	000 T	Ex	empt Organization	Busine	ss In	come Tax R	eturn	ON	MB No 1545-0047
Form	990-T		(and proxy tax				1017	9	2M4Q
			ndar year 2019 or other tax year begin			, and ending	4/2	4	4W 19
	tment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for at enter SSN numbers on this form as					Open (to Public Inspection for (3) Organizations Only
	Check box if	0011		· · · ·		nd see instructions)	D Emp	loyer ide	ntification number
BE	address changed xempt under section		TYLER DAY NURSERY ASSO				(Empi	oyees trus	it, see instructions)
Σ		Print	Number, street, and room or suite no. It	faPO box, se	ee instruct	tions		75-0	827467
	408(e) 220(e)	or	2901 W. GENTRY PARKWAY					lated bus nstructions	siness activity code
<u> </u>	408A 530(a)	Type	City or town	State		ZIP code	,		
L	529(a)		TYLER Foreign country name	TX Foreign provi	nce/state/	75702 county Foreign postal co	de.		
			, orangir dodnity riamo	, c. c.g., p. c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			71	3200
СВ	look value of all assets at		p exemption number (See instr		>				
	nd of year 1,357,699		ck organization type 🕨 💢 50		ration	501(c) trust	401(a)		Other trust
	Enter the number of t trade or business her		zation's unrelated trades or bus	sinesses I	► fonly or	1 De ne, complete Parts			irst) unrelated ne_describe the
J	first in the blank spac	e at the e	nd of the previous sentence, co	omplete Par	ts I and	II, complete a Sch	edule M for	each ac	lditional
<u> </u>	trade or business, the								
		•	oration a subsidiary in an affiliated		parent-s	subsidiary controlled	group?	. ▶	Yes X No
			tifying number of the parent corpo	oration.		Telephone number	er ▶ 903-	-592-48	
) Par			Business Income			(A) Income	(B) Exper		(C) Net
1 1 2	Gross receipts or sa		558,933						
	Less returns and allo		c Bala	nce 🟲	1c	558,933			
A 2	Cost of goods sold (3	420,945			/137,988
OS 4 a	Gross profit Subtrace Capital gain net inco	/	The Capadial Mountaine		4a	137,988			137,966
+ a	Net gain (loss) (For	n 4797. F	Part II, line 17) (attach Form 479	k-USB	4b				
c	Capital loss deduction	an far tru	ete C.O		4c				
5	Income (loss) from a	a partners	ship or an S corporation 2 3 2	′020	_				
6	(attaon otatement)				6				
6 7	Rent income (Scheo Unrelated debt-finar		me (Schedule E)	ents.	7				
8	Interest, annuities, royal	Ities, and re	ents from a controlled organization (Sci	chedule F)	8				
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Sche	edule G)	9				
10	Exploited exempt ac	-			10	_/	<u> </u>		<u> </u>
11 12	Advertising income		e J) . ns, attach schedule)		12 /	/			
13	Total. Combine line				13	137,988		0	137,988
Par			cen Elsewhere (See instruc		mítatio	ns on deductions	s) (Deduct	ions m	ust be
			ith the unrelated business in					 	
14			ectors, and trustees (Schedule	K) .		•		14	25.024
15 16	Salaries and wages Repairs and mainter		1			•		15 16	35,021 119
17	Bad debts			•	•		•	17	
18	Interest (attach sche	edule) (se	e instructions)					18	
19	Taxes and licenses							19	3,659
20	Depreciation (attach		62) Schedule A and elsewhere on	roturn	•	20 21a		21b	
21 22	Depletion	alliled of	Schedule A and elsewhere on	return	٠	[Z1a]		22	
23	Contributions to defe	erred con	npensation plans					23	
24	Employee benefit pr		<i></i>					24	<u>.</u>
25	Excess exempt expe			•				25 26	
26 27	Excess readership of Other deductions (a			•				27	95,241
28	Total deductions.				•			28	134,040
29	Unrelated business	taxable ıı	ncome before net operating loss				13	29	3,948
30		erating lo	oss arising in tax years beginning	ng on or afte	er Janua	ary 1, 2018 (see			
24/	Instructions)	tavahlo ::	 ncome. Subtract line 30 from lin	a 29		•		30	3,948
31/ Eor P	aperwork Reduction			U Z J		•	 -		orm 990-T (2019)

For Paperwork Reduction Act Notice, see instructions.

