-	Depart Internal	ment of the Treasury al Revenue Service  Check box if address changed compt under section  501(C)(3 03  408(e) 220(e)  408A 530(a)  529(a)  ok value of all assets	Print or Type	Bright Properties of the state	groning JUL 1, gov/Form990T for in this form as it may Check box if name co ADEMY suite no If a P.O. box L ROAD e, country, and ZIP o	er se 20 nstruction be ma hanged x, see in r foreign 229	ction 17 ons and de public and see astructio n postal 6	and ending JU the latest inform c if your organiz instructions.)	N 30, 2	DEmp (Emp instr	OMB No 1545-0687  2017  Open to Public Inspection for 501(c/3) Organizations Only loyer identification number ologoes' trust, see uctions) 25-0965561  Idated business activity codes instructions)
		105,680,5	12.	G Check organization type	X 501(c) corp	oration		501(c) trust		1(a) trust	Other trust
	11 DE	scribe the organization	i 2 hiiii	ary unrelated business activity	NO ODI	LOK	1117		EAR	- 1 17	es X No
				oration a subsidiary in an affilia		nt-subsi	diary co	ntrolled group?	•	- L 1	es X No
				SILBERT SCHNEI				Teleph	one number 🕨	(412	2)968-3034
	Pai	rt I Unrelated	Trac	de or Business Incom	ne		(/	A) Income	(B) Expe	nses	(C) Net
	1 a	Gross receipts or sale	s							7	
_		Less returns and allov			Balance <b>&gt;</b>	1c					
2019		Cost of goods sold (S		,		2					1
		Gross profit. Subtract				3					
Ŝ		Capital gain net income (attach Schedule D)  Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  4b									
<u> </u>		Capital loss deduction			,,	4b 4c					
=		Income (loss) from partnerships and S corporations (attach statement)  5							-		
$\circ$		Rent income (Schedul			•	6					
SCANNED	7	Unrelated debt-financed income (Schedule E)									
Z		Interest, annuities, royalties, and rents from controlled organizations (Sch. F)									
8		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)									
Ç		· ·	exempt activity income (Schedule I)  g income (Schedule J)  pume (See instructions; attach schedule)  10  11  12								
(C)		- ,									
		Other income (See instructions; attach schedule)  Total. Combine lines 3 through 12  13  0 •									
	-	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unleased by the second of the contributions of the contr									
								elated busines	s income.)		
	14	•	icers, di	ectors, and trustees (Schedule	:K)	- 1	8		SC	14	<del></del>
	15	Salaries and wages				- 1	E2-664	MAY 162	019 OSO-SM	15	<del> </del>
	16 17	Repairs and maintenable Bad debts	ance			1	۳ــــ			16 17	
	18	Interest (attach sche	dule1				0	GDEN.	Ugz	18	
	19	Taxes and licenses	,					<del></del>	A STATE OF THE PARTY OF	19	
	20	Charitable contribution	ons (See	instructions for limitation rule	s)					20	
	21	Depreciation (attach		•				21			
	22	· ·	umed or	Schedule A and elsewhere on	return			22a		22b	
	23	Depletion								23	
	24	Contributions to defe		mpensation plans						24 25	
	25 26	Employee benefit pro Excess exempt exper	-	hadula I)						26	
	20 27	Excess readership co	•	•						27	
	28	Other deductions (at								28	
	29	Total deductions. Ad								29	0.
	30	Unrelated business to	axable 11	ncome before net operating los	s deduction. Subtrac	t line 29	9 from li	ne 13		30	0.
	31			(limited to the amount on line	· ·	_				31	ļ
	32			ncome before specific deductio			30			32	1 000
	33 34			/\$1,000, but see line 33 instrui income Subtract line 33 from			than lua-	22 antar tha a-	nallar of zoro or	33	1,000.
	34	line 32	.axavie		mic 32. II iiile 33 IS	yı valtı		. 52, chier the Sh		34	0.

Form **990-T** (2017)

