Amended Return - Section 12(a)(7) Repeal

	4			<b>Exempt Organization Busin</b>	ess	Income Ta	x Retu	rn l	(	OMB No 1545-068	B7		
	Form	990-T	•	(and proxy tax under				الدما					
			MUUI							2018			
	Donastm	For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.  Popertment of the Treasury  Go to www.irs.gov/Form9907 for instructions and the latest information.									•		
•	•	Revenue Service							Oper 501	n to Public Inspecti c)(3) Organizations	ion for Only		
	$\overline{\Box}$	heck box if ddress changed							Employer identification number				
		pt under section	١						(Employees' trust, see instructions) 23-1365338				
		n(C)(3)	Print or										
	40	08(e) 220(e)	Type	1100 COODIVILE DIVIVE					Inrelated business activity code See instructions )				
	□ 40	98A 🔲 530(a)		City or town, state or province, country, and ZIP or foreign postal code					nstru	ictions )			
	52	!9(a)	HARRISBURG PA 17101										
	C Book at en	yalue of all assets	F Group exemption number (See instructions.) ▶							385			
		9 (/-1 0/00 - 1							401(a) trust _ Other trust				
										•			
	trade or business here ► DISALLOWED PARKING FRINGE BENEFIT. If only one, complete Parts I–V. If more than one, first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for ea												
				omplete Parts III–V.	npiete	Paris Land II, Co	implete a	Scriedule	: IVI	ior each addit	lionai		
				e corporation a subsidiary in an affiliated gro	un or a	a parent-cuberdian	controlled	group?		Ves 🔽	No		
				and identifying number of the parent corp			Controlled	group: .	•	- 🗆 ies 🕞	140		
			care of ► COLLEEN MCAULIFFE, CFO / COO Telephone number				er ▶	r ▶ 717-232-1831					
				le or Business Income		(A) Income	T	Expenses		(C) Net			
	1a	Gross receipts	or sale	es _									
	b	Less returns and	allowance	es <b>c</b> Balance ▶	1c								
<u> </u>	2	Cost of goods	sold (S	Schedule A, line 7)	2						!		
7	3	Gross profit. S	Subtract	t line 2 from line 1c....	3								
5				et income (attach Schedule D) 4a									
~~	~	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  Capital loss deduction for trusts											
MAK	C												
	_		-	tnership or an S corporation (attach statement)	5		_						
SCANNED	6	Rent income (Schedule C)							-+				
Z	; 7		, , , , , , , , , , , , , , , , , , , ,						$\dashv$				
4	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9							$\dashv$				
Ş	10			civity income (Schedule I)	10				$\dashv$				
رن	11			Schedule J)	11				$\dashv$				
	12	•		tructions; attach schedule)	12			<u> </u>	7				
	13	Total. Combin		·		0				0			
	Part								con	tributions,			
		deductions must be directly connected with the unrelated business income.)											
	14			cers, directors, and trustees (Schedule K)				. <u>  1</u>	4				
2	15	Salaries and w	ages	ance	,				5				
,	16	Repairs and m	aintena	ance	, . c	EB 2 1 2020	0.		6				
ı	17	Bad debts .		ance			[2] · ·	· -	7				
1	18	Toyon and line	n sched	dule) (see instructions)	بنسا	EN LIT	· -   · · ·		8				
•	19 20	Charitable con	nses.		· · ( ·		٠ ٠ لنــــــــــــــــــــــــــــــــــ		9				
· ;	21		Charitable contributions (See instructions for limitation rules)						.0				
	22	Depreciation (attach Form 4562)						1 2	2b				
	23	•	Depletion						3				
	24			rred compensation plans					4				
	25	•		grams					5				
	26		-	nses (Schedule I)				_	6				
	27	Excess readers	ship co	osts (Schedule J)				. 2	7				
	28			ach schedule)					8				
	29			dd lines 14 through 28 🕠 . 🕠 . 🗧 .					9				
	30			xable income before net operating loss de					0		<del></del> ;		
	31			ating loss arising in tax years beginning on o					_				
	32	Unrelated busi	iness ta	exable income. Subtract line 31 from line	30 .			.   3	2				

Form **990-T** (2018)

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For Paperwork Reduction Act Notice, see instructions.

