,	o Oa t	.	Exempt Orga	aniza	ation Busine	ess	Income T	ax I	Returi	, 1		OMB No	. 1545-06	87
Form	(and proxy tax under section 6033(e))								0040			,		
	ø	For colo	ndar year 2018 or othe	rtay ve	ar heginning Janua	rv 1 2	2018, and ending	Dec	31 . 20	18 .	_	20	18	•
Danadm	ent of the Treasury	or care			orm990T for instru					'',				
•	Revenue Service	▶Dor	not enter SSN number							I (c)(3).	Ope 501	n to Pub (c)(3) Or	lic Inspect ganization	tion for s Only
<u>, </u>	heck box if ddress changed		Name of organization	(П	Check box if name cha	nged a	nd see instructions	s.)			ploye	r ıdentifi	cation nu	mber
	pt under section		Westport Country	_						(Em	ployee	s' trust,	see instruc	tions.)
	1(C) (O3)	Print or			suite no. If a P O. box,	see ins	structions.				2	3-7357	943	
☐ 40		Type	25 Powers Court								Unrelated business activity code (See instructions.)			code
□ 40	_	.,,,,,	City or town, state or	provinc	e, country, and ZIP or	foreign	postal code			(36)	e msu	uctions.,		
☐ 52			Westport, CT 068	80			<u> </u>					53112	.0	
C Book at end	yalue of all assets of year		oup exemption nu										- O.I.	
			neck organization t					(c) tru		401(Other	
			organization's unre	lated t										
	de or business			, , , , , , , , , , , , , , , , , , ,			nly one, compl							
		•	at the end of the pomplete Parts III-\		is sentence, com	piete	Parts I and II,	COM	piete a S	cneau	ile ivi	ioi ea	cii auui	liona
			e corporation a subs		in an affiliated area		naront aubaidi	201.00	ntrolled a	roup?			Voc 17	1 No
			e corporation a sub- and identifying nur					ary co	introlled g	oup:			163 €] 140
			Sharon Boilini,			Olatio.		enhon	e numbe	r Þ		203-	71-1292	
			e or Business II				(A) Income			penses	;	200 ((C) Net	
⊣ 1a	Gross receipts								44.4				n ka	
	Less returns and a				c Balance ►	1c								
ີ b ລີ2	Cost of goods	sold (S	Schedule A, line 7)			2				340%				
_ 3			line 2 from line 10			3				激發				
_ ∐ 4a	Capital gain ne	et incon	ne (attach Schedu	le D)		4a				多种				
Z b	Net gain (loss)	(Form 4	4797, Part II, line 1	7) (atta	ıch Form 4797)	4b								
ξ c	Capital loss de	duction	n for trusts			4c	<u></u>		THE BOY	2013				
) 5 0 ₆	Income (loss) fro	m a part	tnership or an S corp	oration	(attach statement)	5			1.000					
	Rent income (•			6								<u> </u>
7			ed income (Sched			7	9,810			4,748			5,062	
8		•	and rents from a contro	_										ļ <u>-</u> .
9			ction 501(c)(7), (9), or (1		i	9		-						
10	•	•	ivity income (Sche			10							-	
11	Advertising ind					11 12			225711652	1925 PAGE	#5579A		-	-
12 13	Total. Combin		ructions; attach sch			13			\$180. ASSE	X 88-21.33	ere de		5,062	
Part			Taken Elsewher				ations on ded	uctio	ns.) (Exc	ept fo	r con	tributi		L
			be directly conne						, (-			,	
14			cers, directors, and		ees (Schedule K)		٠				14	-		
15	Salaries and w	ages				IED	\			. [15			
16	Repairs and m	aıntena	ince	٠ ٣	RECEIV	المارا	~78/···			. [16			
17					RECEIV		, · /8/· ·			.	17			
18	Interest (attach	n sched	lule) (see instructio	ns) . \	60 vous Jan	501;	. /స్టు/ . ^జ			.	18			
19					121 MON 00	·	- <u></u>			·	19			ļ
20	Charitable con	tributio	ns (See instruction Form 4562) imed on Schedule	ns for i	imitation rules)	N 1	ر : لينهنه آل			.	20			
21	Depreciation (a	attach F	Form 4562)		OGUE		21				201-			
22	Less depreciat	tion clai	imed on Schedule	A and	l elsewhere on ret	turn .	. 22a				22b	-		
23			rred compensation							.	23			
24 25			rrea compensatior grams	•						. }	25			
25 26			grams nses (Schedule I)								26			
20 27			sts (Schedule J)							<u> </u>	27			<u> </u>
28			ach schedule) .							<u>.</u>	28			
29			d lines 14 through								29			
30			xable income befo								30			ļ
31			ating loss arising in								31			

