Form 99	0-T	Ex	empt Organization (and proxy tax					rn	OMB No	1545-0687
<i>y</i> .		For calen	dar year 2018 or other tax year begin				-	20	න(ስ 1 Ω
			Go to www.irs.gov/Form990						<u>(</u>	910
Department of th Internal Revenue		▶ Do	not enter SSN numbers on this form a					(c)(3)	Open to Put 501(c)(3) Or	olic Inspection for rganizations Only
1 1	k box if ess changed				ne changed and see inst			D Empl		ation number
B Exempt unde	er section		GAR_FOUNDATION							
	\sim	Print	Number, street, and room or suite no	fa P O	box, see instructions			34-	6577710)
408(e)	220(e)	or Type						E Unre	lated busines	s activity code
408A	530(a)	туре	116 ALLEGHENY CENTE	R MA	ALL			(See ii	nstructions)	
529(a)	<u> </u>		City or town, state or province, country	, and ZI	P or foreign postal code	;				
C Book value o	of all assets	1	PITTSBURGH, PA 1521	.2					5230	00
at end of yea	er e	F Gro	up exemption number (See instructi		>					
140,09	5,875.	G Che	ck organization type > 501	(c) cor	poration X	501(c) ti	rust	401(a)	trust	Other trust
H Enter the	number of	the organ	ization's unrelated trades or busine	sses		1		e the only	(or first) uni	related
trade or b	usiness hei	re ▶ S	STMT 1		If only	one, co	mplete Parts	I-V If more	than one, d	iescribe the
first in the	blank spa	ce at the	end of the previous sentence, comp	lete Pa	arts I and II, complete	a Sche	dule M for ea	ch additio	nal	
trade or b	usiness, the	en compl	ete Parts III-V				′			
I During the	e tax year,	was the c	orporation a subsidiary in an affiliat	ed gro	up or a parent-subsid	liary con	trolled group	,,	▶	Yes X No
If "Yes," e	nter the na	me and id	dentifying number of the parent corp	poratio	on 🕨					
J The books	are in care	e of 🕨	PNC BANK, N.A.		Tel	ephone	number 🕨	412 76	2-9161	
Part I U	nrelated	Trade o	or Business Income		(A) Income		(B) Expe	nses	(C) Net
1a Gross	receipts or	sales						*		1
b Less retu	irns and allowa	nces	c Balance ▶	1c				·		<u> </u>
2 Cost of	f goods sol	d (Schedu	lle A, line 7)	2						l
3 Gross	profit Subt	ract line 2	2 from line 1c	3			" "			
4a Capital	gain net ii	ncome (at	tach Schedule D)	4a						
b Net ga	ın (loss) (Fa	rm 4797,	Part II, line 17) (attach Form 4797)	4b						
c Capital	loss deduc	ction for t	rusts	4c						_
5 Income (loss) from a pa	intnership or	an S corporation (attach statement)	5	52,0	09.				52,009
6 Rent in	ncome (Sch	edule C)		6						
7 Unrela	ted debt-fir	anced in	come (Schedule E)	7						
8 Interest,	annuities, roya	ilties, and rei	nts from a controlled organization (Schedule F)	8					<u> </u>	
9 Investme	ent income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9						
10 Exploit	ed exempt	activity ii	ncome (Schedule I)	10					<u> </u>	
11 CAdvert	ising incon	ne (Sched	ule J)	11						
			ions, attach schedule)	12						
			ough 12		52,0					52,009
			Taken Elsewhere (See instru					(Except 1	or contrib	utions,
			be directly connected with t							
<u></u>			directors, and trustees (Schedule K)							
16 Repair	s and main	tenance			. 11419			16	1	
_			see instructions)							
_			ee instructions for limitation rules)				• • • • • •	20		
			4562)					 -		_
			on Schedule A and elsewhere on re					221	_	
			compensation plans							
			\$							
			Schedule I)							
			chedule J)							
			chedule)					28		
			es 14 through 28					29		52,009
			ole income before net operating g loss arising in tax years beginning						<u> </u>	
		•	g loss arising in tax years beginning : income Subtract line 31 from line		• •			31		52,009
			e income Subtract line 31 from line	JU .	<u> </u>			32	 _	32,003

