	Form	990-T	Ex	empt Organization) (and proxy tax					n	OMB N	lo 1545-0047
•	٠, ١	~	For cale	ndar year 2019 or other tax year begin			•		$\frac{2}{2}$ 0.	9	@10
-	Departs	ment of the Treasury	i or cure.	► Go to www.irs.gov/Form990					— I		U 1 J
		Revenue Service	▶Do	not enter SSN numbers on this form a					(8)	Open to Pr 501(c)(3) (ublic Inspection for Organizations Only
	A	Check box if address changed				ne changed and see			B Emplo	yer identific	
	B Exe	mpt under section	1	TRINITY REPERTORY C	OMPA	NY					
	X	501(C 103)	Print	Number, street, and room or suite no	fa P O	box, see instructions	NOV	16 2020	22-25	47262	
		408(e) 220(e)	or Type							ted busine	ss activity code
		408A530(a)	.,,,,,	201 WASHINGTON STRE					(See ins	sudcuons)	
		529(a)		City or town, state or province, countr			te Og	den, UT		<u>:</u>	
		k value of all assets nd of year		PROVIDENCE, RI 0290					51111	<u>r</u>	
		•		up exemption number (See instruct			l				
		-	•	ck organization type X 501			501(c)		401(a) 1		Other trust
				nization's unrelated trades or busine AYBILL ADVERTISING	sses			Describe complete Parts I-\	•	(or first) ur	
				end of the previous sentence, cor	molete		•	•			describe the
		de or business, the		•	inpicto	Tarts Fand II, comp	iete a oc	rieddie W Tor each	addition	aı	-
				corporation a subsidiary in an affile	ated q	roup or a parent-sub	sidiary co	ontrolled group?			Yes X No
		-		identifying number of the parent co	_	on >	-	- , .			
	J Th	e books are in care	e of ▶TH	HOMAS PARRISH III		Τ.	elephone	number ▶ 401	-521-	1100	
	Par	Unrelated	Trade o	or Business Income		(A) Income		(B) Expens	es		(C) Net
	1a	Gross receipts or s	sales				!				
		Less returns and allowa		c Balance ▶	1			•			
	2	_	•	ule A, line 7)	2			·			
	3			2 from line 1c	3						
				ttach Schedule D)	4a 4b			-			
		- , , ,		Part II, line 17) (attach Form 4797)	46 4c			-			
	5			r an S corporation (attach statement)	5		-				
	6			and corporation (attach statement).	6				/		
	7	•	•	come (Schedule E)	7						
	8	interest, annuities roya	alties and re	ents from a controlled organization (Schedule F)	8						
	9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
	10	•	•	ncome (Schedule I)	10	<u></u>				ļ	
	11	Advertising incom	ne (Sched	dule J) , , , , , , ,	11	150,	114.	26	,439.	ļ	123,675.
	12	•		tions, attach schedule)	12	140	114	26	420		100 675
	13	Total Combine li	nes 3 thr	ough 12	13	250,			, 439.		123,675.
	1351			Taken Elsewhere (See instraction ne unrelated business incom		ons to initiation	is on a	eductions.) (D	eductic	ns mus	be directly
	14			directors, and trustees (Schedule K)							114 000
	15	Salaries and wage	es	<i>, ,</i>	<i>.</i>	· · · · · · · · · · ·			. 15		114,027.
_	16			/							
	17			(see instructions)						 	
	18 19			(see instructions)						<u> </u>	
	20			4562)					. 13		_
	21			on Schedule A and elsewhere on re					21b		
	22								_		
	23			compensation plans						<u> </u>	
	24			s							
	25	Excess exempt ex	øenses (Schedule I)					. 25		
	26	Excess readership	costs (S	chedule J)					. 26		
	27			schedule)						<u></u>	38,045.
	28	Total deductions.	. Add line	s 14 through 27					. 28	<u> </u>	152;072.
	29	/		ele income before net operating							-28,397.
				g loss arising in tax years beginning	-	-				 	-28,397.
	3,1'. For P			e income Subtract line 30 from line Notice, see instructions	: 29 .	 			. 31	! Fo:	m 990-T (2019)
				*					_	. 01	300 1 (2013)

