For	<sub>™</sub> 990-T	<b>E</b>	Exempt Orga	nization Bu			ax Retur	ŋ	OMB No 1545-0047
	<u>.</u>	Eor on	lendar year 2019 or other tax ye	•		· · · ·	N 30, 20	<i>)\\\</i>	2019
	*	Forca				<del> </del>		20	2013
	partment of the Treasury rnal Revenue Service	<b>•</b>	Do not enter SSN number	rs on this form as it ma	ay be ma				Open to Public Inspection for 501(c)(3) Organizations Only
A 	Check box if address changed		Name of organization ( &	Check box if name	changed	d and see instructions )		(Empl	oyer Identification number loyees' trust, see lottons )
	Exempt under section	Print	GALLO CENTE	R FOR THE	ARTS	INC.			6-2607443
	(CV)(3)	10 100	Number, street, and roor	n or suite no. If a P.O. b	ox, see II	nstructions.			ated business activity code nstructions )
	408(e)220(e)	Туре	1000 I STRE	ET					,
	408A 530(a) 529(a)		City or town, state or pro		or foreig	n postal code		531	120
C 5	Book value of all assets		F Group exemption num	per (See instructions.)	<b></b>				<i>f</i> •
ď	39,410,5	09.	G Check organization typ	e ▶ X 501(c) co	rporatio	501(c) trust	401(a	) trust	Other trust
H E			tion's unrelated trades or		2		the only (or first) u		
		-	EE STATEMENT	·			complete Parts I-V		than one
d	escribe the first in the b	lank spa	ce at the end of the previo	• • • • • • • • • • • • • • • • • • • •	Parts I ar				
1 (		the corp	oration a subsidiary in an		ent-subs	idiary controlled group?	<b></b>	Ye	s X No
			tifying number of the parer						<del> </del>
			THE ORGANIZA			···			)338-5040
			de or Business Inc	ome		(A) Income	(B) Expense	S	(C) Net
	a Gross receipts or sale							ļ	
l	Less returns and allow	vances		c Batance	1c				
2	Cost of goods sold (S	chedule	A, line 7)		2				·/
3	Gross profit. Subtract	line 2 fr	om line 1c		3		· · · · · · · · · · · · · · · · · · ·		
4 8	a Capital gain net incom	ne (attac	h Schedule D)		4a				
t	Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	ı 4797)	4b				
(	: Capital loss deduction	for trus	its		4c				
5	Income (loss) from a	partners	hip or an S corporation (a	ttach statement)	5				
6	Rent income (Schedu	le C)			6	73,616.	76,3	384.	-2,768.
7	Unrelated debt-finance	ed incor	ne (Schedule E)		7				
en 8	Interest, annuities, roy	alties, a	nd rents from a controlled	organization (Schedule F)	8				
င္ပ	Investment income of	a sectio	n 501(c)(7), (9), or (17) o	rganization (Schedule G	i) 9		<u> </u>		· · · · · ·
<b>≥</b> 10	Exploited exempt activ	ity inco	me (Schedule I)	•	10				-
SCANNE	Advertising income (S	-			11		•		
12	Other income (See ins				12				· · · · · · · · · · · · · · · · · · ·
D 13	Total. Combine lines				13	73,616.	76,3	84.	-2,768.
ဟ P	art II Deduction	ns No	t Taken Elsewhei			ations on deductions)		<u> 1</u>	
======================================			e directly connected w		iness in	come )		т -т	
<b>ゃっ</b> 14		cers, dır	ectors, and trustees (Sche	dule K)				14	
15	Salaries and wages			/ [		RECEIVED		15	<del></del> -
202	Repairs and maintena	ance				NECEIVED		16	
17	Bad debts				ပ္က		S	17	<del></del>
18	Interest (attach sche	dule) (se	e instructions)		왕) 음	JAN 1 1 2021	SO-S	18	
19	Taxes and licenses			}'	니 `	2 2 2021	X	19	
20	Depreciation (attach l	Form 45	662)	[			=	.l	
21	Less depreciation cla	imed or	ı Schedule A arıd elsewher	e on return 👢		GDEN 2 T		21b	
22	Depletion							22	
23	Contributions to defe	rred cor	npepsation plans					23	
24	Employee benefit pro	grams						24	
25	Excess exempt exper	rses/So	hedule I)					25	
26	Excess readership co							26	· <del>- · ·</del>
27	Other deductions (att							27	
28	Total deductions Ad							28	0.
29			icome before net operating	loss deduction. Subtra	ct line 2	8 from line 13	Oak 1	29	-2,768.
30	/		oss arising in tax years be				VNV+1		
	(see instructions)	uy !	x tan yourd bot	,	, ,,	SEE STAT	EMENT 2	30	ο, 0'
31/		axahle in	come. Subtract line 30 fro	m line 29		ZZZ DIIII		31	$\frac{-2,768}{}$
<u> </u>			work Reduction Act Notice					- 7 - 1	Form <b>990-T</b> (2019)

