AMENDED RETURN

Form	, 990 -, T	E	exempt Organization Business I	Income Tax Return n 6033(e))	I
		For ca	endar year 2017 or other tax year beginning SEP 1, 2017	and ending AUG 31, 201	8 1 2017
Depa Interr	riment of the Treasury nal Revenue Service		► Go to www.irs gov/Form990T for instructions and Do not enter SSN numbers on this form as it may be made pub		Deen to Public Inspection for 50 I(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if name changed and se	ee instructions)	DEmployer identification number (Employees' trust see instructions)
BE	xempt under section	25-1216330			
X	501(c)23_)	10	E Unrelated business activity codes (See instructions)		
]408(c) []220(e)	Type	5912 PENN AVENUE		•
	408A530(a) 529(a)		City or town, state or province, country, and ZIP or foreign posta PITTSBURGH, PA $15206-3817$		611600
C Bo	oo's value of all assets		F Group exemption number (See instructions.)		
ប្រ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20.	G Check organization type X 501(c) corporation EMDLOYER ED LY	501(c) trust - 401(a)	trust Other trust
H D	escribe the organization	n's prim	ary unrelated business activity EMPLOYEE FRING	GE BENEFITS	
1 0	uring the tax year, was	the corp	oration a subsidiary in an affiliated group or a parent-subsidiary c	ontrolled group?	Yes X No
	"Yes," enter the name a	and iden	ifying number of the parent corporation.		
		-	THE ORGANIZATION	Telephone number 🕨 4	
PE	rt Unrelate	d Tra	de or Business Income	(A) Income (B) Expenses	(C) Net
1 a	Gross receipts or sale	es			
b	Less returns and allo	wances	c Balance ▶ 1c	12 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	陈刻 4523于秦 亚达5555
2	Cost of goods sold (S	Schedule	A, line 7)		交流 医黑色性 整数
3	Gross profit. Subtract	l line 2 f	om line 1c	Table to a second secon	en e
4 a	Capital gain net incon	ne (attac	h Scheaule D) 4a 4a		
b	Net gain (loss) (Form	4797, F	art II, line 17) (attach Form 4797) 4b		
C	Capital loss deduction	a for tru	dc 4c		
5	Income (loss) from p	artnersh	ips and S corporations (attach statement) 5		0.95.
6	Rent income (Schedu	ile C)		RECEIV	
7	Unrelated debt-finance	ed inco	ne (Schedule E)		
8	Interest, annuities, ro	yaltıes, a	nd rents from controlled organizations (Sch. F) 8		2020 9
9	Investment income of	f a section	in S01(c)(7), (9), or (17) organization (Schedule G) 9	9	SS SS
10	Exploited exempt acti	vity inco	me (Schedule I)	OGDEN	UT
11	Advertising income (<u> </u>
12	Other income (See in			建筑建筑线	<u> </u>
13			gh 12	0.	
			ot Taken Elsewhere (See instructions for limitations utions, deductions must be directly connected with the un		
2				neigled business income.	
93 93			rectors, and trustees (Schedule K)		14
TO	Salaries and wages				15
					17
	Bad debts	 Aduba			18
SCANNED	Tayor and brancer	uuicj		1111 24 4 10 10 2 6 2 1 2 7 1 4	19
Z ,	Chardahia contribut	 	e instructions for limitation rules)	, , ,	20
₹.	Denreciation (affact	Form 4	662)	21	20 A ST
(2)	Les denreniation of	aimed n	n Schedule A and elsewhere on return	· 22a	22b
23					23
24	Contributions to defi			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24
25				. , , , , , , , , , , , , , , , , , , ,	25
26	Excess exempt expe		shadula ti	• • • • • • •	26
27	Excess readership c				27
28	Other deductions (a)				28
29	-		14 through 28		29 0.
30			ncome before net operating loss deduction. Subtract line 29 from		30 0.
31			(fimited to the amount on line 30)		31
32			ncome before specific deduction. Subtract line 31 from line 30	31	32 0.
33			(\$1,000, but see line 33 instructions for exceptions)		33 1,000.
34	•		income. Subtract line 33 from line 32. If line 33 is greater than lin	ne 32, enter the smaller of zero or	
					34 0.
7227			work Reduction Act Notice, see instructions.		Form 990-T (2017)