Form 9	90-T (2019) TYLER DAY NURSERY ASSOCIATION	75-0827467		Page 2
Part	Total Unrelated Business Taxable Income			•
- 32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		3,948
33	Amounts paid for disallowed fringes	33		0
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract			•
	line 34 from the sum of lines 32 and 33.	5 35		3,948
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	6	,	
	instructions)	_ 36		3,948
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1 1		
	enter the smaller of zero or line 37	. 39		0
Part				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶ 40		0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the			
	amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 41		
42	Proxy tax. See instructions	► 42		
43	Alternative minimum tax (trusts only)	43		
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
Part				
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
b	Other credits (see instructions)			
C	General business credit Attach Form 3800 (see instructions) 46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	460		^
	Total credits. Add lines 46a through 46d	. 46e		0
47		- 	 	U
48 49	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched Total tax. Add lines 47 and 48 (see instructions)	. 49	·	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Payments A 2018 overpayment credited to 2019 51a			
b	2019 estimated tax payments 51b			
c	Tax deposited with Form 8868 . 51c			
d	Foreign organizations Tax paid or withheld at source (see instructions) . 51d			
е	Backup withholding (see instructions) . 51e			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f			
g	Other credits, adjustments, and payments Form 2439			
Ū	Form 4136 Other Total ► 51g	ol l		
52	Total payments. Add lines 51a through 51g	52		0
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ 54		0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55		0
56	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded	d ► 56		0
Part	VI Statements Regarding Certain Activities and Other Information (see instructions	s)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Bank and Financial Accounts If the Indiana Accounts Indiana Accounts If the Indiana Accounts If the Indiana Accounts India	oreign country		
	here ▶			Х
58	Dunng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ NONE-		-,	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledge and be	lief, it is true, correc	čt,
Sign		May the IR	S discuss this retur	m with
Here		the prepare	er shown below (se	e
	Signature of officer Date Title	instruction	s)? X Yes	No
Deid	Print/Type preparer's name Preparer's signature Date	Check I	PTIN	
Paid		self-employed	P002708	611_
Prep	I FILM S Name P SHENLIATEUR, CFA, FU 1 1 1	Firm's EIN	84-1722808	
use	Only Firm's address P.O. BOX 49 FLINT TX 75762	Phone no 90	03-894-6820	

Form 990-T (2019) T	YLER DAY NUF	SERY ASSO	OCIATION			75	5-0827467	Page 3
Schedule A—Cost of Goo				aluatio	n► N/A			
1 Inventory at beginning o		1	, mivernery v		nventory at en	d of vear	6	
2 Purchases	· -	2	19,258		•	sold. Subtract	4.	
3 Cost of labor		3			ne 6 from line			
4 a Additional section 263A	costs				nd in Part I. Iir		7	420.945
(attach schedule)		4a	401,687		•	section 263A (w	th respect to	Yes No
b Other costs (attach sche	<u> </u>	4b	,			ced or acquired f		1
5 Total. Add lines 1 through	· ·	5	420.945		pply to the org	•	,	X
Schedule C—Rent Incom		Property a	nd Persona				operty)	
(see instructions)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		-	
1 Description of property								
(1)								
(2)								
(3)				•				
(4)								
	2. Rent receiv	ed or accrued						
for personal property is more than 10% but not percentage			om real and persor ge of rent for perso f the rent is based	nal prope	rty exceeds		irectly connected with (a) and 2(b) (attach so	
(1)	•							
(2)								
(3)			<u> </u>					_
(4)								
Total	0	Total			0		_	
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,			o	(b) Total deduce Enter here and Part I, line 6, co	on page 1,	0		
Schedule E-Unrelated D		Income (se	ee instructions	3	·			
			2, Gross income	e from or		eductions directly co to debt-finan	nnected with or alloca ced property	ble
Description of debt-financed property			allocable to debt property		(a) Straight	line depreciation i schedule)	(b) Other dec (attach sch	
(1)					<u> </u>			
(2)								
(3)								
(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 I property	6. Colum 4 divided by column	d n 5	(column :	come reportable 2 × column 6)	8. Allocable de (column 6 × total 3(a) and 3	of columns
(1)				%		0		0
(2)				%		0		0
(3)				%		0		0
(4)				%		0		0