	0-T (2019			<u> 56</u>	-2607 <b>44</b> 3 Page 2
Part		Total Unrelated Business Taxable Income			<u> </u>
32	Total o	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	)	32	2,768.
33	Amoun	ts paid for disallowed fringes	•	83	
34	Charita	ble contributions (see instructions for limitation rules)		. 34	0.
35	Total ણ	nrelated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the sum of lines of	2 and 33	> <u> </u>	2,768.
36	Deduct	ion 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	7	37	2,768.
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	4	38	1,000.
39	Unrela	ted business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	,		
	enter th	e smaller of zero or line 37	}	l   39	1,768.
Part	IV	Tax Computation		T	
40 ′	Organi	rations Taxable as Corporations Multiply line 39 by 21% (0.21)	\ ▶	40	371.
41	Trusts	Faxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		$\perp 1 \perp$	
	T:	ax rate schedule or Schedule D (Form 1041)		41	
42	Proxy t	ax. See instructions Day 11	<b>&gt;</b>	42	
43	Alterna	ax. See instructions Pay I live minimum tax (trusts only)		43	
44	Tax on	Noncompliant Facility Income See instructions		44	
45	Total. A	add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45	371.
Part		Tax and Payments			
46a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)			
		redits (see instructions)		7	
C		business credit. Attach Form 3800 or prior year minimum tax (attach Form 8801 or 8827)		7	
d		or prior year minimum tax (attach Form 8801 or 8827)		7	
		edits Add lines 46a through 46d		46e	
47		t line 46e from line 45		47	371.
48		ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	cobodulo)		
49		x. Add lines 47 and 48 (see instructions)		99	371.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	V	1 <del>1</del> 50	0.
		its: A 2018 overpayment credited to 2019		30	
				-	
		osited with Form 8868	<del></del>	-	
	_	organizations: Tax paid or withheld at source (see instructions)			
		withholding (see instructions)		-	
		or small employer health insurance premiums (attach Form 8941)		-	
9		redits, adjustments, and payments: Form 2439			
		orm 4136 Other Total ▶ <b>51g</b>		4	
	•	syments. Add lines 51a through 51g		52	
		ed tax penalty (see instructions) Check if Form 2220 is attached	. rl	58	
		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	4	5#	371.
_		ment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	
		e amount of line 55 you want: Credited to 2020 estimated tax		5/6	···
		Statements Regarding Certain Activities and Other Information (see instructions	)		
57		me during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a f	nancial 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	<b>&gt;</b>			X_
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	,t?		X
	If "Yes,"	see instructions for other forms the organization may have to file.			
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 💲			
	Un	der pehalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the besi rect <u>, and complete</u> Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	of my kn	owledge an	d belief, it is true,
Sign		which preparer has any knowledge	_		
lere		13-00-00 CEO		-	discuss this return with shown below (see
		Signature of officer Date Title			7 X Yes No
		Print/Type preparer's name Preparer's sygnature Date Check		ıf PTIN	
De:4	1	Sound & Wenter Al COL	mployed		
Paid		TARA EASTWOOD TARA EASTWOOD 12/11/20	,	- 1	00539129
Prep			s EIN 🕨		4-1481988
US6	Only	10100 TRINITY PARKWAY, STE 310			
			e no.	(209)	473-1040
23711 /	01-27-20	THE STATE OF THE S		<u>, _ , _ , _ , _ , _ , _ , _ , _ , _ , _</u>	Form <b>990-T</b> (2019)
JEU1 11 1	- 1-21-20				- Onn 999-1 (2019)

Schedule A - Cost of Good	<b>Is Sold.</b> Enter	method of inver	ntory v	aluation N/A						
1 Inventory at beginning of year	1		6	Inventory at end of year			6		•	
2 Purchasęs	2		] 7	Cost of goods sold S	ubtract	line 6				
3 Cost of labor	3		]	from line 5. Enter here	and in l	Part I,	_			
4 a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		-	Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b			property produced or	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5			the organization?		.,				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per 	ty) 		
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 mor 10% but not more than 50%	e than	of rent for p	personal	conal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directions columns 2(a) a SEE STAT	ind 2(b	) (attach schedul		n
(1)				73,6	16.				6,3	84.
(2)										
(3)										
(4)						<u> </u>				
Total	0.	Total		73,6	16.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -		73,6	16.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	7 (	5,3	84.
Schedule E - Unrelated Del		Income (see	ınstru			[		<del>'</del>	<u> </u>	<u> </u>
		······		Gross income from		Deductions directly co to debt-finant	nnecter	d with or allocab operty	le	
1 Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de- (attach sch	ductions edule)	S
(1)			+							
(2)			<b>†</b>				-			
(3)				·· <del></del> - ·						
(4)			1		-					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable (column 6 x tota 3(a) and	al of colu	
(1)				%						
(2)				%						
(3)				%				·	-	
(4)		_		%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, co		
Totals				<b>&gt;</b>		0				0.
Total dividends-received deductions in	ncluded in column	8		·						0.
								Form 9	90-T (	2019)

