Form 990-T	Exempt Organia					ax Retu	rn	ОМВ	No 1545-0687	
₹	·	proxy tax unde	er se	ction 6033	(e))			1	010	
3 /	For calendar year 2018 or other tax year be	· · ———		and end					UIO	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers o	.gov/Form990T for ins in this form as it may					(3).		Public Inspection for Organizations Only	
A Check box if address changed	Name of organization (THE MOUNT VER						D Employer identification number (Employees' trust, see instructions)			
B Exempt under section	Print OF THE UNION						54-0564701			
X 501(c)(3)	or Number, street, and room or	suite no. If a P.O. box	, see in	structions.				related busine instruction	ness activity code	
408(e) 220(e)	Type 3200 MOUNT VE				AY			s mas action	3 ,	
408A 530(a)	City or town, state or province MOUNT VERNON,			n postal code			72	2210		
Book value of all assets	E Group exemption number	(See instructions.)					•			
286,036,6	46. G Check organization type ▶	► X 501(c) corp	oration	501	(c) trust	40	1(a) trust	: [Other trust	
H Enter the number of the	rganization's unrelated trades or busi	nesses. 🕨2	2		Describe t	the only (or first) unrelate	ed .		
trade or business here	SEE STATEMENT 1	L		If	only one,	complete Parts	I-V. If mo	re than on	e,	
describe the first in the b	ank space at the end of the previous s	entence, complete Par	ts i and	d II, complete a	Schedule	M for each addi	tional tra	de or		
business, then complete									-	
	he corporation a subsidiary in an affili		t-subsi	diary controlled	l group?	•	• 🔲	Yes 🔀	∑ No	
	nd identifying number of the parent co				T-1	one number 🕨	702	700	2000	
	► PHILIP L. MANN Trade or Business Incon			(A) Inco	'	(B) Expe		<u>- /80-</u>	(C) Net	
	1 015 000	T		(A) IIICO	11116	(D) Exper	1363	+-	(O) NET	
1 a Gross receipts or sale b Less returns and allow		Balance >	1c	1,045,	229.			1	,	
2 Cost of goods sold (S		Dalance	2		822.			. .		
3 Gross profit. Subtract	•		3		407.	•		7	45,407.	
4 a Capital gain net incom			4a	<u> </u>					•	
· •	4797, Part II, line 17) (attach Form 47	97)	4b		Î	•				
c Capital loss deduction	* *	·	4c							
5 Income (loss) from a	partnership or an S corporation (attacl	h statement)	5							
6 Rent income (Schedu	e C)		6							
7 Unrelated debt-finance	d income (Schedule E)	1	7			· · · · · · · · · · · · · · · · · · ·				
	alties, and rents from a controlled orga	F	8					+		
	a section 501(c)(7), (9), or (17) organ	nization (Schedule G)	9					+		
	ity income (Schedule I)	-	10					+		
11 Advertising income (S	•	_	10	\ 				+		
	tructions, attach schedule)	125	12	745,	407			+ 7	45,407.	
Part II Doductio	as Not Takon Elsowhere	(See dostructions for	/I3 }	1027					1 3,107.	
(Except for o	cers, directors, and trustees (Stinedulance	du eatly-connected	t dilyy	he intelated i	ousiness i	income)				
14 Compensation of offi	cers, directors, and trustees (Schedule	0,5	,				14			
15 Salaries and wages		VOIN					15	4	48,043.	
16 Repairs and mainten	nnce 🤇						16		29,450.	
17 Bad debts	`	BL GOLD					17			
	lule) (see instructions)	\ 9					18	_		
19 Taxes and licenses				455	~~~~		19			
	ns (See instructions for limitation rule	es)				EMENT 3			0.	
21 Depreciation (attach					21	75, <u>55</u>		-	75 554	
. 20	med on Schedule A and elsewhere on	i return		L	22a		22t		75,554.	
23 Depletion 2	rrad compensation plans						23		<u> </u>	
24 Contributions to defe 25 Employee benefit pro	rred compensation plans						24 25	+ 1	18,612.	
26 Excess exempt exper							26		0,014	
27 Excess readership co	· ·						27			
28 Other deductions (at	•			SEE	STAT	EMENT 2	28		260,534.	
	ld lines 14 through 28						29	_	32,193.	
_	xable income before net operating los	ss deduction. Subtract	line 29	from line 13			30		86,786.	
	rating loss arising in tax years beginn				tions)		31			
	xable income. Subtract line 31 from li						32		86,786.	
	Danaguark Daduction Act Natice	a a instructions						Form	990-T (2018)	