	COADITION FOR CHRISTIAN COTREACH	20 12.	10330	
Part	II- Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation		30.7	
	Controlled group members (sections 1561 and 1563) check here See instructions and.			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		\$ 35.	
	(1) \$ (2) \$ (3) \$		1850 B	
b	Enter organization's share of: (1) Addit onal 5% tax (not more than \$11,750) \$		37	
	(2) Additional 3% tax (not more than \$100,000)		\$20 B	
c	Income tax on the amount on line 34	•	35c	0 .
36	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from,	•	5.3	
	Tax rate schedule or Schedule D (Form 1041)	•	36	
37	Proxy tax. See instructions	•	37	
38	Alternative minimum tax	. •	38	
39	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0
	V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		11150 × 10	
h	Other credits (see instructions) 416		1:1	
c	General business credit, Attach Form 3800 41c		1, "	
d	Credit for prior year min.mum tax (attach Form 8801 or 8827) 41d		1:55	
- e	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40	••••	42	0
43		(artach schedulz)	43	
44	Total tax. Add lines 42 and 43		44	0
	Payments A 2016 overpayment credited to 2017 45a	• • • •	7,7597	
	2017 estimated tax payments 45b		1 3	
	Tay denocted with Form 8868		1951	
	Foreign organizations: Tax paid or withheld at source (see instructions) 450		133	
	Backup withholding (see instructions) 45¢		133	
	Credit for small employer health insurance premiums (Attach Form 8941) 451		T.25	
	Other credits and payments: Form 2439			
	Form 4136 X Other 4,050. Total 450	4,050		
46	Total payments Add lines 45a through 45g SEE STATEMENT	2	46	4,050
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	
. 149	Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	97	49	4,050
1050		funded.	50	4,050
Part	Statements Regarding Certain Activities and Other Information (see instru	ctions)	1	· · · · · · · · · · · · · · · · · · ·
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authori	ty		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			17 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here >			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?		Х
	If YES, see instructions for other forms the organization may have to file.			934 Q4 ·
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
		the best of my kn	owledge and t	elief, it is true
Sign	Under penalities of perjury, I declare that Thave examined this felum, including accompanying schedules and statements and to correct, and complete Declared the properer (other than expayer) is based on all information of which preparer has any knowledge.	TDENT .		scuss this return with
Here	FOR STAFF SVCS		,	own balow (sae
	Sygnature of officer Y Date Title	- i	ratructions)?	X Yes No
	Rrint/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid	1.8.30	self- employed	:	
Prepa	ו ייין שאטראלער ע מעגערטער א ו		P00	095538
Use (CHICAGO A COCCUAN VANAK C BODD IID	firm's EIN	25-	-1638525
USE (THREE GATEWAY CTR STE 1800			
	Firm's address ► PITTSBURGH, PA 15222	Phone no	(412)3	338-9300

Form **990-T** (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inver	lory valuatio	n ► N/A			
1 Inventory at beginning of year	1 1		6 Invent	ory at end of yea	ır .		6
2 Purchases	2	7 Cost of goods sold. Subtract				ine 6	yek a yan 15 yang 1 17 yang 1 17 yang 1 18 yang 1
3 Cost of labor	3		from i	ine 5. Enter here	and in F	Part I,	160000 130-44
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		proper	rty produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b				ganization?			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Persona	al Property	Leas	ed With Real Prop	perty)
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent receiv	ed or accrued				2/a\Deductions directly	connected with the Income in
(a) From personal property (if the personal property is more 10% but not more than 50%	a than	of rent for p	and personal property personal property at is based on pro	porty (il the percenta r exceeds 50% or if ofit or income)	3 9 0	columns 2(a) and	d 2(b) (attach schedule)
(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		iter . ▶			0.	(b) Total deductions. Enter here and on page 1 Part I, line 6, column (3)	· 0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions))			
	_			income from		3. Deductions directly conn to dobt-finance	
1. Description of debt-fi	nanced property			able to dubt- ad property	(a)	Straight line depreciation (attach schedule)	(b) Other doductions (attach schedule)
(1)							
(2)							
(3)							_
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis sliccable to inced property h schedulo)		nn 4 divlded olumn 5		7. Gross income reportable (column 2 x column 5)	8 . Allocable deductions (column 5 x total of columns 3(a) and 3(b))
(1)	1			%			
(2)				%			
(3)				%		-	
(4)				%			
						nter here and on page 1, Part), line 7, column (A).	Enter nore and on page 1, Part I, line 7, column (8)
Totals				•		0.	0.
Total dividends-received deductions in	cluded in columi	18				,,,,, <i>,</i> b	0.