Part I	II T	otal Unrelated Business Taxable Income							
33	Total o	of unrelated business taxable income computed from all unrelated trades or business	ses (see			_			
	instruct	tions)		33					
34	Amoun	its paid for disallowed fringes		34		0			
35	Deduct	tion for net operating loss arising in tax years beginning before January 1, 20	)18- (sec	9 -					
	instruct	tions)		35					
36	Total o	f unrelated business taxable income before specific deduction. Subtract line 35 from	the sum	ı 🗆					
	of lines	333 and 34		36	= -	0	-		
37	Specific	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	_	0			
		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than							
		ne smaller of zero or line 36		38		0			
Part I		ax Computation		100					
		izations Taxable as Corporations. Multiply line 38 by 21% (0.21)	. ▶	39		- 0			
		Taxable at Trust Rates. See instructions for tax computation. Income			-		_		
		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)		40					
		tax. See instructions		41					
		tive minimum tax (trusts only)		42					
		Noncompliant Facility Income. See instructions		43	_		$\vdash$		
				44		0	-		
Part		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<del></del>		-		<u> </u>		
		tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45a							
	-	credits (see instructions)		-					
		al business credit. Attach Form 3800 (see instructions)	<del>-  -</del>				1		
		for prior year minimum tax (attach Form 8801 or 8827)	$-\!\!\!+\!\!\!\!-$	$\dashv$ $\vdash$			1		
		credits. Add lines 45a through 45d		45e					
		<del>-</del>		46		0			
		ct line 45e from line 44		47					
		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche				0	$\vdash$		
		ax. Add lines 46 and 47 (see instructions)		48		- 0			
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	·	49			<del>                                     </del>		
	•	nts: A 2017 overpayment credited to 2018		-					
		stimated tax payments	-+						
		posited with Form 8868	<del></del>						
	_	n organizations: Tax paid or withheld at source (see instructions) . 50d					ĺ		
e	Васкир	o withholding (see instructions)	-+				ĺ		
f	Credit 1	for small employer health insurance premiums (attach Form 8941)	<del></del>				ĺ		
			405				ĺ		
	Form		135			405	ĺ		
		payments. Add lines 50a through 50g	٠.,	51		135	<u> </u>		
		ted tax penalty (see instructions). Check if Form 2220 is attached	. ▶ ∟	- <del> </del>			<del></del>		
		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	🏲	53		0	<u> </u>		
	•	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		2 <sup>2</sup> 254		777			
	_		inded 🚩	16 55 L		135	L		
Part \		tatements Regarding Certain Activities and Other Information (see instruct				V	NI.		
		time during the 2018 calendar year, did the organization have an interest in or a signal				Yes	No		
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of the country							
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name	or the r	roreign c	ountry		لبرا		
	here <b>&gt;</b>						X		
	-	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferd	or to, a fo	oreign trus	st? .		X		
		" see instructions for other forms the organization may have to file.							
_58		ne amount of tax-exempt interest received or accrued during the tax year > \$							
c:	Under true co	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	nd to the b v knowleda	pest of my l	inowledge	and bel	iet, it is		
Sign	<b>\</b> /	To 10 1000 011 12/2/2 - Parla -	May the	e IRS discu					
Here		acceptible TISEED COOKER		e preparer tructions)?					
	Signatu	ure of officer Date Title							
Paid		Print/Type preparer's name Preparer's signature Date	[7	Check	ıf PT	IN .			
Prepa	rer			self-employ					
Use C	Firm's same &					irm's EIN ▶			
OSE C	'illy	Firm's address ▶	F	Phone no	·				

	• •	As Filed	As Amended	Reason for Change
Part III			_	_
Line 34	Amounts paid for disallowed fringes Total of unrelated business taxable	1,644.00	-	Section 512(a)(7) Repeal
Line 36	income before deduction	1,644.00	-	Section 512(a)(7) Repeal
Line 37	Specific deduction	1,000.00	-	Section 512(a)(7) Repeal
Line 38	Unrelated business taxable income	644.00	-	Section 512(a)(7) Repeal
Part IV				
Line 39	Organizations Taxable as Corportations	135.00	-	Section 512(a)(7) Repeal
Line 44	Total	135.00	-	Section 512(a)(7) Repeal
Part V				
Line 46	Tax after credits	135.00	-	Section 512(a)(7) Repeal
Line 48	Total tax	135.00	-	Section 512(a)(7) Repeal
Line 50 c	Tax deposited with form 8868	135.00	-	Section 512(a)(7) Repeal
Line 50 g	Other credits	-	135.00	Section 512(a)(7) Repeal
Line 51	Total payments	135.00	135.00	Section 512(a)(7) Repeal
Line 53	Tax due	-	-	Section 512(a)(7) Repeal
Line 55	Refund amount	-	135.00	Section 512(a)(7) Repeal