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408A 53 529(a) C Book value of all asset at end of year 168,198 H Enter the number o	ged . ion Print or Type 0(a)	Name of organization (THE PITTSBUI RESOURCES Number, street, and room 803 LIBERTY City or town, state or prov PITTSBURGH,	Check box if name of RGH TRUST If or suite no. If a P.O. box	changed a FOR C	nd see instructions.)	ation is a 501(c)(3	DEmple	Open to Public Inspection to 501(c)(3) Organizations Only
address chan B Exempt under sector X 501(c)(3) 408(e) 22 408A 53 529(a) C Book value of all asset at end of year 168, 198 H Enter the number of trade or business him	ion Print or Type O(a)	RESOURCES Number, street, and room 803 LIBERTY City or town, state or prov	RGH TRUST I or suite no. If a P.O. bo AVENUE	FOR C			I D Empir	
Exempt under sectors X 501(c) 3 3 408(e) 22 408A 53 529(a) C Book value of all asset at end of year 168, 198 H Enter the number of trade or business him.	ion Print or Type O(a)	RESOURCES Number, street, and room 803 LIBERTY City or town, state or prov	or suite no. If a P.O. bo		OPICKAL			oyer identification number loyees' trust, see actions)
X 501(c) 3 3 3 408(e) 22 408A 53 529(a) 2 Book value of all asset at end of year 168, 198 4 Enter the number of trade or business him.	O(e) Type O(a)	Number, street, and room 803 LIBERTY City or town, state or prov	AVENUE				1	5-1469002
408(e) 22 408A 53 529(a) Book value of all asset at end of year 168, 198 Enter the number of trade or business him.	0(a)	803 LIBERTY City or town, state or prov	AVENUE	av coa incl	tructions			ated business activity code
408A 53 529(a) 529(a) Book value of all asset at end of year 168,198 Enter the number o	0(a)	City or town, state or prov		ادانا عدد الله	u ucuons.			nstructions)
529(a) Book value of all assets at end of year 168,198 Enter the number o	<u>`</u>		ince country and /IP (or foreign i	nostal code		┪	
Book value of all asset at end of year 168, 198 Enter the number o trade or business h	156	LETITODOUGH.					900	099
f Enter the number o trade or business h	156	F Group exemption numb		>	· · · · · · · · · · · · · · · · · · ·		700	
f Enter the number o trade or business h	,400.	G Check organization type		rporation	501(c) trust	401(a	ı) trust	Other trust
	the organiza	ation's unrelated trades or b		3		the only (or first) u	nrelated	
describe the first in	re PA l	RTNERSHIP IN	VESTMENTS			complete Parts I-V		than one,
	the blank spa	ice at the end of the previou	s sentence, complete P	arts I and	II, complete a Schedule	M for each additio	nal trade	or
business, then com	olete Parts II	-V.						
During the tax year,	was the corp	ooration a subsidiary in an a	iffiliated group or a pare	ent-subsidi	ary controlled group?	•	Ye	s X No
		tifying number of the parent			***			
		RONA L. NESB)471-6070
		de or Business Inc	ome		(A) Income	(B) Expense	s	(C) Net
1a Gross receipts o			_ .			_	•	, -
b Less returns and			c Balance	P20/		<u>, </u>	,	
2 Cost of goods so	•		1157	2				<u> </u>
3 Gross profit. Sul		OIII III 10 10 7	XY 1 1	3	15 766			15 766
4 a Capital gain net i		·	110	4a	15,766.			15,766.
		Part II, line 17) (attach Form	Ϋ/Ϋ″/_ U 	4b		·		
•		ship or an S corporation (att	tach statement)	4c 5	-9,786.	STMT		-9,786.
6 Rent income (So		sinp or an 3 corporation (at	iacii statement)	6	5,700.	BIMI .	L.	-3,700
7 Unrelated debt-f	-	me (Schedule F)		7				
_		and rents from a controlled o	organization (Schedule E)	 				
	-	on 501(c)(7), (9), or (17) or	-					
Exploited exemp			94	10				· · · · · · · · · · · · · · · · · · ·
1 Advertising inco		· ·		11				
2 Other income (S	ee instruction	ns; attach schedule)		12	-	V ··		
3 Total. Combine	lines 3 throu	gh 12		13	5,980.			5,980.
Part II Dedu	ctions No	ot Taken Elsewher	e (See instructions for	or limitati				
(Except	for contrib	utions, deductions must	be directly connecte	ed with th	e unrelated busines	s income)		
4 Compensation	of officers, di	rectors, and trustees (Sche	dule K)				14	
5 Salaries and wa	ges						15	
6 Repairs and ma	intenance						16	
7 Bad debts							17	
8 Interest (attach		ee instructions)					18	
9 Taxes and licen		o inoteriotic as fault at the	····lea\				19	
	•	e instructions for limitation i	ruies)		ايما		20	
1 Depreciation (a			on rature		21			
•	ni ciaimed o	n Schedule A and elsewhere	on return		22a	_	22b	
3 Depletion 4 Contributions to	deferred	magnestics slave					23	
		mpensation plans					24	
5 Employee bene6 Excess exempt		chedule I)					25	 -
7 Excess exempt							26	
8 Other deduction		•			SEE STAT	EMENT 2	28	13,457.
9 Total deduction	· ·	·			AUG BINI		29	13,457.
		ncome before net operating	loss deduction. Subtract	ct line 20 f	rom line 13		30	-7,477
		loss arising in tax years beg					31	
		ncome. Subtract line 31 from	-	ary 1, 2016	ว (จอด แเลน แดนดแร)		32	-7,477.
		work Reduction Act Notice			_		1 32	Form 990-T (2018

