

~ Form 990-T	E	Exempt Organization Bus			ax Returr	ו	OMB N	lo 1545-0047
	1	(and proxy tax und	ler se	ection 6033(e))			20040	
	Forca	lendar year 2019 or other tax year beginning		and ending				U 19
Department of the Treasury Internal Revenue Service	▶	► Go to www.irs.gov/Form990T for it Do not enter SSN numbers on this form as it may					501(c)(3) C	ublic Inspection for Irganizations Only
A Check box if address changed	 	Name of organization (Check box if name of	change	d and see instructions.)		(Em	oloyer (dent) ployees' tru: ructions)	lication number st, see
B Exempt under section	Print	CHICAGO ZOOLOGICAL SOC	IET	Υ				67016
X 501(c)(3)	Of	Number, street, and room or suite no. If a P.O. bo	x, see ı	nstructions.			elated busine instructions	ess activity code ;)
408(e)220(e)	Туре	3300 GOLF ROAD			 			
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of BROOKFIELD, IL 60513	r foreig	n postal code		541	800	
C Book value of all assets at end of year		F Group exemption number (See instructions.)						
		G Check organization type ► X 501(c) cor		n 501(c) trust	401(a) trust		Other trust
	_	tion's unrelated trades or businesses. 🕨	3	Describe	the only (or first) u	nrelated	j	
=		EE STATEMENT 1			complete Parts I-V.			,
	-	ce at the end of the previous sentence, complete Pa	arts I ar	id II, complete a Schedule	M for each addition	ial tradi	e or	
business, then complete								
		oration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶ :	Y	es <u>X</u>	No
J The books are in care of		ifying number of the parent corporation.		Tolombo	one number 🕨 7	700	600	9397
		le or Business Income		(A) Income	(B) Expense			(C) Net
1 a Gross receipts or sale		1	Τ	(7) 1.100.110	(5) Expense		 	1
b Less returns and allow		c Balance	16				•	{
2 Cost of goods sold (S			2				 	i
3 Gross profit. Subtract		•	3				\vdash	
4 a Capital gain net incom			4a				† · · · · ·	
	•	art II, line 17) (attach Form 4797)	4b					
c Capital loss deduction			4c					
5 Income (loss) from a	partners	hip or an S corporation (attach statement)	5					
6 Rent income (Schedul	le C)		6					
7 Unrelated debt-finance	ed incon	ne (Schedule E)	7					
8 Interest, annuities, roy	altıes, ar	nd rents from a controlled organization (Schedule F)	8					
9 Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9		 		L	
10 Exploited exempt activ	nty inco	me (Schedule I)	10				<u> </u>	
11 Advertising income (S	ichedule		11	L			 	
12 Other income (See ins		• • • •	12	65,875.				<u>65,875.</u>
13 Total. Combine lines			13	65,875.				<u>65,875.</u>
		t Taken Elsewhere (See instructions for e directly connected with the unrelated busin			· · · · · · · · · · · · · · · · · · ·			
•	cers, dır	ectors, and trustees (Schedule K)				14	-	2 222
15 Salaries and wages		DECEN	/E.C			15	 	3,333.
16 Repairs and mainten	апсе	RECEIV	<u> </u>	1		16		
17 Bad debts		<u>_</u>		28-080		17	 -	
18 Interest (attach scher	dule) (se	e instructions)	2020	· 		18	├	3,134.
19 Taxes and licenses	C 45	1-1				19	 	3,134.
20 Depreciation (attach	Form 45	Schedule A and elsewhere on refunGDEN.	1 17					
	imea on	Schedule A and elsewhere on return DETY,	<u>u</u>	[21a]	· · · · · · · · · · · · · · · · · · ·	21b 22	 	
22 Depletion23 Contributions to defe	rrad can	anoneston plans				23		
23 Contributions to defe 24 Employee benefit pro		ipensauon pians				24		
25 Excess exempt exper	-	hedule ()				25		
26 Excess readership co		-				26		
27 Other deductions (att		•		•		27	<u> </u>	
28 Total deductions. Ac		•				28	· · · · ·	6,467.
		come before net operating loss deduction. Subtract	t line 28	3 from line 13		29	,	59,408.
		oss arising in tax years beginning on or after Januar				<u> </u>		
(see instructions)		y y y	, , - •			30	<u>L</u> .	0.
•	<u>ıxab</u> le ın	come. Subtract line 30 from line 29				31		59,408.
		vork Reduction Act Notice, see instructions.					Form !	990-T (2019)

