD KONKOL	4 00									
TREASURER			X		X	ļ		-	0	0	0
(5) CATHY	SMITH	4 00									
SECRETARY	CMIDEBONI	4.00	X	-	X	├	-	-	<u> </u>	0	0
(6) JAMES VICE PRESID		4.00	x		x				0		0
(7)	CINI				-	-		-		0	0
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	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ne an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											
(16)					_						
(17)											
(18)					-						
		<u> </u>	-								}
(20)				-							
		<u> </u>									
		L									
(25)											
1b				L	l		l	•	0	0	0
C d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).	ection A					٠	>	0	0	0
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ted a	bον	e) v			ved	more than \$100		<u> </u>
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,	key e	mpl		e, o	r high	est	compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great andividual.	•	-						•	h	A X
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yo	•			•			_		vidual	5 X
Sec	tion B. Independent Contractors	os, compicio oc	ncua	10 0	101	300	ii per	3011			
1	Complete this table for your five highest compecompensation from the organization. Report coyear.	•									tax
	(A) Name and business add	ress					 		(B) Description of ser	vices ((C) Compensation
											0
								_			0
			<u> </u>						 		0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	_		tho	se i	ste	d abo	ve)	who received		

Part VIII DAY-CARE SERVICES FOR CHILDREN INC

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.										
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) · Revenue excluded from tax under sections 512-514		
र इ	1a	Federated campaigns				an moderate a series				
Grants	⊸ b	Membership dues					4.00			
S, G	С	Fundraising events								
Gift lar,	d	Related organizations			A sy cyfnilliaeth den gymraeth cae			Maring and the second of the Co		
S E	е	Government grants (contributions	s) . <u>1</u> e	378,502						
5 9 P	f	All other contributions, gifts, gran								
of th		similar amounts not included abo	ve 11	0						
Contributions, Gifts, Grants and Other Similar Amounts	ģ	Noncash contributions included in li	nes 1a-1f [.] \$	· <u> </u>			per englished and a second			
	h	Total. Add lines 1a-1f	· _,	<u></u>	378,502			an and an		
ě		~		Business Code						
ven	2a	PARENT FEES	,	900099	2,343	2,343				
Program Service Revenue	b				0	· · · · · · · · · · · · · · · · · · ·				
Z C	С				0					
Ser	d	^			0					
am	е				0					
ē	f	All other program service revenue	е	L	0		ACMEDITACIONES ACCUSATOR A	Account any or a first for a first of the first of the		
			· · · · · · · · · · · · · · · · · · ·		2,343					
	3	Investment income (including div		t, and	i					
		•		▶	477	477				
	4	Income from investment of tax-ex	cempt bond pro	ceeds	0					
	5	Royalties	(ı) Real	(ii) Personal	0	Second very driving reco	Patroni Bagua Derrot 103	and the second second second second		
	60	Gross rents	78,00							
	6a		46,78							
	р	Less: rental expenses	31,21							
	d d	Net rental income or (loss)	31,21.	21 0	ACCOUNT OF THE STATE OF					
		Gross amount from sales of	(ı) Securities	(II) Other	31,212		RV:926WBIEDDIG	District Control		
i	14	assets other than inventory	<u> </u>	0 0						
	b	Less: cost or other basis		<u> </u>						
	•,	and sales expenses	į ,	0 0			resupplies out a visuality			
ì	С	Gain or (loss)		01, 0		vices for the confidentials.				
	d	Net gain or (loss)		<u> </u>	0		7.70.000			
	_	to gam or (1000)								
单	8a	Gross income from fundraising			100					
eu l		events (not including \$	0							
Š		of contributions reported on line	(c)							
2		See Part IV, line 18	•) o		Ardumpud saxs as log				
Cther Revenue	b	Less, direct expenses		0			iga adinjegorografica			
Ö	С	Net income or (loss) from fundrai			0		<u> </u>			
	9a	Gross income from gaming activi	-							
İ		See Part IV, line 19		, o		enderno de la estado	Colombia.	militari e dell'alla di secondo		
ļ	b	Less: direct expenses ,		0						
	С	Net income or (loss) from gaming			0			***************************************		
	10a	Gross sales of inventory, less				353 244				
		returns and allowances	a	0	The state of the s					
	b	Less. cost of goods sold	b	, 0						
	c	Net income or (loss) from sales of		>	0			The second secon		
ļ		Miscellaneous Revenue		Business Code						
	11a	MISCELLANEOUS		611600	881	881	A STATE OF THE PARTY OF THE PAR	The state of the s		
	b				0					
ļ	С	,			0		-			
ł	d	All other revenue			. 0					
	е	Total. Add lines 11a-11d		>	881					
Į	12	Total revenue. See instructions.			413,415	7.11.	0	n		