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Part III	Tax Computation										
35 Organizations Taxable as Corporations See instructions for tax computation											
Cont	rolled group members (sections 1561 and 156										
a Enter	your share of the \$50,000, \$25,000, and \$9,										
(1)	\$   (2)  \$										
	(1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$										
(2) A	-										
c Incor	35	5c	0.								
36 Trust			_								
	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)  Proxy tax. See instructions										
37 Prox											
	native minimum tax	3	8	_							
	I Add lines 37, 38 and 39 to line 35c or 36, wh				3		0.				
	Tax and Payments					<del>- L</del>					
	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a		1						
	r credits (see instructions)		41b		٦.						
	ral business credit. Attach Form 3800		41c								
	it for prior year minimum tax (attach Form 880	01 or 8827)	41d		_						
•	I credits Add lines 41a through 41d				41	 1e					
	ract line 41e from line 40				4:		0.				
		Form 8611 Form 8697 Form	1 8866 🔲 0	ther (attach schedule		<u> </u>	_				
_	I tax. Add lines 42 and 43	761111 6677 761111 6667 761111		tiror (attack sollocolo	´   4		0.				
	nents: A 2016 overpayment credited to 2017		45a		⊢	<del>'-</del>	<u> </u>				
	estimated tax payments		45b		┪.						
	deposited with Form 8868		45c		$\dashv$						
	gn organizations: Tax paid or withheld at sour	ca (saa instructions)	45d		$\dashv$						
	up withholding (see instructions)	ce (see instructions)	45e		$\dashv$						
		ns (Attach Form 9041)	45f		$\dashv$						
	it for small employer health insurance premiur		431		$\dashv$						
	' ' <del>-</del>	orm 2439	_   45.								
		ther Total	► 45g		$\dashv$	<del>_</del>					
	I payments Add lines 45a through 45g	0000 <del></del>			41						
	nated tax penalty (see instructions). Check if Fo			_	4		_				
	due If line 46 is less than the total of lines 44 a	•			4/	8	$\frac{0.}{0.}$				
	payment. If line 46 is larger than the total of line		ı	Defineded	4!		<u>.</u>				
	the amount of line 49 you want Credited to a Statements Regarding Certain		ation (and in	Refunded >	5	<u> </u>	—				
	by time during the 2017 calendar year, did the					I Van I					
	• •	· •		-		Yes	No i				
	a financial account (bank, securities, or other)		-								
	EN Form 114, Report of Foreign Bank and Fina	inclai Accounts in YES, enter the hame or	me foreign cou	ntry			 X				
here	·	Later by the second sec					$\frac{\Lambda}{X}$				
	ng the tax year, did the organization receive a c		or transferor to,	a toreign trust?			<u>^</u> -				
	S, see instructions for other forms the organiz						- 1				
	the amount of tax-exempt interest received or		and statements, a	nd to the best of my ki	nowlede	ne and belief it is true					
Sign	nder penatties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other that	n taxpayer) is based on all information of which pi	reparer has any kr	nowledge	ilowiedy	je and belief, it is libe,					
Here	71 00./ 8 1) .		-	e IRS discuss this return with	h						
Tiere	Signature of officer	<u>5   9   19</u>   CFO   Title				parer shown below (see tions)? X Yes					
	<del></del>	T	T .	1 0 1 1	instruct	. (35)	No				
	Print/Type preparer's name	Preparer's signature	Date	Check L		PTIN					
Paid	GIIGAN W WIRGON	GIIGANI N. WINGGOV		self- employe		D00241205					
Preparer	SUSAN M. KIRSCH	SUSAN M. KIRSCH		1,		P00341397 25-1408703					
Use Only Firm's name ► SCHNEIDER DOWNS & CO., INC. Firm's EIN ► 25											
		ACE SUITE 1700			/ 4 4	21261 2644					
	Firm's address PITTSBURGH	I, PA 15222	***************************************	Phone no	(41	2)261-3644					
						Form <b>990-T</b> (20	1171				

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inven	tory v	aluation ► N/A						
1 Inventory at beginning of year 1 6 Inventory at end					ır	T	6			
2 Purchases						ine 6	en stell in st			
3 Cost of labor	Cost of labor 3 from line 5. Enter h					e and in Part I.				
4 a Additional section 263A costs	4a Additional section 263A costs line 2						7			
(attach schedule)	4a 8 Do the rules of section					263A (with respect to Yes No				
b Other costs (attach schedule)	4b		1	property produced or a			~ / /			
5 Total. Add lines 1 through 4b	5		1		he organization?					
Schedule C - Rent Income		Property and	Pe		Lease	ed With Real Prop	ertv)			
(see instructions)			-			•	<i>,</i>			
Description of property										
(1)						<u> </u>				
(2)										
(3)				-						
(4)										
	2. Rent receive	ed or accrued				04-15-1-1-1				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)	-						•			
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.				
here and on page 1, Part I, line 6, column		<b>•</b>			0.	Enter here and on page 1, Part I, line 6, column (B)	0.			
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)		<u> </u>				
		•	2	Gross income from		Deductions directly connect to debt-financed				
1 Description of debt-financed property				or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)		*** *** ****	· · · ·				· · · · · · · · · · · · · · · · · · ·			
(2)	<del> </del>	<del></del>					·_ ·- ·- ·- ·- ·- ·- · · · · · · · · · ·			
(3)	-									
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property s schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)			<u> </u>	%						
(3)			<u> </u>	%	,	<del></del>				
(4)				<u> </u>						
. ' '				70		nter here and on page 1, lart I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals						0.	0.			
Total dividends-received deductions in	cluded in column	8		-	L		0.			
LOTAL DIALOGUAS-LEGGIAGO AGARCHOUS III	CIOUCU III CUIUIIIII	0					<u> </u>			

