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Ö	Form	990-T	000	xempt Org and	d proxy	tax under	sect	ion 6033(e))	1		20	17	ı
	•		(and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning, 2017, and ending, 20								<u></u>) - -		
	Departme	ent of the Treasury Revenue Service		 ▶ 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). 							Oper	to Pub	lic Inspect	ion for
S			▶ Do r										anization	
	<u>A</u> □ a	heck box if ddress changed	1					and see instructions)					cation nui see instruc	
S		ot under section	Print		· · ·			VESTMORELANI	<u> </u>		•			,
		1(c 🕦(3)	or	Number, street, and			, see in:	structions.				7664	s activity	
X	40		Туре	40 NORTH PE					-			ctions)		codes
Ξ	40:	~ .		City or town, state of			foreign	postal code		`_	-	00		
$\overline{\omega}$	☐ 52	9(a)		GREENSBURG,] 5	311	20		
\equiv		yalue of all assets of year		oup exemption n				on 🗍 501(c)	\ trust = [] 401(a)	+	·+ [Other	
ţ		3,067,975.		eck organization					<u> </u>					เบรา
ostmai				n's primary unrela										- ING
0		_		e corporation a sub	-				y controlled g	roup: .	. ,		TES IA	i ino
Ω_				and identifying nu ► GEORGE APE		ne parent corp	oracio		hone numbe	× N /7	724	030	2074	
				e or Business				(A) Income		kpenses	24	030-	(C) Net	
		Gross receipts					'	(x) moonie	orweig	2.公治1000	1		Taring.	er in
	b	Less returns and a			++ ,	Balance ▶	1c							
	2			schedule A, line 7			2			国教教				
	3	_	-	t line 2 from line 1	•		3					rain and a series	- Wasterskinster	The Section 1
	4a	•		ne (attach Sched			4a	-225,015	The state of the s		18. E	-22	5,015	
	b			1797, Part II, line			4b	2237323					-,	
	c			n for trusts			4c			FX T				
	5	•		erships and S corpo			5							
	6		-	ile C)	-	•	6		fr., # A stray akadam	20	(K) A L			
	7			ed income (Sche			7	32,350	39,	196		_	6,846	
	8			and rents from contro	-		8							
	9			ction 501(c)(7), (9), or (-		9							
	10	Exploited exer	npt acť	ıvity income (Sch	edule I) .		10							
	11	Advertising ind	come (S	Schedule J)			11							
	12	Other income (See inst	ructions; attach so	chedule) .		12				誕			
	13			3 through 12 .			13	-192,665		196			1,861	
	Part			Taken Elsewhe						ept for	con	tributi	ons,	
	44			be directly conr					1	···	44			1
	14 15	Compensation	1010111	cers, directors, ai	ia trustee:	s (Sonedule M)			1		14 15			
	16			ance		1 7		Sol	1	-	16			
	17						CT 8	2018	1		17			├
	18			 Iule)				, j		<u> </u>	18			
	19	Taxes and lice	enses .				20	EN LIT			19	-		
	20	Charitable cor	ntributio	ons (See instruction	ons for lim	itation rules	الال		٠		20			
	21	Depreciation (attach f	Form 4562)				21						
	22			imed on Schedul							22b			
	23	Depletion									23			
	24			rred compensation							24			
	25			grams							25		_	
	26			nses (Schedule I)							26		_	
	27			sts (Schedule J)							27			
2018	28		-	ach schedule) .							28			<u> </u>
	29			dd lines 14 throug							29		1 0.61	<u> </u>
9	30			xable income bef						_	30	-23	1,861	-
0	31			duction (limited t		-				<u> </u>	31	2.2	1 061	├
DEC	32			axable income be	-					<u> </u>	32	-23	1,861	
	33 34			ienerally \$1,000, taxable income.						_	33			
Ü	J4			ero or line 32 . .							34	-23	1,861	
Z	For Do			Notice, see instru			:			EV 01/22/1			n 990-T	
Z	i or Pa	PELMOIK MEDUCI	uon ACI	Nouce, see instru	CHOHS. DA	^			ŗ	.CV U1/22/1	o r RU	, , , , , , ,	555 1	(2017)
SCANNED													gq	l