Form 990-	(2018) RESOURCES	25-1465	1002		Page 4
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)			12,0	
34	Amounts paid for disallowed fringes .	. [34	L7,5	50.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	İ			
	lines 33 and 34	L	36	59,5	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. [37	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,]			
	enter the smaller of zero or line 36	_	38 5	<u>58,5</u>	<u>95.</u>
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ L	39 3	L2,3	05.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.	ŀ			
	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]	L2,3	<u>05.</u>
	/ Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
	Other credits (see instructions) 45b				
	General business credit. Attach Form 3800				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 45a through 45d	Ļ	45e		
46	Subtract line 45e from line 44			L2,3	05.
47		tach schedule)	47		<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)			L2,3	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	- 441 F	49		0.
	Payments: A 2017 overpayment credited to 2018	7,141.			
	——————————————————————————————————————				
	Tax deposited with Form 8868	2,000.			
	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) 50f				
9	Other credits, adjustments, and payments: Form 2439				
F-1	Form 4136 Other Total ▶ 50g		/	22 4	41
51	Total payments. Add lines 50a through 50g	_		23,4	41.
52 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	+	52		
53 54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		53	1 1	26
55		~ }		L1,1	0.
Part \		nded 🕨	55		<u> </u>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	<u></u>		Yes	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			res	NO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here				х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign truet?			X
37	If "Yes," see instructions for other forms the organization may have to file.	iyii irusi?			^
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penaltres of periury, I declare that I have examined this return, including accompanying schedules and statements, and to this	a best of my knowle	edge and belief, it i	s true.	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge (EXECUTIVE VICE	9			
Here	1//3/19 PRESIDENT		the IRS discuss th		with
	Signature of officer Date Title		oreparer shown bell uctions)?		ΠNο
	Print/Type preparer's name Preparer's signature Date C	heck If	PTIN		
D-: :		elf- employed	' ' ' ' '		
Paid	CHEAN M PIDCON CHEAN M PIDCON	on omployed	P00341	397	
Prepa	COUNTIDED DOWNE C CO TNC	Firm's EIN	25-140		
Use C	ONE PPG PLACE, SUITE 1700	THE SERVE	23 140		
	45000 5446	Phone no. (4	12)261-	364	4
823711 01	- · · · · · · · · · · · · · · · · · · ·			On-T	

Form 990-T (2018)