Unrelated business taxable income. Subtract line 31 from line 30

ţ' **,**

	(
Part I	II To	otal Unrelated Business Taxable Income					т
		f unrelated business taxable income computed from all unrelated trades					
	ınstruct	tions)		Į	33		
34	Amoun	ts paid for disallowed fringes		L	34		
4 35	Deduct	ion for net operating loss arising in tax years beginning before Jar	nuary 1, 2018 (s	ee [
		tions)			35		
36	Total of	f unrelated business taxable income before specific deduction. Subtract l	ine 35 from the su	m			
•		33 and 34			36		
37	Specific	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1	37		
		ted business taxable income. Subtract line 37 from line 36. If line 37 is					
		ne smaller of zero or line 36			38		
Dort I		ax Computation					Ļ
Part I		zations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39		
				20	39		_
		Taxable at Trust Rates. See instructions for tax computation		. [
		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)			40		
		tax. See instructions		>	41		<u> </u>
		tive minimum tax (trusts only)		ļ	42		
		Noncompliant Facility Income. See instructions		,	43		<u> </u>
44	_	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>		44		
Part '	V Ta	ax and Payments					,
45a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) .	l5a				
b	Other c	redits (see instructions)	15b				
С	Genera	I business credit. Attach Form 3800 (see instructions)	15c				
			5d				
, е	Total c	redits. Add lines 45a through 45d			45e		
ⁱ 46		ct line 45e from line 44			46		
47	Other tax	xes. Check if from 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Otl	ner (attach schedule) .	1	47		
		ax. Add lines 46 and 47 (see instructions)		Ī	48		
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k		ı	49		
			50a			-	
			60b	$\neg \uparrow$			
			i0c	$\neg \neg$			
			50d	— i			
	_		50e				
			50f				
		redits, adjustments, and payments. Form 2439	,	─{			
•			:0~	ľ	N.		
	Form		60g	\dashv	E4		
	_	ayments. Add lines 50a through 50g		ᆔ	51		
		ted tax penalty (see instructions). Check if Form 2220 is attached		∵ ŀ	52		-
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owe			53		
		syment. If line 51 is larger than the total of lines 48, 49, and 52, enter amo	· ·		54		
		amount of line 54 you want. Credited to 2019 estimated tax	Refunded		55		
Part \		tatements Regarding Certain Activities and Other Information				- Vaa	Ma
		time during the 2018 calendar year, did the organization have an interest					No
		financial account (bank, securities, or other) in a foreign country? If "Yes,					
1		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ent	er the name of the	tor	eign count	try	
•	here 🕨	,					✓ _
57	During tl	he tax year, did the organization receive a distribution from, or was it the grantor of	of, or transferor to, a	fore	ign trust?		/
	If "Yes,	" see instructions for other forms the organization may have to file.					
58	Enter th	ne amount of tax-exempt interest received or accrued during the tax year	▶ \$				
<u> </u>	Under	penalties of perjusy. Lectare that phave examined this return, including accompanying schedules at preciding and complete. Declaration of preparer (other than taxpayer) is based on all information of which	nd statements, and to the	e best	t of my knowle	edge and bel	ief, it is
Sign	true, co	precipand complete. Declaration of preparer (other than taxpayer) is based on an information of which	preparer has any knowle	uge.	May the IRS		
Here	/ _/	Managing Direct	ctor		(see instruction		
	28ignatu	re of officer / , Date Title					
Paid		Print/Type preparer's name Preparer's signature	Date	Che	ck 🗌 ıf	PTIN	
Prepa	ırer	· _			-employed	<u></u>	
Use C		Firm's name ▶		Firm	ı's EIN ►		
ose C	'iliy	Firm's address ▶		Pho	ne no		

