Form **990**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public

Inspection

For the 2019 calendar year, or tax year beginning 2019, and ending 20 Check if applicable: C Name of organization THE DWAYNE PEASLEE TECHNICAL TRAINING CENTER INC D Employer identification number Address change Doing business as 47-1916358 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 920 HASKELL AVE 100 (785)856-1831 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return awrence, KS 66046 ,291,537 Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? X No H(b) Are all subordinates included? **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website: ▶ WWW.PEASLEETECH.ORG Group exemption number H(c) X Corporation Trust Association L Year of formation: 2014 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: WE ARE A CATALYST FOR ECONOMIC GROWTH PROVIDING TECHNICAL TRAINING TO A DIVERSE COMMUNITY OF LEARNERS TO MEET THE CURRENT AND Activities & Governance EMERGING NEEDS OF OUR COMMUNITIES AND EMPLOYERS. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 8 862,223 1,204,985 Revenue Program service revenue (Part VIII, line 2g) 234,739 86,516 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 23 36 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (3,695 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,093,290 1,291,537 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 143,674 137,526 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 668,621 694,875 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 812,295 832,401 19 Revenue less expenses. Subtract line 18 from line 12 280,995 459,136 Net Assets or Fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 4,748,070 4,981,574 21 Total liabilities (Part X, line 26) 1,712,569 1,486,937 22 Net assets or fund balances. Subtract line 21 from line 20 3,035,501 3,494,637 Part II Signature Block 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 officer) is based on all information of which preparer has any knowledge KEVIN KELLEY Sign Signature of officer Date Here KEVIN KELLEY, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Angela R Motsinger CPA MBngela R Motsinger CPA MBA 06-12-2020 P00629786 self-employed Preparer Firm's name Motsinger CPA Tax & Accounting LLC Firm's EIN ▶ **Use Only** Firm's address 303 W 11th Street Phone no. Lawrence KS 66044 785-749-5051 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2019) THE DWAYNE PEASLES
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		
7	"Yes," complete Schedule D, Part I	0		Х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	'		
Ū	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
L	Schedule D, Parts XI and XII	12a	X	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		Λ
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	, ,	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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THE DWAYNE PEASLEE TECHNICA

Part IV Checklist of Required Schedules (continued) THE DWAYNE PEASLEE TECHNICAL TRAINING CENTER INC. 47-1916358

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Х
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		Λ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		Х
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 51		Λ
55	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	,,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?............. 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O h 3b Х At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Х b 5b Х С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c d 7d 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b 13b C Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 х If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O.

THE DWAYNE PEASLEE TECHNICAL TRAINING CENTER INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	VENTA VETTEV (785)856-1821 2020 UNCVETT NUE TRUMPAGO VC 66046			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	·					•				
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both an	ı	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week (list any		1 1					from the organization	from related organizations	compensation from the
	hours for	or director	Instit	Office	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ecto.	Institutional trustee	er	empl	est c oyee	er			related organizations
	organizations below	rus	al tru		oyee	omp				
	dotted line)	lee	ıstee		_	ensa				
	,					ted				
(1) PATRICK SLABAUGH	1.00									
DIRECTOR		х						0	0	0
(2) SANDY DIXON	2.00									
VICE PRESIDENT		х		х				0	0	0
(3) LISA LARSEN	1.00									
DIRECTOR		х						0	0	0
(4) REGINALD ROBINSON	1.00									
DIRECTOR		X						0	0	0
(5) RICK_SALYER	1.00									
DIRECTOR		Х						0	0	0
(6) CHERYL WHITE	1.00									
DIRECTOR		Х						0	0	0
(7) DIANE STODDARD	1.00									
DIRECTOR		Х						0	0	0
(8) H CRAIG WEINAUG	1.00									
SECRETARY		Х						0	0	0
(9) SHIRLEY MARTIN-SMITH	2.00									
PRESIDENT		X		Х				0	0	0
(10)CYNTHIA YULICH	2.00									
TREASURER		Х		Х				0	0	0
(11)CHRIS_PANDINO	1.00									
DIRECTOR		Х						0	0	0
(12)TRACY GREEN	1.00							_	_	_
DIRECTOR		х		X				0	0	0
(13)RANDY WESEMAN	<u>1.0</u> 0							_	_	_
DIRECTOR		х						0	0	0
(14)BONNIE LOWE	1. 00							_	_	_
DIRECTOR		Х						0	0	0 Form 000 (2010)

