Form 990-T	Ē	Exempt Organization Bus			ax Return	- -	OMB No 1545-0047
•	For cal	lendar year 2019 or other tax year beginning $$			N 30, 202	0 .	2019
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	structio	ns and the latest inform	ation	_ ₋	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (hanged	and see instructions)		[(Empl	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print	ORCHARD PLACE			<u> </u>		2-1463736
X 501(d)(3)	or Type	Number, street, and room or suite no If a P.O. box	, see in	structions.	•		ated business activity code instructions)
408(e) 220(e)	',,,,,	2116 GRAND AVENUE				-	•
408A530(a) 529(a)	DES MOINES, IA 50312 81					812	930
C Book value of all assets	all assets F Group exemption number (See instructions.)						
the factor the number of the	2/.	G Check organization type ► X 501(c) corp	oration			trust .	Other trust
	mber of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated If only one, complete Parts I-V If more than one,						
		ce at the end of the previous sentence, complete Pa	rte I and		•		
business, then complete			113 1 011	· · · ·	,	ai ii aac	· .
		oration a subsidiary in an affiliated group or a paren	ıt-subsı	diary controlled group?	▶.[Ye	s No
		rifying number of the parent corporation					
		ALERIE SALTSGAVER		Teleph	one number 🕨 5	15-	246-3501
Part Unrelated	d Trac	le or Business Income		(A) Income	(B) Expense:	S	(C) Net
1a Gross receipts or sale		.,					
* b Less returns and allow		c Balance	1c			12.77	
2 Cost of goods sold (S		•	2			an, Ville Eisensy	
3 Gross profit Subtract4 a Capital gain net incom			3 4a				
	•	art II, line 17) (attach Form 4797)	4a 4b				
c Capital loss deduction		,	4c	•			j.
•		ship or an S corporation (attach statement)	5		/	17.5	
6 Rent income (Schedu			6				•
7 Unrelated debt-financ		ne (Schedule E)	7				•
8 Interest, annuities, roy	valties, a	nd rents from a controlled organization (Schedule F)	8				
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9	<u>/</u>			
·	Exploited exempt activity income (Schedule I)						
,	Advertising income (Schedule J)					W/T/W	
						9/5599533	
13 Total. Combine lines	ns No	ot Taken Elsewhere (See instructions fo	13 r limita	tions on deductions)	L	1	
(Deductions	must b	e directly connected with the unrelated busine	ess inc	come)			•
14 Compensation of off	icers, dii	ectors, and trustees (Schedule K)			•	14	
15 Salaries and wages		RECEIV	ED			15	•
16 Repairs and mainten	ance	KLUE		700		16	
17 Bad debts		ee instructions) SEP 8 0	2020	131		17	<u></u>
18 Interest (attach sche	dule) (se	ee instructions)				18	· · · · · · · · · · · · · · · · · · ·
Taxes and licenses	Farm 45	OGDEN OGDEN	11	اما	•	19	***
Depreciation (attach		Schedule A and elsewhere on return	سيريا	20 21a		21b	•
22; Depletion	111160 01	PSCHEUDIE A and elsewhere on return		[214]		22	
23 Contributions to defe	erred cor	mpensation plans				23	
Taxes and licenses Depreciation (attach Less depreciation cla Depletion Contributions to defe Employee benefit pro	•	•				24	<u>-i.</u>
		hedule I)		•	•	25	
Excess exempt experience Excess readership co	_	· · · · · · · · · · · · · · · · · · ·			•	26	•
-27 Other deductions (at		•			'.	27	
28 Total deductions A				•	**	28	. 0.
		ncome before net operating loss deduction. Subtract			٠	29	0.
 /	erating l	oss arısıng ın tax years beginning on or after Januar	y 1, 20	18	,		Ω
(see instructions)	avabla :-	sooma. Subtract line 20 from line 20				30	0.
		ncome. Subtract line 30 from line 29 work Reduction Act Notice, see instructions				<u> 31 </u>	Form 990-T (2019)
*	4701			•			2

	от (гортя) ORCHARD PLACE	42-1463736 Page 2
Part	िमार्थ Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instituctions)	32 0.
33	Amounts paid for disallowed fringes	33
34	Cḥaritable 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)	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.
Part	Tax Computation	
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40 0.
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	42
43	Alternative minimum tax (trusts only)	43
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.
Pari	Tax and Payments	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	
ь		
c	General business credit Attach Form 3800	
-		
	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.
	Payments A 2018 overpayment credited to 2019	
	2019 estimated tax payments 6, 480	
	Tax deposited with Form 8868	
	Foreign organizations. Tax paid or withheld at source (see instructions) 51d	
	Backup withholding (see instructions) 51e	
	Credit for small employer health insurance premiums (attach Form 8941) 516 517	-
	Other credits, adjustments, and payments: Form 2439	
y	Form 4136 Other Total 51g	
52	Total payments. Add lines 51a through 51q	52 6,480.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	58 6,480.
54		54
55	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	55 6,480.
56		56 6,480.
	Enter the amount of line 55 you want. Credited to 2020 estimated tax Refunded \\ Statements Regarding Certain Activities and Other Information (see instructions)	1 36 1 0,400.
h		Type I No
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	
	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?	A
	If "Yes," see instructions for other forms the organization may have to file	
59	Enter the amount of tax-exempt interest received or accrued during the tax year Under perfettles of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.	SEE and holiof it in true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	edge and belief, it is true,
Here	Matsaver 19/24/20 N CFO	May the IRS discuss this return with
	The same of the sa	he preparer shown below (see
		nstructions)? X Yes No
		If PTIN
Paid		
Prep	parer SIEVE BRONER	P01266887
Use	Only Firm's name ▶ DENMAN & COMPANY, LLP Firm's EIN ▶	42-0794029
	1601 22ND STREET, SUITE 400	515 005 0400
		515-225-8400
923711	01-27-20	Form 990-T (2019)

STATEMENT 1

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED
BUSINESS ACTIVITY

PROVIDING QUALIFIED TRANSPORTATION FRINGE BENEFITS (TAXATION OF BENEFITS RETROACTIVELY REPEALED DEC. 2019)
TAXPAYER FILING 990-T DUE TO THE REPEAL OF REPORTING OF QUALIFIED TRANSPORTATION FRINGE BENEFITS AS UNRELATED BUSINESS TAXABLE INCOME.
TAXPAYER IS REPORTING -\$0- TAXABLE INCOME ON FORM 990-T, PART I, LINE 12A.
TAXPAYER IS ALSO REQUESTING REFUND OF ESTIMATED TAXES PAID OF \$6,480

TO FORM 990-T, PAGE 1