			5 40	4i Di	1		T D.	4		OMB No 1545-0047
Form	990 ² -T	 	Exempt Organia (and pro endar year 2019 or other tax year by	roxy tax under s	ectio	n 6033(e))	ama		2019
Depar	tment of the Treasury	For cale	ndar year 2019 or other tax year be	eginning O / / O I / //Form990T for instruc	エラ, a tuons ar	ind ending '	st informatio		Onei	n to Public Inspection for
•	al Revenue Service	▶ Do	not enter SSN numbers on th							c)(3) Organizations Only
A B E	Check box if address changed									
	X 501(C)(O3) Print NYE COMMUNITIES COALITION									
<u>_</u>	408(e) 220(e) 408A 530(a)	or Type	Number, street, and room or suite no 1020 E. WILSO		activity code					
	529(a)		City or town, state or province, cou	ns)	,					
	ook value of all assets	F G	PAHRUMP roup exemption number (Se		NV 8	89060		56130	0	
a	1,012,291		heck organization type	X 501(c) corpora	ation	50	1(c) trust	401(a) trust	Г	Other trust
		-	ation's unrelated trades or bu					st) unrelated trad		
H E	Staffing S	-		usiliesses P		rescribe ii	ie only (or in	St/ umelated trad		
				sac at the and of the		··· conton		- Dorto Lond II. o		ly one, complete
			cribe the first in the blank sp		previoi	us senten	ce, complete	e Parts I and II, co	ompie	te a
,——			rade or business, then comp	·						
			poration a subsidiary in an a ntifying number of the paren		arent-su	ibsidiary (controlled gro	oup ⁷	•	Yes X No
- ⊀ ;	tes, enter the name	and idei	itilying number of the paren	it corporation						
1 3 7	he books are in care of	- N	YE COMMUNITIES	S CONTITUTO	NT .	<u> </u>	Tolo	phone number >	7.	75-727-9970
			e or Business Income		<u> </u>	(4) 1		(B) Expenses	- 1	(C) Net
			s of Busiliess income	<u>ਰ</u>	+	(A) I	ncome	(B) Expenses		(C) NEI
1a	Gross receipts or sale				.					<i>f</i>
b	Less returns and allow			Balance >	1c			·····		
2	Cost of goods sold (Se				2					<i>}</i>
3	Gross profit Subtract		_		3				/-	
4a	Capital gain net incom	-	•	RECEIV	, 4 2				/	
b	- , , ,		line 17) (attach Form 4797)	DECEIV	(m)					
С	Capital loss deduction		S	<u>φ</u>	4c	781				
5		ırtnership	and S corporation (attach	B JUN 2 3 2	D21				l	
	statement)],	L.	5	181		<i>j</i>		
6	Rent income (Schedu	le C)		OGDEN,	197	10				
7	Unrelated debt-finance		,		-					
8	•		nts from controlled organization	•	8		/			
~ ₹ 9	Investment income of a se	ection 501	(c)(7), (9), or (17) organization (Schedule G)	9	/				
2022	Exploited exempt activ	-			10					
	Advertising income (S	Schedule			11/					
25° 12	Other income (See ins	struction	s, attach schedule) See	e Stmt 1	12		95,990			95,990
∽ <u>13</u>	Total. Combine lines				13		95,990			95,990
行 图	rt # Deductio	ns Not	t Taken Elsewhere (S he unrelated business	See instructions fo	or limit	tations o	n deducti	ons) (Deducti	ons r	must be directly
14			ctors, and trustees (Schedu						14	
11115	Salaries and wages	ocia, uno	otors, and trastees (coneda					F	15	102,583
OHNE TO STORY	Repairs and maintena	ance						F	16	
Z	Bad debts	ance						F	17	
<u> </u>	Interest (attach sched	lule) (see	a (netructions)					F	18	
ďζ	Taxes and licenses	iule) (See	instructions)					F	19	
20	Depreciation (attach F	Form AEG	:2)			1	20	F	13	
	•		· /	on roturn					345	0
21	•	imea on	Schedule A and elsewhere of	on return			21a		21b	
22	Depletion	. /	/					-	22	
23	Contributions to defer		pensation plans						23	
24	Employee benefit prog	. /							24	
25	Excess exempt expen	/						-	25	<u> </u>
26	Excess readership co	,						L	26	
27	Other deductions (att							L	27	
28	Total deductions. Ad		-					<u> </u>	28	102,583
29	Unrelated business la	xable ind	come before net operating lo	oss deduction Subtra	act line	28 from li	ne 13	L	29	-6,593
30	Deduction for net ope	rating los	ss arısıng ın tax years begini	ning on or after Janu	ary 1, 2	018 (see				
	instructions)								30	
31	Unrelated business ta	xable inc	come Subtract line 30 from	line 29					31	-6,593
DAA	For Paperwork Redu	uction A	ct Notice, see instructions	·	-					Form 990-T (2019)

