Paymetered for a hospity interest discourse in the company of the	Form 990- 丁	E	empt Organization		siness Income der section 6033(n	OMB No 1545-0047
Describe the measure of the measure in the female of the properties of the measure of the measu		For cale	• • •				اه	୭ଲ10
A Check bar if addison changed B Exempt under section	Department of the Treasury							<u> </u>
B Exempt under section Solic C Q3		Do						
Exempt under section First Graph			Name of organization (Check b	ox if na	ne changed and see instruction	15.)		
Sort C Q3 100 200 100		-{	TEYAS PELIABILITY F	יי ד יייוא	Y INC	ł		
Topic Solic Sol		Print					27-15	582178
305 S20(a)		AI _			,	}		
City or town, state or province, country, and 2IP or foreign postal code	-	1,160	805 LAS CIMAS PARKW	AY		200	(See In	structions)
# Group exemption number (See instructions) # Group exemption number (See instructions) # Solicy institution]	City or town, state or province, countr	y, and 2	IP or foreign postal code			
## Structure Focus exemption number (See instructions) Solicy trust 401(a) trust Other trust Cher			AUSTIN, TX 78746					·
H Enter the number of the organization's unrelated trades or businesses ▶ Describe the only for 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 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 Schedule II or each additional trade or business, then complete Parts III-V I I 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 II or each additional trade or business, then complete Parts III-V I I more than the parent corporation I I or							,	
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? I neither than a man and identifying number of the parent corporation I Tree' neither an an and identifying number of the parent corporation I Tree in the name and identifying number of the parent corporation I Tree in the parent corpora								
trade or business, then complete Parts III-V 1 During the tax year, was the compretion a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes ★ Notifives,** enter the name and identifying number of the parent corporation. ▶ Telephone number ▶ 51.2-583-4959 Part ■ Unrelated Trade or Business Income 1a Gross recepts or sales ▶ Less returns and allowances 2 Cost of goods sold (Schedule A, line 7), • As Gaptail gain net income (attach Schedule D) • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Or Unrelated debt-financed income (Schedule E), • Not goint (loss) (Form 4787, Part III, line 17) (attach Form 4787), • Or Unrelated debt-financed income (Schedule II), • Interest, (attach schedule) (see instructions), • Total Combine lines 3 through 12, • Or Deductions Not Taken Elsewhere (See instructions for limitations on deductions), (Deductions must be directly connected with the unrelated business income) • Part II Deductions Not Taken Elsewhere (Schedule II), • Salares and wages • Or Depresion (attach Schedule II), • Salares and wages • Or D			nization's unrelated trades or busine	sses				
Trade or business, then complete Parts III-V						•		•
During the tax year, was the corporation a subsidiary in an affiliated group or a parenti-subsidiary controlled group?	•			mpiete	Parts I and II, complete a S	schedule M for eac	n additior	nai
## "Yes," enter the name and identifying number of the parent corporation ## The books are in care of \$\times \times \t				ated o	roup or a parent-subsidiary	controlled group?		Yes X No
The books are in care of ▶JULY FOPPTANO Telephone number ▶ 512-583-4959 Part Unrelated Trade or Business Income						·		
