Part I	Total Unrelated Business Taxa	able Income				
33	Total of unrelated business taxable income compl		s (see instructions)		33	8,265.
34	Amounts paid for disallowed fringes		,		34	
35	Deduction for net operating loss arising in tax yea	rs beginning before January 1, 2018 (see ii	nstructions) SC	rmt 2	35	450.
36	Total of unrelated business taxable income before		,			i
	lines 33 and 34	Specific deduction obstruct into 05 from t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		36	7.815.
37		27 instructions for executions		38	37	7,815. 1,000.
	Specific deduction (Generally \$1,000, but see line		una 26	20	 	
38	Unrelated business taxable income Subtract lin enter the smaller of zero or line 36	e 37 HOIH line 30 H line 37 is greater than i	ille 30,	39	38	6,815.
Dorf F	Tax Computation				10	
		tine 20 his 040/ (0.04)		110	ah	1,431.
39	Organizations Taxable as Corporations. Multiply	•	unt on line 20 from	yo >	32	
40	Trusts Taxable at Trust Rates. See instructions fo	· · · · · · · · · · · · · · · · · · ·	unt on line 36 from	_		
	Tax rate schedule or Schedule D (F	orm 1041)			-1	
41	Proxy tax See instructions				- 1	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instru			11.0	43	1 421
44	Total Add lines 41, 42, and 43 to line 39 or 40, w	hichever applies		<u> 4s</u>	44	1,431.
Part \						
45 a	Foreign tax credit (corporations attach Form 1118	, trusts attach Form 1116)	45a			
b	Other credits (see instructions)		45b			
C	General business credit Attach Form 3800		45c			
đ	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d			
е	Total credits Add lines 45a through 45d		•		45e	
46	Subtract line 45e from line 44		_		46	1,431.
47	Other taxes Check if from Form 4255	Form 8611 🔲 Form 8697 🔲 Form	n 8866 🔲 Other	(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			44	48	1,431.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2		•	49	0.
50 a	Payments A 2017 overpayment credited to 2018		5joa			
	2018 estimated tax payments		50a 50b			
	Tax deposited with Form 8868		50c			
	Foreign organizations Tax paid or withheld at sou	rce (see instructions)	20d			
	Backup withholding (see instructions)	,	50e			
	Credit for small employer health insurance premiu	ms (attach Form 8941)	501			
		form 2439	 			
9		Other Total	▶ 50g			
51	Total payments Add lines 50a through 50g	1000	- Cou		d 1	
52	Estimated tax penalty (see instructions) Check if F	Form 2220 is attached		53	52	61.
	Tax due If line 51 is less than the total of lines 48			53 54 D	53	1,492.
54	Overpayment If line 51 is larger than the total of		1	•	54	
55	Enter the amount of line 54 you want. Credited to	,	1	funded -	46	
Part V					up	
56	At any time during the 2018 calendar year, did the					Yes No
	over a financial account (bank, securities, or other	-				100
	FinCEN Form 114, Report of Foreign Bank and Fin					
	here	ancial Accounts in 165, enter the name of	the foreign country			x
c 7	During the tax year, did the organization receive a	distribution from a course it the aventer of a		rouge tough?		$-\frac{x}{x}$
57			or transferor to, a to	reign trust?		
58	If "Yes," see instructions for other forms the organ Enter the amount of tax-exempt interest received o	•				
			and statements and to	the nest of my know	ledge and bel	lef. it is true.
Sign	Under penalties of penjury, I declare that L have examine correct, and complete Social attion of preparer (other the	an taxpayer) is based on all information of which pi	reparer has any knowle	dge		. ,
Here	\sim	1 3/2/20 N DIRECT	TOR OF FI	* N T N N T / T T T T T T T T T T T T T T	•	cuss this return with
	Signature of officer	Date Title	TOR OF FI		tructions)?	wn below (see X Yes No
		1	Doto			140
	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	MADA EACMINOCE	MADA EACHWOOD	02/11/20	self- employed	BOO	520120
Prepa	rer TARA EASTWOOD		03/11/20	T		539129
Use C		MPANY, LLP		Firm's EIN	74-	1481988_
		NITY PARKWAY, STE 31	U	Dhasses	20014	72 1040
	Firm's address > STOCKTON,	CB 32713		Phone no (73-1040
823711 01	09-19				Fo	rm 990-T (2018)

										
Schedule A - Cost of Good	s Sold. Enter	method of invei						Γ		
1 Inventory at beginning of year	1		_	Inventory at end of yea			6_			
2 Purchases	2		⊣ 7	Cost of goods sold. Su			•			
3 Cost of labor	3		4	from line 5 Enter here	and in F	Part I,				
4a Additional section 263A costs				line 2			7_	<u> </u>	V 1	
(attach schedule)	4a		_ 8	Do the rules of section	•	•			Yes	No
b Other costs (attach schedule)	46		4	property produced or a	acquired	I for resale) apply to		•	1	
5 Total Add lines 1 through 4b	5		_	the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pei	rsonal Property	Lease	ed With Real Pro	pert	y) 		
1. Description of property										
(1) FACILITIES RENTA	L		·							
(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%	than	of rent for	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directli columns 2(a) a SEE STAT	nd 2(b)	attach schedul	icome fr e)	n
(1)	<u>,</u>			99,5	24.				7,7	89.
(2)	· - -									
(3)			-							
(4)										
Total	0.	Total		99,5	24.					
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter		99,5		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)		101	7.7	89.
Schedule E - Unrelated Deb		Income (see	inetrii		27.	Part I, line 6, column (6)				0).
Onleddie L - Onleidted Det	<u> </u>	THIOTHE (See		Gross income from		3 Deductions directly conto debt-finan			le	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)		
(1)			1			 	_			
(2)		-	 				+			
(3)			+				+			
(4)		· · · · · · · · · · · · · · · · · · ·	+				+-			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to noed property ischedule)	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)				%		<u> </u>				
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, c		
Totals				▶		0				0.
Total dividends-received deductions in	cluded in column	18		· •		<u> </u>		 -		0.
								Form 9	90-T ((2018)