Form 990-T (2018) RESOURCES

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A				
1 Inventory at beginning of year	1 1		T	Inventory at end of year	ır		6	
2 Purchases	2		-	Cost of goods sold. Su		ine 6		·
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			1	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	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		7	the organization?	•	,		
Schedule C - Rent Income ((see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty	y)
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%	than	` 'of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	y connec nd 2(b) (a	ted with the income in attach schedule)
(1)								
(2)						, .		· · · · · · · · · · · · · · · · · · ·
(3)								·
(4)						, ,		·· · · · · · · · · · · · · · · · · · ·
Total	0.	Total		•	0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb		I Income (see	ınstru	ctions)		,,		
			2	Gross income from or allocable to debt-		3. Deductions directly conto debt-finan-	nected v	erty
1. Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)	~		+					
(2)								
(3)			1					
(4)		·····	+		<u> </u>			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)	···		†	%		<u></u> .		
(2)			 	%			1	
(3)			+	%		 	1	
(4)			1	%			1	
			•	17		nter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B)
Totals				.		0		0.
Total dividends-received deductions inc	cluded in columi	n 8			.		-	0.

Schedule F - Interest	, Aintaide	, 110ya	cs, al	,	Controlled O			-4.101	is (see ins	sii uCilO	113)
1. Name of controlled organi	zation	2. Em Identifi num	ployer ication iber	3. Net unr	elated income instructions)	4. Tot	al of specified nents made	Includ	t of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											- · -
(3)											
(4)		L				!					·
Nonexempt Controlled Orga							40				
7. Taxable Income		nrelated incor see instruction		9. Iotai	of specified pay made	ments	10. Part of column the controlling gross	mn 9 tha ing orgar s income	nization's	11. D wi	eductions directly connected th income in column 10
(1)											
(2)					•						
(3)	<u> </u>										
(4)				<u></u>						•	
							Add colun Enter here and line 8, c		1, Part I,		odd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.	<u> </u>	0.
Schedule G - Investm		me of a	Section	1 501(c)(7), (9), or	(17) Or	ganization	1			
	structions) scription of inco	me			2. Amount of	ıncome	3. Deductio	cted	4. Set-	asides	5. Total deductions and set-asides
(1)		•					(attach sched	iule)	(=======		(col 3 plus col 4)
(2)		· · · · · · · · · · · · · · · · · · ·				+					
(3)											
(4)											
					Enter here and	on page 1,	 -		•		Enter here and on page 1,
					Part I, line 9, co	tumn (A)	}				Part I, line 9, column (B)
Totals				>		0.	, 				_ 0.
Schedule I - Exploited (see inst	d Exempt ructions)	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			
1. Description of exploited activity	unrelated incom	iross business e from business	directly of with pro of uni	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)				-							
(4)	1		r						<u></u>		
Totals	Enter her page 1 line 10,	, Part I,	page 1	re and on I, Part I, col (B)	4 (4						Enter here and on page 1, Part II, line 26
Schedule J - Advertis	sing Inco		nstruction					. —-			~1
Part I ₂ Income From					solidated	Basis				•	
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a go cols 5 th		5. Circulat e income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)]; ·	•],
(2)].`].
(3)											 ,
(4)							~				
Totals (carry to Part II, line (5))	•		0.	0	•						0.
											Form 990-T (2018)

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

Tolli 330 T (2010) TEDDOORCED						23	140700	Zi raye .
Part II Income From Period Columns 2 through 7 on a			a Sepa	rate Basis (For eac	ch pend	odical listed in F	art II, fill in	· · ·
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7		rculation 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.				ست بده سپره	0.
	Enter here and on page 1, Part I, line 11, col (A).	page	ere and on 1, Part I, 1, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.	Annual of the second of the se	4 mm a - m	, , , , , , , , , , , , , , , , , , , ,		0.
Schedule K - Compensatio	n of Officers,	Direct	ors, an	d Trustees (see in	structio	ns)		
1. Name				2. Title		3. Percent of time devoted to business		ensation attributable related business
(1)						9/	6	
(2)						9	6	
(3)						9/	6	
(4)	<u> </u>	•				9,	6	

Form 990-T (2018)

0.