Schedule F - Interest,	Annuities, Roya	<u> </u>				ations (see I	nstruction	s)	
		Exe	mpt Controlle	d Organizat	ions		<del></del>		
1 Name of controlled organiza	ation 2. Em	cation ——   — (los	Net unrelated incor cs) (see instructions		tal of specified ments mado	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)							<del>  </del>		
(2)									
(3)									
(4)					<u></u>				
Nonexempt Controlled Organ	izations						<u>.</u>		
7. Taxable Income	8 Net unrelated incor (see instruction		. Total of specified made	payments	in the controlli	nn 9 that is included ng organization's income	11. De with	ductions directly connected income in column 10	
(1)	<del>   </del>						<del> </del>		
(2)	<del> </del>						<del>                                     </del>		
(3)	<u> </u>						<u> </u>		
(4)						•	<u> </u>	···	
					Enter here and	on page 1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals		0 1 50	4(-)(7) (0)	(47) 0		0	•	0.	
Schedule G - Investme	ent Income of a tructions)	Section 50	1(c)(7), (9),	or (1 /) Oi	ganization				
	cription of income		2. Amou	nt of income	3. Deduction directly connect (attach schedu	cted 4. Se	et-asides n schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)		· · · · · · · · · · · · · · · · · · ·			(attach sched	uie)		(cdi 3 pids cdi 4)	
(2)		·, ·,					-		
(2)								<del> </del>	
(4)								<del>                                     </del>	
				and on page 1,		-	•	Enter here and on page 1,	
Totals			Part I, line	9, column (A)				Part I, line 9, column (B)	
Schedule I - Exploited		Income, O	ther Than		ing Income	<del></del>			
(see instr	2. Gross unrelated business	3. Expenses directly connect with productio	ted from unre	ncome (loss) lated trade or ss (column 2	5 Gross inco	hat attrib	xpenses utable to	7 Excess exempt expenses (column 6 minus column 5,	
exploited activity	income from trade or business	of unrelated business incon	gain, con	olumn 3) If a npute cols 5 ough 7	is not unrelate business inco		lumn 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 and a page 1, Part I. line 10, col (B.	; ,	,	•		•	Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisi	ing Income (see	notruotiono\	0					_   0.	
Part I Income From			Consolidat	ed Basis		<del></del>			
1. Name of periodical	2. Gross advertising income	3. Dire	ct or (los	dvertising gain is) (col 2 minus f a gain, comput 5 through 7			idership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(1)	+			Ť				د ا وزارا	
(3)			<del> </del>	i.	·			,	
(4)				•		<del></del>		•	
(7)				=				- ~	
Totals (carry to Part II, line (5))	<b></b>	0.	0.					0.	
								Form <b>990-T</b> (2017)	

Total. Enter here and on page 1, Part II, line 14

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.	F	<del></del>	T - T	4	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)	, , , ,	, -4 ,			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		, ,			0.
Schedule K - Compensation	n of Officers,	Directors, an	d Trustees (see in	nstructions)			
1. Name			2. Title	time	Percent of devoted to usiness		ensation attributable related business
(1)					%		
(2)					%	)	
(3)				1	%		
(4)		<del></del>			0/		

Form 990-T (2017)