	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)			-28,3	397.
33	Amounts paid for disallowed fringes			<u>-</u> -	
34	Charitable contributions (see instructions for limitation rules)				
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line_	\rightarrow			
33	· · · · · · · · · · · · · · · · · · ·		_	-28,3	307
	34 from the sum of lines 32 and 33	1 45		-20,	391.
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		•	-28,3	
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,	\Box			
	enter the smaller of zero or line 37	3,9	-	-28,3	397.
Par	rt IV Tax Computation	•			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on				
••	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	. 41			
42			 -		
	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only)				
44	Tax on Noncompliant Facility Income. See instructions	$\overline{}$			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
	t V Tax and Payments	1 1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	-			
b	Other credits (see instructions)	. I			
С	General business credit Attach Form 3800 (see instructions)]			
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			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				
49	Total tax. Add lines 47 and 48 (see instructions)	$\overline{}$			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	-			
	Payments A 2018 overpayment credited to 2019	1			
	· · · · · · · · · · · · · · · · · · ·				
	2010 cottenated toy novements	-			
	2019 estimated tax payments				
С	Tax deposited with Form 8868				
c d	Tax deposited with Form 8868				
c d e	Tax deposited with Form 8868				
c d	Tax deposited with Form 8868				
c d e f	Tax deposited with Form 8868				
c d e f	Tax deposited with Form 8868				
c d e f	Tax deposited with Form 8868	52			
c d e f g	Tax deposited with Form 8868	52 53			
c d e f g	Tax deposited with Form 8868				
c d e f g 52 53	Tax deposited with Form 8868	53			
c d e f g 52 53	Tax deposited with Form 8868	53 54 55			
c d e f g 52 53 54 55 56	Tax deposited with Form 8868	53 54 55 56			
c d e f g 52 53 54 55 56 Par	Tax deposited with Form 8868	53 54 55 56	authority	Yes	No
c d e f g 52 53 54 55 56	Tax deposited with Form 8868	53 54 55 56 ns)		Yes	No
c d e f g 52 53 54 55 56 Par	Tax deposited with Form 8868	53 54 55 56 ns) r other	ve to file	Yes	No
c d e f g 52 53 54 55 56 Par	Tax deposited with Form 8868	53 54 55 56 ns) r other	ve to file	Yes	
c d e f g 52 53 54 55 56 Par 57	Tax deposited with Form 8868	53 54 55 56 ns) r other nay hav	ve to file n country	Yes	х
c d e f g 52 53 54 55 56 Par	Tax deposited with Form 8868	53 54 55 56 ns) r other nay hav	ve to file n country	Yes	
c d e f g 52 53 54 55 56 Par 57	Tax deposited with Form 8868	53 54 55 56 ns) r other nay hav	ve to file n country	Yes	х
c d e f g 52 53 54 55 56 Par 57	Tax deposited with Form 8868	53 54 55 56 ns) r other nay hav foreign	ve to file n country		X X
c d e f g 52 53 54 55 56 Par 57	Tax deposited with Form 8868	53 54 55 56 ns) r other nay hav foreign	ve to file n country		X X
c d e f g 52 53 54 55 56 Par 57 58 59 Sign	Tax deposited with Form 8868	53 54 55 56 ns) r other nay hav foreign trus	ve to file n country st?	and belo	X X
c d e f g 52 53 54 55 56 Par 57	Tax deposited with Form 8868	53 54 55 56 ns) r other nay have foreign trus	ve to file n country st? my knowledge IRS discuss preparer st	and belong this repown by	X X
c d e f g 52 53 54 55 56 Par 57 58 59 Sign	Tax deposited with Form 8868	53 54 55 56 ns) r other nay have foreign trus	ve to file n country st? my knowledge IRS discuss	and belong this repown by	X X
c d e f g 52 53 54 55 56 Par 57 58 59 Sigi	Tax deposited with Form 8868. Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Other Total Form 4136 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded Tax due If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded The Statements Regarding Certain Activities and Other Information (see instruction at any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization means in the state of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore if "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penyury, I declare the procusing of the tax year see instructions for other forms the organization may have to file Thomas Parrish III Signature of officer Thomas Parrish III Signature of officer Print/Type preparer's name Preparers spagarure Date Date	53 54 55 56 ns) r other nay have foreign trus	ve to file n country st? my knowledge IRS discuss preparer st	and belong this repown by	X X
c d e f g 52 53 54 55 56 Par 57 58 59 Sign Her	Tax deposited with Form 8868. Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 4436 Other Total ▶ 51g Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due if line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded ▶ Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded ▶ Tax during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mover a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign Yes, "see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare in Docustigned by Tax Paxish THOMAS PARRISH III Babanae Parrior Docustigned by Tax Paxish Form 2439 Date KAREN A KOWGIOS CPA Firitle Date KAREN A KOWGIOS CPA Firitle Date KAREN A KOWGIOS CPA Firitle Date CAREN A KOWGIOS CPA	53 54 55 56 ns) r other nay have foreign trus	ry to file n country it? IRS discuss preparer signions)? X Your PIN	and beli	X X ref, it is return pelow No
52 53 54 55 56 Par 57 Sign Her	Tax deposited with Form 8868. Foreign organizations Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Other Total Form 4136 Total payments. Add lines 51a through 51g Total payments. Add lines 51a through 51g Total payments. Add lines 51a through 51g Tax due if line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Negroup and the securities of the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization merincen Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year should be and statements, and to the er) is based on all information of which preparer has any knowledge THOMAS PARRISH III Fignature of officer Print/Type preparer's name KAREN A KOWGIOS CPA AREN A KOWGIOS CPA Check Salada and Statements and to the er) is based on all information of which preparer has any knowledge of the print of the preparer has any knowledge of the print of the	53 54 55 56 ns) r other nay have foreign trus best of no	we to file n country st? IRS discuss preparer st st stotons)? X y y y y y y y y y y y y y y y y y y	this roown bes	X X xeef, it is return pelow No

