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For		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No 1545-0047							
A		For calendar year 2019 or other tax year beginning07 - 01, 2019, and ending 06 - 30, 2020								
,	partment of the Treasury									
ĀĪ	Check box if	eck box if Name of organization ( Check box if name changed and see instructions )  D Employer identification number								
- ``L	address changed Exempt under section	Oakland Planning and Development Corpora (Employees' trust, see instructions )								
г	K 501( C ) (3 03		82510							
Ī	408(e) 220(e)	1 1 233 ALWOOD SLIEEL 1		ess activity code						
Ī	408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	e instructions	;)						
Ī	529(a)	Pittsburgh, PA 15213 54161	0							
	Book value of all assets at end of year	F Group exemption number (See instructions ) ▶								
	5,802,995	G Check organization type ► x 501(c) corporation 501(c) trust 401(a) trust		Other trust						
Н	Enter the number of	the organization's unrelated trades or businesses ▶ 1 Describe the only (or first	t) unrelate	ed						
	trade or business he	ere ▶Payroll Services If only one, complete Parts I-V If more than one, of	escribe th	е						
	first in the blank spa-	ce at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition	al							
	trade or business, th	en complete Parts III-V.								
ı	Dunng the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	. ▶ 📙	Yes X No						
_	If "Yes," enter the na	ame and identifying number of the parent corporation►								
ī	The books are in car	re of ▶ Wanda Wilson Telephone number ▶ (412) 6.	<u> 21-7863</u>	3						
F	Part I Unrelate	d Trade or Business Income (A) Income (B) Expen	ses/	(C) Net						
1	a Gross receipts or	sales								
	<b>b</b> Less returns and a									
2	_	d (Schedule A, line 7)								
3	Gross profit Subt	ract line 2 from line 1c	$-\!+\!$							
4		come (attach Schedule D)								
	b Net gain (loss) (Fo	orm 4797, Part II, line 17) (attach Form 4797)								
	•	ction for trusts								
5		n a partnership or an S corporation (attach								
			-							
e		edule C)	-+							
7		anced income (Schedule E)	-							
8		oyalties, and rents from a controlled organization (Schedule F)								
9		of a section 501(c)(7), (9), or (17) organization (Schedule G)								
10		activity income (Schedule I)	<del></del>							
11	_	e (Schedule J)								
12	Other income (Se	e instructions, attach schedule) Statement #7 12 7,700		7,700						
13 [_		nes 3 through 12	tions m	7,700						
L		d with the unrelated business income.)	,110113 111	ust be unectly						
4	Companyation of	officers directors and trustees (Schedule IK) CCCI 4CD	14	6,837						
14	Compensation of C	officers, directors, and trustees (Schedule & ECEIVED	15	0,037						
15 16	Renaire and main	tenance	16	-						
17	7 Rad debts	Itenance	17							
18		hedule) (see instructions)	18							
19		os OGDEN, UT	19							
20	Depreciation (atta	ich Form 4562)		<del></del>						
2		claimed on Schedule A and elsewhere on return	21b							
22			22							
2:		eferred compensation plans	23							
24		programs	24	865						
2	· · ·	xpenses (Schedule I)	25							
2		p costs (Schedule J)	26'	-						
2		(attach schedule)	27	1,190						
2		s. Add lines 14 through 27	28	8,892						
29		ss taxable income before net operating loss deduction. Subtract line 28 from line 13	29	(1,192)						
3	,	operating loss arising in tax years beginning on or after January 1, 2018 (see								
•	,		30							
3		ss taxable income Subtract line 30 from line 29	31	(1,192)						
=										