Form **990** (2019)

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Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, aı	nd F	ligh	est Co	mp	ensated Employe	es (continued	<u>) </u>			
						(C)								
	(A) Name and title	(B) Average hours	box	, unle	eck m ss pe	rson i	han one s both ar r/trustee)		(D) Reportable compensation	(E) Reportable compensation	F	Estimat o	f other	•
		per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC				and
(15)NA	NCY THELLMAN	1.00	x						0		0			0
		1.00							<u> </u>		-			
	YLOR YOEST													_
DIREC			Х						0		0			0
	RAH PLINSKY	1.00							_		_			
DIREC			X						0		0			0
(18)BO	BBIE FLORY TOR	1.00	x		х				0		0			0
(19)JE	SSICA BEESON	1.00	x						0		0			0
	THONY LEWIS	1.00							<u> </u>					
DIRE			x						0		0			0
	VIN KELLEY	40.00)											
EXECU	TIVE DIRECTOR					x			0		0			0
(22)														
(23)														
(24)														
(25)														
1b	Subtotal							. •						
С	Total from continuation sheets to Part VII, Sect	tion A .												
d	Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limit	ted to those I								of				
	reportable compensation from the organization	<u> </u>											Yes	No
3	Did the organization list any former officer, direct	tor, trustee,	key er	nplo	yee,	or h	nighest	con	npensated					
	employee on line 1a? If "Yes," complete Schedu	le J for such	individ	dual								3		x
4	For any individual listed on line 1a, is the sum of re	eportable coi	mpens	ation	and	d oth	er com	npen	sation from the					
	organization and related organizations greater th	nan \$150,000)? If "\	es,"	' con	nple	te Sch	edul	le J for such					
	individual											4		x
5	Did any person listed on line 1a receive or accrue	compensation	on from	n any	unr	elat	ed orga	aniza	ation or individual					
	for services rendered to the organization? If "Yes	s," complete	Sched	dule .	J for	r suc	h pers	on				5		х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation													
	compensation from the organization. Report comp	pensation for	the ca	lenda	ar ye	ear e	ending	with	_	nization's tax y				
	(A)								(B)			(C)		
	Name and business addres	SS							Description of service	es	Com	pensat	ion	
2	Total number of independent contractors (including	a hut not lim	ited to	thos	se lie	sted	ahove)	wh	0					
-	received more than \$100,000 of compensation from	-							-					

