									29 3 9	932	254	1004	47
F	∘ <u></u> .990-T	l E	Exempt O	rganization	ı Busi	nes	s Inco						1545-0047
	= -			(and proxy ta					1	γ	<u> </u>		10
		For cal	lendar year 2019 or ot	her tax year beginning ${ m JU}$	JL 1,	201	9 , and e	nding JU	N 30,	202	fo	2 U	19
De	epartment of the Treasury	ŕ		to www.irs.gov/Form9							_ [
Int	ternal Revenue Service	▶	Do not enter SSN	numbers on this form	as it may b	e made	public if ye	our organiz	ation is a 5	01(c)(3)		Open to Publ 501(c)(3) Orga	ic Inspection for inizations Only
A	Check box if		Name of organiza	ition (Check box	if name cha	inged ai	nd see instri	uctions.)			D Empt (Emp	loyer identifica	tion number see
_	address changed			_							instru	uctions)	
	Exempt under section			ervices Org				c.			1	2-222	
إ	X 501(c 663)	Type		nd room or suite no. If							E Unrel	lated business instructions)	activity code
إ	408(e)220(e)	',,,,,		h Capitol				o. 23	<u>7</u>		1		
ļ	408A			e or province, country, a			ostal code					!	
, =	529(a)				001-1						561	000 1	
. С	Book value of all assets at end of year	0.77	F Group exempti	on number (See instruc	tions.)	<u> </u>							
	at end of year 27,918,9	8/.	G Check organiza	ition type 🕨 🔼 50	U1(c) corpoi	ration	50	1(c) trust		401(a)			Other trust
	Enter the number of the t	organiza	ition's unrelated tra	ides or businesses.		•			the only (or	,			
	trade or business here				malete Dout				complete P				
	describe the first in the bl business, then complete			e previous sentence, co	mpiete Parts	STand	i, complete	a Schedule	ivi for each	addition	iai trade	e or	
_	During the tax year, was t			ov in an affiliated group.	or a parent-	cubardi	any controlle	nd aroun?			Ye	es X	No.
•	If "Yes," enter the name a					Subsidie	ary controlle	su group.				78 LAL	INO
J	The books are in care of							Telepho	one number	▶ (202) 624	-5490
_			de or Busine				(A) Inc			xpenses		•) Net
_	1 a Gross receipts or sale	s	304,8	69.				_		•		·	
7	b Less returns and allow	wances	· ·	c Balance	▶	1c	304	,869.				ـ ا	/
202	2 Cost of goods sold (S	chedule	A, line 7)			2							
23	Gross profit. Subtract	line 2 fr	om line 1c			3	304	,869.				30	4,869.
ey 4	4 a Capital gain net incom	ne (attac	h Schedule D)			4a							
>	b Net gain (loss) (Form	4797, P	art II, line 17) (atta	ch Form 4797)		4b							
NON .	c Capital loss deduction				J	4c							
	Income (loss) from a		ship or an S corpor	ation (attach statement)) <u> </u>	5							
CANNED	Rent income (Schedul					6							
3	7 Unrelated debt-finance		•		/	1							
A	Interest, annuities, roy			ntrolled organization (So	_ / ` ⊢	8							
S S	investment income of			r (17) organization (Sch	· -	9							
11		-	•		<u> </u>	10							
12	= '		•) -	11 12							
13		.	·	'	<u> </u>	13	304	,869.				3.0	4,869.
				where (See instru								30	1 ,005.
				cted with the unrelat				actions ;					
14	Compensation of offi	icers, dir	rectors, and trustee	es (Schedule K)							14		3,867.
15		•	_ <i> / _</i> _			7					15		7,336.
16	Repairs and maintena	ance		RECEIVE							16		0,207.
17	Bad debts				γ.	3					17		
18	Interest (attach sched	dule) (se	e instructions)	MAY 03 2	.021	21					18		
19			ار	'	o	2					19		250.
20	Depreciation (attach f	Form 45	62)	OGDEN	I IT	-	L	20	23,4	134.			
21	l Less depreciation cla	limed on	i Schedule A and <u>e</u>	OGDEN,			Ĺ	21a			21b	2	3,434.
22	. Depletion									ļ	22		
23	/		npensation plans								23		
24	/										24	2	3,939.
25	/										25		
26			•				900	C+-+-	-me-	,	26	2.4	1 077
27 28	/		•				see	ocate	ement	۷	27		1,872.
20 29	,		-	perating loss deduction	Cuhtrant li	no 20 4-	om line 40			-	28		0,905. 6,036.
30	/			perating loss deduction ears beginning on or aft						}	29	-0	0,030.
3U	(see instructions)	rainty 10	uss anising in lax y	cars veginning on or an	ici January	1, 20 18		State	ement	۱ ۲	30		0.
31		axahle in	come Subtract lin	e 30 from line 29			Dee	blate	-ment	١ ١	31	-6	5,036.
	3701 01-27-20 LHA FO		·	_	ons.	-					91		10-T (2019)
J.C.	or ar ar ar large 100	pui			,	L						10111133	- (2013)
					-	-							