	Total Health (River Total Health (River)	30-	210 / 010 Page 2
Part			<u> </u>
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	59,408.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4	34	3,316.
35	Total unrolated business taxable income before pre-2018 NOLs and specific deduction. Subtract the 34 from the sum of lines 32 and 33	35	<u>56,</u> 092.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	25,245.
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	30,847.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,	- "	
	enter the smaller of zero or line 37	39	29,847.
	IV. Tax Computation	1 33 1	25,0471
		1	6,268.
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0,200.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from	l	
Ì	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	6,268.
Part	V. Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions) 46b	1- 1	
	Consideration and About Consideration	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	10	
		1	
	Total credits. Add lines 46a through 46d	46e	6,268.
	Subtract line 46e from line 45	47	0,200.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach achedule)	48	- 260
	Total lax. Add lines 47 and 48 (see instructions)	49	6,268.
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 51a 8, 261.		
b	2019 estimated tax payments	1, = =	
c	Tax deposited with Form 8868		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)] - [
	Backup withholding (see instructions)]]	
	Credit for small employer health insurance premiums (attach Form 8941) 511]]	
	Other credits, adjustments, and payments Form 2439	1 - 1	
	Form 4136 Other Total > 51g	1. 1	
52	Total name and Add loop 5 to the such 5 to	52	8,261.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	0/2021
			
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount ovved	54	1 002
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1,993.
	Enter the amount of line 55 you want. Credited to 2020 estimated tax 1,993. Refunded	56	<u> </u>
	VI Statements Regarding Certain Activities and Other Information (see instructions)		
	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		<u></u>
	here D		<u>X</u>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.		7 7 7
	Enter the amount of tax-exempt interest received or accrued during the tax year -> \$		
	Under genalties of genusy, I declare that I have examined this isturn, including accompanying schedules and statements, and to the best of my knowledge.	dga and bet	of, it is true,
Sign	occreet, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here			scuss this return with
			shoun below (see
			X Yes No
	Print/Type preparer's name Preparer's signature Date Check	1 PTIN	
Paid	self- employed		4506453
Prep			1506476
	Only Firm's name ► PLANTE & MORAN, PLLC Firm's EIN ►	38	-1357951
	10 S. RIVERSIDE PLAZA, 9TH FLOOR		
	Firm's address ▶ CHICAGO, IL 60606 Phone no. (312)	207-1040
923711			Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	·		
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold. Se	ubtract l	line 6	
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,	
4 a Additional section 263A costs			line 2			7
(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	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real	Property and	l Personal Property L	.ease	d With Real Prope	rty)
(see instructions)						
1. Description of property						
(1)	···					
(2)						
(3)						
(4)						
		ed or accrued			0/ \2	
(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 p	and personal property (if the percentar personal property exceeds 50% or if at is based on profit or income)	ge	columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(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, Ime 6, column (B)	• 0.
Schedule E - Unrelated Deb		Income (see	instructions)			
<u> </u>			2. Gross income from		3. Deductions directly conne to debt-finance	cted with or allocable d property
1. Description of debt-fir	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)	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)	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 in	icluded in column	18			>	0.
						Form 990-T (2019)

1. Name of periodical
2. Gross advertising and or (loss) (col. 2 minus cols 5 through 7

1. Name of periodical
3. Direct advertising costs

3. Direct advertising gain or (loss) (col. 2 minus cols 5 through 7

5. Circulation moome
5. Readership costs (col four in 6 minus column 4).

(1)
(2)
(3)
(4)

Totals (carry to Part II, line (5))

0.
0.

Form 990-T (2019)

923731 01-27-20

Form 990-T (2019) CHICAGO ZOOLOGICAL SOCIETY 36-21670

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. Cyculation 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.	l			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.	<u> </u>			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)	ч		%	
Total. Enter here and	on page 1, Part II, line 14			0.