47-1916358

Part VIII

Sta	tem	ent	of	R	nu	Δ

	Check if Schedule O contains a response o	r note to any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
-	1a Federated campaigns	а				
10		b				
Contributions, Gifts, Grants and Other Similar Amounts	' <u>-</u>	С				
<u> </u>		d				
ifts, r A		e 429,317				
a;e	f All other contributions, gifts, grants,	125/51/				
io Si is		f 775,668				
the	g Noncash contributions included in	7737000				
do		g \$				
ಕ ಬ	h Total. Add lines 1a-1f		1,204,985			
	II Total. Add illies ta II	Business Code	1,204,905			
	2a EXEMPT PURPOSE RENTAL	611600	68,489			68,489
<u>8</u>	b TUITION INCOME	611600	10,000	10,000		00,409
e.∠		611600	8,027	8,027		
n S ven	c EDUCATION LEASE INCOME		8,027	0,027		
Program Service Revenue	d e					
õ	f All other program service revenue					
-	g Total. Add lines 2a-2f		96 F16			
			86,516			
	3 Investment income (including dividends, interes		36			26
	other similar amounts)		36			36
						+
	5 Royalties					
	6a Gross rents 6a	(ii) Personal				
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	` /					
	7a Gross amount from sales of assets (i) Securities	(ii) Other				
	other than inventory b Less: cost or other basis					
Φ	l					
Revenue	and sales expenses 7b c Gain or (loss) 7c					
ě	d Net gain or (loss)					
er F	8a Gross income from fundraising					
ğ	events (not including \$					
	of contributions reported on line					
	•	8a				
		8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming					
		9a				
		9b				
	10a Gross sales of inventory, less returns and allowances	10a				
		10b				
	c Net income or (loss) from sales of inventory					
	2 . Tet meeting or (1999) from ballot of inventory	Business Code				
<u>v</u>	11a					
ne ne						+
ella ven						
Miscellanous Revenue	d All other revenue					
Σ	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		1,291,537	18,027	0	68,525
			_,,			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 129,223 115,471 13,752 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 8,303 8,303 11 Fees for services (nonemployees): b 1,566 1,409 157 14,293 12,864 1,429 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 14,229 12,806 1,423 Office expenses 13 1,297 1,168 129 14 15 16 107,897 107,897 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 76,718 76,718 21 22 Depreciation, depletion, and amortization 175,534 175,534 23 3,733 18,638 14,905 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS 1,850 1,850 TELEPHONE AND INTERNET 13,270 13,270 c ASSISTED TUITION AND INSTR 191,648 191,648 d REPAIRS AND MAINTENANCE 49,051 49,051 е All other expenses 28,884 28,884 Total functional expenses. Add lines 1 through 24e. . 25 832,401 782,894 35,755 13,752 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any	line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		· <u>.</u>	416,194	1	673,207
	2	Savings and temporary cash investments			2,250	2	3,686
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			50,910	4	36,436
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntributo	or, or 35%			
		controlled entity or family member of any of these perso		5			
	6	Loans and other receivables from other disqualified pers	ons (as	defined			
		under section 4958(f)(1)), and persons described in section	tion 495	58(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges		[11,866	9	11,042
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,984,277			
	b	Less: accumulated depreciation	10b	735,685	4,256,616	10c	4,248,592
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11 .		12			
	13	Investments - program-related. See Part IV, line 11 .				13	
	14	Intangible assets			9,982	14	8,359
	15	Other assets. See Part IV, line 11			252	15	252
	16	Total assets. Add lines 1 through 15 (must equal line 3	33)		4,748,070	16	4,981,574
	17	Accounts payable and accrued expenses			80,113	17	82,456
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of	f Sche	dule D		21	
S	22	Loans and other payables to any current or former office	er, direc	tor,			
Liabilities		trustee, key employee, creator or founder, substantial co	ntributo	or, or 35%			
iab		controlled entity or family member of any of these perso	ns .			22	
_	23	Secured mortgages and notes payable to unrelated thir	d partie	es	1,632,456	23	1,404,481
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t	o relate	ed third			
		parties, and other liabilities not included on lines 17-24).	Compl	ete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,712,569	26	1,486,937
		Organizations that follow FASB ASC 958, check here	>	x			
S		and complete lines 27, 28, 32, and 33.					
nce	27	Net assets without donor restrictions			3,035,501	27	3,494,637
ala	28	Net assets with donor restrictions				28	
Θ E		Organizations that do not follow FASB ASC 958, che	ck her	e ▶ 🗌			
Ē		and complete lines 29 through 33.					
p	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or	funds		31		
et /	32	Total net assets or fund balances	F	3,035,501	32	3,494,637	
2	33	Total liabilities and net assets/fund balances	<u></u>	<u></u> [4,748,070	33	4,981,574

Form	990 (2019) THE DWAYNE PEASLEE TECHNICAL TRAINING CENTER INC. 4	7-191635	8	Pa	age 1
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. \Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	291,	537
2	Total expenses (must equal Part IX, column (A), line 25)	2		832,	401
3	Revenue less expenses. Subtract line 2 from line 1	3		459,	136
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,	035,	501
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3,	494,	637
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis □ Consolidated basis □ Consolid				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form **990** (2019) EEA

