	Ex	tended to M	ау :	L5, 2020			
_{.,Form} 990-T	Exempt Orga	inization Bus	sine	ss income	Tax Return],	OMB No 1545-0687
6	(8 For calendar year 2018 or other tax year	nd proxy tax und			196 1111 20 201		2018
^		w.irs.gov/Form990T for ii				<u>-</u>	ZU 10
Department of the Treasury Internal Revenue Service	Do not enter SSN numb					. !	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (_ Check box if name of	changed	and see instructions)	(Empl	yer identification number oyees' trust, see ctions)
B Exempt under section	Print THE GUNNERY	, INC.					6-0646661
X 501(c)(3)(3	Tuno	m or suite no. If a P.O. bo	x, see i	nstructions			ated business activity code astructions)
408(e) 220(e)	33 GKEEN HI					-	
408A530(a) 529(a)	WASHINGTON,		or toreig	n postal code		531	120
C Book value of all assets at end of year 76,882,4	F Group exemption num		De la contraction	501(a) tru	ot 01/0	\	Other trust L
10,002,4	06. G Check organization tylorganization's unrelated trades or		2		ribe the only (or first) u) trust	Other trust
	RENTAL OF SCHO				one, complete Parts I-V.		than one.
	ank space at the end of the previo						
business, then complete	Parts III-V.	. ,					
	the corporation a subsidiary in an		nt-subs	idiary controlled group	0?	Ye	s 🗶 No
	nd identifying number of the pare					260	060 8004
	CHRISTOPHER Trade or Business Inc.				ephone number > 8		
		Joine	Т —	(A) Income	(B) Expense	5	(C) Net
1 a ∯ross receipts or sale b Less returns and allow		c Balance	1c				
2 Cost of goods sold (S		U Balance	2		· · · · · ·		
3 Gross profit. Subtract	•		3				
4a Capital gain net incom	e (attach Schedule D)		4a		•		
b Net gain (loss) (Form	4797, Part II, line 17) (attach Fori	m 4797)	4b				
 Capital loss deduction 	for trusts		4c				
, ,	partnership or an S corporation (a	attach statement)	5				
6 Rent income (Schedu	·		6				
	ed income (Schedule E)	eventure (Sahadala E)	8				
-	alties, and rents from a controlled a section 501(c)(7), (9), or (17) (=					
	uty income (Schedule I)	ngamzadon (ochequie d)	10				
11 Advertising income (S	•		11				
- -	•	tatement 1	12	269,103			269,103.
13 Total Combine lines			13	269,103			269,103.
Part II Deduction	ns Not Taken Elsewher contributions, deductions mus	re (See instructions for it be directly connected	or limit	ations on deduction the unrelated busine	is) ess income)		
	cers, directors, and trustees (Sch					14	,
15 Salaries and wages	, on on one of an one of the original of the o		NE.	CEIVED	į	15	71,505.
16 Repairs and mainten	ance	/ <u> </u> g			ပ္ကု	16	18,040.
17 Bad debts		A008	MAY	2 2 2020	RS-08C	17	
•	dule) (see instructions)			1	S	18	
19 Taxes and licenses			റപ്പ	DEN, UT	=	19	
	ons (See instructions for limitation	n rules)				20	
21 Depreciation (attach	. /			21	111,894.		111,894.
·	imed on Schedule A and elsewhe	re on return		22a		22b 23	111,094.
23 Depletion24 Contributions to defe	rred compensation plans					24	
25 Employee benefit pre	/ ' '					25	···
26 Excess exempt exper						26	
27 Excess readership co						27	
28 Other deductions (at				See St	atement 2	2 B	127,532.
/	ld lines 14 through 28				28	29	328,971.
-	axable income before net operatin				34	30	-59,868.
/	erating loss arising in tax years be		ıry 1, 20	118 (see instructions)	30 3]	31	E0 0C0
	exable income. Subtract line 31 fr				3)	32	-59,868. Form 990-T (2018)
23701 01-09-19 LHA FO	r Paperwork Reduction Act Notic	e, see instructions.					(2010)

