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EXTENDED TO AUGUST 16, 2021

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020****2019**Department of the Treasury
Internal Revenue Service

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

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

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

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		NATIONAL MARROW DONOR PROGRAM	84-0865803
		Number, street, and room or suite no. If a P.O. box, see instructions 500 N 5TH ST.	E Unrelated business activity code (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401-1206	531120
C Book value of all assets at end of year 384,429,571.		F Group exemption number (See instructions.)	
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses **2** Describe the only (or first) unrelated trade or business here **RENTAL**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **GINA GRAVES** Telephone number **763-406-8419**

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			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	324,338.	123,962.	200,376.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	324,338.	123,962.	200,376.

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)	
15	Salaries and wages	
16	Repairs and maintenance	
17	Bad debts	
18	Interest (attach schedule) (see instructions)	
19	Taxes and licenses	8,854.
20	Depreciation (attach Form 4562)	105,838.
21a	Less depreciation claimed on Schedule A and elsewhere on return	105,838.
22	Depletion	
23	Contributions to deferred compensation plans	
24	Employee benefit programs	
25	Less exempt expenses (Schedule I)	
26	Less readership costs (Schedule J)	
27	Other deductions (attach schedule)	
28	Total deductions. Add lines 14 through 27	1,690.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	116,382.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	83,994.
31	Unrelated business taxable income. Subtract line 30 from line 29	0.
		83,994.

SEE STATEMENT 1

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	86,122.
33	Amounts paid for disallowed fringes	33	
34	Charitable 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	86,122.
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	86,122.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	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	85,122.

Part IV Tax Computation

40	Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	17,876.
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	17,876.

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)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	17,876.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax Add lines 47 and 48 (see instructions)	49	17,876.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	28,000.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	28,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	10,124.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 10,124. Refunded	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority 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 SEE STATEMENT 2	Yes	No
58	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.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer Amy Ronneberg Date 6/30/21 Title CEO

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
MICHELLE L WEBER	<u>Michelle Weber</u>	<u>6/15/2021</u>		P00556798
Firm's name	Firm's EIN			
GRANT THORNTON LLP	36-6055558			
Firm's address	Phone no.			
100 E. WISCONSIN AVE. MILWAUKEE, WI 53202	414-289-8200			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
b	Other costs (attach schedule)	4b							X
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) 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)	5 Average adjusted basis of or allocable to debt-financed property (attach 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)		%		
(4)		%		
Totals Total dividends-received deductions included in column 8			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1) BE THE MATCH					
(2) BIO THERAPIES					
(3) SERVICES, LLC	81-1248190				
(4)					

Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 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) -466,473.	-466,473.	324,338.	324,338.	123,962.	
(4)					
Totals			324,338.	123,962.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))		0.	0.			0.

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.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 26 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)

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income from an
Unrelated Trade or Business

ENTITY

1

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30, 2020

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL MARROW DONOR PROGRAM

Employer identification number

84-0865803

Unrelated Business Activity Code (see instructions) ▶ 531120

Describe the unrelated trade or business ▶ **AUDITORIUM RENTAL/SERVICES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a 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 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	5,412.		5,412.
13 Total. Combine lines 3 through 12	13	5,412.		5,412.

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	
19 Taxes and licenses	19	394.
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
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	2,890.
28 Total deductions. Add lines 14 through 27	28	3,284.
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	2,128.
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	2,128.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form **4562**Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return**Depreciation and Amortization**
(Including Information on Listed Property) 990-T

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019Attachment
Sequence No 179

Business or activity to which this form relates

Identifying number

NATIONAL MARROW DONOR PROGRAM**FORM 990-T PAGE 1****84-0865803****Part I 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)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
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	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
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

Part II 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 the tax year	14	
15	Property subject to section 168(f)(1) election	15	
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	105,838.
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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year	/		30 yrs	MM	S/L	
d 40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	105,838.
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 V**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-T PAGE 1