Form 990-T (2019)			_			_			Page 3
Schedule A - Cost of G	oods Sold. Er	nter method	d of inventor	y valuation I	>				
1 Inventory at beginning of y	/ear . 1	_	(6 Inventory	at end of yea	ar	6		
2 Purchases	2			7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3			6 from lir	ne 5 Enter	here and in Part			
4a Additional section 263A co	osts			I, line 2 .			7		
(attach schedule)	4a					section 263A (v		ect to Yes	s No
b Other costs (attach schedu	ıle) 4b			property	produced	or acquired for	r resale)	apply	
5 Total. Add lines 1 through				to the orga	anization?				X
Schedule C - Rent Income	e (From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)									
(2)			-						
(3)					, , ,				
(4)									
	2. Rent recei	ved or accru	ed						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	age of rent for	ersonal property personal property ased on profit or	exceeds	3(a) Deductions d in columns 2		nected with the in (attach schedule	
(1)									
(2)									
(3)		-		_					
(4)					·		- ·		
Total	-	Total							
(c) Total income. Add totals of ci here and on page 1, Part I, line 6						(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,		
Schedule E - Unrelated D			e instruction	ns)					
1 Description of det	ot-financed property			come from or debt-financed			ced property		
			pro	perty		ht line depreciation ich schedule)		Other deduction: ttach schedule)	S
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	ble to property	4 dı	olumn vided lumn 5		income reportable n 2 x column 6)	(column	ocable deduction of x total of colu 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)	_			%					
(4)				%					
Totals						re and on page 1, le 7, column (A)		ere and on pa line 7, column	
Total dividends-received deduct									

Form **990-T** (2019)

