	Form	990-T	E	Exempt Orga				ax Return	L	OMB No 1545-0687	
			(and proxy tax under section 6033(e)) 406  For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019							2018	
			For ca	lendar year 2018 or other tax year  Go to www	<u> </u>	<b>ZU 10</b>					
		tment of the Treasury al Revenue Service	•	Do not enter SSN numbe	5	Open to Public Inspection for 01(c)(3) Organizations Only					
	A [	Check box if address changed		Name of organization (	Check box if nam	ne changed	and see instructions.)			yer identification number byees' trust, see tions }	
	B E	xempt under section	RGH	25-1017602							
	X	501(C <b>0</b> (3)	Or	Number, street, and roon			ted business activity code structions)				
		408(e) 220(e)	Туре	2000 TECHNO	LOGY DRIVE	3					
		408A530(a) 529(a)		900003							
	C Bo	ok value of all assets end of year		F Group exemption number	ber (See instructions.	) 🕨					
		273,025,7	10.	G Check organization typ	pe ► X 501(c)	corporation	501(c) trust	401(a)		Other trust	
	n En	iter the number of the t	n yanıza	MON S UNICIALEU MAUES OF L		1	Describe	the only (or first) uni			
				EE STATEMENT		a Danta Lana		complete Parts I-V. I			
			•	ice at the end of the previou	ous sentence, complete	e Parts I and	ii, complete a Schedule	W for each additiona	i trace t	or	
		siness, then complete		oration a subsidiary in an i	affiliated group or a n	arent-subsu	diary controlled group?	<u> </u>	Yes	X No	
		• • •		tifying number of the paren	*	uront subsit	diary controlled group.			140	
				MILO AVERBAC	· ·		Teleph	one number 🕨 (	412)	681-8000	
				de or Business Inc			(A) Income	(B) Expenses	Í	(C) Net	
	1 a	Gross receipts or sale	s	-	Ţ		- · · · · · · · · · · · · · · · · ·	1	·		
	b	Less returns and allow	vances		c Balance I	<b>▶</b> 1c					
	2	Cost of goods sold (S	chedule	A, line 7)		2					
2	3	Gross profit. Subtract	line 2 fi	rom line 1c		3		<u> </u>		/	
202		Capital gain net incom	•	•		4a					
9		* , , ,		art II, line 17) (attach Form	n 4797)			$\longrightarrow$			
0	_	Capital loss deduction				4c	1 /55	SÆMT 3		1 455	
JUL	5	` '	•	ship or an S corporation (a	ittach statement)	5	-1,455.	STMT 3		-1,455.	
≓	6 7	Rent income (Schedu Unrelated debt-finance	•	ne (Schedule E)		7				<del></del>	
	8			nd rents from a controlled o	organization (Schedule	<u> </u>		7			
Щ	9	-		on 501(c)(7), (9), or (17) or	-				1		
SCANNED	10	Exploited exempt activ			<b>3 (</b>	10					
K	11	Advertising income (S	chedule	e J)		11					
8	12	Other income (See ins	struction	ns; attach schedule)		12					
-	13	Total. Combine lines				13	-1,455.	_		-1,455.	
	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)  (Except for contributions, deductions must be directly connected with the unrelated business income)										
	14	Compensation of off	icers, di	rectors, and trustees (Sche	edule K)	_			14		
	15	Salaries and wages			/ _	-CEI	VED 2020 000 000 000 000 000 000 000 000 0		15		
	16	Repairs and mainten	ance		/ F	3FOF	VED JOS	ļ	16		
	17	Bad debts		<i>/</i>	1		3 5050 B		17	<del> </del>	
	18	Interest (attach sche Taxes and licenses	aule) (s	ee instructions)	n rules)	MAY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18		
	19 20		nns (Sei	e instructions for limitation	rules) S		- TUT 1		19 20		
	21	Depreciation (attach			Truics)	OGC	EN, 21	Ì	-		
	22	•		n Şehedule A and elsewher	re on return		22a		22b		
	23	Depletion				_	(1		23		
	24	Contributions to defe	rred co	mpensation plans					24		
	25	Employee benefit pro	/					[	25		
	26	Excess exempt exper						[	26		
	27	Excess readership co		•					27	<del></del>	
	28	Other deductions (at		*				}	28		
	29	Total deductions. A		_			f		29	1 455	
	30	/		ncome before net operating					30	-1,455.	
	31	=	-	loss arısıng ın tax years beç ncome. Subtract line 31 fro	•	nuary 1, 201	io (see instructions)	Ri	31	-1,455.	
	<u>32</u>			work Reduction Act Notice					ye	Form <b>990-T</b> (2018)	

Form 990-1		17602	Page 2
Part J			
3,3	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-1,455.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1 { }	
	lines 33 and 34	36	-1,455.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8 11	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	. 111	
	enter the smaller of zero or line 36	10   38	-1,455.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	► 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \	/ Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions) 45b		
c	General business credit. Attach Form 3800	7	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	7	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		
	Total tax, Add lines 46 and 47 (see instructions)	48	0.
48		49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018	73	
		$\dashv$ $\mid$	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		
	Backup withholding (see instructions)  50e		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	<del></del>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<b>►</b> 55	<del></del>
Part \	VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known t	wledge and belief,	it is true,
Sign	correct, and complete Destaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IDC die-	uss this return with
Here		the preparer show	
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
Daid	self- employ		
Paid	CHOAN M VIDCOU CHOAN M VIDCOH		341397
Prepa	COUNTRIES DOWNER C CO THE		1408703
Use (	ONE PPG PLACE, SUITE 1700		
		412-263	1-3644
823711 0			orm 990-T (2018)
		. •	\— - · •/