1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7). 2 3 Gross profit Subtract line 2 from line 1c. 3 4a Capital gain net income (attach Schedule D). 4 b Net gain (loss) (Form 4797, Part III, interest (eas) from a partnership or an Scroprotion (attach Astendule). 5 Income (loss) from a partnership or an Scroprotion (attach Astendule). 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule E). 7 Interest annules, royaltes, and rents from a controlled organization (Schedule F). 8 Interest, annules, royaltes, and rents from a controlled organization (Schedule F). 9 Interest annules, royaltes, and rents from a controlled organization (Schedule F). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (See notification). 13 Total. Combrine lines 3 through 12. 13 Total. Combrine lines 3 through 12. 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts. 18 Interest (attach schedule) (see instructions). 19 Taxes and licenses 10 Depreciation (attach Form 4562). 20 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return 2 Depletion. 2 Depreciation (attach Form 4562). 3 Contributions to deferred compensation plans 2 Excess exempt expenses (Schedule I). 2 Depreciation (attach Form 4562). 3 Contributions to deferred compensation plans 3 Excess readership costs (Schedule I). 3 Cother deductions. Add lines 14 through 27. 3 Cother deductions (attach schedule).						ne number > 512	2-583-	-4959
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2 Cost of goods sold (Schedule A, line 7), 2 3 Gross profit Subtract line 2 from line 1c	1a Gross receipts or	sales						
3 Gross profit Subtract line 2 from line 1c	b Less returns and allow	rances	c Balance ▶	1c				
Lagran (loss) (Form 4787, Part II, line 17) (attach Form 4797). b Net gain (loss) (Form 4787, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts. de c Capital loss deduction for trusts. line (loss) from a partnesshe or an Scoppation (attach statement). f Rent income (Schedule C). Unrielated debt-financed income (Schedule E). Unrielated debt-financed income (Schedule E). It interest, annutiles, royalties, and rents from a controlled organization (Schedule 5). Interest, annutiles, royalties, and rents from a controlled organization (Schedule 5). Exploited exempt activity income (Schedule I). Advertising income (Schedule J). Total. Combine lines 3 through 12. Total. Combine lines 3 through 12. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income). Accompensation of officers, directors, and trustees (Schedule K). Salaries and wages. Repairs and maintenance. Takes and licenses Depreciation (attach Form 4562). Interest (attach schedule) (see instructions). Takes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return. 21	_		·			ļ		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts								
Capital loss deduction for trusts 4c 5								<u> </u>
Income (loss) from a partnership or an S corporation (attach statement), 6 Rent income (Schedule C), 6 Rent income (Schedule C), 6 Rent income (Schedule C), 7 Unrelated debt-financed income (Schedule E), 7 8 Interest, annulies, syathes, and reints from a controlled draphization (Schedule F), 8 9 Investment income of a section \$01(c(7), (0), or (17) organization (Schedule G), 9 10 11 11 12 12 13 14 14 14 14 15 15 15 16 17 17 17 18 Interest, and reints from a controlled with the unrelated business income of the part of the unrelated business income	• , , ,			$\overline{}$				
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Advertising income (Schedule J)	9 Investment income of	a section 50	1(c)(7), (9). or (17) organization (Schedule G)	9				
Other income (See instructions, attach schedule)	10 Exploited exemp	t activity i	ncome (Schedule I)	10				
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27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 28								
29 Unrelated histories tayable income before net operating loss deduction. Subtract line 28 from line 13 29								
20 Official Outsides taxable income before the operating 1000 deduction outside time 20 from time 10	29 Unrelated busin	ess taxab	le income before net operating	loss	deduction Subtract line	28 from line 13	3 29	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30		•		_	-	• •		
31 Unrelated business taxable income Subtract line 30 from line 29				29 .	<u> </u>	<u></u>	. 31	Form 990-T (2019)

