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	Form	990-T		EXTENDED TO FEBREACE Exempt Organization Bus (and proxy tax under	ine er se	ss Income Taction 6033(e))	100ろ		OMB No 1545-0047
			For cal	endar year 2019 or other tax year beginning $APR 1$ ,	_			<u> </u>	2019
		nent of the Treasury		Go to www.irs.gov/Form990T for in				h	Open to Public Inspection for
	Internal	Revenue Service		Do not enter SSN numbers on this form as it may			tion is a 501(c)(3).		501(c)(3) Organizations Only yer identification number
	A	J Check box if address changed		Name of organization ( Check box if name cl	nangeo	and see instructions.)		(Emple	oyees' trust, see
	R Eve	empt under section	Print	FRICK ART & HISTORICAL	CRI	THE THE			5-1596285
		501(0)(3)	or	Number, street, and room or suite no. If a P.O. box				E Unrela	ted business activity code
	=	408(e) 220(e)	Type	7227 REYNOLDS STREET	.,			(See in	structions)
	=	408A 530(a)		City or town, state or province, country, and ZIP or	r foreig	n postal code		1	
		529(a)		PITTSBURGH, PA 15208-	<u> 291</u>	9		523	000
	C Book	value of all assets d of year		F Group exemption number (See instructions.)	<u> </u>				
		91,404,2		G Check organization type ► 🗶 501(c) corp	oration	<del></del>		) trust	Other trust
			_	tion's unrelated trades or businesses.	<u>2</u>		the only (or first) u		
				VESTMENT IN LTD PARTNERS			complete Parts I-V		
		ribe the lirst in the b ness, then complete	•	ice at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	nai trade	or
				-v. poration a subsidiary in an affiliated group or a parer	nt-cube	idiany controlled aroun?		Ye	s X No
				tifying number of the parent corporation.	11-3003	idially controlled group.		۰۰ <u>۱۰</u>	3 [22] 140
				LISA GEHRING, DIRECTOR (	OF 1	FINANCE Telepho	one number 🕨 (	412	371-0600
	Par	t I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense	s	(C) Net
	1a (	Gross receipts or sale	es						. *
	b L	ess returns and allo	wances	c Balance	1c				,
		Cost of goods sold (S		•	2				]
		Gross profit. Subtrac			3				
		Capital gain net incor			4a		<u>.</u>		
		vet gain (ioss) (Form Capital loss deductioi		Part II, line 17) (attach Form 4797)	4b		,		. <u>.</u>
		•		sis ship or an S corporation (attach statement)	4c 5	-3,746.			-3,746.
		Rent income (Schedi		sinp of an 3 corporation (attach statement)	6	3,740.			3,740.
		Unrelated debt-financ	•	me (Schedule E)	7				
				and rents from a controlled organization (Schedule F)	8				
	9 I	nvestment income o	f a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9				,
	10 E	Exploited exempt acti	ivity inco	nme (Schedule 1)	10	/			
		Advertising income (		•	1,1/				
		Other income (See in		· · · · · · · · · · · · · · · · · · ·	12	2.746			2.746
	Par	Total. Combine lines		igh 12 ot Taken Elsewhere (See instructions for	13	-3,746.			-3,746.
\	Fai	(Deductions	s must i	be directly connected with the unrelated busin	or ilmit Iess in	ations on deductions )			
\ \	14			rectors, and trustees (Schedule K)			<del></del>	14	
	15	Salaries and wages		nostoro, and musicos (contours a)	1	RECEIVED		15	
) \	16	Repairs and mainter	nance		I. г		25-050	16	
,	17	Bad debts			B607	FEB 0 2 2021	[있]	17	
_	18	Interest (attach scho	edule) (s	ee instructions)	m	1 20 0 2 2001	[8]	18	
9	19	Taxes and licenses			-	OGDENJU	-	19	
Ŧ	20	Depreciation (attach			<u></u>	The second secon			
J	21		laimed o	n Schedule A and elsewhere on return		21a	<del></del>	21b	
	22 23	Depletion Contributions to def	forrad of	mneneation plans				22	
	23 24	Employee benefit pr		impensation plans				23	
	25	Excess exempt expê	/	chedule I)				25	
	26	Excess readership of						26	
	27	Other deductions (a	-	· · · · · · · · · · · · · · · · · · ·				27	
	28	Total deductions.		•				28	0.
	29	,		ncome before net operating loss deduction. Subtrac				29	-3,746.
	30		perating	loss arising in tax years beginning on or after Janua	ry 1, 2				_
		(see instructions)				SEE STAT	EMENT 1	30	0.
	31			rwork Reduction Act Notice, see instructions.		<del></del>	111	31	-3,746. Form <b>990-T</b> (2019)
-	u23701	: 111.27.20 I HA 🕨	III PADA	I WOLK BROUCTION ACT MOTICA SAA INSTILICTIONS			711		rom <b>abu- i</b> (2019)

