Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	m	OMB No 1545-0687					
•	For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017 Information about Form 990-T and its instructions is available at www.irs.gov/form/990t.1							
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(c)	3).]] /	Open to Public Inspection for 601(c)(3) Organizations Only					
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)	DEmpl (Emp	loyer identification number sloyees' trust, see uctions)					
B Exempt under section	Print NONPROFIT DEVELOPMENT CORPORATION	2	7-2451830					
X 501(c)(3()	or Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrel	lated business activity codes					
408(e) 220(e)	Type 212-214 SOUTH MAIN STREET, NO. 625	(See	instructions)					
408A 530(a) 529(a)		230	0000					
Book value of all assets	F Group exemption number (See instructions.)							
at end of year 2,604,036.	G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust	it (Other trust					
H Describe the organization	on's primary unrelated business activity. CONSTRUCTION							
During the tax year, was	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Y(es X No					
	and identifying number of the parent corporation.							
J The books are in care o	f ► MICHAEL ROBB Telephone number ►							
	ed Trade or Business Income (A) Income (B) Expens	3es	(C) Net					
Z1a Gross receipts or sal Z b Less returns and allo Cost of goods sold (Gross profit. Subtrace	les <u>63,632.</u>							
湿 b Less returns and allo	owances c Balance lc 63,632.							
Cost of goods sold (Schedule A, line 7) 2 21 , 429 .							
Gross profit. Subtrac	ct line 2 from line 1c 3 42, 203.		42,203.					
4a Capital gain net inco	me (attach Schedule D) 4a		<u></u>					
b Net gain (loss) (Forr	n 4797, Part II, line 17) (attach Form 4797)							
 Capital loss deduction 	on for trusts 4c							
5 Income (loss) from	partnerships and S corporations (attach statement) 5							
6 Rent income (Sched	(ule C) 6							
	iced income (Schedule E) 7							
	oyalties, and rents from controlled organizations (Sch. F)		ļ					
	of a section 501(c)(7), (9), or (17) organization (Schedule G) 9		<u> </u>					
	tivity income (Schedule I)							
11 Advertising income	· · · · · · · · · · · · · · · · · · ·							
•	nstructions; attach schedule) 12 12		42 202					
13 Total. Combine line			42,203.					
	ons Not Taken Elsewhere (See instructions for limitations on deductions) contributions, deductions must be directly connected with the unrelated business income)		-					
•	fficers, directors, and trustees (Schedule K)	14						
15 Salaries and wages		15	20,494.					
16 Repairs and mainte	enance	16	-					
17 Bad debts	DECEIVED	17	<u> </u>					
18 Interest (attach sch		18	 -					
19 Taxes and licenses	tions (See Instructions for limitation rules)	19	 					
20 Charitable contribu	tions (See Instructions for Impiration fulles)	20	 					
ZI Depresiation (attach	[G]	— <u> </u>						
	claimed on Schedule A and elsewhere on return 222	22b	 					
23 Depletion	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23	 					
	eferred compensation plans	24	9,216.					
25 Employee benefit p		25	9,210.					
26 Excess exempt exp		26	 					
27 Excess readership		27	 					
28 Other deductions (a		28	29,710.					
	Add lines 14 through 28	29	12,493.					
	taxable income before net operating loss deduction. Subtract line 29 from line 13	30	12,433.					
· · · · · · · · · · · · · · · · · · ·	deduction (limited to the amount on line 30)	31	12,493.					
	taxable income before specific deduction. Subtract line 31 from line 30. (Generally \$1,000, but see line 33 instructions for exceptions).	32	1,000.					
•	is taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	33	+					
OF OHIOIGIOU DUBINGS	S 1274510 Mosmie Outrate into to it of the into oc. If the oo is greater than the oc, enter the silialier of zero of	1	1					

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions.



Form 990-T	2016) NONPROFIT DEVELOPMENT CORPORATION			27-24	2T830		Page
Part II	Tax Computation						
35	Organizations Taxable as Corporations. See instructions for tax computation.						
•	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and	d·					
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r)·			1 1		
	(1) \$ (2) \$ (3) \$	•	- 1				
	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		i		1		
	(2) Additional 3% tax (not more than \$100,000)						
	ncome tax on the amount on line 34			•	35c	1,	724
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 3	34 from.	-			
1	Tax rate schedule or Schedule D (Form 1041)			•	36		
37	Proxy tax. See instructions				37		
	Alternative minimum tax				38		
	Tax on Non-Compliant Facility Income. See instructions				39		
	Total . Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40	1.	724
Part IV					1 70		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			T		
	Other credits (see instructions)	41b			-		
	General business credit. Attach Form 3800				-		
_		41c			-{		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d					
	Total credits. Add lines 41a through 41d				41e	- 1	774
	Subtract line 41e from line 40	—	7		42	<u>_</u>	724
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66] Uther (atta	ch schedule)	43		774
	Total tax. Add lines 42 and 43	1 1			44		724
	Payments: A 2015 overpayment credited to 2016	45a			4		
	2016 estimated tax payments	45b			-		
	Tax deposited with Form 8868	45c			_		
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			-		
	Backup withholding (see instructions)	45e			_		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			_		
g	Other credits and payments: Form 2439	<u> </u>			1 1		
	Form 4136 Other Total	45g					
46	Total payments. Add lines 45a through 45g				46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖				47		5_
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			>	48	1,	729
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			>	49		
_50	Enter the amount of line 49 you want: Credited to 2017 estimated tax		Refun	ded 🕨	50		
Part V	Statements Regarding Certain Activities and Other Information	on (see	e instruction	ons)			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature	or other	r authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may ha	ve to file				T
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	foreign d	country			Ì	İ
	here >						X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor	r to, a foreig	n trust?			X
	If YES, see instructions for other forms the organization may have to file		,				\top
	Enter the amount of tax-exempt interest received or accrued during the tax year					Ì	1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statement	s, and to the	best of my kn	owledge and be	lief, it is true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	rer has an	ıy knowledge	-	Anna IBO dia		41
Here	12/20/17 DIRECTO	R O	F FIN	ANCE L	May the IRS disc he preparer sho		
	Signature of officer Date Title				nstructions)?	`_	No
	Print/Type preparer's name Preparer's signature Dai	te.	T Ch		if PTIN		
.	Tropard Signature			f- employed			
Paid	TIMOTHY J. MORGUS		36	. omployed		22953	5
Prepa	CONTRACT NAMED DIRECTED CDA'C			rm's EIN ▶		16227	
Use O	(V	00		IIII S E IIV			
	Firm's address > PITTSBURGH, PA 15212			hone no	412-47	1-550	n
	TITIODUNGII, FR 13414		P	HOHE HU.	-14 T/	<u> </u>	