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation	on ▶ N/A	<del></del>				
1 Inventory at beginning of year	1		$\neg$	tory at end of yea			6		
2 Purchases	2			of goods sold. St		line 6			
3 Cost of labor	3		from	line 5. Enter here	and in f	Part I,			
4 a Additional section 263A costs			line 2			·	7		
(attach schedule)	4a		<b>8</b> Doth	e rules of section	263A (with respect to			Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		prope	rty produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			ganization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Persona	! Property L	ease	d With Real Prop	erty) 		
1. Description of property			•						
(1)									
(2)									
(3)								,	
(4)									
	2 Rent receiv	ed or accrued							
(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 pro personal property ent is based on pro	perty (if the percentag r exceeds 50% or if ofit or income)	ge	3(a) Deductions directly columns 2(a) ar			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	<b>•</b>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	e instructions	)					
				s income from able to debt-		Deductions directly control to debt-finance		flocable	
1. Description of debt-fi	nanced property			ed property	(a)	Straight line depreciation (attach schedule)		her deductions ich schedule)	\$
(1)									
(2)		•							
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property h schedule)		nn 4 divided olumn 5		7. Gross income reportable (column 2 x column 6)	(column	cable deduction 6 x total of colu 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%_					
						nter here and on page 1, Part I, line 7, column (A)		e and on page ne 7, column (B	
Totals				▶		0	.		0.
Total dividends-received deductions in	ncluded in column	n 8		- 1		<b>&gt;</b>			0.
	<u> </u>	<del></del>				<del></del>		orm 990-T (	(2018)

Schedule F - Interest, A	Annuities	, Royalt						tions	(see ins	struction	s)	
			L	Exempt (	Controlled O	rganızatı	ons	,				
Name of controlled organizat	tion	2 Emp identific numb	cation	3. Net unr (loss) (see	efated income instructions)	<b>4.</b> Tot payr	4. Total of specified payments made		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)								1				
(2)					· · · · · ·							
							··					
(3)							<del>.</del>	1			-	
(4)												
Nonexempt Controlled Organi	T					-						
7 Taxable Income		elated incom e instructions		g Total	of specified payr made	nents	10 Part of column the controllingross				ductions directly connected income in column 10	
(1)												
(2)	<u> </u>		İ									
(3)											<del>-</del>	
(4)	<b></b>						_				_	
_(4)	!		I									
							Add colun Enter here and line 8, c		1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<b></b>			0.		0.	
Schedule G - Investme (see inst	nt Incom ructions)	e of a S	Section 5	501(c)(7	'), (9), or (	17) Org	janization					
1. Desc	cription of incom	θ			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set- (attach s		<ol> <li>Total deductions and set-asides (col 3 plus col 4)</li> </ol>	
(1)								[				
(2)												
(3)					,							
(4)						İ	_					
					Enter here and o Part I, line 9, co		-			,	Enter here and on page 1 Part I, line 9, column (B)	
Totals				•		0.	•				0.	
Schedule I - Exploited (see instru	-	Activity	Income,	Other	Than Adv	ertisin	g Income					
Description of exploited activity	2 Grounrelated burncome trade or bu	usiness from	3. Expe directly cor with prod of unrel business i	nnected luction lated	4. Net incorr from unrelated business (co minus columi gain, computi through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)	İ				İ							
(3)	1								<del></del> .		1	
(4)		-								_	+	
	Enter here page 1, F line 10, co	Part I, ol (A)	Enter here page 1, F line 10, co	Partl, ol (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertision	na Incom	0.		0.	<u> </u>						0.	
Part I. Income From					solidated	Basis						
1. Name of periodical		2 Gross advertising income		Direct tising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, computi	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	+	<u> </u>	+		<del>                                     </del>	·	<del>                                     </del>				<u> </u>	
(1)			+					+		+		
(2)					.		-	$\dashv$	•		1	
(3)			+-		-		<u> </u>					
(4)						-	1				<u> </u>	
Totals (carry to Part II, line (5))	<b>•</b>	C	).	0	.]	<u> </u>					0.	
											Form 990-T (2018	

## Form 990-T (2018) JEWISH FEDERATION OF GREATER PITTSBURGH 25-10176 Part III 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) (cot 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	<b>•</b>	0.	0.	1	**	- 1	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)	▶	0.	0.	1	,		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		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

INVESTMENT IN LIMITED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
WOODLAND PARTNERS, LP (LYNN) - OTHER INCOME (LOSS) WOODLAND PARTNERS, LP (BERNSTEIN) - OTHER INCOME (LOSS) ENERGY TRANSFER OPERATING, LP (SNYDER) - OTHER INCOME	438.
(LOSS)	-1,724.
ENERGY TRANSFER LP (SNYDER) - OTHER INCOME (LOSS)	-1,952.
AMERIGAS PARTNERS LP (SNYDER) - OTHER INCOME (LOSS)	1,751.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,455.

NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
83,485.	0.	83,485.	83,485.
60,684.	0.	60,684.	60,684.
3,848.	0.	3,848.	3,848.
2,427.	0.	2,427.	2,427.
1,368.	0.	1,368.	1,368.
2,492.	0.	2,492.	2,492.
2,805.	0.	2,805.	2,805.
6,066.	0.	6,066.	6,066.
5,726.	0.	5,726.	5,726.
1,966.	0.	1,966.	1,966.
VER AVAILABLE THIS	YEAR	170,867.	170,867.
	83,485. 60,684. 3,848. 2,427. 1,368. 2,492. 2,805. 6,066. 5,726. 1,966.	LOSS PREVIOUSLY APPLIED  83,485. 0. 60,684. 0. 3,848. 0. 2,427. 0. 1,368. 0. 2,492. 0. 2,805. 0. 6,066. 0. 5,726. 0.	PREVIOUSLY APPLIED   REMAINING