Form 990	T(2019) State Services Organization, Inc.	52-	22234	132	Page 2
Part					
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	/32	-66	, 0	36.
	Amounts paid for disallowed fringes	33			
	Charitable contributions (see instructions for limitation rules)	34			0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-66	0,0	36.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 4	36		•	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-66	5,0	36.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	.,0	00.
	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	-66	0,0	36.
Part	IV Tax Computation	1			
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.
Part	V Tax and Payments				
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
b	Other credits (see instructions) 46b] [
C	General business credit. Attach Form 3800 46c]			
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			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.
51 a	Payments: A 2018 overpayment credited to 2019]			
b	2019 estimated tax payments 51b	1			
	Tax deposited with Form 8868	1			
	Foreign organizations: Tax paid or withheld at source (see instructions) 516	1			
	Backup withholding (see instructions) 51e	1			
	Credit for small employer health insurance premiums (attach Form 8941) 51f	1			
g	Other credits, adjustments, and payments: Form 2439				
1	Form 4136 Other Total ▶ 51g				
	Total payments. Add lines 51a through 51g	52			
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53			
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56			
Part				V I	
	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		l	- 1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		-		
	here				$\frac{\Lambda}{X}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		-		
	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 panalties of periury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	wiedge and	belief, it is tr	ue.	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Interim Executive			·	
Here	Me Aughan II difficulta I 04/29/2021 A Dimonton	-	discuss this r		rith
			shown below		No
	Print/Type preparer's name Preparer's signature Date Check if		(11)		1.00
.	Tori A	' ' ' ' '			
Paid	Collingsworth (101:01 (101) 21 (101) 201 (101)	PΩ	06398	19	
Prep	GIG Componer DITC		-2676		1
Use	8300 Boone Boulevard, Suite 600				
		703)	893-	0.3	00
923711 (01-27-20		Form 990		

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1	•		Inventory at end of yea			6		
2 Purchases v	2		7	Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3		7	from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	s No
b Other costs (attach schedule)	4b		1	property produced or a					,
5 Total. Add lines 1 through 4b	5	•	7	the organization?		, , , , , , , , , , , , , , , , , , , ,			-
Schedule C - Rent Income		Property an	d Pe		Leas	ed With Real Pro	perty)	_
(see instructions)	`								
Description of property									
(1)							<u> </u>		
(2)									
(3)						• •			
(4)									
	Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)		3(a)Deductions directly columns 2(a) ar	connecte nd 2(b) (att	d with the incom ach schedule)	e in
(1)									
(2)									
(3)				· · ·					
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ctions)					
		,		Gross Income from		Deductions directly conto debt-finance			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	'	b) Other deducti (attach scheduli	
(1)			1						
(2)			1				1		
(3)									
(4)			1			· · · · · · · · · · · · · · · · · · ·		· · ·	• •
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 a schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(co	3, Allocable dedu lumn 6 x total of o 3(a) and 3(b)	columns
(1)				%					
(2)				%					
(3)	·			%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		er here and on pa rt i, line 7, colum	
Totals				▶		0			0.
Total dividends-received deductions in	cluded in column	18		•		>		_ .	0.
								Form 000	T (0040)