Schedule A—Cost of Good	ls Sold. En	ter method of in	ventory va	aluation 🕨					
1 Inventory at beginning o	f year	1	6	Inventory a	at end of year	6			
2 Purchases	· [2	7	Cost of	of goods soid. Subtract				
3 Cost of labor	Г	3		line 6 from	rom line 5. Enter here and				
4a Additional section 263	A costs			ın Part I, lir	ne 2	7			
(attach schedule)		ta	8	Do the rul	rules of section 263A (with respect to Y				
b Other costs (attach sche	edule)	1b			roduced or acquired for				
5 Total. Add lines 1 through		5		to the orga	ınızatıon?				
Schedule C-Rent Income	(From Re	al Property and	Persona						
(see instructions)	•								
Description of property							-		
(1)									
(2)									
(3)									
(4)									
· · · · · · · · · · · · · · · · · · ·	2. Rent receiv	ed or accrued							
(a) From personal property (if the perce	entage of rent	(b) From real and	d personal or	operty (if the	3(a) Deductions directly				
for personal property is more than 1		percentage of rent for	or personal pr	operty exceeds	in columns 2(a) and 2(b) (attach schedule)				
more than 50%)		50% or if the rent is	s based on pr	ofit or income)	e)				
(1)									
(2)				. <u> </u>					
(3)						, ,			
(4)									
Total		Total			(L) Total de de object				
(c) Total income. Add totals of col	umns 2/a) and	1.2(b) Enter			(b) Total deductions. Enter here and on page	1.			
here and on page 1, Part I, line 6, c					Part I, line 6, column (B)				
Schedule E-Unrelated De	bt-Finance	ed Income (see i	nstructions	s)					
			2. Gross in	come from or	3. Deductions directly cor		cable to		
1. Description of deb	t-financed prop	erty	allocable to	debt-financed	debt-financed property (a) Straight line depreciation (b) Other deduction				
			pro	perty	(attach schedule)		(attach schedule)		
(1) 27 Powers Court				90,000		43,554			
(2)							•		
(3)									
(4)		-							
4. Amount of average		e adjusted basis	6. C	olumn		8. Allocable d	eductions		
acquisition debt on or allocable to debt-financed		allocable to anced property	4 d	ıvıded	7. Gross income reportable (column 2 x column 6)	(column 6 x tota			
property (attach schedule)		h schedule)	by co	olumn 5	(3(a) and	3(b))		
(1) 1,373,315		12,593,840		10.90 %	9,810	,	4,748		
(2)				%					
(3)				%					
(4)				%					
· · · · · · · · · · · · · · · · · · ·					Enter here and on page 1,				
					Part I, line 7, column (A).	Part I, line 7, o	olumn (B).		
Totals				▶	9,810	y .	4,748		
Total dividends-received deduction	ons included	in column 8		<u></u> .	>		(
						Form 9	90-T (2018		