Part	II Ta	ax Computation				
35		zations Taxable as Corporations. See instructions for tax computation	on. Controlled grou	p 公然		
	membe	rs (sections 1561 and 1563) check here ▶ ☐ See instructions and:				
а	Enter yo	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brack	ets (in that order):			
	(1) \$	(2) \$ (3) \$		T. W.		1
b		ganization's share of: (1) Additional 5% tax (not more than \$11,750)	\$			
		tional 3% tax (not more than \$100,000)		1		-
С		tax on the amount on line 34		→ 35c		ol
36		Taxable at Trust Rates. See instructions for tax computation		n 🎉		1
		ount on line 34 from: Tax rate schedule or Schedule D (Form 104		> 36		-
37		ax. See instructions		37		\neg
38		rive minimum tax		38	_	
39		Non-Compliant Facility Income. See instructions		39		
40		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0
Part		ax and Payments	· · · · · · ·			
41a			41a	35.20		\Box
b	_	The state of the s	41b			
		` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	41c			
C C		` ' '	41d			
d		redits. Add lines 41a through 41d		41e		
e 42		et line 41e from line 40		42		0
43		tes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 O		43		
			•	44		0
44		ax. Add lines 42 and 43		3772		
45a	-	` ` ` F	45a			
ь			45b	S Second		
C			45c 0			
d	_	, , ,	45d			
е			45e			
f		or small employer health insurance premiums (Attach Form 8941) .	45f			
g		redits and payments: Form 2439				l
	☐ Form		45g	2.22.1		
46	_	ayments. Add lines 45a through 45g		_ 46		0
47		ed tax penalty (see instructions). Check if Form 2220 is attached				
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶ 48		
49		yment. If line 46 is larger than the total of lines 44 and 47, enter amount	1	► 49		0
50		amount of line 49 you want. Credited to 2018 estimated tax ▶	Refunded I	► 50		
Part	V SI	atements Regarding Certain Activities and Other Information	(see instructions)		-1.2	
51		time during the 2017 calendar year, did the organization have an interest			·······	es No
		financial account (bank, securities, or other) in a foreign country? If YES				
		Form 114, Report of Foreign Bank and Financial Accounts. If YES, ent	ter the name of the	toreign c	ountry 🌋	
	here >					×_
52	-	ne tax year, did the organization receive a distribution from, or was it the grantor	of, or transferor to, a	foreign tru		X
		see instructions for other forms the organization may have to file.			新 克 1 1 1	*
53		ne amount of tax-exempt interest received or accrued during the tax year				建版或
C:		penalties of penury, I declare that I have examined this return, including accompanying schedules a prect, and complete Declaration of prepare (other than taxpayer) is based on all information of which	and statements, and to the h preparer has any knowled	best of my l	knowledge and	belief, it is
Sign				May the	e IRS discuss	
Here		PRESIDENT	/CEO		e preparer sho structions)? ⊠Y	
		ure of afficer Date Title				
Paid		Int/Type preparer's name	Date	Check	ıf PTIN	
Prepa	arer	BARBARA A. TEREK, CPA Ballona a Tenh	09/12/2018	self-employ		38044
Use (Firm's name ► HORNER, WIBLE & TEREK PC			25-1452	
USE (Jilly	Firm's address ► HORNER, WIBLE & TEREK PC, 500 RUGH STRE	ET, PA 15601	Phone no	(724)837	7-7141