Form	990-T (201	9) Oakland Planning and Development Corporation	2	5-138	32510_	Page 2
Pai	t III To	otal Unrelated Business Taxable Income				
32	Total of un	related business taxable income computed from all unrelated trades or businesses (	see			
	instructions	:)			32	
33	Amounts p	[	33			
34	Charitable	contributions (see instructions for limitation rules)			34	
35		ated business taxable income before pre-2018 NOLs and specific deduction. Subtract		l		
		sum of lines 32 and 33			35	
36		for net operating loss arising in tax years beginning before January 1, 2018 (see		İ		
		;)			36	
37		related business taxable income before specific deduction. Subtract line 36 from line			37	
38		eduction (Generally \$1,000, but see line 38 instructions for exceptions)		1	38	
39	-	business taxable income. Subtract line 38 from line 37 If line 38 is greater than l		•		
		maller of zero or line 37			39	0
Pai		ax Computation		<u> </u>		
40		ions Taxable as Corporations. Multiply line 39 by 21% (0 21)	<del></del> -		40	
41	_	xable at Trust Rates. See instructions for tax computation. Income tax on		• }		
71		t on line 39 from Tax rate schedule or Schedule D (Form 1041)			41	
42		See instructions			42	
43	-	minimum tax (trusts only)			43	<del></del>
44		pncompliant Facility Income. See Instructions			44	<del></del>
45					45	
		lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	• •	45	
		ax and Payments	46-			
46a	_	c credit (corporations attach Form 1118; trusts attach Form 1116)	46a	-	- 1	
b		its (see instructions)	46b			
C		usiness credit. Attach Form 3800 (see instructions)	46c		1	
d	-	,	46d		<del></del>	
е		lits. Add lines 46a through 46d			46e	
47		ne 46e from line 45			47	
48		Check if from Form 4255 Form 8611 Form 8697 Form 8866 C			48	
49		Add lines 47 and 48 (see instructions)			49	
50		65 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 1	• •	50	
	-	A 2018 overpayment credited to 2019	51a		]	
b		nated tax payments	51b		1	
С		ited with Form 8868	51c			
d	•	ganizations Tax paid or withheld at source (see instructions)	51d			
		thholding (see instructions)	51e			
		small employer health insurance premiums (attach Form 8941)	51f			
g		its, adjustments, and payments Form 2439				
	Form 4	<del></del>	51g			
52		ments. Add lines 51a through 51g	ſ	<u>.</u> .	52	
53		tax penalty (see instructions) Check if Form 2220 is attached	· ·		53	
54	Tax due. I	f line 52 is less than the total of lines 49, 50, and 53, enter amount owed		<b>•</b>	54	
55	Overpayn	nent. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		•	55	
56	Enter the	amount of line 55 you want Credited to 2020 estimated tax ▶	Refunded	<b>&gt;</b>	56	
Pa	<u>rt VI St</u>	atements Regarding Certain Activities and Other Information (	see instructions)	<u> </u>		
57	-	e during the 2019 calendar year, did the organization have an interest in or a signature				Yes No
		incial account (bank, securities, or other) in a foreign country? If "Yes," the organization	*			
	FinCEN F	orm 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign country			
	here ► _					Х
58	During the	tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a foreign	trust?.		x
	If "Yes," se	ee instructions for other forms the organization may have to file.				
59	Enter the a	amount of tax-exempt interest received or accrued during the tax year   \$				
	Under pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements	, and to the best of my know	wledge ar	nd belief, it is	s
Sig	ini line, come	ect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer ha	as any knowledge	ı —		
Her	e 🕨 🥢	WWW 2  2  4  2   President				discuss this return arer shown below
	Signatui	e of officer Date Title			ee instructio	
		Print/Type preparer's name Preparer's signature	Date	Check	ıf	PTIN
Paid	d .	Joanna L Sinchar CPA Chan	12-02-2020	self-em	ployed	P0145335
	parer	Firm's name Albanese Sinchar Smith and Co		Firm's F	EIN ▶ 46	-1686881
	Only	Firm's address ▶12875 Route 30 Suite 22		Phone		
	<b>,</b>	Irwin PA 15642				4-863-4261
					, 2	

<u>Form</u>	990-T (2019) Oakl	and Planni	ing and	Development	t Corporation	n 25-1	38251	) P	age 3
Sch	edule A - Cost of Good	ds Sold. En	ter metho	od of inventor	y valuation 🕨				
1	Inventory at beginning of year	ır	1		6 Inventory at	end of year	6		
`2	Purchases		2		7 Cost of god	ods sold. Subtract line		·	
3	Cost of labor		3		6 from line 5	Enter here and in Part			
4a	Additional section 263A costs	5			I, line 2		. 7		
	(attach schedule)		4a		8 Do the rules	of section 263A (with respec	t to	Yes	No
b	Other costs (attach schedule	)	4b		property pro	duced or acquired for resale)	apply		
5	Total. Add lines 1 through 4	, b	5		1	ızatıon? <u></u>			
	edule C - Rent Income ee instructions)		l Proper	ty and Perso				•	
	scription of property								
(1)	oripuon or proporty			·					
(2)									
(3)									
(4)								-	
177		2. Rent receiv	ved or accrue	ed .					
						<del>-</del>			
	From personal property (if the percontropersonal property is more than more than 50%)		(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)						me
(1)									
(2)									
(3)									
(4)									
Total			Total		•	(b) Total deductions.			-
(c) Total income. Add totals of columns 2(a) and 2(b) Enter			7		Enter here and on page	1.			
here	and on page 1, Part I, line 6, c	olumn (A)	. •			Part I, line 6, column (B)			
	edule E - Unrelated De			e (see instruc	tions)				
					oss income from or	Deductions directly connected with or allocable to debt-financed property			
	1. Description of debt-	-financed property			allocable to debt-financed property	(a) Straight line depreciation	<del> </del>	(b) Other deductions	
					property	(attach schedule)	, , ,	(attach schedul	
(1)									
(2)									
(3)									
(4)			-						
<u>.,,</u>	4. Amount of average	5. Average	e adjusted ba	asis			R AII	ocable deduction	ons
	acquisition debt on or		allocable to		6. Column	7. Gross income reportable	1	n 6 x total of co	
	allocable to debt-financed property (attach schedule)		nced propert h schedule)	Dy	4 divided by column 5	(column 2 x column 6)		3(a) and 3(b))	
	property (utality confedency	(44			<i>y</i>				
(1)	···			+	%		<u> </u>		
(1)							<del> </del>		
(2)									
(3)			·		%		ļ		
<u>(4)</u>					%		-		
T-4-	<b>.</b>					Enter here and on page 1, Part I, line 7, column (A)		nere and on p , line 7, colum	
	ls						1	<del>.</del>	
	I dividends-received deduct	uons included l	ın colunin ö	,	· · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1	Form <b>990-T</b>	(2040)
EEA								-om <b>990-1</b>	(2019)

