

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO <sup>LLP</sup>**

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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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).

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here 512(A)(7) PREVIOUSLY DISALLOWED FRINGE BENEFITS.

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 SHIREEN UDENKA, GLOBAL CONTROLLER Telephone number 415-984-3200

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Amount, Total. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; etc.

<b>Part III Total Unrelated Business Taxable Income</b>	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... 0.
33	Amounts paid for disallowed fringes ..... 0.
34	Charitable contributions (see instructions for limitation rules) ..... 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
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) ..... 0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) ..... 1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 ..... 0.

<b>Part IV Tax Computation</b>	
40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21) ..... 0.
41	<b>Trusts Taxable at Trust Rates.</b> 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) ..... 0.
42	<b>Proxy tax.</b> See instructions ..... 0.
43	Alternative minimum tax (trusts only) ..... 0.
44	<b>Tax on Noncompliant Facility Income.</b> See instructions ..... 0.
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies ..... 0.

<b>Part V Tax and Payments</b>	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 442.
b	Other credits (see instructions) ..... 4,818.
c	General business credit. Attach Form 3800
d	Credit for prior year minimum tax (attach Form 8801 or 8827)
e	<b>Total credits.</b> Add lines 46a through 46d
47	Subtract line 46e from line 45 ..... 0.
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) ..... 0.
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions) ..... 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ..... 0.
51a	Payments: A 2018 overpayment credited to 2019 ..... 442.
b	2019 estimated tax payments ..... 4,818.
c	Tax deposited with Form 8868
d	Foreign organizations: Tax paid or withheld at source (see instructions)
e	Backup withholding (see instructions)
f	Credit for small employer health insurance premiums (attach Form 8941)
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total
52	<b>Total payments.</b> Add lines 51a through 51g ..... 5,260.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... 0.
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ..... 0.
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ..... 5,260.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> ..... 5,260.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
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 <b>SEE STATEMENT 1</b>	X	
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 <input type="checkbox"/> \$		

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.

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ CFO Title \_\_\_\_\_

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name KATY BROWN	Preparer's signature KATY BROWN	Date 11/12/20	Check <input type="checkbox"/> if self-employed	PTIN P00650274
	Firm's name <b>ARMANINO LLP</b> 12657 ALCOSTA BLVD, STE. 500			Firm's EIN <b>94-6214841</b>	
	Firm's address <b>SAN RAMON, CA 94583-4600</b>			Phone no. <b>925-790-2600</b>	

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH  
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 1

NAME OF COUNTRY

FRANCE  
CHINA  
HONG KONG  
DENMARK  
JAPAN