THE MOUNT VERNON LADIES' ASSOCIATION

Form 990-		4-056	4701	Page 2
Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	195,747.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	٠ 4	35	195,747.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	1	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			•
•	enter the smaller of zero or line 36		38	0.
Part I			- 00	•
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			<u></u>
***	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
	Tax on Noncompliant Facility Income. See instructions			
43	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		43	0.
Part V			_44	<u> </u>
	— 4 — — — — — — — — — — — — — — — — — — —			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a 45b 45c			
	Other credits (see instructions)			
	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868 50c		i	
d	Foreign organizations. Tax paid or withheld at source (see instructions) 50d			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g			
51	Total payments. Add lines 50a through 50g]	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	-
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ [53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ [54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	d ►	55	
Part \				
56	At any time during the 2018 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
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	truct2		$-\frac{1}{x}$
31	If "Yes," see instructions for other forms the organization may have to file.	ii ust ·		 11
58	Enter the amount of tax-exempt interest received or accrued during the tax year			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my knowled	ne and beli	ef.it is true.
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	OFFICER OFFICER		-	iscuss this return with
	Signature of officer Date Title			hown below (see No
_		_	·	X Yes No
	Print/Type preparer's name Preparer's signature Date Chec		PTIN	
Paid	EDANTE II CMTMII - A 1) C -4 11/11/10	employed	50	0620052
Prepa	is a management of the			0639053
Use C		n's EIN ▶	11	-1986323
	1899 L STREET, NW, SUITE 850	,	2021	227 4222
		ne no. (2		227-4000
823711 01	-09-19			Form 990-T (2018)

Form 990-T (2018) **OF THE UNION**

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation LOW	ER (OF COST OR	MAR	KET
1 Inventory at beginning of year	1	10,649.	_	Inventory at end of yea			6	10,587.
2 Purchases	2	299,760.		Cost of goods sold. Su		ine 6		
3 Cost of labor	3	-		from line 5. Enter here				
4 a Additional section 263A costs				line 2		,	7	299,822.
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	•	•		
5 Total. Add lines 1 through 4b	5	310,409.		the organization?		,,,,,		X
Schedule C - Rent Income (i (see instructions)	rom Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty	
1. Description of property								
(1)								
(2)								
(3)								
(4)		- · · · · ·						
	2. Rent receive	ed or accrued						
(a) From personal property (if the perce rent for personal property is more to 10% but not more than 50%)	entage of han	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directi columns 2(a) a	y connec nd 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	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Debt	-Financed	income (see i	nstru	ctions)	ſ			
			2	. Gross income from		Deductions directly cor to debt-finan	nected : ced prop	with or allocable perty
1. Description of debt-fina	nced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							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 i 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)				%				
	_					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				•		0		0.
Total dividends-received deductions inc	luded_in column	8						0.