Form	990-T (2019) NYE COMMUNITIES COALITION	45-0496090		Page 2
- Pa	nt Total Unrelated Business Taxable income			
32	Total of unrelated business taxable income computed from all unrelated trades or bu	isinesses (see		
	instructions)		32	
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules)		34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	ons Subtract line		
	34 from the sum of lines 32 and 33		35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 20	18 (see		
	instructions)		36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 3		37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		8 38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is great	ater than line 37,	-	
	enter the smaller of zero or line 37		39	0
<u>Pa</u>	rt IV Tax Computation			т
40 41	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	1	40	
	the amount on line 39 from Tax rate schedule or Schedule D (Form		▶ 41	1
42	Proxy tax. See instructions	,	▶ 42	-
43	Alternative minimum tax (trusts only)		43	<u> </u>
44	Tax on Noncompliant Facility Income. See instructions		44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0
	rt V Tax and Payments			<u></u>
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a		
ь	Other credits (see instructions)	46b	_	
c	General business credit Attach Form 3800 (see instructions)	46c	_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		
e	Total credits. Add lines 46a through 46d	[400]	46e	
47	Subtract line 46e from line 45		47	
48	Other taxes	# cob \	48	
49	Total tax. Add lines 47 and 48 (see instructions)	u son)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) lin	a 3	50	<u> </u>
	Payments A 2018 overpayment credited to 2019	51a	1 30	
51a	2019 estimated tax payments	51b		
b	Tax deposited with Form 8868	51c		
C	•	51d	\dashv	
d	Foreign organizations Tax paid or withheld at source (see instructions)	<u> </u>		
e	Backup withholding (see instructions)	51e 51f	\dashv	
-	Credit for small employer health insurance premiums (attach Form 8941)	511		
g	Other credits, adjustments, and payments Form 2439 Other Total >	F4.		
		• [51g]	<u>ا</u> ج	
52	Total payments. Add lines 51a through 51g	▶ [52	
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	P [53	0
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	<u> </u>
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount		55	
56	Enter the amount of line 55 you want Credited to 2020 estimated tax	Refunded	> 56	<u> </u>
	rt VI Statements Regarding Certain Activities and Other Infor			
57	At any time during the 2019 calendar year, did the organization have an interest in or over a financial account (bank, securities, or other) in a foreign country? If "YES," the	r a signature or other authority e organization may have to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter t			
	here >			X
58	During the tax year, did the organization receive a distribution from, or was it the gran	ntor of, or transferor to, a foreigi	1 trust?	X
59	If "YES," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year	\$		
	Under penalties of penury I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my knowledge and	belief, it is	
Sig		arer has any knowledge		May the IRS discuss this return with the preparer shown below (see instructions)?
Hei	e complete the second s	TOR		
	Signature of officer Date Title			
	Print/Type preparer's name Preparer's hame		Check	
Paid		Σ _A Δ/(Σ//	Self-en	· · · · · · · · · · · · · · · · · · ·
Prep	parer Firm's name Daniel C. McArthur, Ltd.		rm's EIN	88-0294302
Use	Only 501 South Rancho Drive Suite	E-30		
	Firm's address Las Vegas, NV 89106	P	hone no	<u>702-385-1899</u>
				Form 990-T (2019)

