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'h , , , o'		EXTE	NDED TO NOV	EMBE	R 16, 202	20_29	393	12,	10692	
Form 990-T	Exem		nization Bu				<u>Return</u>)	OMB No 1545-0	
and the same of th		(8	and proxy tax und	ler se	ction 6033(e))	14	1/		204	n 3
	For calendar year	2019 or other tax y			, and ending	<u> </u>		_	201	y
Department of the Treasury Internal Revenue Service	▶ Do not e		w.irs.gov/Form990T for i ers on this form as it_ma				3 501(c)(3).		Open to Public Insp 501(c)(3) Organization	
A Check box if address changed	Name of	forganization (Check box if name	changed	and see instruction	s.)		(Emp	loyer identification nu ployees' trust, see uctions)	ımber
B Exempt under section	Print DIST	RIBUTIO	N COOPERATI	VE,	INC.			3	3-111348	34
\mathbf{X} 501(\mathbf{q}')(\mathbf{J}	or Number	, street, and roo	m or suits no. If a P.O. bo	ox, see ir	structions.			E Unre	lated business activit	y code
408(e)220(e)	Type 1281	. HIGHWA	Y 155 SOUTH] `-	,	
408A 530(a)			ovince, country, and ZIP	or foreig	n postal code			531	.390	
Book value of all assets			nber (See instructions.)							
at end of year 31,612,0	75. G Check	organization ty	pe X 501(c) co	rporation	501(c) tr	rust	401(a)) trust	Other	trust
H Enter the number of the	organization's unr	elated trades or	businesses. >	1	Des	cribe the only	(or first) ur	related	1	
trade or business here	► PARKING	REVENU	E		If only	one, complet	e Parts I-V.	If more	e than one,	
describe the first in the b	plank space at the	end of the previo	ous sentence, complete P	arts I an	d II, complete a Sch	edule M for ea	ach addition	al trade	e or	س
business, then complete	Parts III-V.									
I During the tax year, was				nt-subsi	diary controlled gro	up?	▶ [Y	es 🗓 No	4.55
If "Yes," enter the name										
J The books are in care of									496-5900	
Part I Unrelate	d Trade or B	usiness In	come	,	(A) Income	(1	B) Expenses	3	(C) Net	**************************************
1a Gross receipts or sal	es		_							
b Less returns and allo	wances		c Balance	1c		2/2/88			200	
2 Cost of goods sold (Schedule A, line 7)			2		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	307			
3 Gross profit. Subtract	t line 2 from line 1	С		3						+5
4a Capital gain net incoi	•			4a			TO STEED A	**************************************		 ,
b Net gain (loss) (Form		: 17) (attach For	m 4797)	4b						~~~~~
c Capital loss deductio				4c						
5 Income (loss) from a		S corporation (attach statement)	5		<u> </u>		n Billio iv		
6 Rent income (Schedi				6		/				
7 Unrelated debt-finance	•	•		7		/-			-	
	•		organization (Schedule F)						-	
			organization (Schedule G							
10 Exploited exempt act	-	dule I)		10	/			_	-	
11 Advertising income (a alba dula) C		11/	80 30	0.	EDMENT OF	ne de la companya de	80	300.
12 Other income (See in		scnedule) S	TATEMENT 1	12	89,30		erensen 30.		89	300.
13 Total. Combine line	s 3 through 12 one Not Take	n Flsewhe	re (See instructions f						1 05,	,00.
(Deductions	s must be directl	v connected v	with the unrelated busi	ńess ind	come.)	,,,,				
14 Compensation of of						$\overline{\wedge}$		14		
15 Salaries and wages	nicers, unectors, a	na trastees (oci	icuaic (K)		. ^ /	()		15		
16 Repairs and mainter	nance			_	$\Delta \Delta \lambda' V$			16		
17 Bad debts	nanco		1	f	$\mathcal{M}_{1}\mathcal{N}_{2}$			17		
18 Interest (attach sch	edule) (see instruc	tions			ANN			18		
19 Taxes and licenses		7			• /			19		
20 Depreciation (attach	n Form 4562)	•							(
21 Less depreciation of		e A and elsewhe	re on return		21a	,		21b	1	
22 Depletion								22		
23 Contributions to det	ferred compensation	on plans						23		
24 Employee benefit pr	ograms							24		
25 Excess exempt expe	<i>j</i> -							25		
26 Excess readership of	osts (Schedule J)							26	<u> </u>	
27 Other deductions (a					SEE ST	PATEME1	1T 2	27		092.
28 Total deductions.		jh 27						28	12,0	
29 Unrelated business	taxable income be	fore net operatir	ig loss deduction. Subtra	ct line 28	3 from line 13			29	77,2	208.
30 Deduction for net of	perating loss arisin	ig in tax years b	eginning on or after Janu	ary 1, 20	118			1		
(see instructions)					•			30		0.
31 Unrelated business	taxable income. Si	ubtra <u>ct</u> line 30 fr	om line 29					31	77,2	
923701 01-27-20 LHA F	or Paperwork Red	uction Act Notic	e, see instructions.				7	$\overline{}$	Form 990-1	(2019)
							19	/ \		
								1		

