Form <b>990-T</b>	Exempt Organization Bus	siness Income 1		OMB No 1545-0047	
` , ,	(and proxy tax und	er section 6033(e))	1917	0040	
*	For calendar year 2019 or other tax year beginning	, and ending		† 2019	
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for in ► 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 ( Check box if name c	hanged and see instructions.)	i (Em	ployer identification number iployees' trust, see tructions )	
B Exempt under section	Print ASSOCIATION			83-0179528	
X 501(c)(3 0/3	or Number, street, and room or suite no. If a P.O. box	v con instructions	E Unr	E Unrelated business activity code	
408(e) 220(e)	Type 1426 EAST LINCOLNWAY	x, 366 msn acnons.	(Sec	nstructions)	
	· · · · · · · · · · · · · · · ·	r foreign postal ands	-		
408A 530(a) 529(a)	City or town, state or province, country, and ZIP o CHEYENNE, WY 82001	r toreign postar code	62	4410	
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>			
1,455,0			401(a) <u>trus</u> t		
			e the only (or first) unrelate		
	DAYCARE AND PRESCHOOL		, complete Parts I-V. If mo		
describe the first in the b	lank space at the end of the previous sentence, complete Pa	irts I and II, complete a Schedul	e M for each additional trac	de or	
business, then complete					
During the tax year, was	the corporation a subsidiary in an affiliated group or a parer	nt-subsidiary controlled group?	<b>▶</b> □ '	Yes X No	
If "Yes," enter the name a	ind identifying number of the parent corporation.				
	► THE ORGANIZATION	Telepi	hone number 🕨 307	-634-9622	
Part I Unrelated	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sale	s 116,891.		/		
b Less returns and allow	vances c Balance	1c 116,891.	/		
2 Cost of goods sold (S		2	/		
3 Gross profit. Subtract	•	3 116,891/	1	116,891	
4a Capital gain net incom		4a			
• •	4797, Part II, line 17) (attach Form 4797)	4b		<del> </del>	
• , , ,	· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>	
c Capital loss deduction		4c			
	partnership or an S corporation (attach statement)	5 6			
6 Rent income (Schedu	•	7	-	<del> </del>	
/ Unrelated debt-finance	ed income (Schedule E)	<del> </del>			
8 Interest, annuities, roy	valties, and rents from a controlled organization (Schedule F)	8 /		· <del>·</del>	
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G)		<del></del>		
	vity income (Schedule I)	10			
11 Advertising income (S	· · · · · · · · · · · · · · · · · · ·	11			
12 Other income (See ins	structions; attach schedule)	12	ļ	1122	
13 Total. Combine lines		13 116,891 <u>.</u>	<u> </u>	116,891.	
	ns Not Taken Elsewhere (See instructions for must be directly connected with the unrelated busin		1		
· · · · · · · · · · · · · · · · · · ·	icers, directors, and trustees (Schedule K)		14	78,325.	
15 Salaries and wages			15	10,323.	
16 Repairs and mainten	ance /		16	+	
17 Bad debts			17	+	
•	dule) (see instructions)		18		
19 Taxes and licenses			19	-	
20 Depreciation (attach	Form 4562)	20		-	
21 Less depreciation cla	nimed on Schedule A and elsewhere RECEIVED	21a	21b		
22 Depletion	/ INFOLIATO	7.1	_ 22		
23 Contributions to defe	erred compensation plans	RS.OSC	23	<u> </u>	
24 Employee benefit pro	ograms MAR 2 3 2021	[0]	24		
25 Excess exempt exper		[8]	25		
26 Excess readership co	(0-1/	Barrier	26		
27 Other deductions (att		SEE STAT	TEMENT 1 27	57,611.	
	dd lines 14 through 27		28	135,936.	
	axable income before net operating loss deduction. Subtract	t line 28 from line 13	29	-19,045.	
	grating loss arising in tax years beginning on or after Januar			1	
(see instructions)	and the second of the second o		TEMENT 2 30	0.	
•	axable income. Subtract line 30 from line 29		31	-19,045.	
	r Paperwork Reduction Act Notice, see instructions.			Form <b>990-T</b> (2019)	