Form 990-T (2019)

						•
FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY U	UNRELATED	STATEMENT 1	
]	BUSINESS ACTIVIT	ľY			

EXCLUSIVE PROVIDER SPONSORSHIP ARRANGEMENTS

TO FORM 990-T, PAGE 1

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
EXCLUSIVE PROVIDER SPONSORSHIP CONTRACTS	65,875.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	65,875.

FORM 990-T	CONTRIBUTIONS	STATEMENT 3	
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
2019 CONTRIBUTIONS	N/A	56,000.	
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	56,000.	

FORM 990-T	CO	NTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED	CONTRIBUTIONS SUBJE	ECT TO 100% LIMIT		
CARRYOVER	OF PRIOR YEARS UNUS	SED CONTRIBUTIONS		
FOR TAX	YEAR 2014	384,319		
FOR TAX	YEAR 2015	67,491		
FOR TAX	YEAR 2016	129,828		
FOR TAX	YEAR 2017	137,205		
FOR TAX	YEAR 2018	90,989		
TOTAL CAR	RYOVER		809,832	
	RENT YEAR 10% CONTRI	BUTIONS	56,000	
TOTAL CON	TRIBUTIONS AVAILABL	 E	865,832	
	NCOME LIMITATION AS		3,316	
EXCESS 10	CONTRIBUTIONS		862,516	
EXCESS 10	% CONTRIBUTIONS		0	
TOTAL EXCI	ESS CONTRIBUTIONS		862,516	
ALLOWABLE	CONTRIBUTIONS DEDUC	CTION		3,316
TOTAL CONT	TRIBUTION DEDUCTION		·	3,316

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	ITY	3
	01/01/	

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

	Do not enter Sait numbers on uns torni as it	may be	made public il your digamza	Ton is a so itch	<u>"- </u>	ou (CAO) Organizations Only
Name	of the organization CHICAGO ZOOLOGICAL SOCI	ETY		Employer ide 36-21		
Uı	nrelated Business Activity Code (see instructions) > 54180	0	<u> </u>			
	escribe the unrelated trade or business PERIODICA	L AD	VERTISING			
Part			(A) Income '	(B) Expense	s	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				L
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				<u> </u>
C	Capital loss deduction for trusts	4c				<u></u>
5	Income (loss) from a partnership or an S corporation (attach	1				İ
;	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	1				
	organization (Schedule F)	8				
9 1	Investment income of a section 501(c)(7), (9), or (17)					.
	organization (Schedule G)	9				<u> </u>
10 I	Explorted exempt activity income (Schedule I)	10				
11 /	Advertising income (Schedule J)	11	57,100.	22,0	55.	35,045.
12 (Other income (See instructions; attach schedule)	12				•
13	Total, Combine lines 3 through 12	13	57,100.	22,0	55.	35,045.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income and the connected with the connec			ctions.) (Dec		ns must be
	Compensation of officers, directors, and trustees (Schedule K)	-		-	14	
	Salaries and wages				15	
	Repairs and maintenance			••	16	
	Bad debts				17	
	Interest (attach schedule) (see instructions)			-	18	
19	Taxes and licenses		. 1 .1		19	
20 i	Depreciation (attach Form 4562)		20			
21 l	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion			•	22	
23 (Contributions to deferred compensation plans				23	
24	Employee benefit programs			•	24	
25 E	Excess exempt expenses (Schedule I)				25	
26 E	Excess readership costs (Schedule J)				26	35,045.
27 (Other deductions (attach schedule)				27	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

28 Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

28

29

35,045.

0.

0.

CHICAGO ZOOLOGICAL SOCIETY
Schedule J - Advertising Income (see instructions)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or floss) (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) GATEWAYS		57,100.	22,055.		41,190.	220,169.	
(2)]			
(3)						,	
(4)	<u></u>				·		
otals (carry to Part II, line (5))	. •	57,100.	22,055.	35,045.		220,169.	35,045
Part II Income From columns 2 through		dicals Reporte I line-by-line basis.)		ate Basis (For ea	ch periodical lister	d in Part II, fill in	
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)							
(1) (2) (3)		,					
(4)							
otals from Part I	>	57,100.	22,055.]			35,045
		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)	>	57,100.	22,055.	ł			35,045

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	IT	Y	4
		OMB No	1545_004

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ► 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).