Schedule F - Interest,		, , .		Controlled O				(see ins		- <i>1</i>
Name of controlled organiza	ition	2. Employer identification number		elated income instructions)	4. Tot payn	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5
(1)			- 							
(2)										
(3)		,								
(4)										
Nonexempt Controlled Organ	ızatıons					-				
7. Taxable Income	8. Net unrelate (see inst	d income (loss) ructions)	9. Total	of specified payri made	nents	10. Part of column the controllingross				ductions directly connected income in column 10
(1)										
(2)										
(3)					Î			ĺ		
(4)										
						Add colum Enter here and line 8, c		, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals			<u></u> .		•			0.		0
Schedule G - Investme		f a Section	on 501(c)(7	'), (9), or (⁻	17) Org	janization				•
(see inst	tructions)			1	r	0				1
1. Des	cription of income			2. Amount of	income	 Deduction directly conner (attach sched) 	cted	4. Set-a (attach sc	sides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)							Î			
(4)					i					
				Enter here and o Part I, line 9, col	on page 1, lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals					0.		•			0
Schedule I - Exploited	-	ivity Inco	me, Other	Than Adv		g Income				1
Description of exploited activity	2. Gross unrelated busine income from trade or busines	ss direct	Expenses tly connected production unrelated ness income	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 13) If a 1 cots 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1				1					
(2)	1	1					$\overline{}$			
(3)	1				f		$\overline{}$			
(4)	1				 		+			
	Enter here and of page 1, Part I, line 10, col. (A)	pag	here and on ge 1, Part I, 10, col (B)		1					Enter here and on page 1, Part II, line 26
Totals		0.	0.							0
Schedule J - Advertisi	ng Income	(see instruct								
Part I Income From				olidated (Basis					
1. Name of periodical	2. G adver inco	tising	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus in, compute	5. Circulat income	ion	6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				╛						
(3)										
(4)				1						
Totals (carry to Part II, line (5))	•	0.	0							0
										Form 990-T (201)

THE MOUNT VERNON LADIES' ASSOCIATION

Form 990-T (2018) OF THE UN	ION						-056470	1 P	age 5
Part II Income From Perio columns 2 through 7 on a			Separ	ate Basis (For ea	ch period	lical listed in	Part II, fill in		
¹ 1. Name of periodical	2. Gross advertising income	3. Do		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circ		6. Readership costs	7. Excess readers costs (column 6 mir column 5, but not m than column 4)	nus
(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 page 1, line 11, c	Part I,					Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	1	0.						0.
Schedule K - Compensation	n of Officers, I	Director	s, and	Trustees (see in	struction	s)			
1. Name				2. Title		Percent of time devoted to business		ensation attributable elated business	
(1)							%		
(2)							%		
(3)							%		
(4)			•				%		
Total. Enter here and on page 1, Part II, II	ne 14			•			>		0.

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

FOOD, BEVERAGE & UNRELATED PRODUCTS SALES

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SUPPLIES UTILITIES OTHER EXPENSES PROFESSIONAL SERVICES CREDIT CARD FEES INSURANCE ADVERTISING & PROMOTION FRANCHISE FEES TAX PREPARATION FEES		55,882. 22,915. 100,989. 46,606. 19,994. 5,702. 2,622. 4,324. 1,500.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	260,534.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONTRIBUTION	ONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	EARS UNUSED CONTRIBUTIONS 247,182 46,500 270,085 271,029 286,970			
TOTAL CARRYOVER TOTAL CURRENT YEAR 1	0% CONTRIBUTIONS	1,121,766		
TOTAL CONTRIBUTIONS A		1,121,766	_	
EXCESS 10% CONTRIBUTE EXCESS 100% CONTRIBUTE TOTAL EXCESS CONTRIBUTE TOTAL EXCESS CONTRIBUTE EXCESS CO	TIONS	1,121,766 0 1,121,766	_	
ALLOWABLE CONTRIBUTION	ONS DEDUCTION		•	0
TOTAL CONTRIBUTION D	EDUCTION			0

STATEMENT 4	DEDUCTION	OPERATING LOSS	NET	FORM 990-T
AVAILABLE THIS YEAR	LOSS REMAINING	LOSS PREVIOUSLY APPLIED	LOSS SUSTAINED	TAX YEAR
0.	0.	262,472.	262,472.	12/31/99
0.	0.	34,908.	34,908.	12/31/02
8,081.	8,081.	120,123.	128,204.	12/31/04
149,572.	149,572.	0.	149,572.	12/31/05
322,043.	322,043.	0.	322,043.	12/31/06
3,736.	3,736.	0.	3,736.	12/31/08
19,653.	19,653.	0.	19,653.	12/31/11
120,440.	120,440.	0.	120,440.	12/31/13
271,016.	271,016.	0.	271,016.	12/31/14
74,257.	74,257.	0.	74,257.	12/31/15
271,853.	271,853.	0.	271,853.	12/31/16
343,840.	343,840.	0.	343,840.	12/31/17
1,584,491.	1,584,491.	YEAR	ER AVAILABLE THIS	NOL CARRYOV

