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•		Form

Form 990-T	E	Exempt Organization Bus			Tax Returr	۱ L	OMB No 1545-0687		
1,'	ļ	(and proxy tax und	er se	ction 6033(e))		ł	0047		
16. "	For cal	lendar year 2017 or other tax year beginning	_	, and ending			2017		
Department of the Treasury Internal Revenue Service		► Go to www irs gov/Form990T for ir ► Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (D Employer identification number (Employees' trust, see instructions)						
B Exempt under section	Print	ASSOCIATION				8	3-0179528		
X 501(c)(3 03	or	Number, street, and room or suite no. If a P.O bo	Number, street, and room or suite no. If a P.O box, see instructions. E Unrelated business activity codes (See instructions)						
408(e) 220(e)	Туре	1426 EAST LINCOLNWAY] ```	,		
408A 530(a)		City or town, state or province, country, and ZIP of CHEYENNE, WY 82001	or foreign	n postal code		624	410		
Book value of all assets	 .	F Group exemption number (See instructions.)	<u> </u>			1			
1,441,0	28.	G Check organization type ► X 501(c) cor	poration	501(c) trus	t 401(a) trust	Other trust		
H Describe the organization	n's prim	ary unrelated business activity DAYCARE	ANI	PRESCHOO	<u> </u>				
		poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group	> ▶	Ye	es X No		
		tifying number of the parent corporation.				207	624 0622		
		THE ORGANIZATION de or Business Income		(A) Income	phone number 🕨 3		(C) Net		
1a Gross receipts or sal		129,916.	T	(A) IIICOIIIC	EN TREE TO LA	。 建连经	2-72 1 kg 43 9 9 10 1		
b Less returns and allo		c Balance	1c	129,916					
2 Cost of goods sold (2	123,310					
3 Gross profit Subtrac		•	3	129,916			129,916.		
4a Capital gain net incor			4a	•		ARTE:			
. •	•	Part II, line 17) (attach Form 4797)	4b			والمراجع المراجع			
c Capital loss deductio	n for trus	sts	4c		经少能是否 自		1		
5 Income (loss) from p	artnersh	nips and S corporations (attach statement)	5			75-35 <u>-</u>			
6 Rent income (Schedi	ule C)		6						
7 Unrelated debt-finance		•	7		<u> </u>				
	-	and rents from controlled organizations (Sch. F)	8						
		on 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$		-				
10 Exploited exempt act	•	,	10						
11 Advertising income (12 Other income (See in		•	11 12			HAZIFIS			
13 Total. Combine line			13	129,916	Mar / Mil & I in / Miles in in A	Seurtu≗r Su	129,916.		
		ot Taken Elsewhere (See instructions for					225/520		
(Except for	contribi	utions, deductions must be directly connected				1 1			
	ficers, di	rectors, and trustees (Schedule K)				14	99 606		
15 Salaries and wages	****			RECEI	VED	15	88,696.		
16 Repairs and mainter17 Bad debts	nance		,	REUL	72	16			
18 Interest (attach sch	edule)			4		18			
19 Taxes and licenses	000.07			NOV 1	2010	19			
	ions (Se	e instructions for limitation rules)		A		20			
21 Depreciation (attach	Form 4	562)			N. UT	15.			
22 Less depreciation of	laimed oi	n Schedule A and elsewhere on return		22a		22b			
23 Depletion						23			
24 Contributions to det		mpensation plans				24			
25 Employee benefit pr	-					25	_		
26 Excess exempt expe	•	•				26			
27 Excess readership of	•	•		משט משט	TEMENT 1	27	54,656.		
28 Other deductions (a		·		SEE SIF	TEMENT T	28	143,352.		
29 Total deductions. A30 Unrelated business		: 14 through 28 ncome before net operating loss deduction. Subtrac	רב בֿמון זי	from line 13		<u>29</u> 30	-13,436.		
		n (limited to the amount on line 30)	A 11116 23		TEMENT 2	31	13,430+		
		ncome before specific deduction. Subtract line 31 fe	rom line			32	-13,436.		
		y \$1,000, but see line 33 instructions for exceptions				33	1,000.		
		income Subtract line 33 from line 32. If line 33 is	•	than line 32, enter the	smaller of zero or		-		
line 32						34	-13,436.		

