Form **990-T** (2019)

		_						1	_		
		290-T	Exempt Organization				etųrņ	40 H	OMB	3 No 1545-0047	
	Form •	53U-1	(and proxy ta	ky tax under section 6033(e)) $\qquad \qquad \mid \Psi \mid $						2019	
	الله	_	19 .	2							
	Departm	ent of the Treasury	► Go to www.irs.gov/Form9					On	en to I	Public Inspection f	
		Revenue Service	▶ Do not enter SSN numbers on this for	<del></del>			ıs a 501	(c)(3). 50	1(c)(3)	Public Inspection for Organizations Onl	
	A D a	heck box if ddress changed	Name of organization ( Check  Westport Country Playhouse	box if name changed a	nd see	instructions)	-			ntification numbe ist, see instructions	
		pt under seation	(Employees wast, ase manaction								
	50		-	23-7357943  E Unrelated business activity code							
	LJ 40	• • • • • • • • • • • • • • • • • • • •		(See instructions )							
	·   40		City or town, state or province, cou	intry, and ZIP or foreign	posta -	code	-	521120			
		9(a) value of all assets		531120							
/,	at en	d of year	F Group exemption number (See G Check organization type ► ✓	7. 504/-\	n	☐ 501(c) trust		401(a) tru	ust	Other trus	
W,	H En	ter the number	of the organization's unrelated trade	s or businesses.	► re	ntal real estate De	escribe	the only	(or fi	rst) unrelated	
`	tra	de or business	here ▶	. If o	niv or	ne, complete Parts	i–V. If	more tha	n on	e, describe the	
			space at the end of the previous se								
	tra	de or business,	, then complete Parts III-V.								
	Du	ring the tax year,	, was the corporation a subsidiary in an	affiliated group or a	pare	nt-subsidiary contro	olled gr	oup? .	▶ [	☐ Yes 🗸 No	
	- If "	Yes," enter the	name and identifying number of the	parent corporatio	n. ►						
			care of Naron Boilini, Director of	Finance		Telephone r	umber	• 🕨 🗡	20	203-571-1292	
			d Trade or Business Income	· · · · · · · · · · · · · · · · · · ·		(A) Income	(B)	Expenses	F. 4 542	(C) Net	
	_	Gross receipts									
	ь		nd allowances	<b>c</b> Balance ►	1c				37 65 37 65		
	2 3	-	sold (Schedule A, line 7)	1	3	,	Table 9		92.5 76.6 838		
	ა 4a	•	Subtract line 2 from line 1c et income (attach Schedule D)		<u>3</u> 4а		16.65 4 (S)	66.45 7.4 <b>3</b>	5-84 5-84		
	. <b>b</b>		(Form 4797, Part II, line 17) (attach		4b		384 8385		392 392		
	C		eduction for trusts	•	4c		29. V		X.		
	5	•	from a partnership or an S corp					7873 AMS			
		statement) .		· ' !	5						
	; 6	Rent income (	Schedule C)		6	9,774		4,7	28	5,04	
	. 7	Unrelated deb	t-financed income (Schedule E)		7/			•			
	; 8	Interest, annuities	, royalties, and rents from a controlled organi								
	9		ne of a section 501(c)(7), (9), or (17) organiz	9							
	' 10	-	mpt activity income (Schedule I)	/	10						
	11	· ·	come (Schedule J)		11 12		265.5' XA868	1977 TRD1/2 JUNE 1900-19	703		
	12	Other income									
	13 Part		ne lines 3 through 12		13	s on doductions	/Dodi	iotione m		5,04	
	rait		d with the unrelated business incor		ation	s on deductions.,	(Deat	actions in	iusti	be directly	
7	14	Compensation		14	4						
707	15	Salaries and wages									
٥	16	Repairs and m	,			10	6				
<del>,                                    </del>	17	Bad debts .	– /					1	7		
T L	i 18		h schedule) (see instructions)		1	3					
7	19		enses		19						
ב	្ល20		attach Form 4562) . 🖊		#55 20		•				
	; 21		tion claimed on Schedule A and else		21	_					
7	22	•		DEOEN CE	<del></del>	<del></del>		. 2	-		
5	23 24		to deferred compensation plans . efit programs	RECEIVE			• • •	23	_		
0	· 25		ot expenses (Schedule I)	NGV 0 3 2020	I (			24			
	26		ship costs (Schedule J)	• • •	2						
	27		ons (attach schedule)		2						
	28		ons. Add lines 14 through 27	OGDEN. U	Τ			28			
	29		iness taxable income before net ope			Subtract line 28 fro	m line				
	30	Deduction for	net operating loss arising in tax								
	1	instructions) .			•			· · <u>3</u> (	)		
	<b>`31</b>	Unrelated busi	iness taxable income. Subtract line 3	30 from line 29 .				3 <sup>.</sup>	ı		