Schedule F - Interest	., /	, , , , o <b>,</b> a.	100, 41		Controlled O				(266 1112	traction	5)	
1 Name of controlled organ	uzation	2 Emp identific numi	ation		related income e instructions)	4 Tota payn	al of specified nents made	include	of column 4 to d in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5	
(1)										_		
(2)												
(3)								ļ				
(4)		l		<u></u>			······					
Nonexempt Controlled Orga	anizations								· · · · · · · · · · · · · · · · · · ·			
7. Taxable Income		inrelated incom see instructions		9 Total	of specified pays made	ments	10 Part of colur in the controlli gross	nn 9 that ng organi i income	is included zation's		ductions directly connected income in column 10	
(1)		·		<del>                                     </del>		1						
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, c		1, Part I, )	Enter h	Id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<b></b>			0.		0.	
Schedule G - Investm		me of a s	Section	1 501(c)(	7), (9), or	(17) Or	ganization	ı				
<u></u>	escription of inco	ome			2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)							(arradir darra-	1.0,			(00) 0 pid3 00) 47	
(2)			•							-		
(3)					-					-		
(4)									-			
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals				<b>&gt;</b>		0.					0.	
Schedule I - Exploite (see ins	d Exempt tructions)	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	,				
1 Description of exploited activity	unrelated	Gross I business ie from business	directly of with pro of uni	penses connected oduction related is income	4 Net income from unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Expi attributa colum	ble 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   Advanti	eina Inco	0.		0.							0.	
Schedule J - Adverti Part I Income Fron					solidated	Basis		<del></del>				
1. Name of periodical		2 Gross advertising income		3 Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income	ion	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)					-		ļ	-+				
(3)					$\dashv$		<u> </u>					
(4)							-				· · · · · · · · · · · · · · · · · · ·	
Totals (carry to Part II, line (5))		(	).	0							0. Form <b>990-T</b> (2019)	

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. <sub>¢</sub> 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.	٥.		•	•	0

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

1. Name	2 Title	3 Percent of time devoted to business	4 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)

TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3

76,384.

•	BUSINESS ACT	YTIV			
RENTAL OF FACILITIES FOR WITTO FORM 990-T, PAGE 1	EDDINGS, RECEPT	TIONS, E	TC.		
FORM 990-T NET	T OPERATING LOS	SS DEDUC	TION	STATEMENT	2
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	R	LOSS EMAINING	AVAILABLE THIS YEAR	
06/30/19 8,265.	C	).	8,265.	8,26	5.
NOL CARRYOVER AVAILABLE THIS	S YEAR	-	8,265.	8,26	<u> </u>
FORM 990-T DEDUCTIONS	CONNECTED WITH	I RENTAL	INCOME	STATEMENT	3
DESCRIPTION	P	CTIVITY NUMBER	AMOUNT	TOTAL	
ALLOCATED PAYROLL EXPENSE ALLOCATED SECURITY EXPENSE ALLOCATED DEPRECIATION ALLOCATED OVERHEAD	_		13,489. 3,411. 75,828. 261,495.		

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT

## ENTITY

Unrelated Business Taxable Income from an **Unrelated Trade or Business** 

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number Name of the organization GALLO CENTER FOR THE ARTS INC. 56-2607443 Unrelated Business Activity Code (see instructions) 541519 ► INFORMATION Describe the unrelated trade or business TECHNOLOGY Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 STMT 4 19,648 Other income (See instructions, attach schedule) 12 12 19.648. Total. Combine lines 3 through 12 13 Part II | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	<u></u>
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	_22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT	5 27	16,880.
28	Total deductions. Add lines 14 through 27	28	16,880.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	2,768.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	2,768.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

w 41 is \$

FORM 990-T (M)	OTHER	INCOME	STATEMENT
DESCRIPTION			AMOUNT
INFORMATION TECHNOLOGY	SUPPORT INCOME		19,648
TOTAL TO SCHEDULE M, F	PART I, LINE 12		19,648
FORM 990-T (M)	OTHER	DEDUCTIONS	
——————————————————————————————————————		DEDUCTIONS	STATEMENT
DESCRIPTION	- CTMER	DEDUCTIONS	AMOUNT
		DEDUCTIONS	