	,							50	
Sche	dule A-Cost of Goods So	old. En	ter method of in	ventory v	aluation ►				
1	Inventory at beginning of year	r	1	6	Inventory a	at end of year	6		
2	Purchases		2	7		goods sold. Subtract		•	
3	Cost of labor		3			n line 5. Enter here and			
4a	Additional section 263A co	sts			in Part I, lır	ne 2	7		
	(attach schedule)	. 4	la	8		les of section 263A (wit	•	Yes No	
b	Other costs (attach schedule)) [_4	lb			roduced or acquired for			
_ 5	Total. Add lines 1 through 4b		5			anization?			
	dule C-Rent Income (Fro	m Rea	al Property and	Persona	I Property I	Leased With Real Pro	perty)		
	e instructions)								
	ription of property								
(1) NO	NE						.		
(2)	_								
(3)									
(4)									
	2. Re	nt receiv	ed or accrued	<u> </u>					
	om personal property (if the percentage personal property is more than 10% bu more than 50%)		(b) From real an percentage of rent f 50% or if the rent	or personal p	roperty exceeds	3(a) Deductions directly in columns 2(a) and	connected with the d 2(b) (attach sched		
(1)								-	
(2)									
(3)									
(4)									
Total			Total			(h) Total deductions			
here a	tal income. Add totals of columns nd on page 1, Part I, line 6, columr	n (A) .	▶			(b) Total deductions. Enter here and on page Part I, line 6, column (B)			
Sche	dule E—Unrelated Debt-F	inanc	ed Income (see	ınstructior	ıs)				
				2. Gross income from or			Deductions directly connected with or allocable debt-financed property		
	1. Description of debt-finan	ced prop	erty	1	o debt-financed operty	(a) Straight line depreciation (attach schedule)	ductions nedule)		
(1) C(OURTHOUSE EXTENSION-4	TH F	LOOR		33,751.	14,168.		26,725.	
(2)			<u> </u>						
(3)									
(4)									
	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. State of the schedule o	of or debt-fin	e adjusted basis allocable to anced property ch schedule)	4	Column divided column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable de (column 6 × tota 3(a) and	l of columns	
(1)	2,834,893.		2,957,621.		95.8504%	32,350.		39,196.	
(2)					%			·	
(3)					%				
(4)					%	•	<u>"</u>		
 				•		Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7, c		
Totals						32,350.		39,196.	
	dividends-received deductions in	 ncluded	ın column 8				 	<u> </u>	

Schedule F-Interest, Ann	uities, Royalties,	and Ren	ts From	Controlled Org	janizations (se	e instruc	tions)	
				Organizations	٠,			
Name of controlled organization	2. Employer Identification number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's great	controlling	conne	eductions directly ected with income in column 5
(1)							,	
(2)								
(3)					- 			· · · · · · · · · · · · · · · · · · ·
(4)	· · · · · · · · · · · · · · · · · · ·							
Nonexempt Controlled Organiz	zations	 			- -			
7. Taxable income	8. Net unrelated in (loss) (see instruc			otal of specified yments made	10. Part of column included in the organization's great transfer or the control of the column included in the colu	controlling	conne	eductions directly cted with income in column 10
(1)				· - · · ·			 	
(1)					·- -			
(2)				<u></u>	_ 			
(3)								
Totals		· · · ·	· · · · · · · · · · · · · · · · · · ·		Add columns 5 Enter here and 6 Part I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11. lere and on page 1, line 8, column (B)
Schedule G-Investment I	ncome of a Sect	แอก อบา(. Deductions				otal deductions
1. Description of income	2. Amount o	of income	dire	ctly connected ach schedule)	4. Set-aside (attach sched	-	and s	et-asides (col. 3 plus col 4)
(1)					<u> </u>			
(2)								
(3)								
(4)								
Totals	Enter here and Part I, line 9, o	column (A)					Part I, Î	re and on page 1, ne 9, column (B).
Schedule I—Exploited Exe	empt Activity Inc	ome, Ot	her Than	Advertising In	come (see inst	ructions))	- -
Description of exploited activity	2. Gross unrelated business inco from trade of business	ome conf pro	Expenses directly nected with duction of nrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)					,			
(2)								
(3)								
(4)								
Totals	Enter here and page 1, Part line 10, col (ti, pag	here and on le 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncome (see ınstru	ctions)	<u>-</u>					
Part I Income From P	eriodicals Repor	rted on a	Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income	3 I "	3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Reac		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								在工程的
(2)								
(3)								
(4)								
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.)