Schedule A - Cost of Good	s Sold. Enter n	nethod of inver	ntory valuation N/A					
1 Inventory at beginning of year 1			6 Inventory at end of year		6			
2 Purchases	2	2 7 Cost of goods s			Subtract line 6			
3 Cost of labor	3	from line 5. Enter here			Part I,			
4a Additional section 263A costs					7	-·		
(attach schedule)	4a		on 263A (with respect to					
b Other costs (attach schedule)	4b		property produced or a	r acquired for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real F	Property an	d Personal Property	Lease	ed With Real Pro	perty)	
Description of property	- "							
(1)		_	· · · · · · · · · · · · · · · · · · ·					
(2)								
(3)								
(4)								
	2. Rent received	d or accrued			0/035			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) ai		ed with the income in tach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.	<u> </u>	-	_	
(c) Total income. Add totals of columns	2(a) and 2(b). Enter			(b) Total deductions. Enter here and on page 1.				
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I, line 6, column (B)	<u> </u>	0.	
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)					
			2. Gross income from		3 Deductions directly cor to debt-finance			
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions (attach schedule)		
					(attach schedule)			
(4)			 	-		-		
(1)			 	 		+		
(2)						 		
(3)			 	-		+		
(4)	T	 	 	 		+	•	
 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule) 	of or all debt-finan	idjusted basis ocable to ced property schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions blumn 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)		ater here and on page 1, art I, line 7, column (B)	
Totals			•		0		0.	
Total dividends-received deductions in	ncluded in column	8			<u> </u>	-	0.	

Schedule F - Interest	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Controlled O				is (see in:	SI UCION	<u> </u>
1. Name of controlled organi	zation	2. Em identifi num	cation	3. Net unr	related income instructions)	4 Tot	al of specified ments made	includ	rt of column 4 led in the contation's gross	trolling	6. Deductions directly connected with income in column 5
(1)	 -	+		 		 		<u> </u>		_	
(2)									 -		
(3)											
(4)											
Nonexempt Controlled Orga	nızatıons										
7. Taxable Income		unrelated incom (see instructions		9. Total	of specified pay made	ments	10 Part of colu in the controll gross		nization's		ductions directly connected income in column 10
(1)	 			 							
(2)		·		 						<u> </u>	
(3)	<u> </u>										
(4)	<u> </u>	•	**		· ·						
							Add colur Enter here and line 8,		e 1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.	L_	0.
Schedule G - Investm	ent Inco	me of a	Section	501(c)(7), (9), or	(17) Or	ganization	<u>1</u>			
(see in:	structions)										
1 . De	escription of inc	come			2 Amount of	fincome	 Deduction directly connected (attach scheool) 	ected	4. Set		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)	<u>, </u>						<u></u>				
(4)									<u> </u>		<u> </u>
					Enter here and Part i, line 9, co	olumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploite (see insi	d Exemp tructions)	t Activity	Incom	e, Othe	r Than Ad	dvertisi ———	ing Income	e 			
1. Description of	unrelate	Gross d business	directly	penses connected oduction	4 Net incor from unrelated business (co	d trade or olumn 2	5. Gross income from activity	that	6. Exp		7. Excess exempt expenses (column 6 minus column 5,
exploited activity		me from r business	of un	related is income	minus colum gain, comput through	te cols 5	is not unrela business inco		colu	mn 5	but not more than column 4)
(1)											
(2)											
(3)	<u> </u>										
(4)											
	page	ere and on 1, Part I,), col (A)	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		0.							0.
Schedule J - Advertis											
Part I Income From	n Periodi	cals Rep	orted o	n a Con	solidated	l Basis					
1 Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (o	tising gain of 2 minus jain, comput hrough 7			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_						
(3)											
(4)											
	. 1		_	_			1				_
Totals (carry to Part II, line (5))	•		0.	0							0.

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 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	•	0.	0.				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 27	
Totals, Part II (lines 1-5)	<u> </u>	0.	0.				0 -	

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		•	0 -

Form 990-T (2016)