Form <b>990-T</b>	Exempt Organization Business Income Tax F				545-0047			
	(and proxy tax under section 6033(e))	pole		20	10			
The same	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2	2020	-	<b>20</b>	19			
Department of the Treasury Internal Revenue Service	<ul> <li>▶ Go to www.irs.gov/Form990T for instructions and the latest information.</li> <li>▶ Do not enter SSN numbers on this form as it may be made public if your organization is</li> </ul>				Inspection for nizations Only			
A Check box if address changed	Name of organization (							
8 Exempt under section	Print CABRINI UNIVERSITY			15266				
X 501(cO(3)	Or Number, street, and room or suite no. If a P.O. box, see instructions.  Type 1.10 KING OF PRINCES POR		Unrelated (See instru		activity code			
408(e)220(e)	610 KING OF PRUSSIA ROAD							
408A530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code RADNOR, PA 19087	7	13940					
C Book value of all assets at end of year	F Group exemption number (See instructions.)   0928							
137,934		401(a) tr		(	Other trust			
	organization's unrelated trades or businesses.   2 Describe the only	, , ,			_			
trade or business here				n one,				
	blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for e	ach additional	trade or					
business, then complete				X				
• • •	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  and identifying number of the parent corporation.		Yes	الشاا	VO			
	ERIC OLSON, TREASURER AND VP FINAN Telephone num	nber 🕨 (61	10) 902	-8275				
Part I Unrelate		(B) Expenses			Net			
1 a Gross receipts or sale	1, 7,	17.20	(m) 4 1/2	<u> </u>	2. 7.0			
b Less returns and allo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
2 Cost of goods sold (S	1379	1640 C 18	٠٠٠ خ	( )	egan a fore f			
3 Gross profit. Subtrac	Cotton Cotton	" 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	<i>.</i>					
•	me (attach Schedule D) 4a 등 남고							
b Net gain (loss) (Form		Z KORK						
c Capital loss deduction		T. 1853 111 112.						
5 Income (loss) from a	a partnership or an S corporation (attach statement) 5	部分的關鍵	the total					
6 Rent income (Schedu	ule C) 6 28, 391.				28,391.			
7 Unrelated debt-finance	ced income (Schedule E)							
8 Interest, annuities, ro	yalties, and rents from a controlled organization (Schedule F)							
9 Investment income o	of a section 501(c)(7), (9), or (17) organization (Schedule G)							
10 Exploited exempt acti	ivity income (Schedule I)							
11 Advertising income (		State of a State of						
· · · · · · · · · · · · · · · · · · ·		[] 指挥。"发生"	1.7		20 201			
13 Total. Combine lines	s 3 through 12   13   28,391.				28,391.			
(Deductions	ons Not Taken Elsewhere (See instructions for limitations on deductions ) is must be directly connected with the unrelated business income.)	···	<del></del>		<del></del>			
14 Compensation of of	ficers, directors, and trustees (Schedule K)	-	14		5 051			
15 Salaries and wages	1 1/5(/5///5/)	-	15		5,951.			
16 Repairs and mainter		 	16					
17 Bad debts	edule) (see instructions)  MAR 0 8 2021	-	17					
	edule) (see instructions)	-	19					
19 Taxes and licenses	1 Form 4562) QGDEN 1 1 20		in ag					
20 Depreciation (attach	n Form 4562)  laimed on Schedule A and elsewhere on return  OGDEN, UT  21a		21b		8,011.			
	lamited on Schedule A and eisewhere on return		22					
	ferred compensation plans	F	23					
<ul><li>23 Contributions to def</li><li>24 Employee benefit pr</li></ul>			24					
25 Excess exempt expe		-	25					
26 Excess readership c		)—	26	-	· · · · · · · · · · · · · · · · · · ·			
27 Other deductions (at		<u> </u>	27		2,146.			
,	Add lines 14 through 27		28		16,108.			
	taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>—</b>	29		12,283.			
,	perating loss arising in tax years beginning on or after January 1, 2018							
(see instructions)	paraming the desired and Jacob and Summing and a restrict annually 1) and to		30		0.			
1 '	taxable income. Subtract line 30 from line 29		31		12,283.			
	or Paperwork Reduction Act Notice, see instructions.			orm 99	<b>00-T</b> (2019)			