Part IX. Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must complete all c				·
•	Check if Schedule O contains a response or note	to any line in this Pa	rt IX	<u>.</u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic	İ	'		
	ındividuals. See Part IV, line 22	0			
3 ′	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		を表現の理論の記憶	KALL BEARING FOR
5	Compensation of current officers, directors,				
	trustees, and key employees	<u> </u>		0	
6	Compensation not included above, to disqualified	j	l		_
	persons (as defined under section 4958(f)(1)) and	İ			
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	301,828	286,737	15,091	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	3,516	3,340	176	
10	Payroll taxes	22,317	21,202	1,115	
11	Fees for services (non-employees)			i	
а	Management	0			
b	Legal ·	0			
С	Accounting	10,110		10,110	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column	_		_	
	(A) amount, list line 11g expenses on Schedule O)	0		0	······································
12	Advertising and promotion	2,404	2,404		
13	Office expenses	0			<u> </u>
14	Information technology	0			· · · · · · · · · · · · · · · · · · ·
15	Royalties	. 0	40.500	4.040	
16	Occupancy	14,880	13,562	1,318	·
17	Travel	754	75	679	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0			······································
19	Conferences, conventions, and meetings . ·	280	280		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0.504	4.507	5.024	
23	Insurance	9,591	4,567	5,024	TILIARI CANONINI NI PARA
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		en. Artist de philippede, (1860		to a composition of the prior to
_	(A) amount, list line 24e expenses on Schedule O.)	10.454	15 400	2 002	41.55 V23 Z 30 D1/42 A2
a	REPAIRS AND MAINTENANCE	19,454	15,462	3,992	
b	SUPPLIES	16,186	15,135		
C	TELEPHONE PROFESSIONAL FEES	11,429	1,428		·
d	PROFESSIONAL FEES	3,226	1,898		
e	All other expenses OTHER	12,541	5,491	7,050	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	428,516	371,581	56,935	
26	Joint costs. Complete this line only if the	,			
	organization reported in column (B) joint costs				
	from a combined educational campaign and)			•
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	·			