Schedule F - Interest, /	Annuitie	s, Royal	ties, ar					ation	1 S (see ins	truction	ns)
	-			Exempt C	Controlled O	rganizati	ons				
 Name of controlled organizat 	lon	2. Emp identific numb	ation		elated income instructions)		al of specified nents made	includ	t of column 4 ed in the contr ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)			-								
(2)	-							<u> </u>			
(3)		-						1			
(4)											
Nonexempt Controlled Organi	zations			<u> </u>							
7. Taxable Income	8. Net u	nrelated Incom see instructions		9. Total o	of specified pay made	ments	10. Part of column the controls gross		nzation's		eductions directly connected th Income in column 10
(1)				1							
(2)						1	1,000				
(3)		•		1		1					
(4)											
V							Add colur Enter here and line 8, o		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						>			0.		0.
Schedule G - Investme (see instr		me of a S	Section	1 501(c)(1	7), (9), or	(17) Or	ganizatior	1			
1, Descr	ription of Inco	me			2. Amount of	income	3. Deduction directly connection (attach scheduler)	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)			•								
(3)											
(4)											
		•			Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited	Exempt	Activity	Incom	e, Other	r Than Ac		ng Income	9			
(see instru	-	•		•							
Description of exploited activity	unrelated	Gross business e from business	directly of with pro of uni	penses connected oduction related is income	4. Net incor from unrelated business (communications colum gain, comput through	d trade or olumn 2 in 3) If a de cols 5	5. Gross inco from activity is not unrelated	that ted	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)										-	
(4)	-										
,			page 1	re and on 1, Part I, , col (B)		!					Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertising	na Inco	0 . j	netr ictic	0.	<u> </u>						0.
Part I Income From I					solidated	l Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)]
(3)		•			7]
(4)					1						
Totals (carry to Part II, line (5))	•	().	0							0.
											Form 990-T (2019)

Form 990-T (2019) State Services Organization, Inc. 52-22234 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	▶	0.	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)	Interim Executive	%	
(2) Audrey Williams	Director	2.06%	3,867.
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	3,867.

Form 990-T (2019)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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. Business or activity to which this form relates

990

OMB No 1545-0172

Identifying number

52-2223432 State Services Organization, Inc. Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- if married filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 23,434. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2019 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery period (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction only - see instructions) in service 19a 3-year property 5-year property h 7-year property C d 10-year property 15-year property е 20-year property f S/L 25-year property 25 yrs. g 27 5 yrs MM S/L h Residential rental property 1 27 5 yrs MM S/L ММ S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System Class life 20a S/L b 12-year 12 yrs. S/L C 30-year 30 yrs MM S/L 40-year 40 yrs MM S/L Summary (See instructions) Part IV 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 23,434. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
2 Amortization of costs that begins duri	ng your 2019 tax year				
3 Amortization of costs that began befo	re your 2019 tax year			43	
4 Total. Add amounts in column (f). See	the instructions for whe	ere to report		44	

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1

Non-qualified administrative services

To Form 990-T, Page 1

Form 990-T		Other Deduc	tions	Statement	2
Description				Amount.	
Supplies				•	67.
Telephone			•		19.
Occupancy	105,7				
Printing And		10.			
Travel	_	78.			
Consultants					21.
Management Fe				39,00	
Miscellaneous				8,2	
M&A Allocatio		•		14,3	
	Expense Allocati	lon		20,4	
+	ces For Resale			8,84 8,3	
	vices For Resale	3		23,8	
	ces For Resale elivery For Resa	10		5,4	
	Supplies For Res			4,1	
Catering For		ESAIC		1,2	
Total to Form	990-T, Page 1,	line 27		241,8	72.
Form 990-T	Net	Operating Loss	Deduction	Statement	 3
		Loss			
		Previously	Loss	Available	
Tax Year L	oss Sustained	Applied	Remaining	This Year	
06/30/19	9,345.	0.	9,345.	9,34	5.
NOL Carryover	Available This	Year	9,345.	9,34	<u> </u>

Form 990-T	Net	Operating Loss De	Statement	
Tax YearL	oss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/13	20,048.	0.	20,048.	20,048.
06/30/14	24,562.	0.	24,562.	24,562.
06/30/15	6,752.	0.	6,752.	6,752.
06/30/16	40,909.	0.	40,909.	40,909.
06/30/17	52,835.	0.	52,835.	52,835.
06/30/18	12,856.	0.	12,856.	12,856.
NOL Carryover	Available This	Year	157,962.	157,962.