За

3b

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								OMB No. 1545-0047			
Form	99U-1		(and prox	y tax under sectior	า 6033	B(e))			00	140		
		For caler	dar year 2019 or other tax year be	ginning,	2019, a	nd ending , 20			20)19		
Depar	tment of the Treasury		► Go to www.irs.gov/For	m990T for instructions	and the	e latest information		Open	to Publi	c Inspection for		
	al Revenue Service	▶ Do n	ot enter SSN numbers on this	form as it may be made p	ublic if	your organization is a	501(c)			anizations Only		
A 🗌	Check box if address changed		Name of organization (s box if name changed and see in	structions	s.)		-	-	entification number trust, see instructions.)		
В Ехе	empt under section	Print	THE DWAYNE PEASLE	E TECHNICAL TRAD	INING	CE		(டாடி	noyees	ilusi, see ilisilucilolis.)		
x	501(C) (3)	or	Number, street, and room or suite r	o. If a P.O. box, see instructions.		STE 100		47-191				
	408(e) 220(e)	Туре	2920 HASKELL AVE						lated bu instructi	isiness activity code		
	408A 530(a)	Type	City or town, state or province, cour	ntry, and ZIP or foreign postal coo	le			(000	monucu	0113.)		
$\overline{}$	529(a)		Lawrence, KS 6604	531120)							
C Boo	ok value of all assets end of year	ear										
	4,981,574		eck organization type 🕨	x 501(c) corporati	on	501(c) trust	401(a) trust		Other trust		
H E	Enter the number of	the orga	nization's unrelated trades o			Describe the	•	` ` '				
	rade or business he					plete Parts I-V. If mo				the		
			end of the previous sentence	e, complete Parts I and II	, comple	ete a Schedule M for	each	additiona	ıl			
	rade or business, the											
	-		corporation a subsidiary in a		ent-sub	sidiary controlled gro	up?		▶ _	Yes x No		
			dentifying number of the par	ent corporation.								
			KEVIN KELLEY			Telephone number						
Pa	•		e or Business Incom	9		(A) Income	(B)) Expense	es	(C) Net		
1a	Gross receipts or		• •									
b	Less returns and a			c Balance ►	1c							
2	· ·	`	ule A, line 7)		2							
3	Gross profit. Subtr			• • • • • • • • • • • • • • • • • • • •	3							
4a	Capital gain net ind	`	,		4a							
b			, Part II, line 17) (attach Forr		4b							
C	•		usts		4c							
5			ership or an S corporation (a		_							
	,				5 6							
6 7	,	,	come (Schedule E)		7	22,178		43,	904	(21,626)		
8			nd rents from a controlled organi		8	22,170		43,	804	(21,626)		
9		-	n 501(c)(7), (9), or (17) organiza		9							
10			come (Schedule I)	,	10							
11		•	ule J)		11							
12	_		ons; attach schedule)		12							
13	,		ough 12			22,178		43.	804	(21,626)		
			Taken Elsewhere (S				s.) (I					
			he unrelated business	incomo)			, ,			,		
14			irectors, and trustees (Scheo						14	-		
15	•			•				i i	15	_		
16	•							i i	16			
17	Bad debts							[17			
18	Interest (attach sch	edule) (see instructions)					[18			
19	Taxes and licenses	S						[19			
20	Depreciation (attac	h Form	4562)			20	12	2,175				
21	Less depreciation	claimed o	on Schedule A and elsewher	e on returm		21a			21b	12,175		
22	Depletion								22			
23	Contributions to de	ferred co	ompensation plans						23			
24	Employee benefit p	orograms	3					[24			
25	•		Schedule I)						25			
26	Excess readership	costs (S	Schedule J)					F	26			
27	Other deductions (•						27			
28			es 14 through 27					-	28	12,175		
29			income before net operatin	-					29	(33,801)		
30	Deduction for net of	perating	loss arising in tax years beg	ginning on or after Januar	y 1, 201	8 (see			30			
									30			
31	Unrelated busines	s taxable	income. Subtract line 30 fro	om line 29		. .			31	(33,801)		