Part X, Balance Sheet

DAY-CARE SERVICES FOR CHILDREN INC

		Check if Schedule O contains a response or note to any line in this Part	X			
			(A)		(B)	
			Beginning of year		End of year	
	1	Cash—non-interest-bearing	0	1		
	2	Savings and temporary cash investments	164,568	2	161,816	
	3	Pledges and grants receivable, net	0	3		
	4	Accounts receivable, net	3,506	• 4	1,415	
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees.				
		Complete Part II of Schedule L	0	5		
	6	Loans and other receivables from other disqualified persons (as defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and				
Assets		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary				
	1	organizations (see instructions). Complete Part II of Schedule L	0	6		
SS	7	Notes and loans receivable, net	45,000	7	28,951	
⋖	8	Inventories for sale or use	. 0	8		
	9	Prepaid expenses and deferred charges	675	9	300	
	10a	Land, buildings, and equipment. cost or				
		other basis Complete Part VI of Schedule D 10a 714,57	77	NAME:		
	b	Less: accumulated depreciation 10b 389,09	337,584	10c	325,482	
	11	Investments—publicly traded securities	0	11	0	
	12	Investments—other securities. See Part IV, line 11	0	12	· 0	
	13	Investments—program-related See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	0	15	0	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	551,333	-16	517,964	
	17	Accounts payable and accrued expenses	45,790		40,273	
	18	Grants payable	0	18		
	19	Deferred revenue	0	19	0 517,964	
	20	Tax-exempt bond liabilities	0	20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21		
es	22	Loans and other payables to current and former officers, directors,				
Liabilities		trustees, key employees, highest compensated employees, and				
iab		disqualified persons Complete Part II of Schedule L	0	22		
	23	Secured mortgages and notes payable to unrelated third parties	258,915		246,164	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25	Other liabilities (including federal income tax, payables to related third			•	
		parties, and other liabilities not included on lines 17-24). Complete				
		Part X of Schedule D	0	25	0	
	26	Total liabilities. Add lines 17 through 25	304,705	26	286,437	
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and	d Estate State			
es.		complete lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets	246,628	27	231,527	
3a(28	Temporarily restricted net assets	0	28		
or Fund Balances	29	Permanently restricted net assets	0	29		
5		Organizations that do not follow SFAS 117 (ASC958), check here		204		
7.		complete lines 30 through 34.				
		•			100 A 100 A	
set	30	Capital stock or trust principal, or current funds	0	30		
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31		
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	0	32	004 507	
Z.	33	Total net assets or fund balances	246,628		231,527	
	34	Total liabilities and net assets/fund balances	551,333	34	517,964	

POINT 5	50 (2017) DAT-CARE SERVICES FOR CHILDREN INC	39-10	090201	Pag	<u>e 12</u>
Part	XI, Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI			. [
1.	Total revenue (must equal Part VIII, column (A), line 12)	1		413	,415
2	Total expenses (must equal Part IX, column (A), line 25)	2			,516
3	Revenue less expenses Subtract line 2 from line 1	3		-15	,101
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		246	,628
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		231	,527
Part					
	Check if Schedule O contains a response or note to any line in this Part XII			. [
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	***************************************
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	į	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

		RE SERVICES FOR CHILDRE						96281		
	rt I	Reason for Public Chai	rity Status (All or	ganizations must co	mplete t	hıs part.)	See instructions.			
The	orga	anization is not a private founda								
1	\vdash	A church, convention of church				. , , ,	(A)(i).	\sim 7		
2	Ц	A school described in section		•			F	ノナ		
3		A hospital or a cooperative hos	spital service organiz	zation described in sec	tion 170(b)(1)(A)(ii	i).			
4		A medical research organization hospital's name, city, and state		nction with a hospital o	described	ın section	170(b)(1)(A)(iii). Er	nter the		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)								
6		A federal, state, or local govern	nment or governmer	ntal unit described in se	ection 17	0(b)(1)(A)	(v).			
7	X	An organization that normally r described in section 170(b)(1)	eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gove	rnmental ı	unit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)					
9		An agricultural research organi or university or a non-land-grai university	ization described in	section 170(b)(1)(A)(i)	() operate	d in conjui name, city	nction with a land-gray, and state of the co	ant college llege or		
10		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	ns, and (2) as section	no more than 33 1/3 511 tax) from busine	3% of its		
11		An organization organized and	operated exclusively	ly to test for public safe	ety See s	ection 509	9(a)(4).			
12	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	[Type I. A supporting organization(organization. You must cor	s) the power to regu	ilarly appoint or elect a	oy its supporting of	oorted org	anization(s), typically ctors or trustees of th	by giving ne supporting		
b	. [Type II. A supporting organic control or management of the organization(s) You must o	ne supporting organi	ization vested in the sa	on with its ame perso	s supporte ons that co	d organization(s), by ntrol or manage the	having supported		
С		Type III functionally integr its supported organization(s	ated. A supporting of	organization operated i	n connect	tion with, a	and functionally integ	rated with,		
d		Type III non-functionally ir that is not functionally integr	ntegrated. A supportated The organizat	ting organization operation generality	ated in coi	nnection w	rith its supported org	anızatıon(s) entiveness		
е	٢	requirement (see instruction Check this box if the organization)						a III		
Ĭ	L	functionally integrated, or Ty	pe III non-functiona	Illy integrated supporting	na organiz	ation	i type i, type ii, typ	5 111		
f		Enter the number of supported			•				0	
g		Provide the following information	n about the support					<u> </u>		
	(ı) l	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	_	
					Yes	No				
A)									_	
B)									-	
C)									_	
D)									_	
							·		_	
E)									_	
ota	Ī	*	Property Co. V.	THE THE PERSON OF	1.1500	/ Continue:			_	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