	PRICK ART & HISTORICAL CENTER, INC.	25-1596	285 Page 2
Part			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	420.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	84	0.
35_	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	85	420.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	420.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	_
	enter the smaller of zero or line 37	39	0.
Parl	IV Tax Computation	· · · · · · · · · · · · · · · · · · ·	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts 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	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See Instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Par	V Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a	<b>l</b>	
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800 46c		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
8	Total credits. Add lines 46a through 46d	46e	
47	Subtract 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	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments: A 2018 overpayment credited to 2019	] ]	
b	2019 estimated tax payments 51b	1	
C	Tax deposited with Form 8868	]	
d	Foreign organizations: Tax paid or withheld at source (see instructions)  51d	]	
6	Backup withholding (see instructions) 51e	] ,	
f	Credit for small employer health insurance premiums (attach Form 8941)  51f	] }	
9	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 51g		
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	
Par	t VI   Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		
O!	Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is tr	ue,
Sign		ay the IRS discuss the	nis return with
Here	MATTER 1217-2029 EXECUTIVE DIRECTOR IN	e preparer shown be	
	Signature of officer Date Title in	structions)? X	Yes No
J	Print/Type preparer's name Preparer's signature Date Check	f PTIN	
Pai	d self- employed		
	parer SARAH R. PIOT SARAH R. PIOT	P0135	
	Only Firm's name ► SCHNEIDER DOWNS & CO., INC. Firm's EIN ►	25-14	08703
	ONE PPG PLACE, SUITE 1700		
	Firm's address ▶ PITTSBURGH, PA 15222 Phone no. 4	<u> 12-261-</u>	
923711	01-27-20	Form <sup>9</sup>	<b>990-T</b> (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory 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. Su	btract li	ne 6	
3 Cost of labor	3		from line 5. Enter here	and in P	art I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a		-	
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (	From Real I	Property and		ease	With Real Prope	erty)
(see instructions)	١					
1. Description of property						
(1)						
(2)						
(3)						·
(4)						
	2. Rent receive	ed or accrued				
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	i of rent for pe	d personal property (if the percentages on all property exceeds 50% or if its based on profit or income)	<b>Э</b> ө	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns there 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 (B)	<b>.</b>
Schedule E - Unrelated Deb		Income (see i	nstructions)			
			2. Gross income from		3. Deductions directly conr to debt-finance	
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				<u> </u>		
(2)						
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	adjusted basis bliocable to inced property h 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)	<u> </u>		%			
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)
Totals			•	L	0	
Total dividends-received deductions in	ncluded in colum	n 8				0.
						Form 990-T (2019)