Preparer Use Only

▶Motsinger CPA Tax & Accounting Firm's EIN ▶ Firm's address ▶303 W 11th Street Phone no Lawrence KS 66044 785-749-5051

Onn 330-1 (2013) IHE	DMWINE LEWSTER IFCHNIC	AD INVINING CENTE	K INC. 4/-1	1910330 rag	· •					
Schedule A - Cost of Goo	ds Sold. Enter method of in	ventory valuation >								
1 Inventory at beginning of year		1	end of year	6						
2 Purchases	2	7 Cost of goo	7 Cost of goods sold. Subtract line							
3 Cost of labor		6 from line 5	6 from line 5. Enter here and in Part							
4a Additional section 263A costs	6	I, line 2	I, line 2							
(attach schedule)	4a	8 Do the rules	8 Do the rules of section 263A (with respect to Yes N							
b Other costs (attach schedule) 4b	property pro	duced or acquired for resale)) apply						
5 Total. Add lines 1 through 4	b 5	to the organ	ization?							
	(From Real Property and	•								
Description of property										
(1)										
2)										
3)										
4)										
	2. Rent received or accrued									
(a) From personal property (if the perd for personal property is more than more than 50%)	10% but not percentage of rent for	d personal property (if the or personal property exceeds s based on profit or income)	3(a) Deductions directl in columns 2(a) an	y connected with the income d 2(b) (attach schedule)						
(1)										
(2)										
(3)										
(4)										
Гotal	Total		(b) Total deductions							
c) Total income. Add totals of co	lumns 2(a) and 2(b). Enter		(b) Total deductions. Enter here and on page	1						
nere and on page 1, Part I, line 6, c	, , , , ,		Part I, line 6, column (B)							
	ebt-Financed Income (see	instructions)	()							
1. Description of debt	•	2. Gross income from or allocable to debt-financed	3. Deductions directly connect debt-financed process.	roperty						
1. Description of debt	-illianced property	property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)						
			Statement #12	Statement #13						
1) API FOIL RENTAL		53,211	12,175	92,9	21					
(2)										
(3)										
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 colum 3(a) and 3(b))						
Statement #14	Statement #15									
1) 456,890	1,096,079	41.68 %	22,178	43,8	04					
(2)		%								
(3)		%								
(4)		%								
			Enter here and on page 1, Part I, line 7, column (A).							
Totals			22,178	43,8						
Fatal dividanda maadus dadust	the man in all colored in a selection of O			1						

EEA

Schedule F - Interest, Ar	inuities, Royaities,			rganizations	rganizations (see ins	struction	S)	
Name of controlled organization	2. Employer identification number	3. Net unrela (loss) (see i			S. Part of column 4 that included in the controllir organization's gross incompanies.		conr	eductions directly lected with income in column 5	
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organizat	ions								
7. Taxable Income	8. Net unrelated in (loss) (see instruct	I .		otal of specified ayments made	10. Part of column included in the corganization's gr	controlling	conn	Deductions directly ected with income in column 10	
(1)									
(2)									
(3)									
(4)									
Totals					Add columns 5 Enter here and Part I, line 8, co	on page 1 olumn (A).	, Enter I	columns 6 and 11. nere and on page 1, , line 8, column (B).	
Schedule G - Investment In	come of a Section 50	01(c)(7), (9							
1. Description of income	2. Amount	of income	dire	Deductions ectly connected tach schedule)	4. Set-aside (attach schedu		and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).		
Schedule I - Exploited Exer		Other Tha	n Adver	tising Income (s	ee instructions)				
Description of exploited activit	2. Gross unrelated business inco	3. Expenses directly come connected with production of		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		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and page 1, Par line 10, col.	rt I, pag	nere and on e 1, Part I, 0, col. (B).					Enter here and on page,1. Part II, line 25.	
Schedule J - Advertising In		ıs)							
	eriodicals Reported of		olidated	Basis					
1. Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readersh costs (column 6 minus column 5, bu not more than column 4).	
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))	. ▶								