990-T

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	15836 - CUSTOM WAL	11/27/15	200DE	7.00		HY17	70,184.				70,184.	48,258.		6,267.	54,525.
2	15837 - HOT ENTREE	11/27/15	200DE	7.00		HY17	77,620.				77,620.	53,372.		6,931.	60,303.
3	15838 - SOUP/SALAD	11/27/15	200DE	7.00		HY17	75,895.				75,895.	52,185.		6,777.	58,962.
4	15839 - BEVERAGE C	11/27/15	200DE	7.00		HY17	25,748.				25,748.	17,704.		2,299.	20,003.
5	15840 - BAGEL COUN	11/27/15	200DE	7.00		HY17	8,923.				8,923.	6,135.		797.	6,932.
6	15841 - NON-REFRIG	11/27/15	200DE	7.00		HY17	3,139.				3,139.	2,159.		280.	2,439.
7	15842 - REFRIGERAT	11/27/15	200DE	7.00		HY17	2,606.				2,606.	1,791.		233.	2,024.
8	15843 - DESSERTS/S	11/27/15	200DE	7.00		HY17	12,778.				12,778.	8,786.		1,141.	9,927.
9	15844 - SELF-SERVI	11/27/15	200DE	7.00		HY17	12,004.				12,004.	8,253.		1,072.	9,325.
10	15845 - SERVICE/SE	11/27/15	200DE	7.00		HY17	9,804.				9,804.	6,742.		875.	7,617.
11	15846 - REACH-IN R	11/27/15	200DE	7.00		HY17	10,813.				10,813.	7,435.		966.	8,401.
12	15847 - REACH-IN U	11/27/15	200DE	7.00		HY17	2,119.				2,119.	1,458.		189.	1,647.
13	15848 - REACH-IN F	11/27/15	200DE	7.00		HY17	2,503.				2,503.	1,722.		224.	1,946.
14	15849 - REACH-IN U	11/27/15	200DE	7.00		HY17	1,481.				1,481.	1,019.		132.	1,151.
15	15850 - SOILED DIS	11/27/15	200DE	7.00		HY17	47,917.				47,917.	32,948.		4,279.	37,227.
16	15851 - DISHWASHER	11/27/15	200DE	7.00		HY17	17,756.				17,756.	12,209.		1,586.	13,795.
17	15852 - DISHWASHER	11/27/15	200DE	7.00		HY17	6,733.				6,733.	4,630.		601.	5,231.
18	15853 - FRYER DUMP	11/27/15	200DE	7.00		HY17	12,406.				12,406.	8,531.		1,108.	9,639.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	15854 - MEAT SLICE	11/27/15	200DE	7.00		HY17	2,161.				2,161.	1,486.		193.	1,679.
20	15856 - TILTING SK	11/27/15	200DE	7.00		HY17	13,657.				13,657.	9,392.		1,220.	10,612.
21	15857 - CONVECTION	11/27/15	200DE	7.00		HY17	15,848.				15,848.	10,897.		1,415.	12,312.
22	15858 - ESPRESSO C	11/27/15	200DE	7.00		HY17	10,741.				10,741.	7,386.		959.	8,345.
23	15859 - SECURITY U	11/27/15	200DE	7.00		HY17	1,007.				1,007.	693.		90.	783.
24	15860 - PLANETARY	11/27/15	200DE	7.00		HY17	4,929.				4,929.	3,389.		440.	3,829.
25	15861 - CONVECTION	11/27/15	200DE	7.00		HY17	8,288.				8,288.	5,699.		740.	6,439.
26	15862 - COUNTERTOP	11/27/15	200DE	7.00		HY17	4,049.				4,049.	2,785.		362.	3,147.
27	15863 - CHARBROILE	11/27/15	200DE	7.00		HY17	4,074.				4,074.	2,802.		364.	3,166.
28	15864 - SANDWICH G	11/27/15	200DE	7.00		HY17	993.				993.	683.		89.	772.
29	15865 - CONVEYOR T	11/27/15	200DE	7.00		HY17	1,027.				1,027.	707.		92.	799.
30	15866 - REFRIGERAT	11/27/15	200DE	7.00		HY17	6,471.				6,471.	4,450.		578.	5,028.
31	15867 - BEER SYSTE	11/27/15	200DE	7.00		HY17	9,440.				9,440.	6,491.		843.	7,334.
32	15868 - FIRE PROTE	11/27/15	200DE	7.00		HY17	7,064.				7,064.	4,856.		631.	5,487.
33	15869 - DRAINBOARD	11/27/15	200DE	7.00		HY17	403.				403.	277.		36.	313.
34	15870 - COLD TABLE	11/27/15	200DE	7.00		HY17	3,797.				3,797.	2,611.		339.	2,950.
35	15871 - WORK COUNT	11/27/15	200DE	7.00		HY17	11,301.				11,301.	7,771.		1,009.	8,780.
36	15872 - PREP/WORK/	11/27/15	200DE	7.00		HY17	13,268.				13,268.	9,123.		1,185.	10,308.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	C o v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	15873 - EQUIPMENT	11/27/15	200DE	7.00		HY17	5,968.				5,968.	4,104.		533.	4,637.
38	15874 - EQUIPMENT	11/27/15	200DE	7.00		HY17	805.				805.	554.		72.	626.
39	15875 - EXHAUST HO	11/27/15	200DE	7.00		HY17	22,087.				22,087.	15,187.		1,972.	17,159.
40	15876 - MOBILE/BAK	11/27/15	200DE	7.00		HY17	4,985.				4,985.	3,428.		445.	3,873.
41	15877 - ICE MAKER	11/27/15	200DE	7.00		HY17	4,007.				4,007.	2,755.		358.	3,113.
42	15878 - ICE MACHIN	11/27/15	200DE	7.00		HY17	7,909.				7,909.	5,438.		706.	6,144.
43	15879 - ICE BIN (H	11/27/15	200DE	7.00		HY17	4,429.				4,429.	3,046.		396.	3,442.
44	15880 - THREE COMP	11/27/15	200DE	7.00		HY17	1,658.				1,658.	1,140.		148.	1,288.
45	15881 - HAND SINK	11/27/15	200DE	7.00		HY17	1,899.				1,899.	1,305.		170.	1,475.
46	15882 - TRAY STAND	11/27/15	200DE	7.00		HY17	1,200.				1,200.	825.		107.	932.
47	15883 - DAVIS FURN	11/27/15	200DE	7.00		HY17	32,739.				32,739.	22,511.		2,924.	25,435.
48	15884 - BLU DOT: H	11/27/15	200DE	7.00		HY17	2,802.				2,802.	1,926.		250.	2,176.
49	15885 - ANDREU WOR	11/27/15	200DE	7.00		HY17	20,912.				20,912.	14,379.		1,867.	16,246.
50	15886 - BLU DOT: H	11/27/15	200DE	7.00		HY17	1,816.				1,816.	1,250.		162.	1,412.
51	15887 - HIGHTOWER	11/27/15	200DE	7.00		HY17	17,054.				17,054.	11,727.		1,523.	13,250.
52	15888 - ALFRESCO O	11/27/15	200DE	7.00		HY17	3,584.				3,584.	2,465.		320.	2,785.
53	15889 - KNOIL MAYA	11/27/15	200DE	7.00		HY17	1,952.				1,952.	1,342.		174.	1,516.
54	15890 - LARGE OUTD	11/27/15	200DE	7.00		HY17	4,006.				4,006.	2,754.		358.	3,112.

