Butler Tax and Accounting, LLC 5959 S Redwood Rd Salt Lake City, UT 84123-5328 801-268-2245

TAX COPIES 2018 OFF BROADWAY THEATRE INC

May 29, 2019

CONFIDENTIAL

OFF BROADWAY THEATRE INC 272 S MAIN ST SALT LAKE CITY, UT 84101

Dear:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Butler Tax and Accounting, LLC

Butler Tax and Accounting, LLC 5959 S Redwood Rd Salt Lake City, UT 84123-5328 801-268-2245

May 29, 2019

CONFIDENTIAL

OFF BROADWAY THEATRE INC 272 S MAIN ST SALT LAKE CITY, UT 84101 801-355-4628

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/18.

Amount due \$ 750.00

Filing Instructions

OFF BROADWAY THEATRE INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2018

Date Due: November 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 12/31/18 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-EO, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Butler Tax and Accounting, LLC

5959 S Redwood Rd

Salt Lake City, UT 84123-5328

Important: Your return will not be filed with the IRS until the signed Form

8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

| OMB No | . 1545-1878 |
|--------|-------------|
|--------|-------------|

For calendar year 2018, or fiscal year beginning ________, 2018, and ending _______, 20

| Department of the Treasury | | u Do not send to the IRS. Keep for your records. u Go to www.irs.gov/Form8879EO for the latest information. | | | 2010 | |
|---|---|---|---------------------------|---|-------------------------|-----------------------|
| Internal Revenue Service Name of exempt organization | | u Go to www.irs.g | 10V/F011110079EO 101 | the latest information. | Employer identificat | Iion number |
| | OFF BROADWAY | Y THEATRE | INC | | 80-04331 | |
| Name and title of officer | SANDY JENSE | | INC | | 00 01331 | 70 |
| | EXECUTIVE D | | | | | |
| Part I Type o | f Return and Retur | | Whole Dollars On | (v) | | |
| Check the box for the retu | | | | - | the return. If you | |
| check the box on line 1a, | - | - | | · · · · · · · · · · · · · · · · · · · | · · | |
| leave line 1b, 2b, 3b, 4b, | | | | - | | |
| the applicable line below. | | | | , | | |
| 1a Form 990 check here | ' | | | A), line 12) | 1b | 238,293 |
| 2a Form 990-EZ check h | ere 🕨 🗌 b Total | revenue, if any (Fo | orm 990-EZ, line 9) | | 2b | |
| 3a Form 1120-POL chec | k here ▶ D b To | tal tax (Form 1120-F | POL, line 22) | | 3b | |
| 4a Form 990-PF check h | ere ▶ b Tax ba | sed on investment | income (Form 990-Pl | F, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | | | | | | |
| Dout II Doologe | | | | | | |
| Part II Declara Under penalties of perjury, | ation and Signature | | | we examined a conv of | the | |
| organization's 2018 electro | | | | | | |
| are true, correct, and com | • | , 0 | | , , | , , | |
| organization's electronic re | eturn. I consent to allow r | ny intermediate serv | rice provider, transmitte | r, or electronic return or | riginator (ERO) | |
| to send the organization's | | | | • | • | |
| the transmission, (b) the r | , , , | ŭ | | , | • | |
| authorize the U.S. Treasur financial institution account | , | • | | , | • | |
| return, and the financial in | | | | | | |
| Agent at 1-888-353-4537 | - | | | | • | |
| involved in the processing | of the electronic paymen | t of taxes to receive | confidential information | n necessary to answer i | nquiries and | |
| resolve issues related to the | | | | as my signature for the | organization's | |
| electronic return and, if ap | oplicable, the organization | 's consent to electro | nic funds withdrawal. | | | |
| Officer's PIN: check one | box only | | | | | |
| X I authorize Bi | UTLER TAX & | ACCOUNTING | | to enter my PIN | 12345 as r | my signature |
| | | ERO firm name | | to criter my r ii v | Enter five numbers, bu | , , |
| | | | | | do not enter all zeros | |
| on the organizatio | n's tax year 2018 electron | nically filed return. If | I have indicated within | this return that a copy of | of the return is | |
| | state agency(ies)_regulati | | | rogram, I also authorize | the aforementioned | |
| ERO to enter my | PIN on the returns disclo | sure consent screen | 1. | | | |
| As an officer of th | o organization will outo | r may DINI AND ONE | vatura on the organizati | on's tay year 2019 elect | tranically filed return | |
| If I have indicated | e organization, will ente within his return that a | opy of the return is | being filed with a state | agency(ies) regulating c | harities as part of | |
| the IRS Fed/State | e program I will enter my | PIN on eturn's | disclosure consent scre | een. | · | |
| Officer's signature } | | | _ | Date | 05/29/19 | |
| | ation and Authent | ication/ | | Date | | |
| ERO's EFIN/PIN. Enter y | | | | | | |
| number (EFIN) followed by | y your five-digit self-selec | ted PIN. | | | 87 | 334154321 |
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| I certify that the above nul indicated above. I confirm | • • | , , | | • | • | |
| Information for Authorized | • | | with the requirements | or Fub. 4103, Woderni. | zed e-i lie (iviei) | |
| . Ri | UTLER TAX & | | <u>.</u> | | 05/29/19 | |
| ERO's signature } | OTTIEN TAV OF | 2 10 COOIN I TING | ı <u> </u> | Date } | 03/23/13 | |
| | F | RO Must Retair | n This Form — S | ee Instructions | | |
| | | | | ss Requested To | Do So | |
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Form **4562**

Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172 **2018**

chment 179 uence No.

Identifying number OFF BROADWAY THEATRE INC 80-0433176 Business or activity to which this form relates INDIRECT DEPRECIATION 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. 1,000,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,500,000 3 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 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 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 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. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 423 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 536 MACRS deductions for assets placed in service in tax years beginning before 2018 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 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (a) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property C 7-year property 10-year property 15-year property е 20-year property 25-year property S/I 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM 39 yrs. S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year MM S/L 30 yrs. 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,959 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Signature Certificate



Document Reference: PISLJBJV5532FGKTKP4ZWA





Sandy Jensen

Party ID: ZNENF8JP5L9MFN7E8EMR7G

IP Address: 107.77.231.25

verified email: obt1994@gmail.com



Multi-Factor
Digital Fingerprint Checksum

d0630ff61a8e5f27e7294a323fb4c07fe1a4bfab



| Timestamp | Audit |
|---------------------------|--|
| 2019-05-30 14:40:32 -0700 | All parties have signed document. Signed copies sent to: Office, Sandy |
| | Jensen, and Kevin Hicks. |
| 2019-05-30 14:40:32 -0700 | Document signed by Sandy Jensen (obt1994@gmail.com) with drawn signature |
| | 107.77.231.25 |
| 2019-05-30 14:40:32 -0700 | Sandy Jensen verified the document passcode 107.77.231.25 |
| 2019-05-30 14:39:46 -0700 | Document viewed by Sandy Jensen (obt1994@gmail.com) 107.77.231.25 |
| 2019-05-29 20:20:56 -0700 | Document created by Kevin Hicks (kevinhicks@butlertax.com) 96.73.10.218 |