Schedule F—Interest, Annuit	es, noyaliles,			Organizations	Janizations (Se	e instruc	tions)	•	
1. Name of controlled of contr	2. Employer entification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of columnicuded in the organization's gr	controlling	6. Deductions directly connected with income in column 5		
(1)	* .				•			,	
(2)		٠.			. 1			1	
(3)	٠.								
(4)			1		· [·				
Nonexempt Controlled Organizati	ons						1	-	
7. Taxable Income	8. Net unrelated in (loss) (see instruct			ital of specified ments made	10. Part of colur included in the organization's gr	controlling	conne	deductions directly cted with income in column 10	
(1)		• .		•		1			
(2)									
(3)	1. 2.			•	٠,				
(4)							ĺ		
Table		•	•		Add columns : Enter here and Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 ⁻ nere and on page 1, line 8, column (B)	
Totals Schedule G-Investment Inc	omo of a Coat	. ·		or (17) Organi	zation (see inc		<u> </u>		
Schedule G-Investment inc	ome or a Sect	ion su i (c		or (17) Organi Deductions	i			otal deductions	
1. Description of income	2. Amount o	f income '	/ direc	ctly connected .	4. Set-aside (attach sched		and s	et-asides (col 3 plus col. 4)	
(1)			,						
(2)	******		*						
(3)	,				<u> </u>			•	
(4)	-				. 1				
Totals	Enter here and Part I, line 9, c						Enter he Part I, III	re and on page 1, ne 9, column (B).	
Schedule I—Exploited Exem	ot Activity Inc	ome Oth	or Than	Advertising In	come (see ins	ructions)	;		
Conleddie I—Exploited Exemp	Je Activity inc.			· · · ·	Come (see ins	Tuctions)	•	- 1	
Description of exploited activity	2. Gross r unrelated business inco from trade o f business	me conno r prod	xpenses irectly ected with luction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp attribut colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	,			1					
(2)						,		15.	
(3)	<u> </u>		_	• •			•	ī	
(4)			* -	e ,					
Totals	Enter here and page 1, Part line 10, col. (/	I, page	ere and on 1, Part I, 0, col (B).				*	Enter here and on page 1, Part II, line 26	
Schedule J-Advertising Inco								1	
Part I Income From Perio	odicals Repor	ted on a	Consolic	dated Basis	•				
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols 5 through 7.	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	• .	7.1	·						
(2)		1				 -			
(3)						<u>`</u>			
(4)						-			
Totals (carry to Part II, line (5))		•		ACTION AND A STATE OF THE STATE	• •	,	• .	A SECTION COST ASSESSED SECTION OF A	
Totals (carry to Fart II, IIIIe (J))		- 			ių		F	orm 990-T (2018)	

Part II Income From Period 2 through 7 on a line-		Ton a Separat				, <u> </u>
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	·					
	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 27
Totals, Part II (lines 1-5)			5 A 2 2 2 2 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2			
Schedule K—Compensation of	Officers, Direc	ctors, and Tru	stees (see instru			
1. Name		:	2. Title	3. Percent of time devoted to business	~ 4. Compensar	ion attributable to ed business
(1)				9	6	
(2)				9	6	
(3)				9	6	
(4)				9	6	
Total. Enter here and on page 1, Part II, I	ne 14				>	

Form **990-T** (2018)

Westport Country Playh	23-7357943			
Form 990-T	Schedule E –	Other Deductions		Statement 1
Description		Activity Number	Amount	<u>Total</u>
Repairs and Maintenanc	e		4,915	
Utilities			4,563	
Other Expenses			3,192	
Taxes			17,356	
Depreciation			13,528	
	Sub-total	1		43,554
Total of Form 990-T, sch	edule E, colu	ımn 3(b)		43,554
Average Acquisition Deb	ot on or Alloc	able to Debt-Financed P	roperty	Statement 2
Description		Activity Number	Amount	Total
Average Debt		sub-total 1	1,373,315	1,373,315
Total of Form 990-T, sch	edule E, colu	ımn 4		1,373,315
Average Adjusted Basis of	of or Allocabl	le to Debt-Financed Pro	perty	Statement 3
Description		Activity Number	Amount	Total
Average Basis		sub-total 1	12,593,840	12,593,840

12,593,840

Total of Form 990-T, schedule E, column 5

Westport Country Playhouse, Inc.

Part II-line 31-Net Operating Loss Deduction

	·		
TAX RETURN	_	NET LOSS	
Tax Year:	2005	\$ 9,619	
	2006	2,214	
	2007	5,682	
	2008	39,748	
	2009	7,881	
	2010	22,610	
	2011	13,583	
	2012	58,397	
	2013	13,417	
	2014	20,591	
	2015	12,723	
	2016	184	
	2017	(6,683)	
Net Operating	g Loss Carryover Available for 2018	199,966	
Net Operating	g Loss used	(11,745)	
	2018	(5,062)	
Net Operating Loss Carryover to 2018		<u>\$199,966</u>	

Election to forgo the entire net operating loss carryback period.

Taxpayer incurred a net operating gain in the tax year ended 12/31/18 and is entitled to a two-year carryback under IRC Sec. 172(b)(1)(A), a three-year carryback under IRC Sec. 172(b)(1)(F) and/or a five-year carryback under IRC Sec. 172(b)(1)(G) of all or a portion of the loss. Pursuant to IRC Sec. 172(b)(3), taxpayer hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.