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1	_	6 Inventory at end of year	ar		6
2 Purchases	2	-	7 Cost of goods sold. S		ine 6	
3 Cost of labor	3		from line 5. Enter here		7	
4a 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			
5 Total. Add lines 1 through 4b	5		the organization?	204000	, , , , , , , , , , , , , , , , , , ,	
Schedule C - Rent Income		Property and		ease	d With Real Prope	ertv)
(see instructions)	`				•	
Description of property						
(1)						<u> </u>
(2)				·		-
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(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 p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	age	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						<u>. </u>
(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	instructions)			
			2. Gross income from		3. Deductions directly conn to debt-finance	ected with or allocable ed property
1. Description of debt-fir	nanced property		or allocable to debt- financed property		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-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%		<u> </u>	
(4)			%			
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in column	n 8	•		>	0.

Schedule F - Interest, A	Innuitie	s, Royalt	ies, and		From Co Controlled O			tion	S (see in:	struction	s)	
1. Name of controlled organizati	on	2. Emp identific num!	ation	3. Net unr	elated income instructions)	4. To	tal of specified ments made	includ	5. Part of column 4 that is included in the controlling rganization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)				_	•	†						
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income		nrelated incom see instructions		 Total of specified payments made 			10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10		
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, 0		e 1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>	<u> </u>		0.		0.	
Schedule G - Investme		ne of a S	ection	501(c)(7	'), (9), or (17) Or	ganization					
(see instr	uctions)				r				<u> </u>		1	
	ription of inco	me	_		2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	-asides schedule)	5. Total deductions and set-asides (col: 3 plus col: 4)	
(1)												
(2)											-	
(3)												
(4)					Enter here and	on page 1	STALESTER CHIEFE	90% (8 4 5)	<u> </u> ^}\$\$\$\$\#\\$\#\\$\#\\$\#	Ž2 #2 21 dežišt*o`3	Enter here and on page 1,	
					Part I, line 9, co	olumn (A)					Part I, line 9, column (B)	
Totals					<u> </u>	0.				2	0.	
Schedule I - Exploited I	· -	Activity	Income	e, Other	Than Adv	vertisir	ng Income				_	
Description of exploited activity	unrelated	e from	directly c with pro of unr	penses onnected oduction elated s income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		attrib		attribut	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			_						<u> </u>		 	
(2)				-								
(3)					<u> </u>							
(4)												
	Enter her page 1 line 10,	, Part I, col (A)	Enter her page 1 line 10,	, Parti, col (B)						**	Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisin	na Incor	0.	etriction	0.	38 32 C 86.3	\$2 (<u>C</u> * 48)		#) ts '	raki ya Lake.	, A, A 32. 32.	0.	
Part Is Income From F					solidated	Basis					 	
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g cols 5 ti	hrough 7	te income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					***							
(2)							**					
(3)							平					
(4)							rý.				Spirit Company	
Totals (carry to Part II, line (5))).	0							0.	

Form 990-T (2019) DISTRIBUTION COOPERATIVE, INC.

[Partill 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			-			-	
(2)			_				
(3)			_	***			
(4)					_		
Totals from Part I	▶	0.	0.		67.0		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)				Enter here and on page 1, Part II, line 26
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 (2019)

FORM '990-T	OTHER :	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
PARKING REVENUE			89,300.
TOTAL TO FORM 990-T, PAGE 1, LII	NE 12		89,300.
FORM 990-T	OTHER 1	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
PROPERTY RENT/CAM CHARGES ADMINISTRATIVE EXPENSES TAX PREPARATION FEES			10,442. 900. 750.