Page 4

Schedule F - Interest, Ann	uities, Royalties	s, and	Rent	s Fro	om Contro	lled O	rgani	zati	ons (se	e instructi	ons)		
					ntrolled Or				··				
Name of controlled organization	2 Employer identification numb	er			ated income nstructions)	4 Total payme	of spec		ıncluded	f column 4 to in the contri ion's gross in	olling	connec	ductions directly cted with income a column 5
(1)	•									_		<u> </u>	
(2)													<u> </u>
(3)												 	
(4)													
Nonexempt Controlled Organiz	zations						_					·	
	8 Net unrelated in	come		9 1	Total of specific				of column		1	1 Deduc	tions directly
7 Taxable Income	(loss) (see instruct		╽-		ayments made				d in the co		co		with income in mn 10
(1)			-							_			<u>-</u>
(2)							<u> </u>						
(3)			-										
(4)								44 -	-l	-1 10	_	d d a a l	
Totals							En	iter h	olumns 5 a ere and on line 8, colu	page 1,	En	ter here a	nns 6 and 11 and on page 1, 8, column (B)
Schedule G-Investment In	ncome of a Sec	tion 5	01(c)(7),	(9), or (17	') Orga	nizati	on	(see inst	ructions)		-	
1 Description of income	2 Amount of			,, ,,	3 Deduction directly con (attach sch	tions			4 Se	t-asides schedule)		and se	tal deductions et-asides (col. 3 lus col. 4)
(1)					(41144111441								1,00 001 1,7
	-												
													-
(V)				-	-								
Totals ▶													
Schedule I-Exploited Exe	empt Activity Inc	come,	Othe	r Th	an Advert	ising Ir	ncome	e (se	ee instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. E di conne prodi uni	3. Expenses directly connected w production unrelated		benses actly from unrelated or business 2 minus continuor of elated class the color of the color		5 Gross from acti		income vity that irelated	6 Expe	able to	(00	expenses olumn 6 minus
(1)				-								+	
												-	
						-	-				-	+	-
		-											
	Enter here and on page 1, Part I, line 10, col (A)	page	1, Parl	١,						1			on page 1,
Schodule I Advertising In	100mg (000 instri	.at.a.aa\				-							
				I	datad Da								
Part income From Fer	Todicais Report	eu on a	a CO	isoii	ualeu bas	515	1			1		т —	
1 Name of periodical	2 Gross advertising income			osts	gain or (los 2 minus co a gain, co	ss) (col ol 3) If mpute	5					mini	sts (column 6 us column 5, but
(1)PLAYBILL	150,114		26,43	9									
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Totals													
(4) Enter here and on page 1, Part I, line 9, column (A) Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 1 Description of exploited activity 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unrelated business income from trade or form trade or fundated or unrelated or unr													
					<u> </u>								1
Totals (carry to Part II, line (5))	150,114.	2	26,4	39.	123	, 675.							000 7

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 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 ▶	150,114.	26,439.	<u> </u>	# w-w-c		
	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) ▶	150,114.	26,439.	• •	·	<u> </u>	

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

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			-

Form **990-T** (2019)

ATTA	CHME	TV	1	

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

RENT AND OTHER OFFICE EXPENSES PROFESSIONAL FEES

37,045. 1,000.

PART II - LINE 27 - OTHER DEDUCTIONS

38,045.

· Form 4562