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (B)

0

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F-Interest, Annuit	ies, Koyalties,	1		Controlled Orga Organizations	anizacions (see	e instruc		
Name of controlled organization	2. Employer identification number		related income e instructions)			controlling	g conn	eductions directly ected with income in column 5
(1)								
(2)							ļ.——	
(3)								
(4)		<u> </u>				-	_l	
Nonexempt Controlled Organization	ıs		<u> </u>					
7. Taxable Income	8. Net unrelated (loss) (see instru			Total of specified payments made	10 Part of colunctuded in the organization's g	controlling	g conne	deductions directly cted with income in column 10
(1)						_		
(2)								
(3)				<u> </u>				
(4)								
Totals				<u>.</u> •	Add columns Enter here and Part I, line 8, c	on page 1	1, Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G-Investment Inc	ome of a Section	on 501(c)(7), (9), c	or (17) Organiza	tion (see ınstru	ctions)		
1 Description of income	2. Amount of		3 dire	Deductions ectly connected tach schedule)	4 Set-aside: (attach schedu	s	and se	etal deductions et-asides (col. 3 olus col. 4)
(1)								0
(2)			<u> </u>					0
(3)			<u> </u>					0
(4)					<u> </u>		=	0
Totals . ► Schedule I—Exploited Exem	Part I, line 9, col	lumn (A)	I	Advertising Inco	// / / / / / /	I		re and on page 1, e 9, column (B)
Description of exploited activity	2. Gross unrelated business incor from trade o business	3. E conn re proc r ur	expenses irrectly ected with duction of irrelated 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				0
(2)				0				C
(3)				0				C
(4)				0				C
	Enter here and page 1, Part line 10, col (A	I, page A) line 1	here and on e 1, Part I, 0, col (B)		i b			Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0	0		<u> 4l- </u>	<u></u>		<u> </u>
Schedule J—Advertising Inc								
Part I Income From Peri	odicals Report	ed on a	Jonsolid	ated Basis	Γ	T		
1. Name of penodical	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		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1		MANAGE CO.
(2)]
(3)	1]
(4)								
] .
Totals (carry to Part II, line (5))	<u> </u>	0	0	0	0	<u> </u>	0	
							F	om 990-T (2019)

Form 990-T (2019)	

Page 5

Form 990-T (2	2019) TYLER DA	AY NURSERY AS	SOCIATION			75-0827467	Page 5
Part II	Income From Periodic columns 2 through 7 or			Basis (For each	periodical list	ed in Part II, fi	ll in
y	1 Name of penodical	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)		l		0			_0
(3)				0			0
(4)				0			0
Totals from	Part I	0	0			F	0
		Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)			Š	Enter here and on page 1, Part II, line 26
Totale Part	II /lines 1_5)	l n	· Λ	i '		,	l n

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

Form **990-T** (2019)

Line 27 (990-T) - Other Deductions

1	ADVERTISING	1	3,697
2	ANNUAL BINGO LICENSE RENEWAL	2	-32
3	BANK CHARGES	3	13
4	CASH (OVER)/ SHORT	4	-42
5	INSURANCE EXPENSE	5	151
6	LEGAL AND PROFESSIONAL	6	9,025
7-	POSTAGE	7	81
8	BINGO EQPT - PURCH, LEASE, REPAIR	8	22
9	RENT	9	59,573
10	SECURITY	10	58
11	SUPPLIES	11	3,478
12	DISTRIBUTION TO TYLER DAY NURSERY (PROPORTION OF PULL TAB INCOME)	12	19,217
13	Total other deductions	13	95,241
14	Total deductions less expenses for offsetting credits	14	95,241

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

1	Depreciation	1	
2	PRIZES	2	401,687
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Totals additional section 263A costs	10	401,687