Form **990-T** (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. 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 ▶						
	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) ▶						

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

1. Name	2. Title	3. 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		▶	

EEA Form **990-T** (2019)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

2019

THE DWAYNE PEASLEE TECHNICAL TRAINING CENTER INC. 47-1916358 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

47-1916358 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,357,975	817,445	833,193	862,223	1,057,619	5,928,455
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 3	2,357,975	817,445	833,193	862,223	1,057,619	5,928,455
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						462,554
	Public support. Subtract line 5 from line 4						5,465,901
	ction B. Total Support		T	T		Г	
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,357,975	817,445	833,193	862,223	1,057,619	5,928,455
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	318	59	135,131	208,290	36	343,834
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)				3,197	233,882	237,079
	Total support. Add lines 7 through 10						6,509,368
	Gross receipts from related activities, etc. (s				L	12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						▶ L
	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 6, c					14	83.97 %
	Public support percentage from 2018 Sched					15	89.79 %
16a	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualified						
b	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.	-					
	10% or more, and if the organization meets				_		
	Part VI how the organization meets the "fact			-	-		
	organization						
b	10%-facts-and-circumstances test - 2018.	_					ine
	15 is 10% or more, and if the organization m					-	
	Explain in Part VI how the organization meet	ts the "facts-and	d-circumstance	s" test. The or	ganization qua	alifies as a publ	icly
	supported organization						▶ [
18	Private foundation. If the organization did r						
	instructions						▶ □

47-1916358

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support			T			
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				 		-)(0)
14	First five years. If the Form 990 is for the or	· ·			•	,	, · · ,
500	organization, check this box and stop here					<u> </u>	
	Etion C. Computation of Public Support			column (f))		15	0/
	Public support percentage for 2019 (line 8, c		-			16	<u>%</u>
	Public support percentage from 2018 Sched etion D. Computation of Investment In-			· · · · · · · · ·		10	70
	Investment income percentage for 2019 (line			ino 12 column	(f))	17	%
			• •			18	
	Investment income percentage from 2018 Solution 33 1/3% support tests - 2019. If the organization						
134	17 is not more than 33 1/3%, check this box						_
h	33 1/3% support tests - 2018. If the organiz	=	-				
IJ	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-	-		_
<u>-u</u>	i iivate ivanuation. II the organization tild t	ior ori c or a bo	A OII IIII 14, 18	u, or rab, tile	on tine box allu	See manucilo	· 110

Part IV Supportin

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	JU		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	J		
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	-		
	8		
	9a		
	9b		
	9с		
	40		
	10a		
	10b		
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Par	rt IV Supporting Organizations (continued)			9-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
Jec	tion 6. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
<u>3ec</u> 1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	etruc	tions))
' a		Ju uc		•
b				
C		see in	struct	ions
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2019 THE DWAYNE PEASLEE TECHNICAL TRAINING O	CENTE	R INC. 47-191	6358 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organize	zations	s must complete Section	ns A through E.
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		, , ,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
СО	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year

instructions).

