C 28

**№** 30

31

Total deductions Add lines 14 through 27

Unrelated business taxable income. Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

(see instructions)

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

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

64

28

29

See Statement 21

380,084.

-118,338,

-118,338

Form 990-T (2019

Parl	t III: Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-118,338.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	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	35	-118,338.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  Stmt 22	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		-118,338.
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,	30	270000
33	enter the smaller of zero or line 37	39 -	-118,338.
Parl		1 22 1	110/3301
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:	70	
41	Tax rate schedule or Schedule D (Form 1041)	41	
40		42	
42	Proxy tax. See instructions  Althoractive manning toy (finish calls)		· · · · · · · · · · · · · · · · · · ·
43	Alternative minimum tax (trusts only)	43	<del></del>
44	Tax on Noncompliant Facility Income. See instructions	44	0.
45 Part	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments	45	
	<del></del>		·············
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a  40a	┥ ┃	
b	Other credits (see instructions)  46b		
C	General business credit. Attach Form 3800 46c	-	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	+	
е	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 Other (attach schedule)	48	
49	Total tax Add lines 47 and 48 (see instructions)	49	0.
<sub>+</sub> 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 2,500.		
•	2019 estimated tax payments 51b 10,000.	4 -1	
C	Tax deposited with Form 8868	1	
d	Foreign organizations: Tax paid or withheld at source (see instructions)  51d	4	
е	Backup withholding (see instructions) 51e	1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)  51f	ן , ן	
g	Other credits, adjustments, and payments: Form 2439	1	
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	12,500.
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	12,500.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	10,000.
Part	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 > \$		
	Under penalties 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	ge and belief, i	t is true,
Sign			uss this return with
Here		e preparer show	
	Signature of officer Date / Title	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check :	f PTIN	
Paid	M 3/1-22 self-employed		
	parer Gregory A. Deyhle Dry ally 1/1/2020	P003	341594
_	Only Firm's name MELLOTT & MELLOTT, CP.L.L. Firm's EIN		063298
<b>-</b> 500	312 WALNUT STREET - SUITE 2500		
	Firm's address ► CINCINNATI, OH 45202-4025 Phone no. 5	13-241	-2940

Schedule A - Cost of Goods	Cold E			1 N N N				
	Joid. Enter	method of inven	$\overline{}$	Inventory at end of year		· · · · · · · · · · · · · · · · · · ·	T 6	
<ol> <li>Inventory at beginning of year</li> <li>Purchases</li> </ol>	2		7	Cost of goods sold. Si		ine 6	1	
2 Purchases 3 Cost of labor	3		┤ ′	from line 5. Enter here				
4a Additional section 263A costs	<del></del>		1	line 2	and mi	urt i,	7	1
(attach schedule)	4a		8	Do the rules of section	2634 (	with respect to	<u></u>	Yes No
·	4b		<b>Ⅎ</b> ಁ	property produced or a	•	•		
<ul><li>b Other costs (attach schedule)</li><li>5 Total Add lines 1 through 4b</li></ul>	5		1	the organization?	acquii co	Tor resaic, apply to		
Schedule C - Rent Income (I		Property and	Pers		ease	d With Real Prop	erty	)
(see instructions)	10111110011	roporty and		, o				,
Description of property				<del>.</del>		<del> </del>		
(1) Art Center				<del> </del>				
(2) GreenAcres Rental	g - Pri	wate Eve	nt	· · · · · · · · · · · · · · · · · · ·				<b>n</b>
(3) Foundation - Cabi			110	·		<del></del>		
<del></del>	.n Kenta	· <del>- L</del>		<del></del>		*		
(4)	2 Rent receiv	ed or accrued		<del></del> . <del>-</del>		T		
(a) From personal property (if the perco			nd perso	onal property (if the percenta	ge	3(a) Deductions directly		
' ' rent for personal property is more t	of rent for p	personal	property exceeds 50% or if		See Stat		(attach schedule) ∋nt 23	
		110101	ii is çasc	192,2	75.	Dee Dear	CINC	21,651.
				49,0		-		22/0320
	<del></del> .	<del></del>		3,8		<del> </del>		· · · · ·
				3,0	<del>50.</del>			
<del></del>	<u> </u>	Total		245,1	25.			<del></del>
(c) Total income Add totals of columns 2				243,1	25.	(b) Total deductions		
here and on page 1, Part I, line 6, column		1G1		245,1	25.	Enter here and on page 1, Part I, line 6, column (B)		21,651.
Schedule E - Unrelated Deb		Income (see	ınstru			[		
		(000	T			3 Deductions directly cor		
			2	, Gross income from or allocable to debt-	L.,	to debt-finan	ced pro	
Description of debt-fine	anced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)				*****			$\top$	
(2)		·	†	·				
(3)			<u> </u>	<del></del>				
(4)	<del> </del>		<del> </del>	<del></del>	<del></del>			<del></del>
4 Amount of average acquisition	5 Average	adjusted basis	6	Column 4 divided		7. Gross income		8. Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property n schedule)		by column 5		reportable (column 2 x column 8)		(column 6 x total of columns 3(a) and 3(b))
(1)		<del></del>	1	%		<del></del>	$\neg$	
(2)			†	%	1			
(3)	<del></del> -		1	%			$\neg \vdash$	
(4)			1	%				
			_		E	nter here and on page 1,	Ť	Enter here and on page 1,
						Part I, line 7, column (A)		Part I, line 7, column (B)
Totals				<b>•</b>		0		0.

