99		DED TO JAN							, , ,	, , , ,
Form <b>990-T</b>	Exempt Organ					ax Re	turn	<b>)</b>	OMB N	0 1545-0047
	(an For calendar year 2019 or other tax year	d proxy tax und				$\mathcal{J}_{00}$	$\partial_{\overline{202}}$	ا م	21	019
<b>.</b>		rs gov/Form990T for in				nation	404	<del>"</del>		515
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).  Open to Public Inspection for 501(c)(3) Organizations Only								
A Check box if	Name of organization (	Check box if name c	hanged	and see insti	ructions.)			D Emple		fication number
address changed			<del></del> -					ınstru	ctions)	
B Exempt under section	Print HISTORIC BET				1					<u> 18079</u>
$\mathbf{X}$ 501( $\mathbf{d}$ )(3)	Type 7.4 TYPOW DROOM			structions.				(See II	ated busing astructions	ess activity code
408(e) 220(e)	74 WEST BROA					_				
408A530(a)	City or town, state or provi			n postal code				900	000	
Book value of all assets	F Group exemption number							<u> </u>	000_	
at end of year 3,019,9	84. G Check organization type	► <b>X</b> 501(c) corp	oration	າ 🔲 50	)1(c) trust		] 401(a)	trust		Other trust
H Enter the number of the	organization's unrelated trades or bi	usinesses. >	1		Describe	the only (or	first) un	related		
trade or business here	SEE STATEMENT	1		·	If only one,	complete P	arts I-V.	If more	than one	<del>)</del> ,
describe the first in the b	lank space at the end of the previous	s sentence, complete Pa	arts I an	id II, complete	e a Schedul	e M for each	addition	al trade	or or	
business, then complete	<del></del>				<del></del>		. r			<del></del>
	the corporation a subsidiary in an a		nt-subs	idiary control	led group?		► L	Ye	s X	No
	ind identifying number of the parent				Tolonh	one number	/	610	\ 00	2-0450
	CHARLENE DONG d Trade or Business Income			(A) Inc			xpenses			(C) Net
1a Gross receipts or sale				(,		, ř		74		
b Less returns and allo		c Balance	1c			[47-44] . [7-4] [4	ران 1 الله على الله		rubris Profil	/
2 Cost of goods sold (S			2	-	<del></del>		-31		,"	
3 Gross profit. Subtract	•		3			주는 사이를 <u>-</u>	1 1 27	1-31		
4a Capital gain net incon	ne (attach Schedule D)		4a	*			Y			
<b>b</b> Net gain (loss) (Form	4797, Part II, line 17) (attach Form	4797)	4b	,,	-3	715.2	· [			
c Capital loss deduction	of for trusts		4c			3 41 4 5	ette seds Total	, Y s		
	partnership or an S corporation (att	ach statement)	5				7 min.			
6 Rent income (Schedu	•		6				400	-/		
	ed income (Schedule E)		7	1	,110.		<u>18,3</u>	/4.		<u>17,264.</u>
	yalties, and rents from a controlled of	•	8	<del></del>			_/			
	f a section 501(c)(7), (9), or (17) or	ganization (Schedule 6)					/			
•	vity income (Schedule I)		10				/			<del></del>
11 Advertising income (See in:	structions; attach schedule)		12			14,2"	100	-		
13 Total. Combine lines			13	1	,110.	/	18,3	74.		17,264.
	ns Not Taken Elsewhere	(See instructions fo								
(Deductions	must be directly connected wit	h the unrelated busir	ness in							
14 Compensation of off	icers, directors, and trustees (Sched	iule K)		RECE	WED			14		
15 Salaries and wages		_				<b>3</b> 81		15		
16 Repairs and mainter	ance 61	1521		FEB 0 !	2 2021	70		16		
17 Bad debts		(フグ)	1			<b>기</b> 절[		17		
_ '	dule) (see instructions)		K	UGDE	NUT			18		
19 Taxes and licenses	F 4500)							19		
20 Depreciation (attach	Form 4562) aimed on Schedule A and elsewhere	on return			20 21a		_	21b		
<ul><li>21 Less depreciation cli</li><li>22 Depletion</li></ul>	aimed ou ochedule A and eisewhere	on return			[218]			22		
•	erred compensation plans							23		
24 Employee benefit pro								24		·
25 Excess exempt expe								25		
26 Excess readership c	· · · · · · · · · · · · · · · · · · ·							26		
27 Other deductions (at								27		
	dd lines 14 through 27							28		0.
	axable income before net operating				}			29		17,264.
	erating loss arising in tax years begi	nning on or after Janua	ry 1, 20							_
(see instructions)	- ·			SEE	STAT	EMENT	2	30		0.
	axable income. Subtract line 30 from							31		17,264.
923701 01/27-20 LHA FO	r Paperwork Reduction Act Notice,	see instructions.					a 10		Form :	<b>990-T</b> (2019)