Form 990-T	(2017) ASSOCIATION		83-01	<u> 7952</u>	8	Page 2
Part I						
35	Organizations Taxable as Corporations. See instructions for tax computation.			1		
	Controlled group members (sections 1561 and 1563) check here See instructions and:			4. 3.3	ļ	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			7 G.		
-	(1) \$ (2) \$ (3) \$			1 12 12 12 12 12 12 12 12 12 12 12 12 12		
` h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			1		
U	(2) Additional 3% tax (not more than \$100,000)					
_	Income tax on the amount on line 34			35c	1	0.
		no 24 from:		11-11-11-11-11-11-11-11-11-11-11-11-11-		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on life Trusts askedule or	116 34 11 0111.				
07	Tax rate schedule or Schedule D (Form 1041)			36	-	
37	Proxy tax See instructions				-	 -
38	Alternative minimum tax			38	-	
39	Tax on Non-Compliant Facility Income. See Instructions			39		0.
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies Tax and Payments			40	<u> </u>	0.
				7. 7.	τ	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41					
b	Other credits (see instructions)	1				
C	General business credit. Attach Form 3800			15.2		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	ld i			ł	
е	Total credits Add lines 41a through 41d			41e	 	
42	Subtract line 41e from line 40			42		0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (at	tach schedule)			
44	Total tax Add lines 42 and 43	i		44		0.
	Payments: A 2016 overpayment credited to 2017	<u>Sa</u>		الله ميرانية الله ميرانية الله ميرانية		
	2017 estimated tax payments	<u>ip</u>				
C	Tax deposited with Form 8868	5c		-12		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	5d				
е	Backup withholding (see instructions)	5e				
f	Credit for small employer health insurance premiums (Attach Form 8941)	5f				
g	Other credits and payments: Form 2439					
	Form 4136 Other Total ▶ <u>45</u>	5g		77:14		
46	Total payments. Add lines 45a through 45g			46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48		0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		•	49		0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax		nded 📗	50		
Part \	Statements Regarding Certain Activities and Other Information	(see instruct	ions)			,,
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or of	ther authority				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may	have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign	gn country				
	here >					X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	eror to, a forei	gn trust?			X
	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen correct and compelete Declaration of preparer fother than taxpayer) is based on all information of which preparer has	nts, and to the be any knowledge	est of my know	ledge and	belief, it is tru	e,
Sign			ſ	May the IR	S discuss thi	s return with
Here	(1/9/18 CEO				er shown belo	
	Signature of officer Date / Title		1	instruction	s)? X Y	es No
	Print/Type preparer's name Preparer's signature / Date	C	heck	if PT	IN	
Paid			elf- employe			
Prepa		06/18			01204	
Use C	Inly Firm's name ► MCGEE, HEARNE & PAZZ, LLP	!	Firm's EIN 🕨	<u>►</u> 8	<u>3-033</u>	1229
	P.O. BOX 1088 ()					
	Firm's address ► CHEYENNE, WY 82003		Phone no.	<u> 307-</u>	634-2	
					_ ^	00 T (0047)

Form 990-T (2017) ASSOCIATION

Schedule A - Cost of Good	s Sold. Enter	method of inven	tony valuation	n ► N/A			-			
1 Inventory at beginning of year	1	medied of miver	T	ory at end of year			6			
2 Purchases	2	· · · · · · · · · · · · · · · · · · ·	7	f goods sold Su		ine 6	-			
3 Cost of labor	3		7	ne 5. Enter here a						
4a Additional section 263A costs		· · · · · · · · · · · · · · · · · · ·	line 2			i.	7	Ì		
(attach schedule)	4a			rules of section :	263A (with respect to		<u> </u>	Yes	No
b Other costs (attach schedule)	4b		⊣		,	for resale) apply to				
5 Total Add lines 1 through 4b	5		-	anization?	04000	roc rocato, app., to		F		
Schedule C - Rent Income		Property and			ease	d With Real Prop	erty)			
(see instructions)	•	, , ,				·				
1 Description of property										
(1)										
(2)										
(3)										
(4)					-					-
	2 Rent receiv	ed or accrued								_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	nd personal property of the pr	erty (if the percentage exceeds 50% or if fit or income)	je	3(a) Deductions directly columns 2(a) as	connec nd 2(b) (a	ted with the inco attach schedule)	ome in	
(1)	·		•			-				
(2)										-
(3)			•							
(4)	-									
Total	0.	Total	• • •		0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)				0.
Schedule E - Unrelated Det		Income (see	instructions)		<u> </u>	Part I, line 6, column (b)			-	<u> </u>
		(000				3 Deductions directly con				
				income from ble to debt-	(0)	to debt-finance	ed prop			
Description of debt-fit	nanced property		finance	d property	(a)	Straight line depreciation (attach schedule)		(b) Other ded (attach sche		5
(1)			<u> </u>				+			
(2)			 				+-			
(3)		 -	 				+-			
(4)			 		-		+			
4 Amount of average acquisition	5 Average	adjusted basis	6 Colum	n 4 divided		7 Gross income	+	8 Allocable d	aduatia	
debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)		olumn 5		reportable (column 2 x column 6)	'	column 6 x total (ca) and	of colu	
(1)				%			1			
(2)			1	%			\top			
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and o		
Totals						0				0.
Total dividends-received deductions in	anludad in antuma	. 0					-	 		~