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Amber Sheeill

JSA

Paid

Preparer

Use Only

P00748683

self-employed

Firm's EIN > 44-0160260

Phone no 501-372-1040

Firm's address ▶ P.O. BOX 3667, LITTLE ROCK, AR 72203-3667

AMBER SHERRILL

Firm's name ► BKD, LLP

06/18/2020

Schedule A - Cost of Goods Sold. Enter method of inventory valuation 1		990-T (2019)										- 1	Page 3
1 Inventory at beginning of year . 2 Purchases	Sch	edule A - Cost of Go	oods S	old. En	ter metho	d of inven	tory valuation						
2 Purchases									ar	6			
3 Cost of labor	2	Purchases	2										
4 a Additional section 263A costs (attach schedule)	3						6 from li	ne 5 Enter	here and in Part	}			
b Other costs (attach schedule) . 5	4a						I, line 2			7			
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) (1) (2) (3) (4) Total		(attach schedule)	4a	1			8 Do the	rules of	section 263A (w	ith re	espect to	Yes	No
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) (1) (2) (3) (4) Total	b	Other costs (attach schedu	ıle) . 4b				property	produced	or acquired for	resa	le) apply		
(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) (1) (2) (3) (4) Total							to the org	anization?	<u> </u>	<u> </u>	<u></u>		Х
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for personal property is more than 10% but not more than 50%) (1) (2) (3) (4) Total			2. Re	nt recei	ved or accru	Jed							
(2) (3) (4) Total Total		for personal property is more th	ian 10% but		percent	tage of rent f	or personal propert	y exceeds					ome
(3) (4) Total Total	(1)												
(4) Total Total	(2)												
Total Total	(3)												
Total Total	(4)			-									
	Total				Total								
(c) Total income. Add totals of columns 2(a) and 2(b) Enter (b) Total deductions. Enter here and on page 1,									Enter here and on	page 1			
here and on page 1, Part I, line 6, column (A) > Part I, line 6, column (B) > Schedule E - Unrelated Debt-Financed Income (see instructions)						ee instruct	(ODS)		Part I, line 6, colun	ın (B)	<u> </u>		
3 Deductions directly connected with or allocable to	0011	codic E - Official Co	CDCTING	inocu ii	ioome (s			3 (le to	
2 Gross income from or allocable to debt-financed property allocable to debt-financed		1 Description of det	bt-financed i	property				4.20					
property (attach schedule) (a) Straight line depreciation (b) Other deductions (attach schedule)						1 1	property			(
(1)	(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) 5 Average adjusted basis of Column 2. Column 3. Gross income reportable (column 2. Column 6.		acquisition debt on or allocable to debt-financed	of debt	or allocation	ble to property	4	divided				mn 6 x total	of colum	
(1) %	(1)						%						
(2) %	(2)						%						
(3)	(3)						%						
(4) %	(4)						%						
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (A)													
Totals	Total	s						L					
Total dividends-received deductions included in column 8	Total	dividends-received deduct	ions inclu	ded in co	olumn 8	<u> </u>		<u> </u>	<u></u>				

Schedule F - Interest, Ann				ntrolled Org							
1 Name of controlled organization	2 Employer identification numb	ei i		ated income instructions)	4 Total payme	of spec ents max	ified	ıncluded	f column 4 t in the contr ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)											
(2)							<u></u> -				
(3)							-				
(4)					L						<u> </u>
Nonexempt Controlled Organi						10	Part o	f column	0 that is	1 4	1. Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made		inc	luded	in the co	ntrolling		nected with income in column 10
(1)										<u> </u>	
(2)	<u>-</u>								 		
(3)										 	
(4)					.	En	iter her	umns 5 a e and on le 8, colur	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (8)
Schedule G-Investment l	ncome of a Sec	tion 50	1(c)(7)	(9), or (17) Orga	nizati	on (s	ee inst	ructions)	L	·
1 Description of income	2 Amount of		1,0,1,7	3 Deduction of the contraction o	tions inected			4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	<u> </u>										······································
(2)											
(3)											
(4)				·							
Totals	Enter here and Part I, line 9, o	olumn (A)	Mar Th	A d	-i l-		- /		-4		Enter here and on page 1. Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect produc	enses ctly ted with ction of lated	4 Net inconfrom unrelated or business 2 minus collected for collected for the collec	ne (loss) ed trade (column umn 3) ompute			6 Expe	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,									Enter here and on page 1, Part II, line 25
Schedule J-Advertising Ir	come (see instr	uctions)		l				•			
Part I Income From Per			Consol	dated Bas	is						
1 Name of periodical	2. Gross advertsing income		ırect	4 Advertigain or (los 2 minus oc a gain, coi cols 5 thro	sing s) (col ol 3) If mpute	5.	Circula		6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)				<u> </u>							
(3)									-		
(4)	ļ										
Fotals (carry to Part II, line (5))											000 =
											Form 990-T (2019)

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 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)	-					
(2)						
(3)						
(4)						
Totals from Part 1 ▶						
	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)						J
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		

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			

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