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	ı							140	6045	1
Form 990-T	Ex	empt Orga	nization Bu	sin	ess Income	e Tax Retyl	rn l	OME	B No 1545-0687	,
Form J.JU"		(and pi	roxy tax un	der	section 60	33(e)) 19	10	5		
	For caler		er tax year beginning			d ending 10/31/2	2019 .	<u>_</u>	5W I O	
Department of the Treasury			ov/Form990T for in					Open to	Public Inspection	- for
Internal Revenue Service	Do no	t enter SSN numbers	on this form as it ma	y be n	nade public if your or	ganization is a 501(d		501(c)(3	3) Organizations (	Only
A Check box if address changed		Name of organization	n ( Check box	if nam	e changed and see ins	tructions)			itification numb , see instructions )	
B Exempt under section		DAY-CARE SER	VICES FOR CHI	LDRE	N INC		<b>\_\</b>	,	,	
X 501 (C ) (3)	Print	Number, street, and	room or suite no. If a P	O box	, see instructions				96281	
408(e) 220(e)	or	4310 N 46TH ST	Γ					ated busi	iness activity co	ode
408A 530(a)	Type	City or town		State		ZIP code	(000 ;;		,	
529(a)		MILWAUKEE		WI		53216				
		Foreign country nam	e Fo	reign p	rovince/state/county Fo	oreign postal code				
	E Crou	in everation num	abor (Coo rectared	: \						
C Book value of all assets at end of year		<del></del>	nber (See instruct pe ► X 501(			1(c) trust	401(a) t	ruet [	Other tru	
400,000			<u> </u>	·		` '				
H Enter the number of t trade or business her		ization's unrelated	a trades or busine	esses	. If only one, com	nlete Parts I–V	lf more t	ny (or m han one	rst) unrelated	a he
first in the blank space		end of the previou	s sentence, comp	olete l						
trade or business, the	en comple	ete Parts III-V.								
I During the tax year, wa	s the corp	oration a subsidiar	ry in an affiliated gr	oup o	r a parent-subsidia	ry controlled grou	p? .	▶ [	Yes X	No
If "Yes," enter the name					·					
J The books are in care	e of ▶	MICHAEL EHLE	R		Teleph	none number 🕨	(414	871-8	500	
Part I Unrelated T	<u>rade or</u>	Business Inco	ome		(A) Income	(B) Exp	enses	LOS M. AND V	(C) Net	أمريت
1 a Gross receipts or sa			┙╻.						J. Marie	
b Less returns and allowa			_ c Balance ►	1c	0					N PO T
2 Cost of goods sold	•	•		2		The state of the s	EAL M			2005
3 Gross profit. Subtra				3	0			30.00	0	
4 a Capital gain net inci				4a				123 143		<del></del>
b Net gain (loss) (Form			•	4b		100		# 3 P		
c Capital loss deducti				4c 5				254 276		
<ul><li>5 Income (loss) from a pa</li><li>6 Rent income (Scheet</li></ul>	-	•	•	6	78,000		3,451	Sept.	31,549	
7 Unrelated debt-final				7	70,000		<del>,,431</del>	<del></del>	31,049	
8 Interest, annuities, royaltie				8				<del></del>		
9 Investment income of a se		_	•	9		<del> </del>		-		
10 Exploited exempt a				10					~	
11 Advertising income			/ .	11						
12 Other income (See	-	•	ıle)	12		hunder 1	241 (2	838		
13 Total. Combine line	s 3 throu	gh 12	/	13	78,000	46	3,451	_1	· 31,549	
Part II Deductions	Not Tal	ken Elsewhere	(See instructio	ns fo	r limitations on	deductions.) (	Except	for con	tributions,	
deductions r	nust be	directly connec	ted with the unr	elate	ed business inco	ome.)				
14 Compensation of of	ficers, dir	ectors, and truste	ees (Scheel) [e (	=1\/	FD ·		1	4		
15 Salaries and wages							1	5		
16 Repairs and mainte	nance .	/	E CER O	, a 4	33		1	6		
17 Bad debts		/		22	020.  일	•	1	7		
18 Interest (attach scho		,			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		. 1	В		
<ul><li>19 Taxes and licenses</li><li>20 Charitable contribut</li></ul>		. <b>/</b>	OGDE	N	UT		. 1		1	
							2			
22 Less depreciation c	laimed or	n Schedule A and	elsewhere on ret	urn .	<u>22a</u>		22			
23 Depletion	/					• • •	. 2			
24 Contributions to def							2			
25 Employee benefit p							2			
26 Excess exempt exp							2			
27 Excess readership	じじらば (づて	neaule J)					2	<i>1</i>	1	

For Raperwork-Reduction Act Notice, see instructions.

Total deductions. Add lines 14 through 28 . . .

