

1903

Form 990-T

AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning APR 1, 2018 and ending MAR 31, 2019

2018

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

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section
[X] 501(c)(3)
[] 408(e) [] 220(e)
[] 408A [] 530(a)
[] 529(a)

Print or Type

FRICK ART & HISTORICAL CENTER, INC.

25-1596285

Number, street, and room or suite no. If a P.O. box, see instructions.

7227 REYNOLDS STREET

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

PITTSBURGH, PA 15208-2919

722210

C Book value of all assets at end of year 102,034,892.

F Group exemption number (See instructions.)

G Check organization type [X] 501(c) corporation [] 501(c) trust [] 401(a) trust [] Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here LIMITED SERVICE EATING PLACE. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes [X] No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of LISA GEHRING, DIRECTOR OF FINANCE Telephone number (412) 371-0600

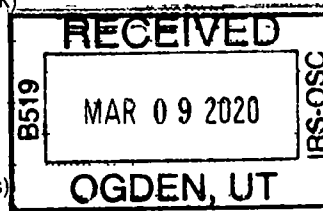
Part I Unrelated Trade or Business Income

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts or sales (3,444), Cost of goods sold (3,003), and Total (397).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Compensation of officers, directors, and trustees (Schedule K), Charitable contributions, and Total deductions (709).



SEE STATEMENT 2

SCANNED JUN 25 2020

MAR 13 2020

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33 through 38.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39 through 44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a through 55.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56 through 58.

Sign Here section containing signature of Sarah R. Piot, date 2/24/2020, and title EXECUTIVE DIRECTOR.

Paid Preparer Use Only section containing preparer name SARAH R. PIOT, firm name SCHNEIDER DOWNS & CO., INC., and EIN 25-1408703.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	3,003.
3	Cost of labor	3	1,835.			Yes	No
4a	Additional section 263A costs (attach schedule)	4a				<input type="checkbox"/>	<input type="checkbox"/>
b	Other costs (attach schedule) **	4b	1,168.			<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Total. Add lines 1 through 4b	5	3,003.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions. Enter here and on page 1, Part I, line 5, column (B) ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
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 columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

** SEE STATEMENT 5

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. 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	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	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 column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))		0.	0.			0.

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.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 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			0.

FOOTNOTES

STATEMENT 1

AS ORIGINALLY FILED ON THE 2018 FORM 990-T, THE ORGANIZATION REPORTED \$29,863 ON LINE 34, AMOUNTS PAID FOR DISALLOWED FRINGES, FOR QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES FROM APRIL 1, 2018 THROUGH MARCH 31, 2019. DUE TO THE REPEAL OF INTERNAL REVENUE CODE SECTION 512(A)(7), EXEMPT ORGANIZATIONS ARE NO LONGER SUBJECT TO UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES. AS A RESULT, THE ORGANIZATION IS FILING THIS AMENDED RETURN TO REMOVE THE AMOUNT REPORTED ON LINE 34 AND IS INCLUDING THE TAX PAID WITH THE ORIGINAL FILING OF \$4,234 ON LINE 50G, (OTHER CREDITS, ADJUSTMENTS, AND PAYMENTS). THE ORGANIZATION IS REQUESTING A REFUND ON LINE 55 IN THE AMOUNT OF \$4,914.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
UTILITIES		90.
ADMINISTRATIVE OVERHEAD		619.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		709.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3
DESCRIPTION		AMOUNT
SECTION 512(A)(7) TAX ORIGINALLY PAID ON 2018 FORM 990-T, LINE 53		4,234.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G		4,234.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/17	1,704.	0.	1,704.	1,704.
03/31/18	3,445.	0.	3,445.	3,445.
NOL CARRYOVER AVAILABLE THIS YEAR			5,149.	5,149.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION		AMOUNT
FOOD & LIQUOR DECOR		1,108.
		60.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B		1,168.