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTI	ľΥ	1
OMB No	1545-0	687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

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

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

Internal Revenue Service (99)

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

Name of the organization

THE MOUNT VERNON LADIES' ASSOCIATION

Employer ident

Employer identification number

OF THE UNION 54-0564701 453220 Unrelated business activity code (see instructions) ▶ UNRELATED PRODUCTS SALES Describe the unrelated trade or business Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 2,209,523. 1a Gross receipts or sales 2,209,523. **b** Less returns and allowances c Balance 1c 782,681. Cost of goods sold (Schedule A, line 7) 2 2 1,426,842. 1,426,842. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b 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 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 1,426,842. 1,426,842. 13 Total. Combine lines 3 through 12

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.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	570,249.
16	Repairs and maintenance			16	61,917.
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules) STATEMENT	5	STMT 6	20	21,750.
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	119,051.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	151,392.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	EE (STATEMENT 7	28	306,736.
29	Total deductions. Add lines 14 through 28			29	1,231,095.
30	Unrelated business taxable income before net operating loss deduction. Subtract line	e 29 fr	om line 13	30	195,747.
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	195,747.
ΙНΔ	For Panaguark Poduction Act Nation and instructions			Schodul	le M (Form 000 T) 2010

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Page 3

Schedule A - Cost of Goo	ds Sold.	Enter method of invent	ory v	aluation	ightharpoons	LOWER	OF	COST	OR	MARK	ET		
1 Inventory at beginning of year	_ 1	652,661.	6	Inventor	y at en	d of year	•			6	6	71,0	04.
2 Purchases	2	801,024.	7	Cost of	oods	sold. Subtra	ct line 6	6		7 e -			
3 Cost of labor	3			from line	5. En1	ter here and	ın Part I	l,					
4 a Additional section 263A costs				line 2						7	7.	32,6	81.
(attach schedule)	4a		8	Do the ru	ıles of	section 263	A (with	respect to				Yes	No
 Other costs (attach schedule) 	4b			property	produ	ced or acqui	red for i	resale) appl	ly to				
5 Total. Add lines 1 through 4b	5	1,453,685.		the orga	nizatioi	n?							X
Schedule C - Rent Income	(From F	Real Property and	Per	sonal F	rope	erty Leas	sed W	/ith Rea	l Pro	perty)			

1. Description of property (1) (2) (3) (4) 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 Total 0. 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I line 6, column (B) here and on page 1, Part I, line 6, column (A) 0

nere and on page 1, Fart 1, time 0, column	· ·		U . Part I, line 6, column (B)	· U			
Schedule E - Unrelated Deb	ot-Financed Income (see	instructions)					
		2. Gross income from	 Deductions directly connected with or allocable to debt-financed property 				
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)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	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)		%		-			
			Enter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals		>	0.	0			
Total dividends-received deductions in	icluded in column 8	•	•	0 .			

Form 990-T (2018)

FORM 990-T (M)	CONTRIBU	TIONS	STATEMENT 5
DESCRIPTION/KIND OF	PROPERTY METHOD U	SED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUT: 2018	IONS FOR N/A		291,193.
TOTAL TO SCHEDULE M, PART II, LINE 20			291,193.
TOTAL TO BEILDOLL II,	11111 11, 11111 10		
	CONTRIBUTION L	IMITATIONS	STATEMENT 6
FORM 990-T (M)		QUALIFIED DISASTER RELIEF CONTRIBUTIONS	
FORM 990-T (M)	CONTRIBUTION L	QUALIFIED DISASTER	STATEMENT 6

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
CREDIT CARD FEES FREIGHT AND DELIVERY INSURANCE OTHER PROFESSIONAL SERVICES SUPPLIES UTILITIES ADVERTISING & PROMOTIONS	•	32,979. 23,018. 11,987. 57,579. 52,402. 79,411. 48,178. 1,182.
TOTAL TO SCHEDULE M, PART II, 1	LINE 28	306,736.