32 Interrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Other deductions (attach schedule) .

31,549 Form **990-T** (2018)

31 ARREVERSE

31,549

28

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Part		otal Unrelated Business Taxable Income	.,	
33	Total of u	nrelated business taxable income computed from all unrelated trades or businesses (see		1
	instructio	· · · · · · · · · · · · · · · · · · ·	33	31,549
34		paid for disallowed fringes	. 34	
35		n for net operating loss arising in tax years beginning before January 1, 2018 (see		
55		ns)	35	o
36		inrelated business taxable income before specific deduction. Subtract line 35 from the sum	1 <del>-7-1</del>	
36		· · · · · ·	1 26	31,549
22			36	1,000
37			<del>3/  </del>	1,000
38//		d business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		20.540
		smaller of zero or line 36	\ 38	30,549
Part		ax Computation	<del></del>	· · · · · · · · · · · · · · · · · · ·
39 '		ations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	6,415
40		axable at Trust Rates. See instructions for tax computation. Income tax on the		
	amount of	on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	· · · · · · · · · · · · · · · · · · ·
41	Proxy ta	x. See instructions	41	
42	Alternativ	ve minimum tax (trusts only)	42	
43 \	Tax on N	Ioncompliant Facility Income. See instructions	43	
44	Total. Ac	d lines 41, 42, and 43 to line 39 or 40, whichever applies	44	6,415
Part		ax and Payments		
		ax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other cre	edits (see instructions)		
C		business credit Attach Form 3800 (see instructions) . 45c		
d		r prior year minimum tax (attach Form 8801 or 8827) 45d		
		edits. Add lines 45a through 45d	45e	اه ا
46		line 45e from line 44	46	6,415
47		s. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule),	1-2-1	<u> </u>
48		Add lines 46 and 47 (see instructions)	1 48	6,415
40 49		965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0,4197
		1 - 1	THE SECTION	<del></del>
50 a	•	s: A 2017 overpayment credited to 2018 50a 50b		
b				
C		organizations Tax paid or withheld at source (see instructions) . 50d 50d		
d				
e		vithholding (see instructions)		
1		r small employer health insurance premiums (attach Form 8941)  50f  50f		
g	Other cre	edits, adjustments, and payments: Form 2439		i I
		. 4136 Other Total ▶ 50g 0		1
51	•	/ments. Add lines 50a through 50g	51	0
52		d tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due.	If line 51 is less than the total of lines 48, 49, and 52, enter amount owed $\dots$	<b>53</b>	6,415
54	Overpay	ment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	. 0
55	Enter the	amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ▶	55	0
Part	VI St	atements Regarding Certain Activities and Other Information (see instructions)	4	,
56	At any tir	me during the 2018 calendar year, did the organization have an interest in or a signature or othe	r authori	ity Yes No
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may he		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign		[28632] [2887]
	here ▶	Total transfer of the form and this mandary to obtain the file hand of the foreign	ii couiiu	
57		e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	oian true	X
31		see instructions for other forms the organization may have to file.	sign uusi	t? X
£0		· · · · · · · · · · · · · · · · · · ·		
<u>58</u>		amount of tax-exempt interest received or accrued during the tax year	nuladas ss -	holiof it in this account
	and o	r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kni omplete. Declaration of preparer (other than applying based on all information of which preparer has <u>any</u> knowledge	wisage and	Delier, it is true, correct,
Sign		/AVINAOU H SUNDY B-20-201 / FO		RS discuss this return with
Here		11. 40 10 40 QU	the prep	parer shown below (see
	Sig	nature of officer Date Title	ınstructı	ions)? X Yes No
		Print/Type preparer's name Preparer's signature Date Cr	neck	r PTIN
Paid			if-employed	D00809862
Prep	arer	0.11/2020	<del></del>	11 00000002
Use	Only	- Continue (10 to 17 to 10 to		39-1945841
		Firm's address 328 W SUNSET DR, WAUKESHA, WI 53189	ne no	(262) 542-8401

