2939376/0/20332 **Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) 07/01 , 2016, and ending 06/30 , 20 1 7 For calendar year 2016 or other tax year beginning Department of the Treasury ▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Check box if Name of organization (Check box if name changed and see instructions) D Employer identification number address changed (Employees' trust, see instructions) B Exempt under section TABOR SERVICES INC **Print** X 501(C Number, street, and room or suite no. If a P.O. box, see instructions 23-2660436 E Unrelated business activity codes 408(e) 220(e) Type 530(a) 408A 57 EAST ARMAT STREET 52<u>9(</u>a) City or town, state or province, country, and ZIP or foreign postal code C Book value of all assets PHILADELPHIA, PA 19144 at end of year Group exemption number (See instructions) 23,465,156 Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity ▶ ATTACHMENT During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... Yes X No If "Yes," enter the name and identifying number of the parent corporation The books are in care of ▶ LAURENCE BUCHHOLZ Telephone number ▶ 215-348-4071 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)...... 2 2 3 3 Capital gain net income (attach Schedule D) **4**a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b С 5 Income (loss) from partnerships and S corporations (attach statement) 5 6 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule, G) 9 Exploited exempt activity income (Schedule I) 10 (3 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, 14 15 16 18 20 22b 23 24 25 26 27 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 33

enter the smaller of zero or line 32, For Paperwork Reduction Act Notice, see instructions 6X2740 1000 TM JSA

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Par	t III	Tax Computation				-3-					
35		zations Taxable as Corporations. See instructions for tax computation. Controlled group									
	-										
	members (sections 1561 and 1563) check here ▶ See instructions and										
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)										
_	(1) \$	(2)[\$ (3)[\$									
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)										
	(2) Addı										
С	c Income tax on the amount on line 34										
36	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on										
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)										
37	Proxy ta	ax See instructions	37								
38	Alternat	ive minimum tax	38	·							
39	Tax on	Non-Compliant Facility Income. See instructions	39								
40		_	40								
Par		Tax and Payments	•								
41 a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a									
		redits (see instructions)									
		business credit Attach Form 3800 (see instructions)									
4	Crodit fo	or prior year minimum tax (attach Form 8801 or 8827)									
			41e								
42			42								
	Otherste		43								
43						0.					
44		x. / dd iii co 12 d i c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c	44								
		ats A 2015 overpayment credited to 2016									
		stimated tax payments									
		osited with Form 8868									
		organizations Tax paid or withheld at source (see instructions)									
е	Backup	withholding (see instructions)									
f	Credit for	or small employer health insurance premiums (Attach Form 8941)									
g	Other c	redits and payments Form 2439									
	F	orm 4136 Other Total ▶ 45g	- 1								
46	Total pa	ayments Add lines 45a through 45g	46								
47	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	47								
48			48								
49	Overpa	yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid $\dots \dots \dots$	49								
50			50								
Par	t V	Statements Regarding Certain Activities and Other Information (see instructions))								
51	At any	time during the 2016 calendar year, did the organization have an interest in or a signature or	other a	uthority [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 state of the foreign bank and Financial Accounts If YES, enter the name of the foreign state of the foreign bank and Financial Accounts If YES, enter the name of the foreign state of the foreign bank and Financial Accounts If YES, enter the name of the foreign state of the foreign bank and Financial Accounts If YES, enter the name of the foreign state of	oreign	country							
	here 🕨					Х					
52	During 1	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?.			Х					
	•	see instructions for other forms the organization may have to file									
53		ne amount of tax-exempt interest received or accrued during the tax year > \$			İ						
	Ur	nder penalties of penury, I declare that I have examined this return, including accompanying schedules and statements and to the be-	st of my	knowledge a	and bel	lef, it is					
Sigi	n \ , 'n	re correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge									
Here Sales this with the preparer shown											
	_		instructions			No					
		Print/Type preparer's name Preparer's signature Date		PTIN							
Paid)	Runder III 5/14/18 Check!		P0028	2220	≀ 3					
Prep	oarer	TODOLLI TEGIOTO		5-60555							
Use	Only			5-561-		<u> </u>					
		Firm's address ▶ 2001 MARKET STREET, SUITE 700, PHILADELPHIA, PA 19103 Phone	110 23		14 Z U						