Cat No 11291J

For Paperwork Reduction Act Notice, see instructions.

Page	2

	0-1 (2019)						age Z
		otal Unrelated Business Taxab					
32	Total o	f unrelated business taxable incom	e computed from all unrelated trade	s or businesses (	see		
•	instruct	ions)			32	1	
33	Amoun	ts paid for disallowed fringes			. 83		
,		•	r limitation rules)				
			efore pre-2018 NOLs and specific de				
	34 from	35					
í 36							
			ın tax years beginning before Ja	•			
		1.7.					
			before specific deduction. Subtract III ee line 38 instructions for exceptions)		<del></del>		·,
	Unrela						
	. 39						
		ax Computation					
40 (			Multiply line 39 by 21% (0.21)				
41			e instructions for tax computation				
	the am	ount on line 39 from: 🔲 Tax rate sch	nedule or Schedule D (Form 10	041)	▶ 41		
42	Proxy 1	ax. See instructions			▶ 42	L	
<b>. 43</b>	Alterna	tive minimum tax (trusts only)			. 43		
44	Tax on	Noncompliant Facility Income. Se	e instructions	.\	. 44		
45	¶otal. A	Add lines 42, 43, and 44 to line 40 or	41, whichever applies	.1	. 45		
Part '		ax and Payments					
46a	Foreign	tax credit (corporations attach Forn	n 1118; trusts attach Form 1116) .	46a			
	-		•	46b			
				46c			
			orm 8801 or 8827)	46d			
				7001	. 46e		
			m 8611  Form 8697  Form 8866  C				
			ions)				
		- ·	5-A or Form 965-B, Part II, column (k)	i' I			
51a	-	nts: A 2018 overpayment credited to		51a			
2		stimated tax payments		51b			
		posited with Form 8868		51c			
1	_	organizations: Tax paid or withheld	· · · · · · · · · · · · · · · · · · ·	51d			
	-			51e			
		or small employer health insurance p		51f			
g	Other c	redits, adjustments, and payments:	☐ Form 2439				
1	☐ Forn	n 4136 Ot	her Total ▶	51 <sup>g</sup>			
. 52	Total p	ayments. Add lines 51a through 51g	]	. •	. 52		
· 53	Estimat	ed tax penalty (see instructions). Ch	eck if Form 2220 is attached	▶[	<b>□</b> 53		
54	Tax du	e. If line 52 is less than the total of lir	nes 49, 50, and 53, enter amount owe	d	▶ 54		
55	Overpa	yment. If line 52 is larger than the to	otal of lines 49, 50, and 53, enter amou	unt overpaid	▶ 55		
56	Enter the	amount of line 55 you want. Credited	to 2020 estimated tax ▶	Refunded	▶ 56		
Part \			ctivities and Other Information (	see instructions)	J		
. 57			did the organization have an interest i		other aut	hority Yes	No
			r other) in a foreign country? If "Yes,"				
-	FINCEN	Form 114, Report of Foreign Bank	and Financial Accounts. If "Yes," enter	er the name of the	foreian co	untry	, 'š'.
	here ▶	, , , , , , , , ,	,				
		ne tax year, did the organization receive	a distribution from, or was it the grantor o	f or transferor to a	oreian truc	····	<del>'</del>
		" see instructions for other forms the		., 51 transition to, a i	oroigii trus	25.000	
			eived or accrued during the tax year	<b>•</b> •			
1	Under	penatives of perjury. I declare that I have examine	d this return, including accompanying schedules an	d statements and to the	hest of my br	owledge and beli	ef it is
, Sign	true, co	prect, and complete Declaration of preparer (other	r than taxpayer) is based on all information of which	preparer has any knowled	ge		<del>-</del> -1
	<b>\</b> \	le Me	ualagland manage	. 1		IRS discuss this in preparer shown to	
Here	_	ro of officer		NG DIRECT	(see instr	uctions)? [Yes [	
	Signatu	re of officer	Date Title				
Paid		Print/Type preparer's name	Preparer's signature	Date	Check $\Box$	if PTIN	
Prepa	arer				self-employe	d	
Use C		Firm's name ▶			Fırm's EIN ▶		
	,	Firm's address ▶		<u>_</u>	Phone no		
,						Form <b>990-T</b>	(2019)