Form 990-T	THE GUNNERY, INC.	06-06	46661	Page 2
Part II	Total Unrelated Business Taxable Income			
33.	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		1-23	8,494.
34	Amounts paid for disallowed fringes		34	
	, A	mt 3 7	, 	8,494.
36	Total of unrelated business taxable income before specific deduction. Subtraction 35 from the sum of		7 -	<u> </u>
	lines 33 and 34	_	~ 36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	(3)	Z 30	1,000.
	Ungelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	6	° †	
38	enter the smaller of zero or line 36		38	0.
Dort IV	Tax Computation	 	. 1 30]	
			100	0.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)		40	
	Proxy tax. See instructions		41	
~	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part/V	Tax and Payments		 	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_ .	
b	Other credits (see instructions) 45b		_	
C	General business credit. Attach Form 3800		_	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c			
	Foreign organizations. Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e		7 ~	
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439		7	
g	Form 4136 Other Total 50g			
51	Total payments. Add lines 50a through 50g		51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
=		iunded 🕨	55	
Part V			1 20 1	
<u> </u>				Yes No
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Tes NU
	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 country			X
	here >			$-\frac{\lambda}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	aign trustz		├
	If "Yes," see instructions for other forms the organization may have to file.			•
58	Enter the amount of the exampt interest received or accrued during the tax year \$\ \bigs\\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hest of my know	ledge and halist	at as true
Sign	I correct and comblete Dictaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge		ledge and belief	, it is noe,
Here	OS/13/2020 OFFICER		-	cuss this return with
TICIC	OI I I CHI		the preparer sho	
			instructions)?	Yes No
		Check X	ıf PTIN	,
Paid		self- employed		04 5 5 4 4
Prepa	$\text{rer } \frac{\text{Jr.}}{\sqrt{2}}$			215711
Use O	nly Firm's name ► CHARLES HEAVEN & CO.	Firm's EIN	<u> </u>	0666222
	207-231 Bank Street		 -	
	Firm's address ► Waterbury, CT 06702	Phone no.		3-4101
823711 01-	99-19		F	orm 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	valuation ► N/A				
1 Inventory at beginning of year	1			Inventory at end of year	ar		6	
2 Purchases	2] 7	Cost of goods sold. S	ubtract	line 6		**
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,		
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	1 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		╛	property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	_ease	d With Real Prop	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)	•							
	2. Rent receiv	ed or accrued				0/->8-4		446 46
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	persona	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directly columns 2(a) ar	connected nd 2(b) (att	ach schedule)
(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	n (A)	>			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	Instru	uctions)	1			
			1 :	2. Gross income from		Deductions directly control to debt-finance		
1. Description of debt-fi	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-innanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions lumn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				•
(4)			1	%				
						inter here and on page 1, Part I, line 7, column (A)		er here and on page 1, art I, line 7 column (B)
Totals				•		0	.	0.
Total dividends-received deductions in	ncluded in column	1 8						0.
	•							

			Exempt	Controlled O	ganızatıc	ons			
1. Name of controlled organizat	ion	2. Employendentification	er 3. Net unr (loss) (see	related income e instructions)	4. Tota paym	al of specified nents made	5. Part of columnicuded in the organization's (controlling	6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Ionexempt Controlled Organi	zations					-			
7. Taxable Income		nrelated income (lo ee instructions)	oss) 9. Total	of specified payr made	nents	10. Part of column in the controllingross	n 9 that is inclu g organization's income	ded 11. D	eductions directly connected h income in column 10
(1)						-			
(2)									
(3)				•					
(4)					İ				
			•			Add column Enter here and of line 8, co			dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.	0
Schedule G - Investme (see insti		ne of a Sec	ction 501(c)(7	7), (9), or (17) Org	anization			
1 Desc	ription of incor	me	<u>.</u>	2. Amount of	income	Deduction directly connect (attach schedu	ted 4	Set-asides tach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								•	
(2)									
(3)									
(4)			·						
J				Later here and o Part I, line 9, co	umn (A)	y y de colonyida y s	Mill K. Miller	A STAIN SHOP	Part I, line 9 column (R)
otals Schedule I - Exploited	Exempt	Activity Inc	come Other	Than Adv	0. ertisine	a Income			0
(see instru		, 10 a							
Description of exploited activity	2. Gunrelated income trade or b	business e from	3. Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 i 3) If a cols 5	5. Gross incor from activity th is not unrelate business incon	at a	Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)				T	1				
(3)									
(4)									
	Enter here page 1, line 10, c	Part I, col (A)	Enter here and on page 1, Part I, line 10, col (B)		·		······································		Enter here and on page 1, Part II, line 26
^{[otals} ► Schedule J - Advertisiı	na Incon	0.		1		· · · · · · · · · · · · · · · · · · ·		١	0
Part I Income From I				solidated	Basis				
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	d 2 minus in, compute	5. Circulation	on 6 .	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(3)				-				•	1
(0)			l	_		L			4
	I						f		1
(4) Fotals (carry to Part II, line (5))		0.	0		_				0

