i	EXTENDED TO	NOVEMB	ER 15, 2019							
Form 990-T	Exempt Organization Business Income Tax Return OMB No. 1545									
u,	(and proxy tax	2040								
	For calendar year 2018 or other tax year beginning	2018								
Department of the Treasury Internal Revenue Service	► 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 501(c)(3).									
A Check box if	Name of organization (Check box if name changed and see instructions.) DEmployer identification number (Employees' trust, see									
address change		instructions								
B Exempt under section	Print RUFFED GROUSE SOCIE	TY			54-0846925					
X 501(c)(3)	Type 4.5.1 MCCORNATOR BOAR	.O. box, see ır	structions.		Unrelated business activity code See instructions)					
408(e) 220t	451 MCCORMICK ROAD									
408A530	, , , , , , , , , , , , , , , , , , , ,		n postal code		10000					
C Book value of all assets	CORAOPOLIS, PA 151			<u> 8</u>	12900					
at end of year 7,930	719. G Check organization type ► X 501(i		501(c) trust	401(a) tru	ust Other trust					
H Enter the number of t	ne organization's unrelated trades or businesses.	1		the only (or first) unrela						
	SEE STATEMENT 1			complete Parts I-V. If n						
	e blank space at the end of the previous sentence, comp	lete Parts Lan								
business, then comple		1010 / 0110 / 011	is in, complete a contidual	W to too acon accident						
	as the corporation a subsidiary in an affiliated group or a	a parent-subs	idiary controlled group?	D	Yes X No					
• • •	e and identifying number of the parent corporation.	•	· · · · · ·							
J The books are in care	of ► KIM SWISHER		Telepho	one number 🕨 41	2-262-4044					
Part I Unrela	ed Trade or Business Income		(A) Income	(B) Expenses	(C) Net					
1a Gross receipts or s	ales									
b Less returns and a	llowances c Balance	▶ 1c								
•	(Schedule A, line 7)	2			<u> </u>					
	act line 2 from line 1c	3								
• •	ome (attach Schedule D)	4a								
. , , ,	rm 4797, Part II, line 17) (attach Form 4797)	4b								
c Capital loss deduc		4c								
	a partnership or an S corporation (attach statement)	5								
6 Rent income (Scho		6 7								
~	inced income (Schedule E)	<u> </u>								
Investment income	royalties, and rents from a controlled organization (Scheder) of a section 50.1(c)(7), (9), or (17) organization (Scheder)	· -								
ا hivestrick income حقید 10° Exploited exempt	ctivity income (Schedule I)	10								
Investment income Exploited exempt Advertising income Other income (See	,	11	57,816.	41,57	4. 16,242.					
12 Other income (See	instructions; attach schedule)	12	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
_13 Total. Combine li		13	57,816.	41,57	4. 16,242.					
Part II Deduct	ions Not Taken Elsewhere (See instruction	ons for limita	ations on deductions)	· -						
(Except f	or contributions, deductions must be directly conf	nected with	the unrelated business	s income)						
14 Compensation of	officers, directors, and trustees (Schedule K)				14					
15 Salaries and wag	es			<u></u>	15					
Compensation of Salaries and wag Repairs and main Bad debts	tenance				16					
				 	17					
,	thedule) (see instructions) RECEIVE)		<u> </u>	18					
19 Taxes and license	S .	131			19					
	20 Charitable contributions (See instructions for limitation rules) 2 6 2019 21 Depreciation (attach Form 4562) 2 6 2019									
21 Depreciation (atta										
22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 22b 25 23 23										
•	24									
25 Employee benefit	leferred compensation plans			 	25					
	o costs (Schedule J)			<u> </u>	27 16,242.					
· ·										
29 Total deductions	16,242.									
	operating loss arising in tax years beginning on or after			- -	31					
	is taxable income. Subtract line 31 from line 30				32 0.					
823701 01-09-19 LHA	For Paperwork Reduction Act Notice, see instructions				Form 990-T (2018)					

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Form 990.	T (2018) RUFFED GROUSE SOCIETY		54-084	<u> 16925</u>			Page
Part	III Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instructions)		33	-		0.
34	Amounts paid for disallowed fringes	34					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35					
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s						
-	lines 33 and 34			36			
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 3	36		 		<u>-, </u>	
30	enter the smaller of zero or line 36	30,		38			0.
Part				1 00 1			
39				39			0.
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	on line 20 from:		Jan			<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount of	on line so nom.		1-0			
	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		, ,					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		1 1			
b	Other credits (see instructions)	45b		1			
3	General business credit. Attach Form 3800	45c		1 1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d					
е	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 880	66 Other (a	tach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)			48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49			0.
50 a	Payments: A 2017 overpayment credited to 2018	50a					
t	2018 estimated tax payments	50b		1 1			•
	Tax deposited with Form 8868	50c		1			
(foreign organizations: Tax paid or withheld at source (see instructions)	50d		1			
	Backup withholding (see instructions)	50e		1 1			
	Credit for small employer health insurance premiums (attach Form 8941)	50f		1			
	Other credits, adjustments, and payments: Form 2439			1			
•	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			
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	l Ref	inded -	55			
Part				1 33 1			
						Von	N/a
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature					Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	loreign country					X
	here >						X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansteror to, a tore	ign trust?				^
	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 >\$		- b b b b b			<u></u>	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepar	rer has any knowledg	e dest of my kno	wiedge and	beller, it is	aue,	
Here	la la la la la la parazza			lay the IRS	discuss thi	s return :	with
Hele	\$\frac{8}{21}\frac{20}{20}\frac{9}{12}\frac{1}{20}\frac{9}{12}\frac{1}{20}\fra	ENT AND		e preparer s		· -	٦
	Signature offonicer Date - Fine			structions)?	<u> </u>	es	No
	Print/Type preparer's name Preparer's signature Dat	te / / C	heck	f PTIN			
Paid	1/1/2/2010	Thalia s	elf- employed				
Prepa	arer JOSEPH C. ZOVKO JUDIL 7004	<u> </u>			0299		
Use (Only Firm's name ► LOUIS PLUNG/&/COMPANY LL!		Firm's EIN 🕨	25	-163	745	8
,	420 FT. QUQUESNE BLVD, STE 190	0		_			
	Firm's address ▶ PITTSBURGH, PA 15222		Phone no. (412)	281	<u>-87</u>	71
823711 0	1-09-19		_		Form 99	90-T	2018