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

Name of the organization CHICAGO	Employer identification number 36-2167016			
Unrelated Business Activity Code (see			30 220.0	
Describe the unrelated trade or busines			•	
Part I Unrelated Trade or Busi		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 8	83,249.			
b Less returns and allowances		883,249.		,
2 Cost of goods sold (Schedule A, line		424,608.		
3 Gross profit. Subtract line 2 from line	, ,	458,641.		458,641.
4a Capital gain net income (attach Sche	· · · —			
b Net gain (loss) (Form 4797, Part II, lin	, , , , , , , , , , , , , , , , , , , 			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or a	n S corporation (attach			
statement)	. 5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Sch	nedule E) . 7			
8 Interest, annuities, royalties, and rent	s from a controlled			
organization (Schedule F)	8		<u> </u>	
9 Investment income of a section 501(c	c)(7), (9), or (17)			
organization (Schedule G)	9			<u> </u>
10 Exploited exempt activity income (Sc	hedule I) 10			
11 Advertising income (Schedule J)	. 11		·	
12 Other income (See instructions, attac				
13 Total. Combine lines 3 through 12		458,641.		458,641.
Part II Deductions Not Taken E directly connected with the 14 Compensation of officers, directors, a	ne unrelated business income		uctions.) (Deduction	ons must be
15 Salaries and wages	ind dustees (ochedule ry		15	291,374.
4C Denoise and maintenance			16	232,3,20
17 Bad debts	• • • •	•	17	
18 Interest (attach schedule) (see instruc	tions)	• •	18	
			19	
20 Depreciation (attach Form 4562)		20	34,626.	
21 Less depreciation claimed on Schedu	ule A and elsewhere on return	21a	21b	34,626.
22 Depletion		<u> </u>	22	
23 Contributions to deferred compensat	ion plans		23	:
24 Employee benefit programs	24			
25 Excess exempt expenses (Schedule I)		25	

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

27

247,930.

573,930.

0.

-115,289.

-115,289.

26

27

28

29

30

SEE STATEMENT 5

	-	
_	Page	3

Form 990-T (2019)						Pa	age 9
CHICAGO Z	OOLOGICA	AL SOCIET	Y		36-2167		
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	1			
 Inventory at beginning of year 	1	14,380.		ar		6 9,40	<u>9.</u>
2 Purchases	2	228,766.		ubtract l	ine 6		
3 Cost of labor	3	190,871.	from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs			line 2		Į	7 424,60	8.
(attach schedule)	4a		8 Do the rules of section	1 263A (\	with respect to	Yes	No
b Other costs (attach schedule)	46		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	434,017.	the organization?				X
Schedule C - Rent Income	(From Real	Property and	Personal Property L	ease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
(1)			·· ······		· - · · · · · · · · · · · · · · · · · ·		—
(2)							
(3)							
(4)					······································	· · · · · · · · · · · · · · · · · · ·	
	2. Rent receiv	ed or accrued			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(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 p	and personal property (if the percenta personal property exceeds 50% or if at is based on profit or income)	ıge	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)	
(1)			,			·	
(2)		<u> </u>	 				—
(3)						· · · · · · · · · · · · · · · · · · ·	
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En	ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated Deb		Income (see	instructions)		, at, into 0, continu		<u> </u>
		•			3. Deductions directly conne	ected with or allocable	
			Gross income from or allocable to debt-		to debt-finance	· · · · · · · · · · · · · · · · · · ·	
1. Description of debt-fir	anced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)				T			
(3)				Γ			
(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)	8. Allocable deductions (column 6 x total of column 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)	
Totals					0.		0.
Total dividends-received deductions in	icluded in column	. 8			_ <u> </u>		0.
		· · · · · · · · · · · · · · · · · · ·				Form 990-T (2)	019)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
SIGNAGE ADVERTISING OVERHEAD - ELECTRICITY OVERHEAD - OTHER UTILITIES OVERHEAD - ADMINISTRATIVE		4,305. 31,517. 51,271. 31,123. 129,714.
TOTAL TO SCHEDULE M, PART II, LI	NE 27	247,930.