823731 01-09-19

Form 990-T (2018) THE GUNNERY, INC.

[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	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-	
(2)						
(3)						-
(4)					1	
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)	same a same a constraint. C	ورايات يوليه فسيسا	ال وراية والمستورة المستورة ا المستورة المستورة ال	Enter here and on page 1, Part II line 27
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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	,
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

Form 990-T	Other Income	Statement 1
Description		Amount
Use of School Facilities		269,103.
Total to Form 990-T, Page	e 1, line 12	269,103.
Form 990-T	Other Deductions	Statement 2
Description		Amount
UTILITIES OTHER EXPENSE Direct expenses summer practions	rograms /	62,976. 252. 63,304. 1,000.

SCHÈDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 1

2018

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

▶ 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

Employer identification number

	THE GUNNERY, INC.			06-06	4666	1
	Inrelated business activity code (see instructions) > 52300	0				
	Describe the unrelated trade or business Unrelated	Bu	siness Income	from Pa	rtner	ship
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c			-	
2	Cost of goods sold (Schedule A, line 7)	2			<u> </u>	
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
, p	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		,		· · · · · · · · · · · · · · · · · · ·
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	_				
	statement)	5		· · · · · · · · · · · · · · · · · · ·		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled	_				
_	organization (Schedule F)	8			+	
9	Investment income of a section 501(c)(7), (9), or (17)	9				
40	organization (Schedule G)	10			-	
10	Exploited exempt activity income (Schedule I) Advertising income (Schedule J)	11				
11 12	Other income (See instructions, attach schedule) Stmt 4	12	11,825.			11,825.
13	Total. Combine lines 3 through 12	13	11,825.	·		11,825.
	***			J / (T		
Pai	TII Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the u	ons i nrela	ior ilmitations on det ated business incom	auctions.) (Exi e.)	cept for	contributions,
				<u> </u>		
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		1 1		20	
21	Depreciation (attach Form 4562)		21		<u> </u>	
22	Less depreciation claimed on Schedule A and elsewhere on return		_22a		22b	· · · · · · · · · · · · · · · · · · ·
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)		See Stat	omont 5	27	3,331.
28	Other deductions (attach schedule)		see state	ement 3	28	3,331.
29	Total deductions. Add lines 14 through 28		Dubtroot line 00 from Lee	10	29	8,494.
30	Unrelated business taxable income before net operating loss deduc			13	30	0,494.
31	Deduction for net operating loss arising in tax years beginning on o	aiter	January 1, 2016 (See		-	
20	unstructions) Unrelated business taxable income Subtract line 31 from line 30				31	8,494.
32	Officialed business taxable income. Subtract line 31 from line 30		·		1 22	0, 101.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)	Other Income	Statement 4
Description		Amount
Unrelated business incom	me from partnerships	11,825.
Total to Schedule M, Pa	rt I, line 12	11,825.
Form 990-T (M)	Other Deductions	Statement 5
Form 990-T (M) Description	Other Deductions	Statement 5
	Other Deductions	,