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valu	uation ► N/A				
Inventory at beginning of year 1				ventory at end of year	ar		6	
2 Purchases	2	2 7 Cost of goods sold. Sul				ine 6		
3 Cost of labor	3			om line 5. Enter here	and in I	Part I,		
4 a Additional section 263A costs		,	-	ne 2		, -	7	
(attach schedule)	4a		8 D	o the rules of section	263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		_	roperty produced or a		•		
5 Total. Add lines 1 through 4b	5		_ `	ne organization?		, , , , ,		
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pers	onal Property	Leas	ed With Real Prop	perty)	
1. Description of property								
(1)		·						
(2)								
(3)								
(4)						_		
		red or accrued				3(a) Deductions directly (connected with the income in	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal pro	al property (if the percent operty exceeds 50% or if on profit or income)	age	columns 2(a) and	1 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		eter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Del	bt-Financed	I Income (see	e instructi	ons)				
	-			Gross income from		3. Deductions directly conn to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)		—	†					
(2)								
(3)								
(4)]	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h 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)				%				
(3)				%				
(4)				%				
			_			nter here and on page 1, Part 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	ncluded in column	n 8			-		0.	
						<u> </u>	Form 990-T (2018)	

Schedule'F - Intérest,					Controlled O				····			
Name of controlled organization		2. Em identifi num	cation	3. Net unre (loss) (see	elated income instructions)	4. Tot payr	al of specified ments made	includ	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)										-		
(2)												
(3)				<u> </u>								
(4)												
Nonexempt Controlled Organia	zations					_						
7. Taxable Income		nrelated incon ee instruction:		9. Total	of specified pay made	ments	10. Part of colur in the controlli gross		nization's	11. Dec	ductions directly connected income in column 10	
(1)				 							•	
(2)												
(3)		-	•									
(4)												
							Add colun Enter here and line 8, c		e 1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals									0.		0.	
Schedule G - Investme		me of a	Sectio	n 501(c)(7), (9), or	(17) Oı	rganizatior	1				
(see instr	uctions)	· ome	•		2. Amount of	Income	3. Deductio directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides	
(1)					 	_	(attach sched	iule)			(col 3 plus col 4)	
(2)					<u></u>							
(3)							·		-		-	
(4)						•					-	
Totals					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited	Exempl	Activity	Incom	ne, Othe	r Than Ac		ing Income	<u> </u>	LOW SAN TO STANSON	\$1 4m6947 11X	≋I <u>-</u>	
(see instru		_		•								
1. Description of exploited activity	unrelated incom	Gross business e from business	directly with pi of un	cpenses connected roduction irelated ss income	4. Net incor from unrelate business (or minus colum gain, comput through	d trade or olumn 2 in 3) If a te cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			-					•				
(2)					1							
(3)					Ī							
(4)												
Totals -	page 1	re and on , Part I, col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertisi	na Inco		nstructio		ANNESSES APRESSES.	o filmskir godelud fra	> AY 1240248 JEN 9480542 9090059	OREN COMPLEX	b. Ostalistic station	(96) "ABA-"USE		
Part Income From I					solidated	l Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (d col 3) If a g	tising gain ol 2 minus jain, compu hrough 7			6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) RGS MAGAZINE		57,81	6. 4	11,574	. 200		\$\display \ \display \ \din \display \display \ \display \display \din \display \display \din \dinplay \dinplo	0.	87,	141.		
							(a)					
(2)							~ &					
(4)									<u> </u>			
	1											
Totals (carry to Part II, line (5))	>	57,81	6. 4	11,574	. 16	,242	<u>.</u>		87,	141.	16,242. Form 990-T (2018	

Page 5

Part II 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) (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)				<u> </u>			
Totals from Part I	•	57,816.	41,574.				16,242.
	•	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)	>	57,816.	41,574.				16,242.

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		<u> </u>	0.

Form 990-T (2018)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

1

ADVERTISING AND CREDIT CARD INCOME

TO FORM 990-T, PAGE 1