Schedule F - Interest,	Annuities, Roya					ations (see in	structions	3)	
		Exempt	Controlled O	rganizatı	ons				
1. Name of controlled organizal	rdentif		vélated (ncome e instructions)	4, Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross incom		ig connected with income	
(1)									
(S)						·			
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7 Taxable Income	ioani beselerru rek 8 monautzeni ooa)		l of specified pay made	ments	in the controll	nn 9 that is included ing organization's i income	11. Ded with 1	uctions directly connected income in column 10	
(1)			········					<u> </u>	
(2)			VIII				<u> </u>		
(3)									
(4)									
					Enter here and	ons 5 and 10 on page 1, Part I column (A)	Enter he	l columns 6 and 11, re and on page 1, Pert I ne 8, column (B).	
Totals	,,,,			▶		0.	.]	0.	
Schedule G - Investme	ent income of a		(7), (9), or	(17) Or	ganization)			
	-		T	T	3. Deduction		-asides	5. Total deductions	
	ription of income		2. Amount of	incoma	directly conne (attach sched	CIBU lattert	schodule)	and set-asides (col 3 plus col 4)	
(1)								<u> </u>	
(2)	· · · · · · · · · · · · · · · · · · ·				,			<u> </u>	
(3)			 	-	······································				
(4)			Enter here and	on page 1.	47** A 7 F (57.4)	5788 J. O. C. A	<u> </u>	Enter here and on page 1,	
Totals			Part I, line 9, co	(A) nauto				Part I, lino 9, column (8)	
Schedule I - Exploited (see instru	Exempt Activity	/ Income, Othe	r Than Ac		ng Income	<u> </u>			
1,000 11.01.0	1		4. Net incom	ne (loca)				Τ.,	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	from unrelated business (co minus colum gain, comput through	d trade or plumn 2 in 3) If a te cols 5	5. Gross inco from act-vity t is not unrelat business inco	hat attribu	penses Itable to Ima 5	7. Excess exempt expenses (calumn 6 minus column 5, but not more than column 4)	
(1)			<u> </u>						
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I line 10, col. (A).	Enter here and on page 1, Part I line 10, col. (8).						Enter here and on page 1, Part II, line 26.	
Totals -	0.	0.			机物等消息	संस्थान स्थान		0.	
Schedule J - Advertisi									
Part 1. Income From	Periodicals Rep	orted on a Cor	rsolidated	i Basis					
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	or (loss) (c col. 3), if a g cols 5 ti	hrough 7.			its	7. Excess readership costs (column 6 minus column 5, but not more than column 4),	
(1)	1			BEG. BAS					
(2)	Ì				:[
(3)	1						`		
(4)			1.578.51.51		4				
					T				
Totale (carry to Part II line (5))		n.l r	۱ I		1	ı	1	n .	

Part | 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 Grass advertising income	3. Direct advertising costs	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)	,			٠		
(3)						
(4)						_
Totals from Part !	0.	0.	30000000000000000000000000000000000000		Was Child	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)			CONTROL TO THE PARTY OF THE PAR	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name .	2 Talo	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			0.

Form 990-T (2017)

FOOTNOTES

STATEMENT

PURSUANT TO THE CONSOLIDATED APPROPRIATIONS ACT OF 2020, SECTION 512(A)(7) WAS REPEALED WITH RETROACTIVE EFFECT TO THE DATE OF ITS ENACTMENT. AS A RESULT, THE ORGANIZATION IS FILING AN AMENDED FORM 990-T TO CLAIM A REFUND FOR ANY TAXES PAID RELATED TO SUCH QUALIFIED TRANSPORTATION FRINGE BENEFITS.

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT	2
DESCRIPTION	AMOUNT	
AMOUNT OF TAX DUE WITH ORIGINAL RETURN AS FILED	4,05	50.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	4,05	50.