AMENDED RETURN - SE Series 990-T   Exempt Organization I				en/	OMB No 1545-0687
(and proxy tax			144	76	0047
For calendar year 2017 or other tax year beginning JUL	1, 201	7 , and ending $JU$	$\sqrt{30, 2}$	018	2017
Department of the Treasury				F	Open to Public Inspection for
Internal Revenue Service Do not enter SSN numbers on this form as		<del> </del>	ition is a 501(c)		Open to Public Inspection for 501(c)(3) Organizations Only oyer identification number
A Check box if address changed Name of organization ( Check box if i	name cnanged a	ind see instructions.)		(Emp	loyees' trust see uctions)
B Exempt under section Print GREATER PITTSBURGH (			K		5-1420599
X 501(C)(3) Or Number, street, and room or suite no. If a P		tructions.			ated business activity codes nstructions )
1 HOKTH LINDEN STRE					
408Á 530(a)   City or town, state or province, country, and DUQUESNE, PA 15110	ZIP or foreign	postal code		900	099
C Book value of all assets at end of year F Group exemption number (See instruction					
18,583,469. G Check organization type ► X 5010		501(c) trust	40	1(a) trust	Other trust
Business activity.      During the tax year, was the corporation a subsidiary in an affiliated group or the tax year.		STATEMENT 1			es X No
If "Yes," enter the name and identifying number of the parent corporation.	a parent-suosio	lary controlled group?	,	► Ye	es A NO
J The books are in care of BART HUCHEL		Telepho	one number	412-	460-3663
Part 14 Unrelated Trade or Business Income		(A) Income	(B) Expe		(C) Net
1a Gross receipts or sales			7377477	CYLLAN	
b Less returns and allowances c Balance	~ ▶ <u>1c</u>		THE ST	Thinks.	
2 Cost of goods sold (Schedule A, line 7)	2		H WASTERNA	是的程序是	<b>显著艺术机形上处</b> 。
3 Gross profit. Subtract line 2 from line 1c	3		"WARPE" D		
4a Capital gain net income (attach Schedule D)	4a		AND FILL AS		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		STREET, TA		
c Capital loss deduction for trusts	4c		THE WASH		<del> </del>
5 Income (loss) from partnerships and S corporations (attach statement)	5		1.并且引起40	ANT A MAIN	
<ul> <li>Rent income (Schedule C)</li> <li>Unrelated debt-financed income (Schedule E)</li> </ul>	7				<del> </del> -
8 Interest, annuities, royalties, and rents from controlled organizations (Sch.	<del></del>				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sched	· —				<u> </u>
10 Exploited exempt activity income (Schedule I)	10				
11 Advertising income (Schedule J)	11				
12 Other income (See instructions; attach schedule)	12		海河和河南	<b>美华州家</b>	
13 Total. Combine lines 3 through 12	13	0.			<u> </u>
[Part III   Deductions Not Taken Elsewhere (See instruction (Except for contributions, deductions must be directly contributions).			income)		
14 Compensation of officers, directors, and trustees (Schedule K)			**	14	
15 Salaries and wages				15	
16 Repairs and maintenance				16	
17 Bad debts				_17	ļ
18 Interest (attach schedule)				18	
19 Taxes and licenses				19	<del></del>
Charitable contributions (See instructions for limitation rules)		امما		20	
<ul> <li>Depreciation (attach Form 4562)</li> <li>Less depreciation claimed on Schedule A and elsewhere on return</li> </ul>		21 22a		225	
23 Depletion			<del></del> -	22b 23	<del> </del>
24 Contributions to deferred compensation plans		RECEIVED		24	<del> </del>
25 Employee benefit programs	.   6		S-0SC	25	<del></del>
26 Excess exempt expenses (Schedule I)	D059	MAR 2 7 2020	O	26	
27 Excess readership costs (Schedule J)			SS	27	
Other deductions (attach schedule)		OGDEN, UT		28	
29 Total deductions. Add lines 14 through 28	<u> </u>	3 0 0 L 11, 0 1		29	0
30 Unrelated business taxable income before net operating loss deduction.	Subtract line 29	from line 13		30	0.
31 Net operating loss deduction (limited to the amount on line 30)				31	<del></del>
32 Unrelated business taxable income before specific deduction. Subtract lin		30		32	1 000
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exci		than lies 00 and 11	nollau në no	33	1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If lin line 32	e 33 is greater t	man line 32, enter the sn	naner of zero or	34	0.
723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions		<del></del>		34	Form <b>990-T</b> (201)