		CHEYENNE FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION	83-0	017952	8 Page 2
Part	JJV .	Total Unrelated Business Taxable Income			
35	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-19,	045.
33	Amoun	ts paid for disallowed fringes	33		
34		ble contributions (see instructions for limitation rules)	34		0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 335		-19,	045.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 3_	36	<del></del>	0.
37		invested huseness toyable unapper hefers enseite deduction. Subtract line 26 from line 25	37	-19.	045.
		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		000.
38	•	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1		
39		ne smaller of zero or line 37	39	_19	045.
Part		Tax Computation	1 25		<del>-015+</del>
			T 40 I		0.
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
		ax rate schedule or Schedule D (Form 1041)	41		
42	Proxy t	ax. See instructions	42		
43	Alterna	tive 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	t V	Tax and Payments			
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other o	redits (see instructions) 46b			
С	Genera	business credit. Attach Form 3800			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)			
		redits. Add lines 46a through 46d	46e		
47		ct line 46e from line 45	47		0.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	**.*	
49		ax. Add lines 47 and 48 (see instructions)	49		0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
50			30		<del></del>
	-		<b>-</b>		
		stimated tax payments 51b	<b>-</b>		
		posited with Form 8868 51c	-		
	-	organizations. Tax paid or withheld at source (see instructions)	-		
		withholding (see instructions) 51e	-		
f	Credit 1	for small employer health insurance premiums (attach Form 8941)	-		
9	Other o	redits, adjustments, and payments Form 2439			
	F	orm 4136 Other Total ▶ <b>51g</b>	<del>-  </del>		
52	-	ayments. Add lines 51a through 51g	52		
53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached	53		
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56		ne amount of line 55 you want: Credited to 2020 estimated tax	56		
Part	: VI	Statements Regarding Certain Activities and Other Information (see instructions)			
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
•	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here	<b>&gt;</b>		-	
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		-	X
30	_	see instructions for other forms the organization may have to file.			+
59		ne amount of tax-exem <del>pt</del> interest received or accrued during the tax year \(\bigs\) \\$			
		ader penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	edge and belie	of, it is true,	
Sign	6	rrect, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here			-	scuss this retu	
	4		ihe preparer sh nstructions)?	nown below (se	
				LA Tes	No
		The state of the s	if PTIN		
Paid	l	self- employed			
Prep	arer	ROLF PETERSON, CPA ROLF PETERSON, CPA 03/10/21		29794	
-	Only	Firm's name ► BDO USA, LLP Firm's EIN ►	<u>· 01-</u>	<u>-07245</u>	<u>63</u>
	-	505 SOUTH 3RD STREET, SUITE 100			
		Firm's address ► LARAMIE, WY 82070 Phone no.		755-1	
923711	01-27-20		F	orm 990-	T (2019)

83-0179528

Schedule A - Cost of Goods	S Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold. S	ubtract l	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	_4a		8 Do the rules of section	263A (	with respect to	Yes No
<b>b</b> Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income ( (see instructions)  1. Description of property	From Real	Property and	Personal Property L	.ease 	d with Real Prope	
	<u>.</u>					
(1)	<del></del>					
(2)	-		<u>.</u>			<del></del>
(4)			<del></del>			
	2. Rent receiv	ed or accrued			T	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of	(b) From real a	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)			<u>.</u>			
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>&gt;</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			
			2. Gross income from		<ol> <li>Deductions directly connect to debt-financed</li> </ol>	
1. Description of debt-fin	nanced property		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)	of or a	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	icluded in columi	18			<b></b>	0.
						Form <b>990-T</b> (2019

1. Name of periodical advertising income advertising costs cold 3) If a gain, compute cols 5 through 7

(1)
(2)
(3)
(4)

Totals (carry to Part II, line (5))

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Form 990-T (2019) ASSOCIATION 83-01795

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 incoma	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 I, 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 26
Totals, Part II (lines 1-5)	0.	0.				0

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		<b>•</b>	0.

Form 990-T (2019)

FORM 990-T		OTHER I	DEDUCTI	ONS	STATEMENT 1
DESCRIPTION					AMOUNT
BUILDING OVERHEAD					57,611
TOTAL TO FORM 990-7	PAGE 1,	LINE 27			57,611
FORM 990-T	NET	OPERATING	LOSS D	EDUCTION	STATEMENT 2
TAX YEAR LOSS SU	JSTAINED	LOSS PREVIOUS APPLII		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	8,684.		0.	8,684.	8,684.
NOL CARRYOVER AVAIL	ABLE THIS	YEAR		8,684.	8,684.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/01	80,754.	30,881.	49,873.	49,873.
12/31/02	3,485.	0.	3,485.	3,485.
12/31/03	8,285.	0.	8,285.	8,285.
12/31/04	173,763.	0.	173,763.	173,763.
12/31/05	239,759.	0.	239,759.	239,759.
12/31/06	244,783.	0.	244,783.	244,783.
12/31/07	254,440.	0.	254,440.	254,440.
12/31/08	430,894.	0.	430,894.	430,894.
12/31/09	397,689.	0.	397,689.	397,689.
12/31/10	44,846.	0.	44,846.	44,846.
12/31/12	12,255.	0.	12,255.	12,255.
12/31/13	41,692.	0.	41,692.	41,692.
12/31/14	7,549.	0.	7,549.	7,549.
12/31/16	3,785.	0.	3,785.	3,785.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,913,098.	1,913,098.