Schedule A-Cost of Good	ds Sold. En	ter method of in	ventory va	luation ▶		-	
1 Inventory at beginning of	of year	1	6	Inventory a	at end of year	6	
•2 Purchases	· ·	2	7	Cost of a	oods sold. Subtract line		
3 Cost of labor	<del>-</del>	3			5. Enter here and in Par		
4a Additional section 263				I, line 2	<i></i>	7	
(attach schedule)	1	la	8	Do the ru	les of section 263A (wit	h respect to	Yes No
<b>b</b> Other costs (attach sche	<b></b>	lb l	$\dashv$		roduced or acquired for	•	
, 5 Total. Add lines 1 throu		5			inization?		<u> </u>
Schedule C-Rent Income		<del>-</del>	Personal				<del></del> _
(see instructions)	(					,,,,,	
Description of property							
(1)		·		-			
(2)							<del></del>
(3)							
(4)							
	2. Rent receive	ed or accrued					
(a) From paragraph graphety (if the para	antaga of rant	(h) Erom roal and	d noroonal ava-		3(a) Deductions directly	connected with th	e income
<ul> <li>(a) From personal property (if the perc for personal property is more than 1</li> </ul>		(b) From real and percentage of rent for			in columns 2(a) and		
more than 50%)		50% or if the rent is	s based on pro	fit or income)			
(1)						<del> </del>	
(2)				-			
(3)							<del> </del>
(4)							
Total		Total			<del></del>	<del></del> -	<del></del>
	1			(b) Total deductions.			
(c) Total income. Add totals of cohere and on page 1, Part I, line 6, c					Enter here and on page Part I, line 6, column (B)		
Schedule E—Unrelated De			netructions'	· · · · · · · · · · · · · · · · · · ·	Fart I, line 0, column (b)		<del>-</del>
· · · · · · · · · · · · · · · · · · ·	bt i iiidiiot	sa income (see i	•		3. Deductions directly con	nected with or allo	cable to
1. Description of deb	t-financed prope	ertv	Gross income from or allocable to debt-financed property		debt-financ		
		,			(a) Straight line depreciation (attach schedule)	ductions hedule)	
(1) 27 Daywara Caust					<u> </u>	(attach sci	· · · · · · · · · · · · · · · · · · ·
(1) 27 Powers Court (2)				90000	·		43,540
(3)						-	
(4)							
4. Amount of average	5 Average	adjusted basis					
acquisition debt on or		allocable to		lumn nded	7. Gross income reportable	8. Allocable of (column 6 × total	
allocable to debt-financed property (attach schedule)		inced property h schedule)		umn 5	(column 2 x column 6)	3(a) and	
(1)1,322,316		12,170,598		10.86 %	9,774		4,728
(2)	· · · · · · · · · · · · · · · · · · ·			%			
(3)	<del></del>			%			
(4)	·			%		<u> </u>	
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o	on page 1, column (B)
Ţotals				•	9,774		4,728
Total dividends-received deducti	ons included i	n column 8			<b>&gt;</b>		0
						Form 9	90-T (2019)

Form **990-T** (2019)