Form 990-T	(2017)	GREATER	PITTSBURGH	COMMUNITY	FOOD BAN	K	25-14	420	599	Page 2
Part I	ii T	ax Computation	on							
35	Organ	izations Taxable as (	Corporations. See instru	ictions for tax computat	ion.					
	Contro	olled group members	(sections 1561 and 1563	3) check here 🕨 🔙	See instructions	and.				
a	Enter	your share of the \$50	,000, \$25,000, and \$9,92	25,000 taxable income b	rackets (in that or	der):		l		
	(1)	\$	(2) \$		(3) \$			- }	1	
b	Enter	organization's share o	of: (1) Additional 5% tax	(not more than \$11,750	) [\$		Ī			
	(2) Ad	dditional 3% tax (not i	more than \$100,000)		\$		Ī	_l_		
c	Incom	e tax on the amount	on line 34				_ 	▶ 3	15c	0.
36	Trusts	Taxable at Trust Ra	tes. See instructions for	tax computation. Incom	ne tax on the amou	int on line 34 f	rom:	<u> </u>		
		Tax rate schedule or	Schedule D (For	m 1041)			ı	<b>▶</b> [	36	
37	Ргоху	tax. See instructions					٠ ا	▶ [:	37	
38	Altern	ative minimum tax							38	
39	Tax o	n Non-Compliant Fac	ility Income. See instru	ctions					39	
40	Total.	Add lines 37, 38 and	39 to line 35c or 36, wh	chever applies					40	0.
Part I	ז ע	ax and Payme	ents							
41a	Foreig	ın tax credit (corporat	tions attach Form 1118, t	rusts attach Form 1116	)	41a				
b	Other	credits (see instruction	ons)			41b				
С		al business credit. At	•			41c			- 1	
d	Credit	for prior year minimi	um tax (attach Form 880	1 or 8827)		41d				
		credits. Add lines 41	•	•			-	4	11e	
42		act line 41e from line							42	0.
43		taxes, Check if from:		Form 8611 Form	8697  Form	8866 🔲 0	Ther (attach schedu		43	
44		tax. Add lines 42 and					)(iii) (a.moi) oo	_	44	0.
			ment credited to 2017			45a			<del>`</del>	
		estimated tax paymer		•		45b		$\neg$	- 1	
		eposited with Form 8				45c		$\overline{}$		
		="		a (ean instructions)		45d				
			paid or withheld at source	e (see ilistractions)				$\dashv$		
e		p withholding (see in	·	oo /Attach Form 9041\		45e		-		
T _		-	lealth insurance premium			45f		$\dashv$		
g		credits and payments		rm 2439	7. Total 1		45'	,		
	—	Form 4136		her4!						157
46		payments. Add lines		0000		TATEME:	NT 3	_	46	457.
47			instructions). Check if Fo				•		47	
48			han the total of lines 44 a	-			ļ		48	
49	-	-	larger than the total of hi		•	1		· -	49	457.
50			you want: Credited to 2			tion (	Refunded		50	457.
			garding Certain							<del></del>
51			7 calendar year, did the c							Yes No
			ank, securities, or other)		· -	-				
			of Foreign Bank and Finar	icial Accounts. If YES, e	nter the name of t	he foreign cou	ntry			- <u>-</u>
	here		<del></del>							X X
52			organization receive a d		it the grantor of, o	r transferor to	, a foreign trust?			X
		•	other forms the organiza	•						\ \ \
53			empt interest received or		<u> </u>					اسلك
Sign	cor	der penaities of perjury, i rect_and.complete_Decia	declare that I have examined eration of preparer (other than	this return, including accomp taxpayer) is based on all infi	panying schedules and preparation of which prep	statements, and parer has any kno	to the best of my knowledge	owieage	and belief, it is to	rue,
Here		75.	8-0-	13-11-202			LIAR	May t	ine IRS discuss t	his return with
		Cupatura of officer	mares	Date	OFFIC	ER			reparer shown be	
		Signature of officer			r itte			instru	rctions)?	Yes No
		Print/Type preparer	s name	Preparer's signature		Date	Check	_l ıf	PTIN	
Paid				L			self- employ	yed		5004
Prepa	arer	EUGENE J.		EUGENE J. 1					P0022	
Use C	Only	Firm's name ► S	CHNEIDER DO		INC.		Firm's EIN	<u> </u>	25-14	08703
	-		ONE PPG PL	•	1700			_		
		Firm's address	PITTSBURGH	<u>, PA 15222</u>			Phone no.	41	<u>2-261-</u>	
									Form	990-T (2017)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A				<del></del> :	<del></del>
1 Inventory at beginning of year	_1			Inventory at end of yea	ır		6		
2 Purchases	2		] 7	Cost of goods sold. St	ubtract I	line 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	· <u> </u>	i	
4a 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	cquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	i Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)								···	
(2)		- <del>-</del> :							
(3)						-			
(4)								•	
	2. Rent receive	ed or accrued							
(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	personal	onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connec id 2(b) (	ted with the income i attach schedule)	n
(1)					· · · · · ·	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, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		3. Deductions directly conr to debt-finance			
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)				•			1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis sillocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)		-		%		•			"
						inter here and on page 1 Part I, line 7, column (A)	1	Enter here and on paç Part I, line 7, column	
Totals				▶		0	.		0.
Total dividends-received deductions in	ncluded in column	ı 8				<u> </u>	.	72/	0.
		<del></del>					_	Form 000-T	