## Form 4626 Department of the Treasury Internal Revenue Service

## **Alternative Minimum Tax - Corporations**

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

	SHADY SIDE ACADEMY		25-0965561				
	Note: See the instructions to find out if the corporation is a sm	nall corporation exempt					
	from the alternative minimum tax (AMT) under section 55(e)						
	•	}					
1	1 Taxable income or (loss) before net operating loss deduction	1	0.				
2	, ,						
	a Depreciation of post-1986 property	2a					
	b Amortization of certified pollution control facilities	2b					
	c Amortization of mining exploration and development costs	2c					
	d Amortization of circulation expenditures (personal holding con	npanies only) 2d					
	e Adjusted gain or loss						
	f Long-term contracts	2f	<u> </u>				
	g Merchant marine capital construction funds	2g					
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar						
	I Tax shelter farm activities (personal service corporations only						
	j Passive activities (closely held corporations and personal serv	·					
	k Loss limitations	2k	1				
	I Depletion	21					
	m Tax-exempt interest income from specified private activity bon	ds 2m					
	n Intangible drilling costs	2n					
	<ul> <li>Other adjustments and preferences</li> </ul>	<u>├</u>					
3		Combine lines 1 through 20					
4	4 Adjusted current earnings (ACE) adjustment:	<del></del>					
	a AGE from line 10 of the ACE worksheet in the instructions	4a     ,					
	b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the	difference as a					
	negative amount. See instructions	4b					
	c Multiply line 4b by 75% (0.75) Enter the result as a positive ar	mount 4c					
	d Enter the excess, if any, of the corporation's total increases in	AMTI from prior					
	year ACE adjustments over its total reductions in AMTI from pi	rior year ACE					
	adjustments See instructions Note: You must enter an amoun	nt on line 4d					
	(even if line 4b is positive)	4d					
	e ACE adjustment						
	<ul> <li>If line 4b is zero or more, enter the amount from line 4c</li> </ul>	<u> </u>					
	<ul> <li>If line 4b is less than zero, enter the smaller of line 4c or line</li> </ul>	ne 4d as a negative amount 4e	0.				
5	5 Combine lines 3 and 4e. If zero or less, stop here, the corpora	tion does not owe any AMT 5	0.				
6	6 Alternative tax net operating loss deduction. See instructions	6					
7	7 Alternative minimum taxable income. Subtract line 6 from lin	ne 5 If the corporation held a residual					
	interest in a REMIC, see instructions	7					
8	8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines	8a and 8b and enter -0- on line 8c):					
	a Subtract \$150,000 from line 7. If completing this line for a med	1 1					
	group, see instructions. If zero or less, enter -0-	8a					
	b Multiply line 8a by 25% (0 25)						
	c Exemption. Subtract line 8b from \$40,000. If completing this li	ne for a member of a controlled					
	group, see instructions. If zero or less, enter -0-	group, see instructions. If zero or less, enter -0-					
9		Subtract line 8c from line 7 If zero or less, enter -0-					
10	10 Multiply line 9 by 20% (0 20)	Multiply line 9 by 20% (0 20)					
11	• • • • • • • • • • • • • • • • • • • •	Alternative minimum tax foreign tax credit (AMTFTC). See instructions					
	12 Tentative minimum tax. Subtract line 11 from line 10	12					
13			ļ				
14							
	Form 1120, Schedule J, line 3, or the appropriate line of the co		<u> </u>				
.IW.	.IWA For Paperwork Reduction Act Notice, see separate instruction	ons	Form 4626 (2017)				

A	djusted Current Earnings  ► See ACE Worksheet Ins	•		
	OCC ACE WORKSHEET HIS	u detions.		
1 Pre-adjustment AMTI. Enter the amount from lin	1	0.		
2 ACE depreciation adjustment:	[			
a AMT depreciation				
b ACE depreciation:				
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)		1	
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)	<del> </del> '	ļ.	
(7) Total ACE depreciation. Add lines 2b(1) tl		2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7	- , ,	<u> </u>	2c	
3 Inclusion in ACE of items included in earnings a	·			
a Tax-exempt interest income	a promo (Ed. )	3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance contra	cts (including surrenders)	3¢		
d Inside buildup of undistributed income in life ins	` •	3d		
e Other items (see Regulations sections 1 56(g)-1				
for a partial list)				
f Total increase to ACE from inclusion in ACE of it	3f			
4 Disallowance of items not deductible from E&P:	ems included in EQL. Add inles Sa tine	ough oc	"	
a Certain dividends received		4a		
		74		
Dividends paid on certain preferred stock of public utilities		4b		
affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Div.		46	<del> </del>	
c Dividends paid to an ESOP that are deductible u		40	<del> </del>	
d Nonpatronage dividends that are paid and doduc	ation array suction	44		
1382(c)	(d)(2)(r) and (v) for a	4d	<del> </del>	
e Other items (see Regulations sections 1.56(g)-1	(0)(3)(1) and (11) for a			
partial list)	f starrage material advicatible from FOD. Add I	4e	——————————————————————————————————————	
f Total increase to ACE because of disallowance of		ines 4a uirougii 4e	4f	
5 Other adjustments based on rules for figuring Ed	sr.	ا دم ا		
a Intangible drilling costs		5a	<del></del>	
b Circulation expenditures		5b	<del></del>	
c Organizational expenditures		5c	<del> </del>	
d LIFO inventory adjustments		5d 5e		
e Installment sales	—— - <u></u> -			
f Total other E&P adjustments Combine lines 5a	5f			
6 Disallowance of loss on exchange of debt pools	6			
7 Acquisition expenses of life insurance companie	s for qualified foreign contracts		7	**
8 Depletion			8	
9 Basis adjustments in determining gain or loss fr			9	
O Adjusted current earnings. Combine lines 1, 20	, 3f, 4f, and 5f through 9 Enter the res	ult here and on line 4a of		
Form 4626			10	