Total dividends-received deductions included in column 8

Schedule F - Interest, A	Innuitie	s, Royaltic	es, and Rent	s From Co	ntrolle	d Organiza	itions	(see ins	struction	s) ·
			Exemp	t Controlled C	Organizat	ions				_
Name of controlled organizati	on	2. Emplo identifica numbe	tion (loss) (s	inrelated income see instructions)		atal of specified ments made	include	t of column 4 ed in the contration's gross	rolling	6. Deductions directly connected with income in column 5
<u></u>	_	· · · · · ·			1		<del>                                     </del>			
(1)					†					<del> ,,</del>
(2)					†					
(3)					1		<del>                                     </del>			
(4)	zatione					<del></del>	٠	-	<del></del>	
Nonexempt Controlled Organiz			(1-1-1) O T-1	al of specified pay	·	10. Part of colu	ma O that		11 Do	ductions directly connected
7. Taxable Income		nrelated income see instructions)	(ioss) <b>9</b> , 101	made	ments	in the controll	ing organ s income	ization's	with	income in column 10
(1)										
(2)				•						
(3)		_				-		•		
(4)				-						<u>-</u> -
			1.2			Add colur Enter here and line 8,		1, Part I,		id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investme	nt Incor	ne of a Se	ction 501(c)	(7), (9), or	(17) Or	ganization				
(see instr				(-), (-),	<b>,</b> ,					
1. Descri	ription of inco	me		2 Amount o	of income	3. Deduction directly connect (attach scheduction)	ected	4 Set- (attach s	-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)		<del></del>		1	-					
(3)				_		1				
(4)										<del></del>
				Enter here and Part I, line 9, c		The second secon			an til til	Enter here and on page 1, Part I, line 9, column (B)
Totals			ı		0.					0.
Schedule I - Exploited (see instru		Activity I	ncome, Othe	r Than Ad		ng Income		34-2	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
			3 5	4 Net inco	me (loss)					7 Excess exempt
1 Description of exploited activity	unrelated incom	Gross I business ne from business	3. Expenses directly connected with production of unrelated business income	from unrelate business (c minus colur gain, compu throug	column 2 nn 3) If a ite cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)		1								
(4)									·	
. (1)	page 1	re and on I, Part I, col (A)	Enter here and on page 1, Part I, line 10, col (B)			The second secon				Enter here and on page 1, Part II, line 25
Totals		0.	0							<sup>*</sup> 0.
Schedule J - Advertisir	ng Inco	me (see ins	structions)							
Rart I Income From I	Periodic	als Repo	rted on a Co	nsolidated	Basis					
Name of periodical		2 Gross advertising income	3. Direct advertising cos	or (loss) (	rtising gain col 2 minus gain, compu through 7			6 Read		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					To the co					
(2)				1 2 1 3 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, , ,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(3)			1			,				
(4)			<u> </u>			-nic				
Totals (carry to Part II, line (5))	<b>•</b>	0		0.	· · - · · · · · · · · · · · · · · · · ·	~		7.		0.
TOTALS (Daily to Fait II, IIIIe (3))			<u> </u>	<u> </u>			_	L		·

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)					<u> </u>	
(4)						
Totals from Part I	0.	0	•		t	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and or page 1, Part I, line 11, col (B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	en e	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	C				0.
Schedule K - Compensatio	n of Officers, I	Directors, ai	d Trustees (see i	nstructions)		
1. Name			2. Title	3 Perce time devo busine	ted to	mpensation attributable unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II,	ine 14				<b>•</b>	0.

Form 990-T (2019)

~				
Form 990-T	Description o	f Organization's Business Activit	Primary Unrelated Y	Statement 18
Event Space	e Rentals and Priv	vate Events		
To Form 990-	-T, Page 1			
Form 990-T		Other Income		Statement 19
Description				Amount
Arts Center	- Property tax re	efund		38,272
Total to For	rm 990-T, Page 1,	line 12		38,272
Form 990-T	2-27.17.	Other Deducti	ons	Statement 20
Description				Amount
Travel Supplies Insurance Utilities Telephone Miscellaneou Office suppl Contracted s Bank Fees Meals & Ente Professional Continuing E	lies services ertainment Fees	line 27		453 13,642 13,249 13,238 3,180 24,314 922 2,648 3,152 204 450 599
Form 990-T	Net	Operating Loss D	eduction	Statement 21
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/18	100,058.	0.	100,058.	100,058.
NOL Carryove	er Available This	Year	100,058.	100,058.

Form 990-T	Net	Operating Loss D	eduction	Statement 22
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/16 12/31/17	183,996. 462,940.	51,959.	132,037. 462,940.	132,037. 462,940.
NOL Carryo	ver Available This	Year	594,977.	594,977.

Form 990-T	Deductions	Connected	with Rental	Income	Statement 23
Description			Activity Number	Amount	Total
Rental expense		- Subtotal	- 1	21,651.	21,651.
Rental expense		- Subtotal	- 1	0.	21,651.
Total to Form 99	0-T, Schedu	le C, Colum	n 3		21,651.