Schedule F - Interest, A	nnuities, Roy	alties, a					tions	(see ınst	ructions	)
	·		Exempt Co	ontrolled O	rganizatio	ons				
Name of controlled organization	ıde	Employer ntification number	3. Net unreli (loss) (see in	ated income ristructions) ,		al of specified nents made	ınclude	Part of column 4 that is uded in the controlling nization's gross income		Deductions directly connected with income in column 5
(1)			<del>                                     </del>							
(2)			<del></del>							
	<del>-  -         </del>		<del>                                     </del>				<del></del>	·····		
(3)			<del></del>							
(4)							L			
Nonexempt Controlled Organiz	<del></del>	<del></del> _	<del></del>	<del></del>	—т					<del></del>
7. Taxable Income	8. Net unrelated in (see instruc		9. Total of	specified payr made	nents	10. Part of column the controlle gross	mn 9 that ing organi s income	is included zation's	11. Dedi with i	uctions directly connected ncome in column 10
(1)			<del> </del>							
(2)			+							
			<del> </del>	·	_					
(3)			+							
(4)								<del></del>		
						Add colur Enter here and line 8, c		1, Part I,	Enter he	l columns 6 and 11 re and on page 1, Part I ne 8, column (B)
Totals								0.		0.
Schedule G - Investmer	at income of	a Section	501/01/71	(9) or (	17) Ora	anization		<u> </u>		
(see instr		a Section	1 50 1(0)(1)	, (9), 01 (	in Org	jariization				
	iption of income			2. Amount of	ıncome	3. Deduction		4. Set-a	sides	5. Total deductions and set-asides
						(attach sched		(attach sc		(col 3 plus col 4)
(1)										
(2)										<u> </u>
(3)										<u> </u>
(4)		•								
Totals				Enter here and Part I, line 9 co	0 <u>.</u>				1. 434 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	Enter here and on page 1 Part I line 9, column (B)
Schedule I - Exploited I (see instru	-	ity Incon	ne, Other 1	Than Adv	ertisin/	g Income				•
Description of exploited activity	2. Gross unrelated business income from trade or business	directi with of	Expenses y connected production unrelated ess income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela- business inco	that ted	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)										<u> </u>
(2)		+					+			<del> </del>
(2)		+								<del> </del>
(4)	<del>-</del>						-			
(4)	Enter here and on page 1, Part I, line 10, col (A)	pag	here and on e 1 Part I, 10, col (B)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To the state of th		Trans.	4.4	Enter here and on page 1, Part II, line 26
Totals	_		0.			S. Company		<b>摩</b>		0.
Schedule J - Advertisir				*****	445	<u> </u>	., (*)	<u> </u>	v 5 2 2 2	·
Part Is Income From F				olidated	Basis		_			
Name of periodical	2. Gro advertis incom	ing _	3. Orrect dvertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain comput hrough 7	5. Circula		6. Reader		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				190019	v:"1 1)3	,4				ESTEWATER TO THE
(2)	<del></del>	- +		122						· 深。 第二
(3)	<del></del>					<u> </u>		<del>-</del> -		
(4)	<del></del>		<del></del>			<u>-</u>				
\7/	+			1 7 7 7	100					Fare the second of the second
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0.			<u></u>				0.
								-		Form 990-T (2017)