Schedule F - Interest,	Annuities	s, Royal	ties, ar		s From Controlled O			zatior	15 (see ins	tructio	ns)
1 Name of controlled organiza	ation	2. Emp identific numi	oloyer cation ber	3. Net un	related income e instructions)	4. Tot	tal of specified ments made	include	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)						<u> </u>		 			
(2)											
(3)											
(4)						<u> </u>		<u> </u>			
Nonexempt Controlled Organ	izations										
7. Taxable Income		related incom e instructions		9. Total	of specified pay made	ments	10 Part of colu- in the controll gross				eductions directly connected th income in column 10
(1)	 										
(2)											
(3)											
(4)											
		. —		_		-	Add colun Enter here and Ilne 8, c		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	ent Incom	ne of a S	Section	501(c)((7), (9), or	(17) Or	ganization	1			
1 Des	caption of incom	e			2. Amount of	ıncome	3. Deductio directly conne (attach sched	ected	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)
				_	arci, inic 3, 30						
Totals Schedule I - Exploited	Evernt	A ctivity	Incom	o Otho	r Than Ad	0. Ivertisi	na Income				0.
(see instr		- Cuvity	11100111	e, Othe	i illali Ad	14011131	ng moonic	•			
1. Description of exploited activity	2 Grounded by income trade or bu	usiness from	directly of with pro of unr	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	that ted	6 Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	· -										
(3)											
(4)				_							
	Enter here page 1, f (ine 10, ca	Partl, of (A)	page 1	re and on , Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi	ing Incom	0.	notruotion	0.							0.
Part I Income From					solidated	Basis			·		
1 Name of periodical		2. Gross advertising income		3 Direct ertising costs	or (loss) (ca	ising gain of 2 minus ain, comput irough 7	5. Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					_						
(2)					\dashv						-
(3)							 				-
(4)						••••••					
Totals (carry to Part II, line (5))	•).	0							0 . Form 990-T (2018)
											rorm 330- i (2018)

												_	
Part	Ħ	Income I	From I	Periodicals	Repo	orted c	n a Se	parate Basi	S (For eacl	n periodical lis	ted in	Par	t II, fill in
				7 on a line-by									

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	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)				T			
(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 27
Totals, Part II (lines 1-5)		0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	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 (2018)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT	1
		BUSINESS ACTIVIT	ľΥ			

RENTAL OF FACILITIES FOR WEDDINGS, RECEPTIONS, ETC.

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LO	OSS DEDUC	TION	STATEMENT 2
TAX YEAR LO	SS SUSTAINED	LOSS PREVIOUSLY APPLIED		LOSS REMAINING	AVAILABLE THIS YEAR
06/30/17	450.		0.	450.	450.
NOL CARRYOVER	AVAILABLE THIS	YEAR		450.	450.
					
			ACTIVITY		
DESCRIPTION ALLOCATED PAYRO ALLOCATED SECUL ALLOCATED OVERS ALLOCATED CUSTO PRIOR YEAR DISA DISALLOWED DUE LIMITATIONS	RITY EXPENSE ECIATION HEAD ODIAL SERVICES ALLOWED PASSIV	E LOSSES	ACTIVITY NUMBER	AMOUNT 19,600. 5,098. 75,598. 387,012. 7,965. 847,954.	
ALLOCATED PAYROALLOCATED SECULALLOCATED DEPRIBLED OVER ALLOCATED CUSTO PRIOR YEAR DISC	RITY EXPENSE ECIATION HEAD ODIAL SERVICES ALLOWED PASSIV	E LOSSES		AMOUNT 19,600. 5,098. 75,598. 387,012. 7,965.	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

• Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No 1545-0687

	Revenue Service (99) Do not enter SSN numbers on this form as if)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization GALLO CENTER FOR THE AR		INC.	Employer id 56-2	entification	
ι	Inrelated business activity code (see instructions) $\triangleright 54151$					
	Describe the unrelated trade or business NFORMATI	ON	TECHNOLOGY SU	PPORT		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·····
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a_				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction for trusts	4c	-	************	·····	
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				·
8	Interest, annuities, royalties, and rents from a controlled	<u> </u>				
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule) STMT 4	12	25,145.			25,145
13	Total. Combine lines 3 through 12	13	25,145.			<u>25,145</u> .
Pai	Deductions Not Taken Elsewhere (See Instruct deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unre	ated business incom	iuctions.) (E ie.)	xcept 1	or contributions,
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21	<u> </u>		
22	Less depreciation claimed on Schedule A and elsewhere on return	1	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)		CEE CONTR	MENTE F	27	16 000
28	Other deductions (attach schedule)		SEE STATE	MENT, 2	28	16,880
29	Total deductions. Add lines 14 through 28		Outstand has 00 for 1	10	29	16,880. 8,265.
30	Unrelated business taxable income before net operating loss dedu			13	30	0,203
31	Deduction for net operating loss arising in tax years beginning on o	or atter	January 1, 2016 (See		31	
22	Instructions) Unrelated business taxable income. Subtract line 31 from line 30.				32	8,265.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER	INCOME	STATEMENT	4			
DESCRIPTION			AMOUNT				
INFORMATION TECHNOLOGY		25,14	15.				
TOTAL TO SCHEDULE M, P	25,14	15.					
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	<u> </u>			
DESCRIPTION			AMOUNT				
INFORMATION TECHNOLOGY	FEES		16,88	16,880.			
		16,880.					