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Form 990-T (2019) Oakland	. Planning and	l Develo	opment C	orporation		25-13	82510	Page <b>4</b>
Schedule F - Interest, Annui					ganizations (	see in	struction	s)
1. Name of controlled organization	2. Employer identification number	3. Net unre	Controlled Controlled Income Instructions)	organizations  4. Total of specified payments made	5. Part of column included in the coorganization's gro	ontrolling	conn	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)							<u> </u>	
Nonexempt Controlled Organizations		<del>-</del>	_		<del></del>			
7. Taxable Income	8. Net unrelated inc (loss) (see instruct	I .		otal of specified yments made	10. Part of column included in the coorganization's great transfer or the coorganization or the column in the colu	controlling	conne	Deductions directly ected with income in column 10
(1)						_		
(2)								
(2)	· · · · · · · · · · · · · · · · · · ·							
(4)								
,					Add columns 5 Enter here and 6 Part I, line 8, co	on page 1	Enter h	olumns 6 and 11 here and on page 1, line 8, column (B)
Totals								
Schedule G - Investment Incom	ie of a Section 5	υτ(c)(/), <u>(</u>		. Deductions	<u>ee instructions)</u> 4. Set-aside		5 To	otal deductions
1. Description of income	2. Amount	of income	dıre	ach schedule)	(attach schedu		and s	et-asides (col 3 plus col 4)
(1)								
(2)	<del></del>		<del>-  </del>					<del>_</del> -
(3)					-			
(4)  Totals ▶	Enter here and Part I, line 9, c						I	e and on page 1, ne 9, column (B)
Schedule I - Exploited Exempt	Activity Income	Other Th	an Advor	ticina Income (se	ao inetructione)	_		
Description of exploited activity	2 Gross unrelated business inco from trade of business	me conr	Expenses directly	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attrib	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				·				
(2)						Ĺ		
(3)								
(4)								
Totals ▶	Enter here and page 1, Pai line 10, col	tl, pa	here and on ge 1, Part I, 10, col (B)	-				Enter here and on page,1 Part II, line 25
Schedule J - Advertising Incom	e (see instruction	ıs)				_		<u> </u>
Part I Income From Period			solidated	Basis	-			<del>.</del>
1. Name of periodical	2. Gross advertising	3	. Direct	4. Advertising gain or (loss) (col 2 minus col 3) If	5. Circulation	<b>6</b> . Re	adership	7. Excess readershi costs (column 6 minus column 5, bu not more than

	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) ·	a nat Albanic court off to	No. 7 (24. 30) 5 min - )	The second secon	Description (2)			· en matter
(2)							
(3)							
(4)							
-							
Totals	(carry to Part II, line (5)) . ▶		1		<u> </u>	<u> </u>	F 000 T (0040)

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership costs (column 6 2. Gross gain or (loss) (col 3. Direct 5. Circulation 6. Readership mınus column 5, but 1. Name of periodical 2 minus col 3) If advertising advertising costs ıncome costs not more than column 4) income a gain, compute cols 5 through 7 <u>(1)</u> (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 26 Totals, Part II (lines 1-5) . . . . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4. Compensation attributable to 1. Name 2. Title unrelated business business Executive Director 8 % (1)Wanda Wilson 6,837 % (2) % (3) % (4)

EEA

Form 990-T (2019)

6,837

	<del>.</del>
Federal Supporting Statements	2019 PG01
Name(s) as shown on return	Tax ID Number
Oakland Planning and Development Corporation	25-1382510
990-T - Part II - Line 27 Other Deductions	Statement #9
Description Professional Fees	Amount \$1,190
Total	\$1,190
990-T - Part I - Line 12 Other Income	<b>PG01</b> Statement #7
Description PAYROLL SERVICES	Amount \$7,700
Total	\$7,700