THE PITTSBURGH TRUST FOR CULTURAL RESOUR

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
INCOME (LOSS) COMMONFUND CAPITAL F INCOME (LOSS) COMMONFUND CAPITAL F INCOME (LOSS) COMMONFUND CAPITAL F INCOME (LOSS)	PARTNERS III, LP - ORDINARY BUSINESS PARTNERS IV, LP - ORDINARY BUSINESS PARTNERS V, LP - ORDINARY BUSINESS PARTNERS VI, LP - ORDINARY BUSINESS	369. 1,400. -2,239. -9,316. -9,786.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
INVESTMENT MANAGEMEN	T FEE	13,457.
TOTAL TO FORM 990-T,	PAGE 1, LINE 28	13,457.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB N	n 15	45-0687
UMBN	תו ח	45-Una/

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

THE PITTSBURGH TRUST FOR CULTURAL Employer identification number Name of the organization RESOURCES 25-1469002 541800 Unrelated business activity code (see instructions) ► ADVERTISING Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 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 Exploited exempt activity income (Schedule I) 10 10 92,906. 66,432. 26,474. 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 92,906. 66,432. 26,474. Total. Combine lines 3 through 12 13 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 officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	_
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21		<u>.</u>	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	e 29 f	rom line 13	30	26,474.
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions)			31	man and the same of the same o
32	Unrelated business taxable income Subtract line 31 from line 30			32	26,474.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	Nο	1545-068

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for - 501(c)(3) Organizations Only

Name of the organization

THE PITTSBURGH TRUST FOR CULTURAL RESOURCES

Employer identification number 25-1469002

900099 Unrelated business activity code (see instructions) ▶ WINE FLIGHT & CRAFT BEER SCHOOL Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A. line 7) 2 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 R 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) 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 STMT 3 126,284. 126,284. 12 12 Other income (See instructions, attach schedule) 126,284. 126,284. Total. Combine lines 3 through 12 13

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.)

Compensation of officers, directors, and trustees (Schedule K)	14	
Salaries and wages	15	29,238.
Repairs and maintenance	16	
Bad debts	17	
Interest (attach schedule) (see instructions)	18	
Taxes and licenses	19	
Charitable contributions (See instructions for limitation rules)	20	
Depreciation (attach Form 4562) 2,814.		
Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	2,814.
Depletion	23	
Contributions to deferred compensation plans	24	
Employee benefit programs	25	
Excess exempt expenses (Schedule I)	26	
Excess readership costs (Schedule J)	27	
Other deductions (attach schedule) SEE STATEMENT 4	28	78,661.
Total deductions. Add lines 14 through 28	29	110,713.
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	15,571.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
instructions)	31	
Unrelated business taxable income Subtract line 31 from line 30	32	15,571.
	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Interest (attach schedule A and lesewhere on return (see instruction) (attach schedule A and elsewhere on return (see instructions) (see instructions) Interest (attach schedule A and elsewhere on return (see instructions) (see instructions) Interest (attach schedule A and elsewhere on return (see instructions) (see instructions) Interest (attach schedule A and elsewhere on return (see instructions) (see instructions) (see instructions)

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER	INCOME	STATEMENT	3
DESCRIPTION			AMOUNT	
WINE FLIGHT CRAFT BEER SCHOOL			55,28 71,00	
TOTAL TO SCHEDULE M, PAR	RT I, LINE 12		126,28	4.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	4
DESCRIPTION			AMOUNT	
FOOD AND BEVERAGE MARKETING FACILITY AND RENTAL FEES MISCELLANEOUS EXPENSE	5		47,90 9,00 9,53 12,22	0. 5.
TOTAL TO SCHEDULE M, PAR	RT II, LINE 28		78,66	1.

Schedule J - Advertising Income (see instructions)

Part I, Income From Periodicals Reported on a Consolidated Basis

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) SHOW PROGRAMS	92,906.	66,432.	; ·	-		
(2)	·];];
(3)](7,
(4)			<u> </u>			<u>'</u>
Totals (carry to Part II, line (5))	92,906.	66,432.	26,474.			0.
Part II Income From Period	dicals Report	ed on a Sepai	rate Basis (For eac	h periodical liste	d in Part II, fill in	
columns 2 through 7 on a	line-by-line basis)	1				
	2. Gross	2 -	4. Advertising gain	_		7 5
1. Name of periodical	advertising income	3. Direct advertising costs	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. Name of periodical (1)			col 3) If a gain, compute			costs (column 6 minus column 5, but not more
·			col 3) If a gain, compute			costs (column 6 minus column 5, but not more
(1)			col 3) If a gain, compute			costs (column 6 minus column 5, but not more
(1) (2)			col 3) If a gain, compute			costs (column 6 minus column 5, but not more
(1) (2) (3)			col 3) If a gain, compute			costs (column 6 minus column 5, but not more
(1) (2) (3) (4)	Income	advertising costs	col 3) If a gain, compute		costs	costs (column 6 minus column 5, but not more than column 4)

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 **2018**

> Attachment Sequence No 12A

Name(s) shown on return

RESOURCES

THE PITTSBURGH TRUST FOR CULTURAL

Social security number or taxpayer identification no.