	Part III. If the organization fa	ilis to quality un	der the tests lis	sted below, plea	ase complete F	art III.)	
	ction A. Public Support	(-) 0040	(1-) 0044	(-) 0045	4.0.0040	1 1 2 2 2 7	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	· (e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ") .	1,141,342	800,310	748,642	469,223	378,502	3,538,019
2	Tax revenues levied for the organization's					İ	
	benefit and either paid to or expended on		,				
	its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge			•	; ,		0
4	Total. Add lines 1 through 3	1,141,342	800,310	748,642	469,223	378,502	3,538,019
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on		est America				ı
	line 1 that exceeds 2% of the amount			30 20 30			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,538,019
Sec	ction B. Total Support	•	ı		•		
Cale	ndar year (or fiscal year beginning in) 🕟 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 .	1,141,342	800,310	748,642	469,223	378,502	3,538,019
8	Gross income from interest, dividends,				,		
	payments received on securities loans,		İ	,			٠.
	rents, royalties, and income from			•			· .
	similar sources	1,722	434	638	48	477	3,319
9	Net income from unrelated business						
	activities, whether or not the business is			•	•		
	regularly carried on	35,532	37,199	29,449	- 25,756	31,212	159,148
10	Other income. Do not include gain or		.		u		•
	loss from the sale of capital assets	,		0.000	2011		
44	(Explain in Part VI)	619	4,944	- 3,208	8,341	3,224	20,336
11	Total support. Add lines 7 through 10					40	3,720,822
	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			i, or littli tax year a	s a section 501(c)(· •
	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6, c	• • •	•)) .		14	95.09%
15	Public support percentage from 2016 Sched	•			, , ,	15	96.31%
16a	33 1/3% support test—2017. If the organiz			, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as		-		•	•	▶ X
þ	33 1/3% support test—2016. If the organiz				s 33 1/3% or more	, check this	
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n.			▶
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "fact	s the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	ท เก	•
	organization		, , , , , , , , , , , , , , , , , , ,		- Paring amphant		▶□
b	10%-facts-and-circumstances test—2016	i. If the organization	n did not check a b	ox on line 13, 16a.	16b, or 17a. and l	ine	
	15 is 10% or more, and if the organization m Explain in Part VI how the organization meet	eets the "facts-and	-circumstances" te	st, check this box a	and stop here.		, . —
•	supported organization			• •	•		▶
18	Private foundation. If the organization did i	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions .		• •			• • • •	▶