2

3

4

5

6

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Schedu	le A (Form 990 or 990-EZ) 2019 THE DWAYNE PEASLEE TECHN			6358 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
_ <u>i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from			
4				
	Section D, line 7: \$ Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
3	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
_ <u> </u>	F (004F			
	Excess from 2015			

c Excess from 2017 d Excess from 2018 e Excess from 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2019

PAGE 1

Name(s) as shown on return

For your records only

Social security number/EIN

1	HE DWAYNE PEASLEE TECH	HNICAL TRAINING CENTER INC. 47-1916358													
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	BUILDING	01012015	1,549,081		100.00			1,549,081	40	SL MM	2.5	154,908	38,727	193,635	38,727
3	RENTAL SPACE- WIB (HE	01012015	181,396		100.00			181,396	40	SL MM	2.5	18,140	4,535	22,675	4,535
4	SIGNAGE	12282015	6,144		100.00			6,144	10	SL MQ	10	1,843	614	2,457	614
5	SIGNAGE	12282015	1,723		100.00			1,723	10	SL MQ	10	517	172	689	172
6	BELCHER HVAC LAB	09012016	43,500		100.00			43,500	15	SL HY	6.667	26,825	2,900	29,725	2,900
7	GARAGE DOORS	05262017	1,436		100.00			1,436	15	SL HY	6.667	838	96	934	96
8	API RENOVATION	04302017	50,555		100.00			50,555	15	SL HY	6.667	29,490	3,370	32,860	3,370
9	HVAC/AIR HANDLER RENO	05082017	250,000		100.00			250,000	15	SL HY	6.667	145,834	16,667	162,501	16,667
10	AUTO LAB	08182017	282,526		100.00			282,526	15	SL HY	6.667	25,113	18,835	43,948	18,835
11	PLUMBING LAB	07312018	82,459		100.00			82,459	15	SL HY	6.667	2,749	5,497	8,246	5,497
12	MISCELLANEOUS BUILDIN	12282015	1,018,405		100.00			1,018,405	40	SL MM	2.5	76,888	25,460	102,348	25,460
13	TITLE WORK & ENGINEER	12282015	25,385		100.00			25,385	40	SL MM	2.5	1,904	635	2,539	635
14	ELECTICAL	12282015	20,765		100.00			20,765	40	SL MM	2.5	1,557	519	2,076	519
15	ARCHITECH FEES	12282015	58,400		100.00			58,400	40	SL MM	2.5	4,380	1,460	5,840	1,460
16	PUBLIC WATER LINE EXT	12282015	27,803		100.00			27,803	40	SL MM	2.5	2,085	695	2,780	695
17	SANITATION/SEWER LINE	12282015	14,489		100.00			14,489	40	SL MM	2.5	1,086	362	1,448	362
18	MISCELLANEOUS BUILDIN	12282015	288,395		100.00			288,395	40	SL MM	2.5	21,630	7,210	28,840	7,210
19	TITLE WORK & ENGINEER	12282015	7,118		100.00			7,118	40	SL MM	2.5	534	178	712	178
20	ELECTRICAL	12282015	5,822		100.00			5,822		SL MM	2.5	437	146	583	146
21	ARCHITECH FEES	12282015	9,300		100.00			9,300		SL MM	2.5	697	232	929	233
22	PUBLIC WATER EXTENSIO		7,796		100.00			7,796		SL MM	2.5	585	195	780	195
23	SANITATION/SEWER LINE		4,063		100.00			4,063		SL MM	2.5	305	102	407	102
24	OFFICE FURNITURE	12282015	24,337		100.00			24,337		SL MQ	10	7,301	2,434	9,735	2,434
25	CAPITALIZED INTEREST	12282015	2,258		100.00			2,258		AMT-AMT	10	721	226	947	226
26	EMPRISE LOAN COSTS	01292018	9,866		100.00			9,866		AMT-AMT	14.2857	1,409	1,409	2,818	1,409
27	LAND VALUE PER DG CTY		282,510	282,510	100.00				0		0				
28	ASPHALT DRIVEWAY	12282015	24,603		100.00			24,603		SL MQ	5	3,690	1,230	4,920	1,230
29	ASPHALT DRIVEWAY	12282015	6,898		100.00			6,898		SL MQ	5	1,035	345	1,380	345
30	CONVEYOR SYSTEM	12092015	19,000		100.00			19,000		SL MQ	10	5,858	1,900	7,758	1,900
31	COPIER FROM LASER LOG	12092015	3,500		100.00			3,500	10	SL MQ	10	1,079	306	1,385	306