723731 01-22-18

Form 990-T (2017) GREATER PITTSBURGH COMMUNITY FOOD BANK 25-14205

Part III 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	<b>&gt;</b>	0.	0.	<b>加速运动系统</b>	A STATE OF THE STA	が記れている。	0
T. A. I. D. A. II (Inc. of 5)		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)	▶	0.	0.	[1] 新疆,1887 · 1	San American	<b>计算机的 美洲北方</b>	U

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		`▶	0.

Form 990-T (2017)

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

QUALIFIED TRANSPORTATION FRINGE BENEFITS OFFERED TO EMPLOYEES

TO FORM 990-T, PAGE 1

## FOOTNOTES

STATEMENT 2

AS ORIGINALLY FILED ON THE 2017 FORM 990-T, THE ORGANIZATION REPORTED \$3,542 ON LINE 12, OTHER INCOME, FOR QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES FROM JANUARY 1, 2018 THROUGH JUNE 30, 2018. DUE 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 12 AND IS INCLUDING THE TAX PAID WITH THE ORIGINAL FILING OF \$457 ON LINE 45G, OTHER CREDITS AND PAYMENTS. THE ORGANIZATION IS REQUESTING A REFUND ON LINE 50 IN THE AMOUNT OF \$457.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3
DESCRIPTION		AMOUNT
SECTION 512(A)(7) TAX LINE 48	ORIGINALLY PAID ON 2017 FORM 990-T,	457.
TOTAL INCLUDED ON FORM	1 990-T, PAGE 2, PART IV, LINE 45G	457.

## Form 4626 Department of the Treasury

## **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

Name				Employer identification number
	GREATER PITTSBURGH COMMUNITY FOOD BANK			25-1420599
	Note: See the instructions to find out if the corporation is a small corporation exempt			
	from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction	L	1	0.
2	Adjustments and preferences:			
а	Depreciation of post-1986 property	L	2a	
b	Amortization of certified pollution control facilities	. L	2b	
C	Amortization of mining exploration and development costs	L	2c	
d	Amortization of circulation expenditures (personal holding companies only)	L	2d	
е	, •	<u> </u>	<u>2e</u>	
f	Long-term contracts	<u> </u>	2f_	······································
9	Merchant marine capital construction funds	<u> </u>	<u>2g</u>	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	Ļ	2h	
i	Tax shelter farm activities (personal service corporations only)	<u> </u>	2i	
j	Passive activities (closely held corporations and personal service corporations only)	<u> </u>	<u>2j</u>	
k	Loss limitations	<u> </u>	2k	
- 1	Depletion	-	21	
m	Tax-exempt interest income from specified private activity bonds	<u> </u>	2m	
n	Intangible drilling costs	<u> </u>	2n	
0	·	<u> </u>	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20	<u> </u>	3	
4	Adjusted current earnings (ACE) adjustment;	1 1	٠.	
	ACE from line 10 of the ACE worksheet in the instructions	4a		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions	4b		
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior		1	
	year ACE adjustments over its total reductions in AMTI from prior year ACE	,		
	adjustments. See instructions. Note: You must enter an amount on line 4d	1 1		
	(even if line 4b is positive)			
е	ACE adjustment.			
	If line 4b is zero or more, enter the amount from line 4c	λ  -		
_	• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount	J	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	0.
6	Alternative tax net operating loss deduction. See instructions	<del> </del>	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	i residual	_	
	Interest in a REMIC, see instructions	. <u>.</u> .	7	
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	line 8c).	,	
а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	اما	-	
	group, see instructions. If zero or less, enter -0-	8a		
	Multiply line 8a by 25% (0.25)	lad lad		
C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control	lieu		
a	group, see instructions. If zero or less, enter -0-	-	8c	
9 10	Subtract line 8c from line 7. If zero or less, enter -0-	F	9	
10 11	Multiply line 9 by 20% (0.20)  Alternative minimum tox foreign tax gradit (AMTETC). See instructions	F	10	
11 12	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
	Tentative minimum tax. Subtract line 11 from line 10	F	12	
13 14	Regular tax liability before applying all credits except the foreign tax credit	- and on	13	
.7	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her		.,	
1\A/A		<u> </u>	14	Form 4000 (0047
JWA	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return For Paperwork Reduction Act Notice, see separate instructions.	1	14	Form <b>4626</b> (2