-	1990-1 (2019) NIE C						45-0	496090			P	age 3
<u>Sch</u>	edule A - Cost of Go	ods Sold. Ente	r metho	od of invent	ton	/ valuation ▶						
1	Inventory at beginning of y	ear 1		6	5 !	nventory at end of y	ear		6			
2	Purchases	2		7	7 Cost of goods sold. Subtract			ıct				
3	Cost of labor	3			line 6 from line 5. Enter here and			e and				
4a	Additional sec 263A costs					n Part I, line 2			7	·		
	(attach schedule)	4a		8	3	Oo the rules of section	on 263A	(with respect to			Yes	No
ь	Other costs (attach schedule)	4b		İ	property produced or acquired for resale) apply			ed for resale) apply				
5	Total. Add lines 1 through	4b 5			to the organization?						[
Sch	edule C – Rent Incon	ne (From Real	Proper	ty and Per	SO	nal Property Le	ased	With Real Prope	ert\	<u>/)</u>		
	ee instructions)	•	•	-		, ,		•	•	•		
	cription of property	·										
(1)	N/A											
(2)												
(3)										****	-	
(4)											,	
<u></u>	····	2 Rent recei	ved or accn	ued								
	(a) From personal property (if the p	nercentage of rent		(h) From real a	and r	personal property (if the		3(a) Deductions d	lirect	ly connected with the	income	
	for personal property is more th	•				personal property exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
	more than 50%)			-		pased on profit or income)					•	
(1)												
				•								
(3)												
(4)												
Tota			Total					(L) Takal daduation				
	otal income. Add totals of o	columns 2(a) and 2((b) Total deduction Enter here and on page		1		
	and on page 1, Part I, line 6		D) Linei			•		Part I, line 6, column				
$\overline{}$	edule E – Unrelated I		Incom	e (see instri	ucti	ons)			. , .			
	iodale E Omelatoa i	DODE I IIIAIIOGA			<u></u>	0110)		3 Deductions directly co	onne	erted with or allocable	10	
						ncome from or		· · · · · · · · · · · · · · · · · · ·		property		
	1 Description of debt-f	financed property		allocat		o debt-financed operty	(a)	Straight line depreciation	Т	(b) Other dedu	ıctıons	
					Pi	operty	(4)	(attach schedule)		(attach sche		
(1)	N/A			-				· · · · · · · · · · · · · · · · · · ·				
(2)									\top			
(3)				<u> </u>					\top			
(4)					-				\forall			
(5)	4 Amount of average	5 Average adjusted	basis			Caluma			+	0 Allesekie des	4	
	acquisition debt on or	of or allocable t	0	<u> </u>		Column divided		Gross income reportable		8 Allocable ded (column 6 x total d		าร
	allocable to debt-financed property (attach schedule)	debt-financed proj (attach schedul	-		by c	column 5	(column 2 x column 6)		3(a) and 3((b))	
(1)	F 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	,	•			%			+			
(1)						% %			+			
(2)									+			
(3)				 				-	+			
(4)				L	_		Enter	here and on page 1	+	Entor horo and	20.000	0.1
								here and on page 1, I, line 7, column (A)		Enter here and of Part I, line 7, co		
Tet-	de							. ,		,		` '
Tota	ııs ıl dividends-received dedu	otions included in	achuma e			▶ (+			
100	ii aiviaciias-ieceivea dead	ichons included in (,					1			

Schedule F - Interest, Annu	ities, Royal	ties, and Ren	ts Fron	n Controll	ed Or	ganiz	ations	(see instruc	tions)		
			Exemp	ot Controlled	d Organ	nizatio	ns				
Name of controlled organization		2 Employer intification number	l			Total of specified payments made		5 Part of column 4 that included in the controlli- organization's gross inco		6 Deductions directly connected with income in column 5	
(1) N/A											
(2)											
(3)											
(4)			· · · · · ·								
Nonexempt Controlled Organiza	tions		•								
7 Toyoble Issuers		Net unrelated income oss) (see instructions)		Total of specified payments made		10 Part of column 9 that included in the controlling		ne controlling		Deductions directly ected with income in	
				<u> </u>		org	anization's	gross income		column 10	
(1)						 					
(2)						 		 			
(3)											
(4)							Add column	ns 5 and 10	Ad	dd columns 6 and 11	
Totala					_			nd on page 1, , column (A)	Ente	er here and on page 1, rt I, line 8, column (B)	
Totals Schedule G – Investment In	come of a S	ection 501(c	1(7) (9)	or (17) O	rganiz	ration	1 /500 !!	netructions)		 	
ochedule o investment in	come or a c		<u>,,,,,,,,,</u>		ductions	atioi	1 (300 11	iloti detionoj		5 Total deductions	
1. Description of income		2 Amount of i	ncome	directly connected (attach schedule)		4 Set-asides (attach schedule)			and set-asides (col 3 plus col 4)		
(1) N/A				1							
(2)								-			
(3)										-	
(4)											
Totals	>	Enter here and c Part I, line 9, co	lumn (A)							ater here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Exer	npt Activity	Income, Oth	<u>er Than</u>	<u> Advertisi</u>	ing Inc	come	(see in	istructions)			
2 Gross unrelated 1 Description of exploited activity from trade or business		3 Expenses directly connected with production of unrelated business income		4 Net income (from unrelated or business (co 2 minus column If a gain, compacts 5 through	trade lumn n 3) oute	5 Gross income from activity that is not unrelated business income		at attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A				·							
(2)											
(3)											
(4)											
Totals •	Enter here and o page 1, Part I, line 10, col (A)	page 1, P	art I,							Enter here and on page 1, Part II, line 25	
Schedule J – Advertising In	come (see in	structions)					*****	•		· · · ·	
Part I Income From P			Consc	olidated B	asis		•				
1 Name of periodical	2. Gross advertising income	3 Dire advertising	ect	4 Advertising gain or (loss) (2 minus col 3 a gain, compicols 5 through	ng (col i) If		irculation ncome	6 Rea	dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)					Γ						
(3)					Γ						
(4)											
Totals (carry to Part II, line (5))											

Part II

Totals, Part II (lines 1-5)

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1. Name of periodical advertising costs costs a gain, compute ıncome not more than cols 5 through 7 column 4) (1) **N/A** Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, ∞1 (B) Part II, line 26

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)								
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business					
(1) N/A		%						
(2)		%						
(3)		%						

Form **990-T** (2019)

%

45-0496090

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	 Amount
Staffing Services	\$ 95,990
Total	\$ 95,990