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Page	

Schedule A - Cost of Goods	s Sold. Er	nter method	d of invent	orv valuat	ion	>				
1 Inventory at beginning of year .		3.5.					ar	6		
2 Purchases							ld Subtract line	1 1		
3 Cost of labor						•	ter here and in			
4a Additional section 263A costs		,						7		
(attach schedule)	42						section 263A (v			
b Other costs (attach schedule)	-						or acquired for			
5 Total. Add lines 1 through 4b.							or acquired to			
Schedule C - Rent Income (Fr		roperty a	nd Perso	nal Prop	ertv	Leased V	Vith Real Prope	rtv)		
(see instructions)										
1. Description of property										
(1)							-			
(2)										
(3)										
(4)										
-	2. Rent recei	ved or accru	ed							
(a) From personal property (if the percer for personal property is more than 10 th more than 50%)		percent	rom real and age of rent for r if the rent is	or personal pr	opert	y exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)						4				
(4)										
Total		Total								
(c) Total income Add totals of column	as 2(a) and 2((b) Total deduction			
here and on page 1, Part I, line 6, colu	, ,						Enter here and or Part I, line 6, colu			
Schedule E - Unrelated Debt-F			ee instructi	ions)			1 1 411 1, 11110 0, 0010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	· · · · · · · · · · · · · · · · · · ·	1001110 (0)		•		3 [Deductions directly co	nnected with or allocable to		
1. Description of debt-finan	nced property		2 Gross income from or allocable to debt-financed property		t-financed			aced property		
					(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)						,		· · · · · · · · · · · · · · · · · · ·		
(2)								········		
(3)										
(4)										
	i. Average adju	sted basis				-				
acquisition debt on or	of or alloca	ble to	1	Column dıvıded			income reportable	Allocable deductions (column 6 x total of columns)		
allocable to debt-financed property (attach schedule)	debt-financed (attach schi		1	column 5		(columi	n 2 x column 6)	3(a) and 3(b))		
(1)	 	•			%					
(2)					%					
(3)			1		%					
(4)					/ %					
<u> </u>		<u> </u>	<u> </u>		,,,		e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
							2 ., 33.3.111 (//)			
Totals					.▶			<u> </u>		
Total dividends-received deductions (ncluded in c	olumn 8	<u></u>				<u> ▶</u>	Form 990-T (2016		

orm 990-T (2016)	TABOR SE	RVICES	INC					2	23-2	660436 P	age
Schedule F - Interest, Annu	uities, Royalties	, and Re	ents Fro	m Contro	lled Or	ganizati	ons (see	instructio	ns)		
1 Name of controlled 2. Employer organization identification number		er 3	3 Net unrelated income (loss) (see instructions)			ganizations 4. Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
1)											
2)			·					-			
3)		<u> </u>									
4)											
Nonexempt Controlled Organia	zations										
7 Taxable Income	Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column included in the co organization's gross		ontrolling coi		11 Deductions directly onnected with income in column 10	
1)											
2)											
3)							 				
4)											
otals					. , ,▶	Enter I Part I	columns 5 a nere and on line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page irt I, line 8, column (E	1,
Schedule G - Investment Ir	come of a Sec	tion 50	1(c)(7),			<u>nization</u>	(see inst	tructions)			
1 Description of income	2. Amount of	3. Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)			
1)											
2)											
3)											
4) - otals ▶	Enter here and o Part I, line 9, co	olumn (A)	* ***				~~ <u>\</u>	****	ĠŠ:	Enter here and on part I, line 9, colum	
Schedule I - Exploited Exe	mpt Activity Inc	come, C	ther Th	an Adverti	ising In	come (s	ee instru	ctions)		· · · · · · · · · · · · · · · · · · ·	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	penses ectly ted with ction of lated s income	or business (column 3) of If a gain, compute		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7 Excess exen expenses (column 6 min column 5, but more than column 4)	nus
1)											
2)											
3)											
4) 「otals ▶	Enter here and on page 1, Part I, page 1, F line 10, col (A) line 10, col		, Part I,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising Ir	come (see instri	ictions)		1							
Part I Income From Per			Consol	idated Bas	 sis						
1 Name of periodical	2 Gross advertising income	3 D	rect ing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			culation ome	6 Reade cost		7 Excess reade costs (column 5 not more that column 4)	n 6 i, but
1)								1			
2)											
3)											
4)						I					

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

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)	, and the second second					
(4)						
Totals from Part I						
	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) ▶						

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		•	

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