Sche	dule A (Form 990 or 990-EZ) 2017 DAY-CARE	SERVICES FO	R CHILDREN IN	С		39-	-1096281	Page 3
Pa	rt III Support Schedule for Orga							
	 (Complete only if you checked) 	ed the box ວໍ່ຄຸ li	ne 10 of Part I	or if the organia	zation failed to	qualify ur	nder Part I	II. /
	If the organization fails to qui	alify under the	tests listed bel	ow, please com	plete Part II.)			
Sec	ction A. Public Support		\					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	17	(f) Total
1	Gifts, grants, contributions, and membership fees				· · · · · · · · · · · · · · · · · · ·			
	received (Do not include any "unusual grants")		\		,			0
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities		\				-	
	furnished in any activity that is related to the organization's tax-exempt purpose .		\		,			0
2	· ' '			 	 	/		
3	Gross receipts from activities that are not an		\					0
	unrelated trade or business under section 513							
4	Tax revenues levied for the organization's		1				,]	
	benefit and either paid to or expended on		1]				•
_	its behalf							0
5	The value of services or facilities			1				
	furnished by a governmental unit to the							_
	organization without charge							0
6	Total. Add lines 1 through 5	0	0	0	0		0	0
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							0
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							0
С	Add lines 7a and 7b .	0		10	0		0	0
8	Public support (Subtract line 7c from							
	line 6)			建一种的				0
Sec	tion B. Total Support				<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 20	17	(f) Total
9	Amounts from line 6	0	0	0	0		0	0
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources .							0
b	Unrelated business taxable income (less				1			
	section 511 taxes) from businesses							
	acquired after June 30, 1975			·				0
С	Add lines 10a and 10b .	0	0	Ö	\ 0		0	0
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N	Ì	0
12	Other income. Do not include gain for			<u> </u>		<u>"</u>		
-	loss from the sale of capital assets		l			1		
	(Explain in Part VI)					\		0
13	Total support. (Add lines 9, 10c, 11,					/-)
13	and 12)	اه	0	0	٥		ol	, 0
14	First five years. If the Form 990 is for the or		<u>_</u>		<u> </u>	3)	<u></u>	
14	organization, check this box and stop here	igamzadon s mst, s	eccona, tima, tourt	-	• •	· 3)		▶ □
<u></u>		nant Banante		<u>···</u>		· · · · ·	·: 1	
_	tion C. Computation of Public Sup					-4-1		
15	Public support percentage for 2017 (line 8, c	• • •	•	(f))		15	-\	0.00%
16	Public support percentage from 2016 Schedu					16		0.00%
Sec	tion D. Computation of Investmen							
17	Investment income percentage for 2017 (line	e 10c, column (f) di	vided by line 13, c	olumn (f)) .		17		0 00%
18	Investment income percentage from 2016 Sc					18		0 00%
19a	33 1/3% support tests—2017. If the organic					and line 17	ıs \	_
	not more than 33 1/3%, check this box and s						. \	\· ►
b	33 1/3% support tests—2016. If the organi						d	\
	line 18 is not more than 33 1/3%, check this	="					•	· \ • <u> </u>
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	S		\ >
						Schedule	A (Form 990	or 990 ¹ EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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	7556,52555	Brand Co
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3b		
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Part	Supporting Organizations (continued)		. \	
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		300	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b	ļ	<u> </u>
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations			1
		avere!	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	35 E	32534
2	Did the organization operate for the benefit of any supported organization other than the supported	100		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		942	
	the supported organization(s).	1	L	<u> </u>
Sect	ion D. All Type III Supporting Organizations			
4	Did the experience arounds to each of its supported argonizations, by the look day of the fifth month of the	66.00	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X 9255	25000.45
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	£4-3-3		***
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	TALLES S. C.	IMEJE: A
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	L	<u></u>
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	s)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ee instruc	ctions	;)
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		***	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	4		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		100	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	. 47 (1)	100.00
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	l	1

Page 6

Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	g trus	st on Nov 20, 1970 (explain	•
Section A - Adjusted Net Income	inzau	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or		}	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		-
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			27.44
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	OF CHISCHES AND AND AND AND AND AND AND AND AND AND	IC SHALL SHOULD SELECTE SHOW OF
b Average monthly cash balances	1b		·
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2	Service of the servic	Control of the Contro
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions).	4	ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	o	, 0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	, 0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	, 0
Section C - Distributable Amount	- /		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			·····
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional instructions)	lly inte	egrated Type III supporting o	

Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		,
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respoi	nsive ·	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0 000
		(:)	(ii)	(iii)
, S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Execes Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI) See			ALC: NO WORLDOOM
	ınstructions			
3	Excess distributions carryover, if any, to 2017			
а			term of the comment of the deposit of the	
b	From 2013			
c	From 2014			
ď	From 2015			
е	From 2016			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2017 distributable amount			0
<u> i </u>	Carryover from 2012 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from	100 100 100 100 100 100 100 100 100 100		
	Section D, line 7 \$ 0	termination of the Court of the American Court of the Cou		
a	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2017 distributable amount			O
<u>c</u>	Remainder Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI See instructions	The second secon	0	
6	Remaining underdistributions for 2017. Subtract lines 3h			-
,	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			0
. 7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	0		
8	Breakdown of line 7.			
<u>a</u>	Excess from 2013 0	CANAL GATE CHIEF TO SEE COMMISSION OF CANAL	District of the state of the st	The state of the s
<u> </u>	Excess from 2014 0	COURT CONTRACTOR AND THE CONTRACTOR AND CO.		Programme monary was a series
<u> </u>	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017 0			

Schedule A (Form 990 or 990-EZ) 2017 DAY-CARE SERVICES FOR CHILDREN INC	39-1096281	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV	IV, Section	
•	B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, line 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)		
Part II Sec	ction B Line 10 Miscellaneous income \$881, Parents fees \$2,343		
			,
	·		·
			·
	•	***************************************	
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	<del></del>		
	<u> </u>		
			<del></del> -

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Haine	of the organization		Employer identification number	
DAY-	-CARE SERVICES FOR CHILDREN INC		39-1096281	
Par	Organizations Maintaining Donor	Advised Funds or Other Sir	nilar Funds or Accounts.	
	Complete if the organization answer	ed "Yes" on Form 990, Part I	/, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			_
5	Did the organization inform all donors and dor	or advisors in writing that the ass	ets held in donor advised	
•	funds are the organization's property, subject			0
6	Did the organization inform all grantees, dono	-		
•	used only for charitable purposes and not for		<del>-</del>	
	purpose conferring impermissible private bene		Yes No	n
Dar	t II Conservation Easements.			
гаг		ad "Vas" on Form 000 Dart I	/ line 7	
4	Complete if the organization answer			
1	Purpose(s) of conservation easements held b	·	1 1 7 1	
	Preservation of land for public use (e.g., r	· =	eservation of a historically important land area	
	Protection of natural habitat	P	eservation of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation o	ontribution in the form of a conservation	
	easement on the last day of the tax year	•	Held at the End of the Tax Yea	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation ease	ments	2b	
C	Number of conservation easements on a certi			_
d	Number of conservation easements included			_
	historic structure listed in the National Registe		2d	
3	Number of conservation easements modified,		ed, or terminated by the organization during	
	the tax year ▶	•		
4	Number of states where property subject to co	enservation easement is located	<b>&gt;</b>	
5	Does the organization have a written policy re		spection, handling of	
	violations, and enforcement of the conservation		Yes No	3
6			enforcing conservation easements during the year	
	<b>&gt;</b>		,	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enfo	rcing conservation easements during the year	
	▶ \$	3, 3	<b>3 3</b> . <b>,</b>	
8	Does each conservation easement reported o	n line 2(d) above satisfy the requi	rements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)? .			0
9	In Part XIII, describe how the organization rep			_
	balance sheet, and include, if applicable, the t		•	
	the organization's accounting for conservation			
Par	t III Organizations Maintaining Collect		ures, or Other Similar Assets.	
	Complete if the organization answer			
1a			ort in its revenue statement and balance sheet	_
	works of art, historical treasures, or other simi	, , , , , , , , , , , , , , , , , , , ,		
	of public service, provide, in Part XIII, the text	· · · · · · · · · · · · · · · · · · ·		
b	If the organization elected, as permitted under			
	works of art, historical treasures, or other simi	• • • • • •		
	of public service, provide the following amoun		n, cadodion, or research in furtherance	
		is relating to these items	▶ €	
	(i) Revenue included on Form 990, Part VIII,		<b>&gt; \$</b>	
•	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
	following amounts required to be reported und	•		
a	Revenue included on Form 990, Part VIII, line			
b	Assets included in Form 990, Part X		<u> ▶ \$</u>	

