

Form **990-T**

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____
 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only.

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501 (C) <u>03</u> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) TYLER DAY NURSERY ASSOCIATION	D Employer identification number (Employees' trust, see instructions) 75-0827467
			Number, street, and room or suite no. If a P.O. box, see instructions 2901 W GENTRY PARKWAY	E Unrelated business activity code (See instructions) 713200
			City or town State ZIP code TYLER TX 75702	
			Foreign country name Foreign province/state/county Foreign postal code	

C Book value of all assets at end of year **1,277,379**

F Group exemption number (See instructions) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

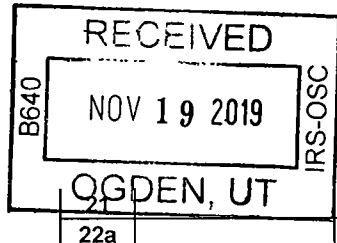
H Enter the number of the organization's unrelated trades or businesses ▶ **INSTANT BINGO** Describe the only (or first) unrelated trade or business here ▶ If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **TYLER DAY NURSERY** Telephone number ▶ **903-592-4861**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 494,494			
b	Less returns and allowances			
c	Balance ▶	494,494		
2	Cost of goods sold (Schedule A, line 7)	368,186		
3	Gross profit Subtract line 2 from line 1c	126,308		126,308
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	126,308	0	126,308

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K)	
15	Salaries and wages	28,830
16	Repairs and maintenance	4,897
17	Bad debts	
18	Interest (attach schedule) (see instructions)	
19	Taxes and licenses	2,459
20	Charitable contributions (See instructions for limitation rules)	
21	Depreciation (attach Form 4562)	
22	Less depreciation claimed on Schedule A and elsewhere on return	
23	Depletion	
24	Contributions to deferred compensation plans	
25	Employee benefit programs	
26	Excess exempt expenses (Schedule I)	
27	Excess readership costs (Schedule J)	
28	Other deductions (attach schedule)	95,550
29	Total deductions. Add lines 14 through 28	131,736
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	-5,428
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	
32	Unrelated business taxable income Subtract line 31 from line 30	-5,428



Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Rows 33-38.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Rows 39-44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, Amount. Rows 45a-55.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, Yes/No. Rows 56-58.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Title. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ► N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2	15,256	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	368,186
3	Cost of labor	3					
4 a	Additional section 263A costs (attach schedule)	4a	352,930	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b	5	368,186				

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
0		0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%	0	0
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
Totals			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B) ►
Total dividends-received deductions included in column 8			0	0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

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)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A) 0

Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B) 0

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				0
(2)				0
(3)				0
(4)				0
Totals	Enter here and on page 1, Part I, line 9, column (A) 0			Enter here and on page 1, Part I, line 9, column (B) 0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business 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 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals	Enter here and on page 1, Part I, line 10, col (A) 0	Enter here and on page 1, Part I, line 10, col (B) 0				Enter here and on page 1, Part II, line 26 0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0	0	0	0	0	0

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of 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)	0	0				0

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Line 28 (990-T) - Other Deductions

1	ADVERTISING	1	3,328
2	ANNUAL BINGO LICENSE	2	-428
3	BANK CHARGES	3	41
4	CASH OVER/ SHORT	4	75
5	INSURANCE EXPENSE	5	105
6	JANITORIAL EXPENSE	6	28
7	LEGAL AND PROFESSIONAL	7	7,421
8	POSTAGE EXPENSE	8	72
9	BINGO EQUIPMENT LEASE, REPAIR	9	495
10	RENT	10	44,230
11	SECURITY	11	97
12	SUPPLIES	12	3,200
13	PRINTING	13	18
14	MEMBERSHIP DUES/ FEES	14	361
15	DISTRIBUTION TO TYLER DAY NURSERY	15	36,507
16	Total other deductions	16	95,550
17	Total deductions less expenses for offsetting credits	17	95,550

Line 4a, Sch A (990-T) - Additional Section 263A Costs for Cost of Goods Sold

1	Depreciation	1	
2	PRIZES	2	352,930
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Totals additional section 263A costs	10	352,930

Line 35 (990-T) - Net Operating Loss Carryover

Carryover Period	Beginning Loss Period (M/D/YYYY)	Ending Loss Period (M/D/YYYY)	Amount of Net Operating Loss	Amount Used in Prior Years/Carrybacks	Adjustment Under Sec 170(d)(2)(B)	Adjustments	Amount Available This Year	Amount Used This Year	Expiring Losses	Net Operating Loss Available for Carryover	Cumulative Unused Net Operating Loss
20th Preceding Period			0	0	0	0	0	0	0	0	0
19th Preceding Period			0	0	0	0	0	0	0	0	0
18th Preceding Period			0	0	0	0	0	0	0	0	0
17th Preceding Period			0	0	0	0	0	0	0	0	0
16th Preceding Period			0	0	0	0	0	0	0	0	0
15th Preceding Period			0	0	0	0	0	0	0	0	0
14th Preceding Period			0	0	0	0	0	0	0	0	0
13th Preceding Period			0	0	0	0	0	0	0	0	0
12th Preceding Period			0	0	0	0	0	0	0	0	0
11th Preceding Period			0	0	0	0	0	0	0	0	0
10th Preceding Period			0	0	0	0	0	0	0	0	0
9th Preceding Period			0	0	0	0	0	0	0	0	0
8th Preceding Period			0	0	0	0	0	0	0	0	0
7th Preceding Period			0	0	0	0	0	0	0	0	0
6th Preceding Period			0	0	0	0	0	0	0	0	0
5th Preceding Period			0	0	0	0	0	0	0	0	0
4th Preceding Period			0	0	0	0	0	0	0	0	0
3rd Preceding Period			0	0	0	0	0	0	0	0	0
2nd Preceding Period			0	0	0	0	0	0	0	0	0
1st Preceding Period	1/1/2017	12/31/2017	0	0	0	0	0	0	0	0	0
Current Period	1/1/2018	12/31/2018	5,428				5,428			5,428	5,428

Taxable Income Before Net Operating Loss: 0

Total Net Operating Loss Used This Year: 0