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	>					<u> </u>				
Totals, Part II (lines 1-5)	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.				
	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		>	

Form **990-T** (2017)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No 1545-0092

Employer identification number

2017

Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses—Assets Held One Year or Less (h) Gain or (loss) See instructions for how to figure the amounts to enter on the (q) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (or other basis) Form(s) 8949, Part I. (sales price) combine the result with whole dollars. line 2, column (g) column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2016 Capital Loss Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Long-Term Capital Gains and Losses—Assets Held More Than One Year (h) Gain or (loss) See instructions for how to figure the amounts to enter on the (q) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part II, combine the result with whole dollars. line 2, column (q) column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with **Box E** checked 10 Totals for all transactions reported on Form(s) 8949 with 587,552. 812,567. -225,015. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . 11 11 12 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 13 Capital gain distributions. 13 14 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2016 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on -225,015.

_	
Page	2

Part	Summary of Parts I and II Caution: Read the instructions before completing this part		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17	Net short-term gain or (loss)	17			
18	Net long-term gain or (loss):				
а	Total for year	18a			
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) .	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19_			

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV Capital Loss Limitation

- 20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

	•	
20	()

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	21		
22	Enter the smaller of line 18a or 19 in column (2)			
	but not less than zero			
23	Enter the estate's or trust's qualified dividends from			
	Form 1041, line 2b(2) (or enter the qualified dividends			
	included in income in Part I of Form 990-T) 23			
24	Add lines 22 and 23		3	
25	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g; otherwise, enter -0 ▶ 25			
26	Subtract line 25 from line 24. If zero or less, enter -0	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,550	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed a	it 0%	▶ 30	
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$12,500	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)		▶ 37	
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0	40		
41	Multiply line 40 by 20% (0.20)		▶ 41	
42	Figure the tax on the amount on line 27. Use the 2017 Tax Rate Schedule for Estates		100	
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2017 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and of	on Form 1041, Schedu	ıle	
	G. line 12 (or Form 990-T. line 36)		▶ 45	1

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Additional information from your 2017 Federal Exempt Tax Return

Form 990-T: Exempt Organization Business Income Tax Return

Schedule E (1)

Schedule E, Column 3a

Itemization Statement

Description	Amount
COURTHOUSE EXTENSION - 4TH FLOOR	14,134.
COURTHOUSE EXTENSION - 4TH FLOOR	34.
Total	14,168.

Form 990-T: Exempt Organization Business Income Tax Return

Schedule E (1)

Schedule E, Column 3b

Itemization Statement

Description	Amount
INTEREST EXPENSE, INCLUDING SWAP	20,475.
AIR RIGHTS \$25,000 X 1/4	6,250.
Total	26,725.

Form 990-T: Exempt Organization Business Income Tax Return

Schedule E Continued (1)

Schedule E, Column 4

Itemization Statement

Description		Amount
COURTHOUSE EXTENSION - 4TH FLOOR		
SUM OF DEBT OUTSTANDING FIRST OF EACH MONTH		
= 17,009,355		
DIVIDED BY 6 MONTHS =		2,834,893.
AVERAGE ACQUISITION DEBT		
	Total	2,834,893.

Form 990-T: Exempt Organization Business Income Tax Return

Schedule E Continued (1)

Schedule E, Column 5

Itemization Statement

Description		Amount
COURTHOUSE EXTENSION ADJUSTED BASIS		
(100%) JANUARY 1 = 3,499,597		
DECEMBER 31 = 2,415,645		
AVERAGE =		2,957,621.
	Total	2,957,621.