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Name(s) shown on return TRINITY REPERTORY COMPANY Identifying number

Т	RINITY REPERTORY CO	MPANY							22-2547262
Busi	ness or activity to which this form relates								
G	ENERAL DEPRECIATION	1							
Pa	rt I Election To Expense C	ertain Property	Under Sect	ion 179					
	Note: If you have any lis	sted property, cor	nplete Part	V before	you comp	lete Part I.			
1	Maximum amount (see instructions),						[1	
2	Total cost of section 179 property pla	aced in service (see in	structions)				[2	
3	Threshold cost of section 179 proper	rty before reduction i	n limitation (se	e instructio	ns)		[3	
4	Reduction in limitation Subtract line	3 from line 2 If zero o	or less, enter -	0			[4	
	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter	-0- If marned filing	<u> </u>	<u> </u>	<u>. ,</u>		5	
6	(a) Description	of property		(b) Cost (bu	isiness use only	(c) Elect	ed cost		
		·							-
7	Listed property Enter the amount fro						_		
8	Total elected cost of section 179 pro							8	
9	Tentative deduction Enter the smalle	r of line 5 or line 8					[9	
10	Carryover of disallowed deduction from	om line 13 of your 20	18 Form 4562	١			<u>L</u>	10	
11	Business income limitation. Enter the							11	
12	Section 179 expense deduction Add					<u> </u>		12	
13	Carryover of disallowed deduction to				▶ 13				
	e: Don't use Part II or Part III below fo								
Pa	rt II Special Depreciation A	llowance and Ot	her Deprec	iation (D	on't include	listed proper	ty See	ınstı	ructions)
14	Special depreciation allowance for	or qualified propert	y (other tha	in listed	property) pl	aced in servi	ce		
	during the tax year. See instructions						L	14	
15	Property subject to section 168(f)(1)							15	
16	Other depreciation (including ACRS)		<u> </u>			<u></u>		16	537,756
.Pa	rt III MACRS Depreciation (I	Oon't include listed	property S	ee instruc	tions)				•
			Sec	tion A					
17	MACRS deductions for assets placed	d in service in tax yea	ırs beginning b	efore 2019			L	17	
18	If you are electing to group any a	•	•	•		,	al		
	asset accounts, check here	<u> </u>		<u></u>					
	Section B - Assets	1			, 	General Dep	reciation	on Sy	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Met	ihod	(g) Depreciation deduction
19a	3-year property		_						
b	5-year property						<u> </u>		
c	7-year property								
d	10-year property								
e	15-year property					_			
f	20-year property						<u> </u>		
<u>g</u>	25-year property				25 yrs	_	S/L		
h	Residential rental				27 5 yrs	MM	S/I		
	property				27 5 yrs	ММ	S/L		
i	Nonresidential real				39 yrs	MM	S/L		
	property		<u> </u>			MM	S/L		
	Section C - Assets P	laced in Service D	uring 2019	Tax Year	Using the	Alternative De	precia	tion	System
20a	Class life						S/L		
b	12-year				12 yrs		S/L	_	
c	30-year				30 yrs	MM	S/L		
	40-year	<u> </u>		_	40 yrs	ММ	S/I		
Pa	rt IV Summary (See instructi	ons.)				<u> </u>			.
21	Listed property Enter amount from lin	ne 28					L	21	
22	Total. Add amounts from line 12,	•	•		10,,		nter		
23	here and on the appropriate lines of y For assets shown above and place portion of the basis attributable to se	our return. Partnershi ed in service during	ps and S corp	orations - s	ee instruction	-,	<u> </u>	22	537,756
	portion of the basis attributable to se	ction 263A costs			23	1			