			Exempt (	Controlled O	rganizatio	ons				
Name of controlled organization.	iden	mployer trication imber		elated income instructions)		al of specified nents made	Include	of column 4 to d in the contraction's gross in	olling [	B. Deductions directly connected with income in column 5
1) -				<u>-</u> _	<u></u>		<del> </del>			
							<b>-</b>			
3)				-		_				<del></del> -
s) })	~		Ì				_			
onexempt Controlled Organiz	ations		٠		L		L			
7. Taxable Income	8. Net unrelated inc		O Total	of apperfied pay		10. Part of colu	na O that	to medicated	44 0-4	
, Taxable Income	(see instruction		9. 100	of specified pays made	ilonus	in the controll	ng organi s income	zation's	with i	uctions directly connecte ncome in column 10
)			<u> </u>							
2)			<u> </u>							-
)					-			-		-
1)			1.							
,						Add colun Enter here and line 8, 6		1, Part I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
tals					▶			0.		(
chedule G - Investmer	nt Income of a	Section	501(c)(7	n. (9), or (	17) Ord	anization				
(see instr				,, (-,, (	,	,				
						3. Deductio		4. Set-	ecidos	5. Total deduction
1. Descr	iption of income			2. Amount of	income	directly conne (attach sched		(attach s	chedule)	and set-asides (col 3 plus col 4
)										1
<u>?</u> 2)								-		<u> </u>
3)										1
<del>,</del> 4)										
	-		_	Enter here and Part I, line 9, co	olumn (A)					Enter here and on pag Part I, line 9, column (
otals schedule I - Exploited I	Exempt Activit	v Incom	e Other	Than Adv	0. vertisin	a Income	7.3. A	<u>zwiton nie</u>	* . * Water	<u>,1                                    </u>
(see instru	•	.y	o, o			.goo				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	rpenses connected roduction related ss income	4. Net incor from unrelate business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a de cols 5	5. Gross inco from activity is not unrela- business inco	that ted	<b>6.</b> Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)		1 -		1						
2)		1		1						1
3)		1		1		· · · · · · · · · · · · · · · · · · ·				1
(4)										1
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 1, col (B)							Enter here and on page 1, Part II, line 25
tole .		•   e instructio		I Albertage, negh	n-,931 t T 1969	56	588864°→ €£	**************************************	ruci-dil	<u> </u>
	10 Income (co			solidated	Racie					
chedule J - Advertisir		ported o		aut6u	<b></b> 4010					
chedule J - Advertisir		ported o								
chedule J - Advertisir		, g ad	3. Direct vertising costs	or (loss) (o col 3) If a g	tising gain of 2 minus jain, comput brough 7	5. Circula		6. Read		costs (column 6 minu
Schedule J - Advertisir Partil Income From F Income From F	Periodicals Re	, g ad	3. Direct	or (loss) (o col 3) If a g	ol 2 minus Jain, comput through 7	te income				costs (column 6 minu column 5, but not mor than column 4)
Schedule J - Advertisir Part   Income From F 1. Name of periodical	Periodicals Re	, g ad	3. Direct	or (loss) (o col 3) If a g	ol 2 minus pain, comput through 7	te income				7. Excess readership costs (column 6 minus column 5, but not mor than column 4)
Schedule J - Advertisin  Part   Income From F  1. Name of periodical  (1)  (2)	Periodicals Re	, g ad	3. Direct	or (loss) (o col 3) If a g	ol 2 minus Jain, comput through 7	te income				costs (column 6 minus column 5, but not mor than column 4)
Schedule J - Advertisin Part   Important   Income From F  1. Name of periodical  (1) (2) (3)	Periodicals Re	, g ad	3. Direct	or (loss) (o col 3) If a g	ol 2 minus pain, comput through 7	te income				costs (column 6 minus column 5, but not mor than column 4)
Cchedule J - Advertising Part   Important   Income From From From From From From From From	Periodicals Re	, g ad	3. Direct	or (loss) (o col 3) If a g	ol 2 minus pain, comput through 7	te income				costs (column 6 minu column 5, but not mor than column 4)

Form 990-T (2019) FRICK ART & HISTORICAL CENTER, INC. 25-15962
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	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	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.	·····································	e identifica	保持的公司	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)	0.	0'.	<b>以是以及以外,这</b>	kalendir de s	<u> Alberten</u>	0.

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		<b>&gt;</b>	0.

Form 990-T (2019)

FORM 990-T		NET	OPERATING	LOSS	DEDUCTION	STATEMENT	1
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUS		LOSS REMAINING	AVAILABLE THIS YEAR	
03/31/19		44.		0.	44.	4	44.
NOL CARRYO	ER AVA	AILABLE THIS	YEAR		44.	4	14.

FORM 990-T	NET	OPERATING LOSS D	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/17 03/31/18	1,704. 3,445.	0.	1,704. 3,445.	1,704. 3,445.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	5,149.	5,149.

## **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY 1 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning APR 1, 2019 and ending MAR 31, 2020

Name of the organization

▶ 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).