Par	III Organizations Maintaining C	ollections of Art	, Histori	cal Trea	asures, or	Other S	Similar Assets	(contii	nued)	
3	Using the organization's acquisition, acc	cession, and other re	ecords, cl	heck any	of the follow	ing that	are a significant	use of its	3	
	collection items (check all that apply)									
а	Public exhibition		d	Loan	or exchange	program	IS			
b	Scholarly research		e	Other						
С	Preservation for future generation	ns								
4	Provide a description of the organization	n's collections and e	xplain ho	w they fu	irther the org	anızatior	n's exempt purpo	se in Pa	ert	
	XIII									
5	During the year, did the organization so								_	,
	assets to be sold to raise funds rather the	nan to be maintaine	d as part	of the org	janization's c	collection	<u>.                                    </u>	Ye	s	No
Par		•								
	Complete if the organization ar	nswered "Yes" on	Form 99	90, Part	IV, line 9, o	r repor	ted an amount	on For	m	
	990, Part X, line 21.	<del></del>								
1a	Is the organization an agent, trustee, cu	istodian or other inte	ermediary	for contr					. —	
h	included on Form 990, Part X?	t VIII and complete t	Ibo follow					Ye	s	No
b	If "Yes," explain the arrangement in Par	t XIII and complete	me follow	ing table			1 2	mount		
С	Beginning balance					. 1c	<del></del>	inount		Ó
d	Additions during the year		•			1d	<del>-  </del>			
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount	on Form 990, Part	X, line 21	, for escr	ow or custod	ıal accou	unt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Pari	t XIII. Check here if	the expla	nation ha	as been provi	ded on F	Part XIII .	<del>.</del>		
Part			<del></del>	<del></del>	······		· <del>- · · · · · · · · · · · · · · · · · ·</del>			
	Complete if the organization ar	nswered "Yes" on	Form 99	90, Part	IV, line 10.					
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0								
b	Contributions		<del></del>							
С	Net investment earnings, gains,							1		
	and losses									
d	Grants or scholarships						<del></del>	<del> </del> -		
е	Other expenditures for facilities and programs									
f	Administrative expenses		<u></u>		<del></del>			1		
g	End of year balance	0		0	<del></del>	0	(			0
2	Provide the estimated percentage of the	current year end b	alance (li	ne 1g, co	lumn (a)) hel	ld as:				
а	Board designated or quasi-endowment	<b>&gt;</b>	<u>%</u>							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%	,							
2.	The percentages on lines 2a, 2b, and 2c Are there endowment funds not in the p			that ara	hald and ad-		ad for the			
3a	organization by.	ossession of the ort	gariizatioi	i illai ale	neiu anu aui	mmstere	ed for the	1	Yes	No
	(i) unrelated organizations							3a(i)	163	110
	***							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org							3b		
4	Describe in Part XIII the intended uses	of the organization's	endowm	ent funds	S					
Part										
	Complete if the organization ar			90, Part	IV, line 11a	. See F	orm 990, Part	X, line	10	
	Description of property	(a) Cost or other			st or other	, , ,	Accumulated	(d) Bo	ok valu	9
		(investme		bası	s (other)	1	epreciation			0.005
1a	Land	·	0				205.741			0,000
b C	Buildings	· <del>  </del>	0	<del></del> -	531,223 0		305,741			5,482 0
ď	Equipment	<del> </del>	0		63,641		63,641			0
e	Other	` . <del> </del>	0	<del></del>	19,713		19,713			0
	. Add lines 1a through 1e. (Column (d) m	ust equal Form 990	, Part X,	column (l			>		32	5,482