34-6577710

	990-T (20							P	Page 2
Part		Total Unrelated Business Taxable	Income						
33	Total o	f unrelated business taxable income com	puted from all unrelated trad	es or businesses (s	see				
	instructi	ons):	· · STMT- 2 · · · · · · · · · ·		· .	33		52,	009
34	Amount	s paid for disallowed fringes				34			
35		on for net operating loss arising in ta							
-		ons)				35			
36		f unrelated business taxable income before			- 1			_	
30		33 and 34	•			36		ΕO	,009
37	•	deduction (Generally \$1,000, but see line 37 in	•			37		<i></i>	000
38		ed business taxable income Subtract line							
	enter th	e smaller of zero or line 36			• •	38		<u>51,</u>	009
Part	: IV	Tax Computation							
39	Organiz	ations Taxable as Corporations. Multiply line 38	8 by 21% (0 21)		. ▶	39			
40	Trusts	Taxable at Trust Rates See inst	ructions for tax computation	n Income tax	on				
	the amo	unt on line 38 from X Tax rate schedule or	Schedule D (Form 1041)		. ▶	40		17.	, 260
41		x See instructions				41			
		ve minimum tax (trusts only)				42			
42									
43		Noncompliant Facility Income See instructions						17	200
44		dd lines 41, 42, and 43 to line 39 or 40, whiche	ver applies	· · · · · · · · · · · · · · · · · · ·	• •	44		 /	260
*		Tax and Payments	· · · · · · · · · · · · · · · · · · ·	. 					
		tax credit (corporations attach Form 1118, trust							
		edits (see instructions)							
c	General	business credit. Attach Form 3800 (see instructi	ons) 45	ic		ı			
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827)	d					
e	Total cr	edits. Add lines 45a through 45d				45e			
46		line 45e from line 44				46		17,	, 260
47		es Check if from Form 4255 Form 8611			١,	47			
		x Add lines 46 and 47 (see instructions)				48		17	, 260
48						49			200
49		et 965 tax liability paid from Form 965-A or Form				43			
		ts A 2017 overpayment credited to 2018			-	}			
		timated tax payments			//6	}			
С		osited with Form 8868							
đ	Foreign	organizations Tax paid or withheld at source (se	ee instructions) 50	d					
е	Backup	withholding (see instructions)	<u>50</u>	e					
f		or small employer health insurance <u>pre</u> miums (at							
g			39						
,		orm 4136 Other	Total ▶ 50	a					
51		yments Add lines 50a through 50g				51		33	, 667
	•				$\dot{\Box}$	52			
52		ed tax penalty (see instructions) Check if Form 2			ب				NON
53		If line 51 is less than the total of lines 48, 49, a				53		1.0	
54	•	ment If line 51 is larger than the total of lines 4				54			,407
55		amount of line 54 you want		8,630 . Refunded		1			<u>,777</u>
Par	t VI	Statements Regarding Certain Ac	tivities and Other Inforn	nation (see instruc	tions	s)			
56	At any	time during the 2018 calendar year, did	the organization have an inter-	est in or a signatur	e or	other au	ithority	Yes	No
	over a	financial account (bank, securities, or other	er) in a foreign country? If "\	es," the organization	n ma	ay have	to file		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes,"	enter the name of	the	foreign o	country		l
	here ▶								X
57		the tax year, did the organization receive a distr	shution from or was it the granto	r of or transferor to a	fore	an truet?			Х
J,	-	see instructions for other forms the organization			-	_			ļ
E 0		•							
58		e amount of tax-exempt interest received or accruder penalties of perjury, I declare that I have examined t		les and statements and to	the h	est of my l	nowledge	and hel	ief. it
C:	tr	e, correct, and complete Declaration of preparer (other than ta	xpayer) is based on all information of which p	reparer has any knowledge				J Del	,
Sigi		NC BANK N.A. BY:			Ma	y the IRS	discuss	this	return
Her	} #	if if		PRESIDENT		th the pr		hown_l	pelow
	<u> </u>	gnature of officer	Date Title		(se	e instructions)/ Y	es	No
		Print/Type preparer's name	Preparer's signature	Date	Chec	kif	PTIN		
Paid						mployed			
	arer	Firm's name			Firm's	s EIN ►			
Use	Only	Firm's address		1	Phone				
	 -			<u></u>			Form 9	90-T	(2018
JSA									,2010