Form 990-T (2017)

	<u> </u>				<u> </u>		d Organiza		(366 113	tructions	?/
				Exempt C	Controlled O	ganizatio	ons			т	
1 Name of contro	rolled organization	identi	mployer fication mber		elated income instructions)		al of specified nents made	5 Part of column 4 that included in the controllin organization's gross inco		olling	Deductions directly connected with income in column 5
(1)											
(2)						-					
						-					· · · · · · · · · · · · · · · · · · ·
(3)						· - -		ļ. —			
(4)	llad Organiza	tions			- 1						
Nonexempt Contro						. [40.5		1	44 5	
7. Taxable Inco	ome	8 Net unrelated inco- (see instruction		y lotal	of specified payn made	nents	10 Part of column the controlling gross		ization's		ductions directly connected income in column 10
(1)				-							
(2)		<u> </u>									
(3)											
(4)		_ _									
(4)							Add colun	l on page	1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I,
							iine 8, 0	column (/			line 8, column (B)
Totals			<u> </u>	504/->/7	\ (0)	. 🔎			0.		0
Schedule G - I	nvestment (see instruc		Section	501(c)(7), (9), or (1/) Org	anization				
	(see instruc	CHORIS)				Т	3. Deductio				5 Total deductions
-	1 Descrip	tion of income			2. Amount of	income	directly conne	ected	4. Set-a		and set-asides
(4)							(attach sched	uie)	·		(col 3 plus col 4)
(1)											
(2)											
(3)											
(4)					_		a minara de la compania de del a	KW", " ZJ). "	TARA BANJARTAN	Sander Street 1	· · · · · · · · · · · · · · · · · · ·
				_	Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page Part I, line 9, column (B)
Totals Schedule I - Ex	xploited E	xempt Activity	v Income	e. Other	Than Adv	0 . l ertisin	a Income		ankart hera	Enter of the State	<u> </u>
	(see instruct	-	,	,			•				
Description exploited activities		2 Gross unrelated business income from trade or business	directly c with pro of unr	penses onnected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or ilumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attributi colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			†								
(2)									 		1
			1						-		
(3)			+								
(4)		Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	col (B)							Enter here and on page 1, Part II, line 26
Totals 4	► L	0.	1	<u> </u>		real hab					<u> </u>
Schedule J - A					-1:.1	D- · ·					
Part Incom	ne From Po	eriodicals Rep	oorted or	n a Cons	solidated	Basis	·		,		
1 Name o	of periodical	2. Gross advertising income		3 Direct ertising costs	4 Advertor (loss) (col 3) If a good cols 5 th		5 Circula income		6 Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)	•				4		ig xr				
(3)							ĝr		Ì		
(3) (4)						raal	i		l		
· · /						~ - 11; 1 <u>1</u>			l		Wat also grown and the C. N. M. W. W. D. D. L. Marie
Totals (carry to Part I	II line (5\\		0.	0	_						0

Form 990-T (2017) ASSOCIATION

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)							
(2)							
(3)			-		-		
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part 1, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	Ο.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
BUILDING OVERHEAD		54,656.
TOTAL TO FORM 990-T, PAGE	E 1, LINE 28	54,656.