## Adjusted Current Earnings (ACE) Worksheet

		See ACE Worksheet Instr	uctions.		
1	Pre-adjustment AMTI. Enter the amount from line 3 of	Form 4626		1.	0.
2	ACE depreciation adjustment;			**************************************	
	AMT depreciation		2a		
	ACE depreciation:				
	(1) Post-1993 property	2b(1)			
	(2) Post-1989, pre-1994 property	2b(2)			
	(3) Pre-1990 MACRS property	2b(3)		23.1	
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections			(C) 1/4	
	168(f)(1) through (4)	2b(5)			
	(6) Other property	2b(6)	32		
	(7) Total ACE depreciation. Add lines 2b(1) through		2b(7)		
	ACE depreciation adjustment. Subtract line 2b(7) from	• •	(1-11	2c	
3	Inclusion in ACE of items included in earnings and pro			154	
_	Tax-exempt interest income	(-2., ).	3a	1000	
	Death benefits from life insurance contracts		3b		
	All other distributions from life insurance contracts (in	icluding surrenders)	3c		
	I Inside buildup of undistributed income in life insurance	,	3d		
	Other items (see Regulations sections 1.56(g)-1(c)(6)		00		
	for a partial list)	(iii) till odgir (ix)	3e		
	Total increase to ACE from inclusion in ACE of items in	ncluded in F&P Add lines 3a throi	·	3f	
4	Disallowance of items not deductible from E&P:	notable in Eq Add into be three	gii oo	原本語	
٦,			4a	Page 1	
	Ovidends paid on certain preferred stock of public utilities that a	re deductible under section 247 (se	74		
	affected by P L 113-295, Div A, section 221(a)(41)(A) Dec 19, 2	·	4b		
	Dividends paid to an ESOP that are deductible under s		4c		
	Nonpatronage dividends that are paid and deductible t	• •	<del></del>		
	1382(c)	muci section	44	Lating 1	
	Other items (see Regulations sections 1.56(g)-1(d)(3)	(i) and (ii) for a	40		
	partial list)	(i) and (ii) for a	4e		
	Total increase to ACE because of disallowance of item		41		
5	Other adjustments based on rules for figuring E&P:	s not deductible nom Ear . Add in	65 4a tillough 46	.2.3	
-	Intangible drilling costs		5a		
	Circulation expenditures		5b		
	Organizational expenditures				
	LIFO inventory adjustments		5c   5d		
	: Installment sales		5e		
		<u> </u>			
_ 1	Total other E&P adjustments. Combine lines 5a throug	5f			
6	Disallowance of loss on exchange of debt pools	6			
7	Acquisition expenses of life insurance companies for o	7			
8	Depletion Resident adjustments in determining gain or loss from sa	le or evolution of the 1004 proper	h. •	8	
9	Basis adjustments in determining gain or loss from sa Adjusted current earnings. Combine lines 1, 2c, 3f, 4		•	9	<del></del> _
10	Form 4626	i, and of through 5. Effet the festi	נ חכול מווט טוו ווווצ 4מ טו	10	
	<u>FUTIN 4020</u>		,	10	