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(D) - Asset disposed

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	15891 - SMALL OUTD	11/27/15	200DB	7.00		HY17	325.				325.	224.		29.	253.
56	15892 - HIGH TOP T	11/27/15	200DB	7.00		HY17	2,520.				2,520.	1,733.		225.	1,958.
57	15893 - ROUND CAPE TABLE	11/27/15	200DB	7.00		HY17	7,596.				7,596.	5,223.		678.	5,901.
58	15894 - SQUARE TAB	11/27/15	200DB	7.00		HY17	11,828.				11,828.	8,133.		1,056.	9,189.
59	15895 - ALFRESCO O	11/27/15	200DB	7.00		HY17	2,558.				2,558.	1,758.		228.	1,986.
60	15896 - SATELLITE	11/27/15	200DB	7.00		HY17	1,140.				1,140.	783.		102.	885.
61	15897 - SATELLITE	11/27/15	200DB	7.00		HY17	357.				357.	245.		32.	277.
62	15898 - BAR TABLE,	11/27/15	200DB	7.00		HY17	2,107.				2,107.	1,449.		188.	1,637.
63	15926 - RESTAURANT	12/07/15	SL	39.00		MM17	25,000.				25,000.	2,431.		641.	3,072.
64	15927 - RESTAURANT	12/07/15	SL	39.00		MM17	32,000.				32,000.	3,111.		820.	3,931.
65	15928 - RESTAURANT	12/07/15	SL	39.00		MM17	262,447.				262,447.	122,773.		32,369.	155,142.
66	15929 - RESTAURANT	12/07/15	SL	39.00		MM17	84,568.				84,568.	8,223.		2,168.	10,391.
67	15930 - RESTAURANT	12/07/15	200DB	5.00		HY17	7,500.				7,500.	6,204.		864.	7,068.
68	15962 - RESTAURANT	11/27/15	200DB	5.00		HY17	17,574.				17,574.	14,538.		2,025.	16,563.
69	15964 - RESTAURANT	11/27/15	200DB	5.00		HY17	25,639.				25,639.	21,209.		2,954.	24,163.
70	15971 - RESTAURANT	01/01/16	200DB	7.00		HY17	2,053.				2,053.	1,411.		183.	1,594.
71	15974 - RESTAURANT	12/07/15	200DB	7.00		HY17	20,575.				20,575.	14,148.		1,837.	15,985.
72	15998 - 5TH STREET	06/15/16	200DB	7.00		HY17	5,000.				5,000.	3,439.		446.	3,885.

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FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,690.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		1,690.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT 2
NAME OF COUNTRY		
MEXICO		
CAYMAN ISLANDS		

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 3 DIRECTLY CONNECTED WITH COLUMN 10 INCOME			
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
EXPENSES		123,962.	
- SUBTOTAL -	1		123,962.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			123,962.

FORM 990-T (M)

OTHER INCOME

STATEMENT 4

DESCRIPTION

AMOUNT

AUDITORIUM RENTAL/SERVICES

5,412.

TOTAL TO SCHEDULE M, PART I, LINE 12

5,412.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

1,690.

SERVICE EXPENSE

1,200.

TOTAL TO SCHEDULE M, PART II, LINE 27

2,890.