	EXTENDED TO NOV			<b>D</b>		
<sub>,Form</sub> 990-T	Exempt Organization Bu			ax Return	ŀ	OMB No 1545-0687
<b></b>	(and proxy tax und	der se	ction 6033(e))		i	2040
•	For calendar year 2018 or other tax year beginning		, and ending		– i	2018
Department of the Treasury Internal Revenue Service	► Go to www.irs gov/Form990T for i  Do not enter SSN numbers on this form as it ma					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if			and see instructions.)		(Emp	loyer identification number ployees' trust, see
address changed	ARTS CENTER AND THEATE	ER				uctions)
B Exempt under section	Print OF SCHENECTADY INC					. 4 - 1602083 lated business activity code
X 501(3)	Type 1432 Cmamps Cm		instructions )			
408(e) 220(e)	432 STATE ST					
408A 530(a) 529(a)	City or town, state or province, country, and ZIP SCHENECTADY, NY 12305		n postal code	ļ	524	298
C Book value of all assets at end of year	F Group exemption number (See instructions )	<b>&gt;</b>	<del></del>			
52,255,1	42. G Check organization type ► X 501(c) co	rporation	n 501(c) trust	401(a)	trust	Other trust
H Enter the number of the o	organization's unrelated trades or businesses. 🕨	1	Describe th	ne only (or first) unr	elated	I
trade or business here	SEE STATEMENT 1		If only one, c	omplete Parts I-V	f more	e than one,
describe the first in the bl	ank space at the end of the previous sentence, complete P	arts I an	d II, complete a Schedule N	A for each additiona	l trade	e or
business, then complete l	· · · · · · · · · · · · · · · · · · ·					
	the corporation a subsidiary in an affiliated group or a pare	ent-subs	diary controlled group?	<b>&gt;</b>	Y	es 🗶 No
	nd identifying number of the parent corporation.					200 20011
	CHRISTOPHER MUSTO  Trade or Business Income				T8-	382-3884 *
		_	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale						
b Less returns and allov		10				
2 Cost of goods sold (S	•	2				
3 Gross profit Subtract		3		<u> </u>		
4a Capital gain net incom	·	4a				
- , , ,	4797, Part II, line 17) (attach Form 4797)	4b 4c				
c Capital loss deduction		5	-			,
	partnership or an S corporation (attach statement)	6				
·	ed income (Schedule E)	7	_			
	atties, and rents from a controlled organization (Schedule F)					
•	a section 501(c)(7), (9), or (17) organization (Schedule G					·-··
	a section 50 f(c)(7), (5), or (17) organization (Schedule G rity income (Schedule I)	10		<u> </u>		
11 Advertising income (S		11				
,	tructions; attach schedule)	12				
13 Total. Combine lines	·	13	0.			
	ns Not Taken Elsewhere (See instructions f			<del></del>		4 · · · · · · · · · · · · · · · · · · ·
	ontributions, deductions must be directly connecte			ncome )		
14 Compensation of offi	cers, directors, and trustees (Schedule KRECEIV	<u>-</u> n			14	
15 Salaries and wages					15	
16 Repairs and maintena	ance Q		S		16	
17 Bad debts	ance	)19	RS-080	[	17	
18 Interest (attach sched	dule) (see instructions)		8		18	
19 Taxes and licenses	OGDEN,	IIT	-1		19	
20 Charitable contribution	ons (See instructions for limitation rules)	<u> </u>			20	
21 Depreciation fattach	<sup>-</sup> orm 4562)		21			
	imed on Schedule A and elsewhere on return		22a		22b	
23 Depletion					23	
	rred compensation plans			_	24	
25 Employee benefit pro	grams			L	25	
26 Excess exempt exper	ses (Schedule I)			<u> </u>	26	
27 Excess readership co	sts (Schedule J)			Ĺ	27	
28 Other deductions (att	ach schedule)			L	28	
	ld lines 14 through 28			Ĺ	29	0.
<b></b> ,	exable income before net operating loss deduction. Subtrain			1	30	0.
	erating loss arising in tax years beginning on or after Janua	ary 1, 20	18 (see instructions)	Ļ	31	
22 Uprolated business to	syable income. Subtract line 21 from line 20			1	22	l n