501(c)(3) Organizations Only

144110	FRICK ART & HISTORICAL (	CENT	ER, INC.		25-15	9628	
	Inrelated Business Activity Code (see instructions) > 72251	3					
	Describe the unrelated trade or business LIMITED S	BRV:	ICE EATIN	IG PL	ACE		
Pai	t I Unrelated Trade or Business Income		(A) Incom	e	(B) Expenses	s	(C) Net
1 a	Gross receipts or sales 2,359.						
b	Less returns and allowances c Balance	1c	2,:	359.		1	
2	Cost of goods sold (Schedule A, line 7)	2		526.			
3	Gross profit. Subtract line 2 from line 1c	3		333.			833.
4 a	Capital gain net income (attach Schedule D)	4a		····	и г		
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
c	Capital loss deduction for trusts	4c			*****		
5	Income (loss) from a partnership or an S corporation (attach						
_	statement)	5					•
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
_	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9		ľ			
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12					
13	Total. Combine lines 3 through 12	13		833.			833.
Pa	rt II Deductions Not Taken Elsewhere (See instruct	ions 1	for limitations	on ded	uctions.) (Dec	luctic	ons must be
	directly connected with the unrelated business in				, ,		
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	
20	Depreciation (attach Form 4562)		20				
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21	a		21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)		SEE	STATE	EMENT 3	27	413.
28	Total deductions. Add lines 14 through 27					28	413.
29	Unrelated business taxable income before net operating loss dedu	iction.	Subtract line 28	from line 1	13	29	420.
30	Deduction for net operating loss arising in tax years beginning on o						
	instructions)				STMT 4	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29					31	420.

Schedule M (Form 990-T) 2019

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

orm 990-T (2019) <b>FRICK ART</b>	& HISTO	RICAL CEN	TER, INC.		25-15962	Page <b>3</b> 2 <b>85</b>
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of yea	<u></u>		6
2 Purchases	2		7 Cost of goods sold. Su		ne 6	) h
3 Cost of labor	3	957.	from line 5. Enter here	and in Pa		9 ymbo
4a Additional section 263A costs			line 2		·	7 1,526.
(attach schedule)	4a		8 Do the rules of section	263A (w	ith respect to	Yes No
b Other costs (attach schedule) **		569.	property produced or a			' , 1
5 Total. Add lines 1 through 4b	5	1,526.	the organization?		o. 1002.0, 2pp., 10	
Schedule C - Rent Income (				eased	With Real Proper	
(see instructions)		• •	• •		•	••
			· · · · · · · · · · · · · · · · · · ·			
Description of property						·
(1)	· · · · · ·					
(2)						
(3)						
(4)						· · · · · · · · · · · · · · · · · · ·
		ed or accrued			3(a) Deductions directly co	nnected with the income in
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge		2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		nter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. 0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	_	-	
			2 0		3. Deductions directly connect to debt-financed	
4			2. Gross income from or allocable to debt-	(a) :	Straight line depreciation	(b) Other deductions
1. Description of debt-fin	anced property		financed property	1 ``	(attach schedule)	(attach schedule)
(1)				<u> </u>		
(2)	•			<u> </u>		
(3)				<u> </u>		
(4)				<del> </del>	_	
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or debt-fine	e adjusted basis allocable to anced property th 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)			%			
					iter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

SEE STATEMENT 5

Total dividends-received deductions included in column 8

FORM 990-T	(M)	OTHER DEDUCT	CIONS	STATEMENT 3
DESCRIPTION				AMOUNT
UTILITIES ADMINISTRAT	IVE FEES			90 323
TOTAL TO SC	HEDULE M, PART	II, LINE 27		413
	•	•		
SCHEDULE M	N	ET OPERATING LOSS	DEDUCTION	STATEMENT 4
SCHEDULE M	N LOSS SUSTAINED	ET OPERATING LOSS  LOSS PREVIOUSLY	DEDUCTION  LOSS REMAINING	
		ET OPERATING LOSS  LOSS  PREVIOUSLY  APPLIED	LOSS	STATEMENT 4 AVAILABLE

FORM 990-T (M)	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION		AMOUNT
DECOR FOOD & LIQUOR		73. 496.
TOTAL TO FORM 990-1	r, SCHEDULE A, LINE 4B	569.