Form 990-T (2018)	Y-CARE SERV	ICES FOR C	HILDREN INC			39	-1096281	Page <b>3</b>	
Schedule A-Cost of Good					<b>&gt;</b>			, <u>, , , , , , , , , , , , , , , , , , </u>	
<ol> <li>Inventory at beginning of</li> <li>Purchases</li> <li>Cost of labor</li> </ol>	year.	1 2 3		6 Inv	ventory at enest of goods e 6 from line				
4 a Additional section 263A c (attach schedule) b Other costs (attach schedule)	4	a b		8 Do	and in Part I, line 2. 7  8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				
5 Total. Add lines 1 through	n 4b	5	0						
Schedule C—Rent Income (see instructions)  1. Description of property (1) 91ST STREET, MILWAUKEE (2) (3) (4)									
(4)	2. Rent receiv	ed or accound					<del></del>		
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	em real and person e of rent for person the rent is based	nal propert	y exceeds		firectly connected w (a) and 2(b) (attach		
(1)	78,000							46,451	
(2)									
(3)						·		`	
(4)									
(c) Total income. Add totals of col here and on page 1, Part I, line 6, of	column (A) .	b) Enter			0 78,000	(b) Total deduce Enter here and Part I, line 6, co	on page 1,	46,451	
Schedule E—Unrelated De	ebt-Financed	Income (se	e instructions	)					
				Gross income from or allocable to debt-financed			connected with or allocable inced property		
t, Description of dest-infanced property		property (a) S			line depreciation h schedule)	(b) Other deductions (attach schedule)			
(1)						<del></del>			
(2)					L	<del></del>		<del> </del>	
(3)			ļ		<u> </u>				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adj of or alloc debt-financed (attach sch	able to d property	6. Colum 4 divide by colum	d		come reportable 2 × column 6)	8. Allocable (column 6 × tot 3(a) and	al of columns	

%

%

%

%

(1) (2) (3)

(4)

Totals

Total dividends-received deductions included in column 8

Form **990-T** (2018)

Enter here and on page 1,

Part I, line 7, column (B)

0

0

0

0

0

▶

Enter here and on page 1,

Part I, line 7, column (A)

000

0

Schedule F—Interest, Annuit	ies, Royalties,				anizations (se	e instruc	ctions)		
4 Name of annual and		Exempt	Controlled	Organizations			<del></del>		
Name of controlled organization	2. Employer identification number		related income		ed included in the	Part of column 4 that is included in the controlling organization's gross income		connected with income	
(1)								,	
(2)			<del></del>						
(3)									
(4)	······································	L							
Nonexempt Controlled Organization	ns			<u> </u>					
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)	<del>,</del>								
(2)									
(3)									
(4)									
T					Add columns Enter here and Part I, line 8,	on page	1, Enter I Part I,	columns 6 and 11 nere and on page 1, line 8, column (B)	
Totals		- 504/-	· · · · ·				0	0	
Schedule G-Investment Inco	ome of a Section	on 501(c			ation (see instru	ictions)			
1 Description of income	2. Amount of	ncome	Deductions     directly connected     (attach schedule)			4. Set-asides (attach schedule)		Total deductions     and set-asides (col. 3     plus col. 4)	
<u>(1)</u>								:0	
(2)	<u> </u>							0	
(3)								0	
(4)					<u> </u>			0	
Totals	Enter here and of Part I, line 9, col	umn (A)						here and on page 1, , line 9, column (B) 0	
Schedule I—Exploited Exemp	at Activity Inco		MONTH AND MAKE THE	Advortising Inc.	emagenesember	ctions)			
Description of exploited activity	2. Gross unrelated business incon from trade or business	3. E conn prod ur	Expenses directly ected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	.5. Gross income from activity that is not unrelated business income	6. Ex	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				(				0	
(2)	***			(	· <del></del> -			1 0	
(3)				. (	<del></del>			0	
(4)		<del></del>		(	<del></del>	<b>—</b>		0	
Totals	Enter here and page 1, Part line 10, col (A	, page	here and on e 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J—Advertising Inco	ome (see instruct	ions)							
Part I Income From Perio			Consolid	ated Basis		1		-	
						<del></del>			
1. Name of periodical	2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	on 6. Readership cost minutes but n		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)					Š.	Ī			
(3)					ř.	$\overline{}$			
(4)	<del>-  </del>					<del> </del>			
Totals (carry to Part II, line (5))	<b>&gt;</b>	0	0	Section Sectio	)		0	O Statement that a second second	

Total. Enter here and on page 1, Part II, line 14

FUIII 990-1 (2010) DAT-CAN	E SERVICES FOR	CHILDREN IN	C .		39-1090201	Page 3
Part II Income From Periodic	als Reported o	n a Separate	Basis (For each	periodical liste	d in Part II, fil	l in
columns 2 through 7 or	<u>ı a line-by-line ba</u>	asis )				
Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I ▶	0	0				0
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		7		Enter here and on page 1, Part II, line 27
Schedule K—Compensation of C	Officers, Directo	ors, and Trus	tees (see instructio	ns)		<del></del>
1. Name			2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)					%	
(2)					%	
(3)				1	%	

Form **990-T** (2018)

## DAY-CARE SERVICES FOR CHILDREN INC 39-1096281

## FISCAL YEAR-END 10/31/19

## 990-T, SCHEDULE C, LINE 3A - DEDUCTIONS

Interest	\$	12,903
Depreciation		11,614
Maintenance & Repairs		1,210
Insurance		5,065
Management		3,243
Property Tax		12,416
Total	\$	46,451
	<u></u>	10,131