22-2547262

- 0111	1 4002 (2010)																	r age Z
∙Pa	ırt V					automo r amusem		certai	in of	ther	vehi	cles,	certa	in air	craft,	and	proper	ty us	ed fo
						ich you a		g the s	tanda	rd mi	leage	rate	or dec	ducting	lease	expense	e. comr	olete o	nlv 24a
		24b, co	olumns	(a) thr	ough (c) of	f Section A	, all of	Section	B, and	d Sect	tion C	if app	olicable						
		Section	n A - [eprec	iation and	Other Info	rmatio	on (Caut	ion: S	ee the	e insti	ructio	ns for l	mits fo	rpasse	nger au	tomobile	es)	
24a	Do vo					iness/investi				Yes	N	-				ence writt		Yes	No
			I			(c)			\Box		(e)	<u> </u>			_	1		T	
	Tunn of	(a)	lice	D-4	(b)	Business/		(d)		Basis for		ation .	(f)	1	g)	1	(h)	1	(I)
		property (l cles first)	list		e placed service	investment u		t or other t		(busines	s/investr		Recovery period		thod/ ention		eciation uction	1	section 179
						percentage			L	us:	e only)							ļ	
25						qualified li									Ì			-	
	the ta	ax year a	ind use	d more	e than 50%	in a qualif	ied bus	iness us	se Se	e inst	ructio	ns .			. 25	ł			
26	Prope	erty used	d more	than 5	0% in a qu	ualified bus	ness u	se·							•			•	
							%		$\neg \tau$			l l		Г					
														 		┼──		<u> </u>	
				-			%					_		ļ				ļ	
						<u> </u>	%							<u> </u>				<u> </u>	
27	Prop	erty use	d 50%	or less	in a qualif	ied busines	s use			_									
							%							S/L -				T -	
							%							S/L -				1	
							%		- +				•	S/L -		1		1	
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											-		ł	
						through 27													
29	Add a	amounts	ın colu	ımn (ı)	, lıne 26 E	nter here	and on	line 7, p	age 1		<u></u>	<u> </u>					. 29		
						Secti	on B -	Inform	ation	on L	lse o	f Veh	nicles						
Con	nplete	this sect	ion for	vehicle	s used by	a sole pro	prietor,	partner,	or of	her "n	nore t	han 5	% own	er," or r	elated	person	If you p	rovided	vehicles
to y	our em	ployees, f	irst ans	wer the	questions in	Section C1	o see if	you mee	t an ex	ceptio	n to c	omple	ting this	section	for thos	e vehicle	s		
							1	(a)	1	(b)	Т		c)		d)	1	(e)		(f)
								hicle 1	l v	ehicle 2	·		icle 3		icle 4		ncle 5		icle 6
30					miles drive		ì					-							
	the ye	ear (don	't inclu	de cor	nmuting m	ıles)	<u></u>							<u> </u>					
31	Total	commu	ting mi	les driv	en during	the year .	L									1			
	Total		_	rsonal	_	mmuting)								1					
-			•		•]		Ì			
							\vdash		+		_			 		1		-	
33					ng the y		i							İ					
	lines	30 throu	ugh 32				<u> </u>		1					ļ		1	,		
34	Was	the v	ehicle	avaıl	able for	personal	Yes	No	Yes	s N	lo	Yes	No	Yes	No	Yes	No	Yes	No
	use d	luring of	f-duty h	ours?										1	ļ				
35		_			rimarily by												1		
														1		1			
26				-					 	_	_		· ·	 		-	+	<u> </u>	1
30					lable for	•			ł							1			1
	use?.	<u></u>			<u></u>				<u>i </u>					<u> </u>		!	<u> </u>	L	<u> </u>
			Sec	tion C	- Questic	ons for En	nploye	ers Wh	o Pro	vide	Vehi	cles 1	for Use	by Th	eir En	nployed	es		
Ans	swer tl	hese qu				you meet												who a	ren't
						See instru		•		•	•								
					•				±0 ==									Yes	No
31	_		_	writte		statement	-		-						-		•		''
		employe		• • • •			: · · ·			٠		: : :						<u> </u>	<u> </u>
38						statement								-		iting, by	/ your		
						vehicles us				cers, d	lirecto	ors, or	r 1% or	more o	wners				
39	Do yo	ou treat	all use	of veh	icles by em	ployees as	persor	nal use?											
40	Do y	ou prov	ide mo	ore tha	an five ve	hicles to y	our e	mployee	s, ob	tain i	nform	ation	from	your e	mploye	es abo	ut the		
						ormation re		2						_					
41	Do vo	ni meet	the rec	uurem	ente conce	rning quali	fied au	tomobil	e dem		ation		See inc	truction		• • • •			
٠,	Note:	. If your	anciec	r to 27	20 20 4	0, or 41 is	"Voc."	don't or	mole	to So	ation I	ose,	be sev	arad val	biolog	• • • •			٠
					, 30, 39, 4	0, 01 41 18	165,	dont cc	mple	ie sei	JUOIT	י וטו כ	ne cove	ereu ve	licies			<u> </u>	
Рa	III VI	Amor	τızatio	<u>n</u>		ı		1							1	1			
			(-)			(b)			,	-1						9)		/ 6	
		Descr	(a) option of	coete		Date amo		۸.	י) mortizal	C) blo ama	unt.		(d)			ization	A	(f)	bio voor
		Desci	.paon oi	JUGIO		begir	ıs	^'	.ivitiZdl	הים מווונ	rui i l		Code se	CUUII	1 -	od or intage	Amortiza	ation for	ппо уеаг
42	Amor	tization	of cost	s that I	pegins dur	ing your 20	19 tax	vear (se	ee ins	tructio	ns)				, 5.30				
			5. 0000	- mac i	- Jg., 15 Gul				JU 1113	50110		1				Т			
				_		-		1				+		_					
								1						_		, 			
						ore your 20										43			
44	Iotal	. Add ai	mounts	ın col	umn (f) Se	ee the instr	uctions	s tor wh	ere to	repor	t		<u> </u>	<u> </u>	<u></u>	44			

JSA

Form **4562** (2019)

FEDERAL FOOTNOTES

FORM 990-T NET OPERATING LOSS DEDUCTION

TAX YEAR	LOSS	SUSTAINED	LOSS	APPLIED	LOSS	REMAIN	AVAILABLE CY
06/30/08		2,045	2	,032		13	13
06/30/10		5,232		0		5,232	5,232
06/30/11 06/30/12		73,281 52,877		0		73,281	•
06/30/12		44,443		0		52,877 44,443	52,877 44,443
06/30/14		80,777		0		80,777	80,777
06/30/15		86,155		0		86,155	86,155
06/30/16		4,293		0		4,293	4,293
06/30/17		1,657		U		1,657	1,657
NOL CARRY	YOVER	AVAILABLE	THIS	YEAR		348.728	348.728