n	

Form 990-1 (2018)								rage
Schedule A - Cost of Go		ter method					T - T	
1 Inventory at beginning of y						ar	6	
2 Purchases	· · · 		7		-	ld. Subtract line		
3 Cost of labor						ter here and in		•
4a Additional section 263A co	1 1						7	T. T.
(attach schedule)			8			section 263A (w	=	Yes N
b Other costs (attach schedul						or acquired for		
5 Total Add lines 1 through						<u> </u>		
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal	Property	Leased V	Vith Real Proper	ty)	
(see instructions)			<u> </u>				<u>. </u>	
1 Description of property								
(1)	_		- ···					
(2)								
(3)							<u>-</u>	
(4)						1		
	2. Rent recen	ed or accrue	ed			_		
(a) From personal property (if the p for personal property is more th more than 50%)	an 10% but not	percenta	rom real and per age of rent for pe if the rent is bas	rsonal property	exceeds		ectly connected with a) and 2(b) (attach sci	
(1)								
(2)								
(3)								
(4)					•			
Total	····	Total		·· - ,				
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,					-	(b) Total deductio Enter here and on Part I, line 6, colur	page 1,	
Schedule E - Unrelated De			e instruction	s)		1		
		(00	2 Gross inco	ome from or	3 [Deductions directly coni debt-finance		ble to
1 Description of deb	t-financeo property					nt line depreciation ich schedule)	(b) Other deductions (attach schedule)	
(1)								
(2)		·		-				
(3)		-						
(4)								_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	6 Co 4 div by colu	nded		ncome reportable n 2 x column 6)	8 Aliocable de (column 6 x total 3(a) and 3	of columns
(1)				%				
(2)				%			-	
(3) -				%				
(4)				%				
						e and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, co	
Totals						. , , , , , . .		100 T

Schedule F-Interest, Annu	unics, moyanies,			ntrolled Org				manucile			
1 Name of controlled organization	2 Employer identification number	;	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		included	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)					ļ						
(3)											
(4)					l						
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated ind (loss) (see instructi			Fotal of specific ayments made		ınclu	art of column ided in the cor lization's gros	ntrolling		Deductions directly inected with income in column 10	
(1)											
(2)										•	
(3)											
(4)										···	
Totals		<u></u> ion 501	(c)(7),	 (9), or (17	►) Orga	Ente Part	d columns 5 a r here and on I, line 8, colu n (see inst	page 1, mn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	income		3 Deduction of the directly core (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)										Enter here and on page 1	
Totals ▶ Schedule I –Exploited Exe	mpt Activity Inco		enses	4 Net incor	ne (loss) ted trade		(see instru			7 Excess exempt expenses	
1 Description of exploited activity	unrelated business income from trade or business	connecte product unrel business	ed with tion of ated	or business 2 minus col If a gain, co cols 5 thre	umn 3) ompute	from is no	activity that t unrelated ess income	attributable to		(column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J – Advertising I		ictions)	**								
Part I Income From Per			Consol	idated Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Di advertisi		4 Adver gain or (lo 2 minus co a gain, co cols 5 thr	ss) (col of 3) If mpute		irculation ncome	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	+			1				<u> </u>		7	
(3)	1			1		 	<u>.</u>	 		7	
(4)	 			1		<u> </u>				7	
1 - 7	†			 			· · · · · · · · · · · · · · · · · · ·	 			
Totals (carry to Part II, line (5))					_					Form 990-T (201)	

Page 5

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 ▶				•		
	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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
4)		%	
Total Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

34-6577710 GAR FOUNDATION

FORM 990T - ITEM H - DESCRIPTION OF UNRELATED TRADE OR BUSINESS ______

Income (loss) from Partnrships and S Corporations

GAR FOUNDATION

34-6577710

FORM 990-T, PART III, LINE 33 - UNRELATED BUSINESS TAXABLE INCOME

1 ACTIVITY DESCRIPTION	PRIOR YEAR LOSS	3 CURRENT YEAR UETI	4 ALLOWABLE LOSS	5 NET UBTI	6 CURRENT YEAR LOSS	7 CARRYOVER LOSS
Income (loss) from Partnrships an	d S C	52,009		52,009		
COLUMN TOT		52,009	************	52,009	*********	

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STATEMENT 2