Sch	edule F—Interest, Ann	uities	s, Hoyaities,				<b>janizaτions</b> (se	e instruc	ctions)	
-	-	-	=	Exemp	t Controlle	d Organizations				
1	Name of controlled organization		2. Employer ification number		related income e instructions)		5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)							_			
(2)										
(3)					-					-
(4)										
Non	exempt Controlled Organi	zation	S							
		B. Net unrelated in (loss) (see instruct			otal of specified ayments made	included in the	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in	
(1)	<del> </del>	· · · · ·					T	_		
(2)	· · · · · · · · · · · · · · · · · · ·									
(3)				-						
(4)									<b>†</b>	
		•			•		Add columns s Enter here and o Part I, line 8, co	on page 1,	Enterh	columns 6 and 11 nere and on page 1, line 8, column (B)
Tota		lnoor	no of a Soat	ion 501	· (a)(7) (0)	or (17) Organi	zation (see use	trustions	<del></del>	
Scn	edule G-Investment	incor	ne or a Sect	ion 50		, or (17) Organi B. Deductions	T	- 1		otal deductions
1	1. Description of income		2. Amount o	t of income		ectly connected tach schedule)	4. Set-asides (attach schedule)		and set-asides (col 3 plus col 4)	
(1)								]		
(2)										
(3)										
(4)	·									=
Tota		<b>&gt;</b>	Part I, line 9, o	olumn (A	)				Part I, II	re and on page 1, ne 9, column (B)
Scn	edule I – Exploited Exe	empt	Activity inc	ome, O	tner inar	Advertising in	icome (see inst	tructions	)	
Description of exploited activity		2. Gross unrelated business inco from trade of business	connected with production of unrelated		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	is not uprelated attribu		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)							,			
Tota	ls	<b>&gt;</b>	Enter here and page 1, Part line 10, col (/	i, pa	er here and on age 1, Part I, e 10, col (B)					Enter horo and on page 1, Part II, line 25
Sch	edule J-Advertising I	ncon	ne (see instruc	ctions)						
Pa	rt I Income From P	erioc	licals Repor	ted on	a Consol	idated Basis				
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)						经实现的经验		Ī		
(2)										
(3)										
(4)						9224831288X				
,										The state of the s
Total	Is (carry to Part II, line (5))	<b>•</b>								

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 6. Readership 3. Direct 5. Circulation 1. Name of periodical advertising 2 minus col 3) If minus column 5, but costs advertising costs income ıncome a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 26 line 11, col (B) line 11, col (A) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title unrelated business (1) % (2) % (3) % (4) %

Form 990-T (2019)

Westport Country Playhouse, Inc.	23-7357943		
Form 990-T Schedule E -	- Other Deductions		Statement 1
<u>Description</u>	Activity Number	Amount	<u>Total</u>
Repairs and Maintenance		5,106 <sup>-</sup>	
Utilities		4,133	
Other Expenses		3,415	
Taxes		17,356	
† Depreciation		13,530	
Sub-total	1		43,540
Total of Form 990-T, schedule E, colu	umn 3(b)		43,540
Average Acquisition Debt on or Alloc	able to Debt-Financed P	Property	Statement 2
Description	Activity Number	Amount	Total
Average Debt	sub-total 1	1,322,316	1,322,316
Total of Form 990-T, schedule E, colu	umn 4		1,322,316
•			
Average Adjusted Basis of or Allocab	le to Debt-Financed Pro	perty	Statement 3
Description	Activity Number	Amount	Total
Average Basis	sub-total 1	12,170,598	12,170,598
: Total of Form 990-T, schedule E, colu	umn 5		12,170,598

Part II-line 31-Net Operating Loss Deduction

1		
TAX RETURN	_	NET LOSS
Tax Year:	2005	\$ 9,619
	2006	2,214
Y	2007	5,682
j	2008	39,748
•	2009	7,881
ť	2010	22,610
	2011	13,583
	2012	58,397
	2013	13,417
•	2014	20,591
•	2015	12,723
	2016	184
	2017	(6,683)
1	2018	(5,062)
Net Operating	Loss Carryover Available for 2019	194,904
Net Operating	Loss used	(16,791)
	2019	(5,046)
Net Operating	Loss Carryover to 2018	<u>\$189,858</u>

Election to forgo the entire net operating loss carryback period.

Taxpayer incurred a net operating gain in the tax year ended 12/31/19 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.