π-	$-\tau$	Total Unveloted Business Toyable Income	<u> </u>	0 / 9 Page 2
Par		Total Unrelated Business Taxable Income		7 064
32		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		7,264.
33		nts paid for disallowed fringes	β3 <u> </u>	
,34		able contributions (see instructions for limitation rules)	84	0.
35		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 39		<u>.7,264.</u>
36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37	_	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		7,264.
38	Speci	fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrel	ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	
		the smaller of zero or line 37	<u> 39   -1</u>	<u>7,264.</u>
Par		Tax Computation	<del></del>	
40	Orgai	izations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	0.
41	Trust	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		
		Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy	tax. See instructions	42	
43	Altern	ative minimum tax (trusts only)	43	
44	Tax o	n Noncompliant Facility Income. See instructions	44	
<u>45</u>	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par	t V	Tax and Payments		
46 a	Foreig	in tax credit (corporations attach Form 1118; trusts attach Form 1116)	İ	
b	Other	credits (see instructions)		
C	Gener	al business credit. Attach Form 3800	.	
đ	Credit	for prior year minimum tax (attach Form 8801 or 8827)		
е	Total	credits. Add lines 46a through 46d	46e	
47	Subtr	act line 46e from line 45	47	0.
48	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total	tax. Add lines 47 and 48 (see instructions)	49	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
		ents: A 2018 overpayment credited to 2019		
	-	estimated tax payments 51b		
		eposited with Form 8868 51c		
		in organizations: Tax paid or withheld at source (see instructions)		
		p withholding (see instructions)  51e	<u> </u>	
		for small employer health insurance premiums (attach Form 8941)		
		credits, adjustments, and payments: Form 2439		
ч		Form 4136 Other Total 51g		
52		payments. Add lines 51a through 51g	52	
53		ated tax penalty (see instructions). Check if Form 2220 is attached	53	
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	•	the amount of line 55 you want: Credited to 2020 estimated tax	56	
Par		Statements Regarding Certain Activities and Other Information (see instructions)	30	
			<del></del>	Voc. No.
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		{
		VI OTH 114, Report of Foreign Bank and Financial Accounts. If Tes, effect the maine of the foreign country		X
EO	here	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
58		," see instructions for other forms the organization may have to file.		
E0		,		1
59		the amount of tax-exempt interest received or accrued during the tax year   S  S  Shows a second and to the best of my know specified and to the best of my know specified accompanying schedules and statements, and to the best of my know specified accompanying schedules and statements.	ledge and helief it is	true
Sign		correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	reago ano ocher, in is	
Here		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y the IRS discuss thi	
			preparer shown belo	·— I
			ructions)? X Ye	es No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid	t	MARC A. BRINKER, self-employed	200000	<b>500</b>
Pre	parer	CPA // // //   01/14/21	P01040	
Use	Only	Firm's name ► CAMPBELL RAPPOLD & YURASITS LLP Firm's EIN ►	<u>23-138</u>	6942
	_	1033 S CEDAR CREST BLVD		<b></b>
			610)435-	
923711	01-27-2	0	Form 9	<b>90-T</b> (2019)
		Λ		

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	aluation > N/A				
,1 Inventory at beginning of year	1		6	Inventory at end of year	Γ		6	
2 Purchases	2		7	Cost of goods sold. Su	btract I	ine 6		
3 Cost of labor	3_			from line 5. Enter here a	and in F	Part I,	and I	
4a Additional section 263A costs			}	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				<i>,</i>
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Per	sonal Property I	Leas	ed With Real Pro	pert	y) 
1. Description of property								
(1)								
(2)								
(3)								-
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for pe	ersonal (	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	3(a) Deductions directly columns 2(a) an	conne d 2(b) (	cted with the income in attach schedule)
(1)								
(2)								
(3)				_				_
(4)								
Total	0.	Total			0.	]		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter <b>&gt;</b>			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 i	nstruc	ctions)				
			2.	Gross income from		3 Deductions directly conto debt-finance		
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
				,	Ç!	PATEMENT 5	C T	ATEMENT 6
(1) 505-507 MAIN STRI	EET			2,079.	<u> </u>	9,382	_	25,033.
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  STATEMENT 7	of or a	adjusted basis llocable to need property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1) 84,166.	DIRIE	157,639.		53.39%		1,110	_	18,374.
(2)				%			1	20,0110
(3)				%			1	
(4)				%			_	
	STATI	EMENT 4				nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B)
Totals				_		1,110		18,374.
Total dividends-received deductions and	cluded in column	8				<u> </u>	<u> </u>	0.

