990-T	E	Exempt Organization Bus			Ta	ax Ro	eturi	֓֞֝֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֝֡֓֓֓֓֓֡֝֡֡֡֝֡֡֡֡֝֡֡֓֓֓֡֡֡֡֡֡	ОМВ №	1545-00	047		
•	_	(and proxy tax und			יאדדד	. 20	7,C	∇Q	20	110	נ		
	For ca	lendar year 2019 or other tax year beginning JUL 1,					202	<u> </u>	20) [5	J		
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					501(c)(3)		Open to Put 501(c)(3) Orc	ganizatior	ns Only		
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)							Demployer identification number (Employees' trust, see instructions)					
B Exempt under section	Print	Print FELLOWSHIP PLACE, INC.							06-0947027				
X 501(6)08 _)	or	Number, street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions.)				
408(e) 220(e)	Туре	441 ELM STREET						,000	isuucuona j				
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of NEW HAVEN, CT 06513	or foreig	n postal code									
C Book value of all assets		F Group exemption number (See instructions.)	<u> </u>										
at end of year 5,494,0	74.	G Check organization type ► X 501(c) cor	poration	1 501(c) tru:	st		_ 401(a) trust		Other	trust		
H Enter the number of the	organiza	ation's unrelated trades or businesses.		Descr	ibe th	e only (o	r fırst) ur	related					
trade or business here									than one,				
describe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	arts I an	d II, complete a Scher	dule N	√l for eac	h additioi	ıal trade	or				
business, then complete													
		poration a subsidiary in an affiliated group or a pare	nt-subs	diary controlled group	ρ?] Ye	s L	No			
		tifying number of the parent corporation.			_			0.0	401	<u> </u>	,		
		THE ORGANIZATION	······		2phon				401-4				
·		de or Business Income	_	(A) Income		(D)	Expense	5 50857	23. 6.7 23%	C) Net			
1a Gross receipts or sale		0.	.		3	200					No Part		
b Less returns and allow		c Balance	10		- 8		CARROLL S	12000A	3435 cm		TERMINETE TERMINETER		
2 Cost of goods sold (S		•	3						تا هند، رحمت	ES LONGER	(NAMES A		
3 Gross profit, Subtract			4a		- 120 1/2	/							
4a Capital gain net incon			4a 4b		/ [SI JUNESE SI JUNESE	RE)[/ED				
	-	Part II, line 17) (attach Form 4797)	40 4c		د ای		C-07.7%			기상 			
•		ship or an S corporation (attach statement).	5	- 		28	<u>₹.П.</u> -	7 94	2020	焬			
6 Rent income (Schedu	•	sinp or all 5 corporation (attach statement).	6		- -7			3 - 2		8			
7 Unrelated debt-finance	•	me (Schedule F)	7	/-	\dashv	- 		75	117	-= 			
		and rents from a controlled organization (Schedule F)			+		<u> </u>	JEP	1. U 1				
	•	on 501(c)(7), (9), or (17) organization (Schedule G			\dashv				<u> </u>				
10 Exploited exempt acti			10		十		·						
11 Advertising income (-	•	11/		$\neg \vdash$								
	Other income (See instructions; attach schedule)				7.	33'34'		MS CON					
13 Total, Combine lines		· ·	13	(0.								
Part I/ Deduction	ns N	ot Taken Elsewhere (See instructions f	or limit	ations on deduction	าร)								
		be directly connected with the unrelated busi											
14 Compensation of off	ficers, d	rectors, and trustees (Schedule K)						14					
15 Salaries and wages								15					
16 Repairs and mainter	nance							16	ļ				
17 Bad debts								17	ļ				
18 Interest (attach sche	edule) (s	ee instructions)						18	ļ				
19 Taxes and licenses								19					
20 Depreciation (attach		/		20			-	No.					
	aimed o	n Schedule A and elsewhere on return		[21a]				215	 				
22 Depletion								22	 				
23 Contributions to def	,			-				23					
24 Employee benefit pr	-							24	 				
25 Excess exempt expe		•						25					
26 Excess readership c								26					
27 Other deductions (a								27			0.		
28 Total deductions. A		-		0 from 1 = - 40				28	 		0.		
/		ncome before net operating loss deduction. Subtra						29					
•	erating	loss arising in tax years beginning on or after Janua	ary 1, 20	אונ]		0.		
(see instructions)		0.14.00 L 00						30	 		0.		
31 Unrelated husiness t	rayanie	income. Subtract line 30 from line 29						1 31			•		

Form **990-T** (2019)

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

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	0-T(2018) FELLOWSHIP PLACE, INC.	<u> </u>	- U 9 4 / U Z / Page 2
	Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
36-	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	0.
Par	Tax Computation	<u>.1 - </u>	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	ÃО	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	L 23	<u>-</u>
••	Tax rate schedule or Schedule D (Form 1041)		
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	42	
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.
	V \\ Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
= - d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	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	0.
51 a	Payments: A 2018 overpayment credited to 2019	2.34	
	2019 estimated tax payments (\$\begin{array}{c c} 5\begin{array}{c c} 5\begin{array}{c c} b & 2,620 \end{array}		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 5 id		
	Backup withholding (see instructions) 5 te	- K-3	
	Credit for small employer health insurance premiums (attach Form 8941)	128	
	Other credits, adjustments, and payments: Form 2439	- 1868	
y			
50			2 (20
52 52	Total payments. Add lines 51a through 51g	52	2,620.
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	5/4	0 600
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	2,620.
56	Enter the amount of line 55 you want; Credited to 2020 estimated tax Refunded	56	2,620.
	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,		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		798 50
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
58	During 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.		TOP CEN
59	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 statements, and to the best of my knowledge, and complete. Declaration of prenary (other than taxpayor) is based on all information of which prenary has any knowledge.	wledge an	d belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	4 m - 23 - 100 - 1	
Here			discuss this return with shown below (see
	Washing of alliant	structions	
		ıf PTIN	
De:-			•
Paid	EDANCIC PRODUCTOR EDANCIC PRODUCTOR 11/11/20		1437465
_	DEED C HAMEDWAY COVER C DUDGED D C		7-2517893
use	Only Firm's name BEERS, HAMERMAN, COHEN & BURGER, P.C. Firm's EIN D		. 201.000
		203	787-6527
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353711	v 1727-20		Form 990-T (2019)