Part VII	Investments—Other Securities. Complete if the organization answer	ared "Yes" on Form 000	) Part IV line 11h See Form	n 000 Port V line 12
, (	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year	aluation
(1) Financial	derivatives	0		Market Value
	eld equity interests	, 0		<u>:</u>
· · · · · · · ·				1
(B)				
	·		<u> </u>	
				<del></del>
(F) (G)				
(H)	·····			, , , , , , , , , , , , , , , , , , , ,
	(b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Related.	•	_	
	Complete if the organization answer	red "Yes" on Form 990	D, Part IV, line 11c. See Form	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	aluation 4 market value
(1)	·			
(2)				
_(3)				· · · · · · · · · · · · · · · · · · ·
			<u> </u>	<u>'</u>
(5)				
(6) (7)				<del></del>
(8)		,	,	
(9)		•		<del></del>
	(b) must equal Form 990, Part X, col (B) lino 13 )	0	Married Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of th	
Part IX	Other Assets.			``
	Complete if the organization answer		0, Part IV, line 11d. See Forn	
	(a) De	escription		(b) Book value
(1)				<del></del>
(3)	<del></del>			
(4)				
(5)				
(6)	,			
(7)				
76)	·		<u> </u>	 
(9)			·	,
	n (b) must equal Form 990, Part X, col (B) lin	e 15) •		<u> </u>
Part X	Other Liabilities. Complete if the organization answelline 25	ered "Yes" on Form 990	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(h) Book value		
_(1) Federal	income taxes .	<u> </u>		
(2)	7	<del> </del>	This are the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	THE CONTRACTOR OF THE PARTY OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF
(3)			on an anning the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	
_ (1)		<u> </u>		
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<u>(/)</u> :				
<u>(9)</u> (9)				
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017 DAY-CARE SERVICES FOR CHILDREN INC 39-1096281 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. . Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements. . 460,203 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments а Donated services and use of facilities . . . . 2b Recoveries of prior year grants. C 2c Other (Describe in Part XIII) 2d 46,788 Add lines 2a through 2d . . е 2e 46,788 Subtract line 2e from line 1. 3 413,415 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b Add lines 4a and 4b. 4c 0 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 413,415 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 475.304 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: Donated services and use of facilities . . . . . . b Prior year adjustments . . . 2b Other losses . . . . C 2¢ 2d Ч Other (Describe in Part XIII) 46,788 Add lines 2a through 2d 2e 46.788 Subtract line 2e from line 1 3 428.516 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII.) . . . . . . 4b Add lines 4a and 4b . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). 428.516 Part XIII Supplemental Information, Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4: Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part X Line 1 DAY CARE SERVICES FOR CHILDREN INC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION ON UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE ORGANIZATION IS ALSO EXEMPT FROM WISCONSIN STATE INCOME TAXES. THE ORGANIZATION'S FEDERAL TAX RETURNS ARE SUBJECT TO EXAMINATION GENERALLY FOR THREE YEARS AFTER THEY ARE FILED AND ITS STATE RETURNS ARE SUBJECT TO EXAMINATION FOR FOUR YEARS AFTER THEY ARE FILED Part XI Line 2D UBIT RENTAL EXPENSES \$46,788 Part XII Line 2D UBIT RENTAL EXPENSES \$46,788

Schedule D (Form 990)	) 2017 [	DAY-CARE SE	RVICES FO	R CHILDRE	N INC	 		39-109628	1	Page 5
Part XIII Su	ppleme	ntal inform	ation (cont	inued)		 				
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#### SCHEDULE O (Form 990 or 990-EZ)

· Department of the Treasury

Internal Revenue Service
Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

DAY-CARE SERVICES FOR CHILDREN INC 39-1096281 Form 990, Part VI, Section B, Line 11 THE 990 IS PRESENTED AT A BOARD MEETING THE BOARD VOTES TO APPROVE. Form 990, Part VI, Section B, Line 12C: MANAGEMENT, ON AN ONGOING BASIS, MONITORS ANY POTENTIAL CONFLICTS OF INTEREST Form 990, Part VI, Section B, Line 15 SALARIES ARE COMPARED TO OTHER DAY CARE AGENCIES IN THE AREA AND ARE APPROVED BY THE BOARD Form 990, Part VI, Section C, Line 19. THE ORGANIZATION MAKES THE DOCUMENTS AVAILABLE UPON REQUEST.

Name of the organization	Employer identification number
•	39-1096281
DAT-CARE-GERVICEG FOR GUILDREN ING	33-1030201
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