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

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Name(s) as shown on return

For your records only

Social security number/EIN

T	HE DWAYNE PEASLEE TECH	NICAL TRA	AINING CENTER INC.											47-1916358			
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Me	thod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current	
32	COPIER FROM LASER LOG	12092015	2,000		100.00			2,000	10	SL	MQ	10	617	200	817	200	
33	COPIER DONATED FROM E	12092015	2,350		100.00			2,350	10	SL	MQ	10	725	235	960	235	
34	FAN MOTORS	06302015	199		100.00			199	10	SL	MQ	10	70	20	90	20	
35	3 OVERHEAD GARAGE DOO	12092015	2,335		100.00			2,335	10	SL	MQ	10	720	233	953	234	
36	MANUFACTURING TRAININ	06232015	1,185		100.00			1,185	10	SL	MQ	10	414	118	532	119	
37	PROJECTORS AND ACCESS	08262015	920		100.00			920	10	SL	MQ	10	307	92	399	92	
38	MUFFIN FANS/GUARD EQU	07102015	47		100.00			47	10	SL	MQ	10	17	5	22	5	
39	COMPRESSED AIR SYSTEM	09042015	324		100.00			324	10	SL	MQ	10	108	32	140	32	
40	COMPUTERS FOR TRAININ	12282015	17,966		100.00			17,966	10	SL	MQ	10	5,390	1,797	7,187	1,797	
41	2 HEATERS	02202017	938		100.00			938	10	SL	HY	10	172	94	266	94	
42	MATCO BLACK TOOL BOX	07242017	4,263		100.00			4,263	10	SL	HY	10	604	426	1,030	426	
43	MATCO RED TOOL BOX	07242017	4,413		100.00			4,413	10	SL	HY	10	625	441	1,066	441	
44	TOOL KITS	08182017	4,391		100.00			4,391	10	SL	HY	10	585	439	1,024	439	
45	DRILL W/STAND	01092018	5,356		100.00			5,356	10	SL	HY	10	268	536	804	536	
46	BENCH LATHE	01092018	6,596		100.00			6,596	10	SL	HY	10	330	660	990	660	
47	TOOLS AND CHEST	01222018	4,521		100.00			4,521	10	SL	HY	10	226	452	678	452	
48	TOOL BIT	01262018	477		100.00			477	5	SL	HY	20	48	95	143	95	
49	TVS AND STANDS	03152018	1,010		100.00			1,010	5	SL	HY	20	101	202	303	202	
50	MILL	08232018	2,148		100.00			2,148	5	SL	HY	20	215	430	645	430	
51	WELDING LAB	10012019	12,341		100.00			12,341	15	150 I	OB HY	5		617	617	617	
52	PARKING LOT	07012019	127,614		100.00			127,614	15	150 I	OB HY	5		6,381	6,381	6,381	
53	2000 FORD F350	01092019	9,975		100.00			9,975	5	200 I	OB HY	20		1,995	1,995	1,995	
54	FLATBED GOOSENECK TRA	01092019	4,990		100.00			4,990	5	200 I	OB HY	20		998	998	998	
55	SEMI TRACTOR CDL TRAI	10312019	9,095		100.00			9,095	3	200 I	OB HY	33.33		3,031	3,031	3,031	
56	PRINTER	10032019	3,495		100.00			3,495	5	200 1	DB HY	20		699	699	699	
	Totals		4,538,482					4,255,972					550,980	156,685	707,665	156,688	

156,685

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Depreciation Detail Listing

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Social security number/EIN

-	THE DWAYNE PEASLEE TEC	HNTCAL TRA	INING CENTE	R INC									47-1916358			
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life		Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
2	RENTAL SPACE - HIPER	01012015	487,013		100.00			487,013	40	SL	MM	2.5	48,701	12,175	60,876	12,175
	Totals	1	487,013					487,013					48,701	12,175	60,876	12,175

487,013

12,175