25-1469002

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Ľ	art I Short-Term. Iransact	ions involving capi	tal assets you held	1 year or less are ge	enerally short-term (se	e instructio	ns) For long-term	
	transactions, see page 2 Note: You may aggregate al	I short-term transa	ctions reported on	Form(s) 1099-B show	wing basis was report	ted to the If	RS and for which no	adjustments or
Yo	codes are required. Enter the u must check Box A, B, or C below. ou have more short-term transactions than w	Check only one b	ox. If more than one I	oox applies for your sho	rt-term transactions, con	plete a separ	ate Form 8949, page 1, 1	or each applicable box
If y	ou have more short-term transactions than w							
Ē	(B) Short-term transactions re		•	•	•	e Note ap	ove,	
Ĭ	(C) Short-term transactions no	-	•	-	ported to the into			
1	(a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
•	Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	ou enter an amount (g), enter a code in	Gain or (loss).
	(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the Note below and	column (f). See instructions.	Subtract column (e) from column (d) &
			(Mo , day, yr)		see Column (e) in	(f)	(g) ,	combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
	OMMONFUND CAPITAL							
_	ARTNERS III, LP				2.			<2.
	OMMONFUND CAPITAL							
	ARTNERS IV, LP			648.				648.
	OMMONFUND CAPITAL							
	ARTNERS V, LP			151.				151.
	OMMONFUND CAPITAL							
<u>P.</u>	ARTNERS VI, LP				44.			<44.
_								
_				<u> </u>	ļ. <u>.</u>			
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_		 			İ			
_								
2	Totals. Add the amounts in colur	nns (d), (e), (g), a	ind (h) (subtract					
	negative amounts) Enter each to							
	Schedule D, line 1b (if Box A abo	ove is checked),	line 2 (if Box B					
	above is checked), or line 3 (if Be	ox C above is ch	necked)	799.	46.			753.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

RESOURCES

THE PITTSBURGH TRUST FOR CULTURAL

Social security number or taxpayer identification no.

25-1469002

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

Obtains the code of the code You must check Box D, E, or F below. Check only one box, if more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (h) (e) (a) (b) (c) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr.) disposed of Note below and from column (d) & (Mo, day, yr) (f) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment COMMONFUND CAPITAL PARTNERS III, LP 1,292. 1,292. COMMONFUND CAPITAL 3,276. 3,276. PARTNERS IV, LP COMMONFUND CAPITAL PARTNERS V, LP 6,002. 6,002. COMMONFUND CAPITAL PARTNERS VI, LP 2,936. 2,936. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (If Box D above is checked), line 9 (If Box E 13,506. 13,506. above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823012 11-28-18

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Employer Identification number

THE PITTSBURGH TRUST FOR CULTURAL RESOURCES

25-1469002

				2 2	1107002
EPart I≀ Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 894 Part I, line 2, column (g	ın 19,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (3)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	799.	46.			753.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	tion)			6	(
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	h		7	753.
Part III Long-Term Capital Gain	ns and Losses (See II	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e) Cost	(g) Adjustments to ga	ın	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (19, g)	column (e) from column (d) and combine the result with column (g
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	13,506.				13,506.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9	<u> </u>			11	1,507.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	,		12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824	•		13	<u> </u>
14 Capital gain distributions	· ·			14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in columi	ı h		15	15,013.
Part III. Summary of Parts I and					<u> </u>
16 Enter excess of net short-term capital gain (lin		Lloss (line 15)		16	753.
17 Net capital gain. Enter excess of net long-term	, , ,	•	7)	17	15,013.
18 Add lines 16 and 17. Enter here and on Form	,	•	• /	18	15,766.
Note: If losses exceed gains, see Capital losse		sper and on outer returns.			13,700.

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018