Form 990-T (2019)

Sch	edule F - Interest, A	Annuities	s, Royaltie	s, and Rents	From Co	ontrolle	ed Organiz	ations (see in	structions	
				Exempt 0	Controlled O	rganizatio	ons			
•	Name of controlled organizat	ion	2. Employe identification number		elated income instructions)		al of specified nents made	5. Part of column included in the cororganization's gross	ntrolling	Deductions directly connected with income in column 5
<del></del> (1)-										<del></del>
	· <del></del>		· · · · · · · · · · · · · · · · · · ·	_						
(2)					·					<del></del>
(3)	<del></del>		<del></del>						_	·
(4)	-vernat Controlled Organi			k				L		
None	exempt Controlled Organia			.   0		1	40 - 0 - 4 - 4 1		144 0:4	
	7. Taxable Income		related income (lo: e instructions)	ss) 9. lotali	of specified pay made	ments	in the controlli	nn 9 that is included ng organization's i income		uctions directly connected neome in column 10
(1)										
(2)										
(3)										
(4)			·				•			
_(-/_			-				Enter here and	on page 1, Part I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Total	s					<b>&gt;</b>		0 .	•	0.
Sch	nedule G - Investme (see instr		ne of a Sec	ction 501(c)(	7), (9), or	(17) Or	ganization	) 		
	1. Desc	ription of incom	ne		2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted 4. Se	et-asides a schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)	<del>.</del>					]				
(3)	1	-								
(4)			·							
Total	s nedule I - Exploited	Evemnt	Activity In	come Othe	Enter here and Part I, line 9, co	otumn (A)	na Income			Enter here and on page 1, Part I, line 9, column (B)
	(see instru		Activity iii		4. Net incor			, 		
·	1. Description of exploited activity	2 Gr unrelated I income trade or b	business from	3. Expenses irectly connected with production of unrelated ousiness income	from unrelated business (computed and computed and computed through	d trade or olumn 2 in 3) If a ie cols 5	5 Gross inco from activity to is not unrelate business inco	hat attrib	xpenses utable to lumn 5	Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	· · · · · · · · · · · · · · · · · · ·									
(2)		<del> </del>								
(3)			-  -					1		-
(4)		_			<del>                                     </del>	-				
_(4)_		Enter here page 1, line 10, o	Part I, col (A)	nter here and on page 1, Part I, line 10, col (B)	re vivir					Enter here and on page 1, Part II, line 25
Total			0.	0.		T-0 x4 1		F. F. F.	, <u> </u>	0.
	hedule J - Advertisi rt I Income From				solidated	l Basis			···	
	1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7			ndership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						- 3 -				
(2)					, " , " , " , " , " , " , " , " , " , "	# #	=			
(3)					71.3					
(4)	<del>-</del>									
									1	
Total	s (carry to Part II, line (5))	<b>.</b>	0.	0						0 . Form <b>990-T</b> (2019)

Form 990-T (2019) HISTORIC BETHLEHEM INCORPORATED

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	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-						
-(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		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)	<b>•</b>	0.	0.		A 1 THE TOTAL PROPERTY.	rading hillse	0.

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

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

Form 990-T (2019)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT	1
	BUSINESS ACTIVITY		

UNRELATED\_BUSINESS\_INCOME-FROM-THE-RENTAL-OF DEBT FINANCED PROPERTY.

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
02/28/19	27,594.	0.	27,594.	27,594.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	27,594.	27,594.
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
02/28/11 02/29/12 02/28/13 02/28/15 02/29/16 02/28/17 02/28/18	102,416. 12,004. 14,291. 8,580. 4,896. 9,122. 13,613.	14,628. 0. 0. 0. 0. 0.	87,788. 12,004. 14,291. 8,580. 4,896. 9,122. 13,613.	87,788. 12,004. 14,291. 8,580. 4,896. 9,122. 13,613.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	150,294.	150,294.

FORM 990-T SCHEDULE E - UNRELATED AVERAGE ADJUSTE		OINCOME	STATEMENT	4
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVIT NUMBER	Y	-
505-507 MAIN STREET		1	- AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST	•	₹	162,3 152,9	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR	THE YEAR		157,6	39.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	1 5			
FORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCT	ION	STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL	- 1	9,382.	9,3	82.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	(A)		9,3	82.
	· · · · · · · · · · · · · · · · · · ·		,	
FORM 990-T SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST OCCUPANCY REPAIRS AND MAINTENANCE		3,765. 8,141. 10,271.		
TELEPHONE - SUBTOTAL	- 1	2,856.	25,0	33.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		25,0	33.

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT	7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE DEBT	- SUBTOTAL -	- 1	84,166.	84,1	66.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN	4		84,1	66.

FORM 990-T	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT	8
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE BASIS	- SUBTOTAL -	1	157,639.	157,6	39.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN	5		157,6	39.