Form **990-T** (2018

P00368385

937-298-0201

Firm's EIN ▶

Phone no

42-0714325

**Preparer** 

**Use Only** 

KAREN O CRIM

Firm's name ► RSM US LLP

Firm's address ► DAYTON, OH 45402

S PATTERSON BLVD

· ` ` ` ` ` · · · · · · · · · · · · · ·									
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valu	ation ► N/A	<u> </u>				
<ol> <li>Inventory at beginning of year</li> </ol>	1		<b>6</b> In	iventory at end of yea	ır		6		
2 Purchases	2	7 Cost of goods sold Su							
3 Cost of labor	3		_	om line 5. Enter here	and in f	Part I,	<u>  </u>		
4a Additional section 263A costs				ne 2			7	<del></del>	
(attach schedule)	4a	-	_	o the rules of section	•	•		Yes No	
<ul> <li>Other costs (attach schedule)</li> </ul>	4b			roperty produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b				e organization?		- LACO D. LD	4. \		
Schedule C - Rent Income (see instructions)	(From Real	Property and	a Perso	nai Property L	.ease	a with Real Prop	erty)		
· · · · · · · · · · · · · · · · · · ·				<u> </u>					
1 Description of property									
(1)									
(2)					_				
(3)									
(4)						1		<del></del>	
		ed or accrued	<del></del>		<del></del>	3(a) Deductions directly	connected v	with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal proj	property (if the percental perty exceeds 50% or if on profit or income)	ds 50% or if				
(1)		•							
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	<b>•</b>	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	nstruction	ons)				-	
		·		Gross income from		3. Deductions directly con to debt-finance		or allocable	
Description of debt-fit	nanced property			allocable to debt- nanced property	(a)	Straight line depreciation (attach schedule)		Other deductions attach schedule)	
(1)			† · · · ·						
(2)									
(3)						·			
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deductions nn 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			-			nter here and on page 1, Part I, line 7, column (A)		here and on page 1, I, line 7, column (B)	
Totals				•		0		0.	

Total dividends-received deductions included in column 8

Form 990-T (2018) OF SCHENECTADY INC

Schedule F - Interest, A	nnuities, Roy	alties, an	d Rents	From Co	ntrolle	d Organiza	tion		struction	s)	
			Exempt (	Controlled O	rganızatı	ons					
Name of controlled organization	ıde	Employer htrication number	Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		rolling	6 Deductions directly connected with income in column 5	
(1)											
(2)										<del></del>	
(3)										<del></del> -	
(4)			<del>                                     </del>	_					•		
Nonexempt Controlled Organiz	ations				·		1				
7 Taxable Income	8. Net unrelated inc (see instruct		9 Total	of specified payr made	nents	10. Part of colur in the controlli gross		nization's		ductions directly connected income in column 10	
(1)			<u> </u>							· · · · · · · · · · · · · · · · · · ·	
(2)											
(3)	·								-	<del></del>	
(4)											
						Add colum Enter here and line 8, c		e 1, Part I, A)		id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals								0.		0.	
Schedule G - Investmer		Section	501(c)(7	'), (9), or ( <sup>.</sup>	17) Org	ganization					
(see instr	uctions)			<del>,</del>				т ———		T -	
1 Descr	iption of income			2 Amount of	ілсоте	3 Deduction directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and o Part I, line 9, co	on page 1, i lumn (A)					Enter hore and on page 1, Part I, line 9, column (B)	
Totals			<u> </u>		0.					0.	
Schedule I - Exploited I (see instru		y Income	e, Other	Than Adv	ertisin	g Income		1			
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of uni	openses connected oduction related as income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colur	abie to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)		Ì									
(3)	-										
(4)			-								
	Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	re and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26	
Totals	0		<u> </u>							0.	
Schedule J - Advertisin	<u>,                                      </u>							_			
Part I Income From P	eriodicals Re	ported o	n a Cons	solidated	Basis			_			
1 Name of periodical	2. Gross advertisin income	~ I	3 Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, compute	5. Circulati	ion	6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)										,	
(3)				_						<u>!</u>	
(4)				1							
						1			Ţ		
Totals (carry to Part II, line (5))	<b></b>	0.	Ó	•		<u> </u>				0.	

## Form 990-T (2018) OF SCHENECTADY INC Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.			<u> </u>	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	ightharpoons	0.	0.				0.

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

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)	·	%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form 990-T (2018)

		<del></del>		
FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT 1
		BUSINESS ACTIVI	ΓΥ	

HOSTING TICKETING OUTLETS FOR OTHER ENTITIES.

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/11	335,757.	9,795.	325,962.	325,962.
12/31/12	384,517.	0.	384,517.	384,517.
12/31/13	583,241.	0.	583,241.	583,241.
12/31/14	587,912.	0.	587,912.	587,912.
12/31/15	733,306.	0.	733,306.	733,306.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	2,614,938.	2,614,938.