**7** 097-0581

		CABRINI UNIVERSITY		<del> </del>		23-	1320000	Page 2
Part	t Jri	Total Unrelated Business Taxab	ole Income					
32 🖊	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses (s	ee instructions)		32	1	7,145.
33	Amour	nts paid for disallowed fringes				33		
34	Charita	ible contributions (see instructions for limitation	n rules)		_	34		0.
35	Total u	nrelated business taxable income before pre 20	18 NOLs and specific deduction Subtract	line 34 from the sum of	lines 32 and 33	35	1	7,145.
36		tion for net operating loss arising in tax years b			TMT 3 🕡	36	1	7,145.
37		f unrelated business taxable income before spe				37		
38		c deduction (Generally \$1,000, but see line 38 i			8	38		1,000.
39		ted business taxable income Subtract line 38		e 37.	G			
		he smaller of zero or line 37		•		39		0.
Part		Tax Computation				1		<del></del>
40		zations Taxable as Corporations. Multiply line	39 by 21% (0.21)		<b>•</b>	40	····	0.
41	-	Taxable at Trust Rates. See instructions for ta		on line 39 from:				<del></del>
71		ax rate schedule or Schedule D (Form			<b>&gt;</b>	41		
42		tax See instructions	1041)			42		
	_	itive minimum tax (trusts only)				43	<del></del>	
43			anc.			44	• • •	
44		Noncompliant Facility Income. See instruction Add lines 42, 43, and 44 to line 40 or 41, which				45	-	0.
45 Part		Tax and Payments	ечег аррпез			1 45 1	· · · · · · · · · · · · · · · · · · ·	<del></del>
						1 1	<del> </del>	
_	-	n tax credit (corporations attach Form 1118; tru	SIS ATTACH FORM 1116)	46a		-		
b		credits (see instructions)		46b		-		
С		ll business credit Attach Form 3800		46c		-		
d		for prior year minimum tax (attach Form 8801 o	or 8827)	46d		-1 l		
е	Total c	redits. Add lines 46a through 46d				46e	<del>-</del>	
47	Subtra	ct line 46e from line 45		[····		47		0.
48	Other t	axes Check if from: Form 4255	Form 8611 Form 8697 Form	8866 Other	(attach schedule)	48		
49	Total to	ax. Add lines 47 and 48 (see instructions)				49		0.
50	2019 n	et 965 tax liability paid from Form 965-A or For	rm 965-B, Part II, column (k), line 3			50		0.
51 a	Payme	nts A 2018 overpayment credited to 2019		51a		<b>」</b> │		
b	2019 e	stimated tax payments		51b		_		
C	Tax de	posited with Form 8868		51c		_		
d	Foreign	organizations. Tax paid or withheld at source (	(see instructions)	51d		_		
е	Backup	withholding (see instructions)		51e				
f	Credit	for small employer health insurance premiums	(attach Form 8941)	51f				
		F	orm 2439					
·		<del></del>	ther Total	▶ 51g				
52		ayments. Add lines 51a through 51g	30.			52		
53	-	ted tax penalty (see instructions). Check if Form	n 2220 is attached			53	•	
54		e if line 52 is less than the total of lines 49, 50			<b>&gt;</b>	54		
55		syment. If line 52 is larger than the total of lines			<b>.</b>	55		
56		he amount of line 55 you want. Credited to 202		Re	funded 🕨	56		· · · · · · · · · · · · · · · · · · ·
Part		Statements Regarding Certain						<del></del> -
57		time during the 2019 calendar year, did the org			· · ·		Ye	s No
31	-	financial account (bank, securities, or other) in						<del></del>
		Form 114, Report of Foreign Bank and Financi						
		Form 114, Report of Foreign Bank and Financi	ar Accounts. If Tes, enter the hame of the	2 toroign country				l x
	here	No. 10 and 10 an		ronoforos to a farau				<u> </u>
58		the tax year, did the organization receive a dist		ransteror to, a foreig	gn trustz		-	<del>                                     </del>
		" see instructions for other forms the organizati						
59		he amount of tax-exempt interest received or ac		I statements and to the	best of my knowl	adan and holy	of at in true	
Sign	0	inder penalties of perjury, I declare that I have examined orrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which prep	arer has any knowledge	) Has of my knowl	ougo and bell	n io ii ub,	
		6 · 100	= 1 2/2 / 2			•	iscuss this retur	
Here		Sund. Use SIGNH		ICE			nown below (see	<del></del>
		Signature of officer	Daye Title	<del></del>	<u></u> <u></u>	instructions)?	X Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN		
Paid	1				self- employed			
	oarer			02/22/21	<del>,</del>		078514	
	Only	Firm's name CLIFTONLARSONALLEN	LLP		Firm's EIN	41	-0746749	
	y	220 S 6TH STREE		<del></del>				
		Firm's address MINNEAPOLIS, MN	55402		Phone no.	612-376-		
923711	01-27-20						orm 990-	<b>T</b> (2019)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A	<u> </u>	··· ·· · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1 1			Inventory at end of y	/ear		6		
2 Purchases	2		7	Cost of goods sold.		ine 6			
3 Cest of labor	3			from line 5. Enter he			,		
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of secti	on 263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced o	r acquired	for resale) apply to		, '	۱ ا
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (F (see instructions)	From Real	Property and	Per	sonal Property	Lease	d With Real Prop	erty	) 	
1. Description of property									
(1) CAMPUS FACILITIES									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%)	entage of han	of rent for p	ersonal	onal property (if the percei property exceeds 50% or ed on profit or income)	ntage if	3(a) Deductions directly columns 2(a) a	y conne ind 2(b)	cted with the income (attach schedule)	ın
(1)	· · · · · ·			2	8,391.				
(2)									
(3)									
(4)									
Total	0.	Total		2	8,391.				
c) Total income. Add totals of columns 2 nere and on page 1, Part I, line 6, column		ter 🕨		2	8,391.	(b) Total deductions Enter here and on page 1. Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		<ol> <li>Deductions directly conto debt-finance</li> </ol>			
1. Description of debt-fina	nced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)			<u> </u>						<del></del>
(2)									<u> </u>
(3)									
(4)									
4 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 h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduc (column 6 x total of c 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 par Part I line 7, column	-
Totals				ı	<b>▶</b>	C	).		0.
Total dividends-received deductions inc	cluded in columi	n 8		·	<u> </u>		<b>•</b>		0.
									_

			Exempt C	Controlled O	ganızatı	ons				
1 Name of centrolled organizat	identif	nployer fication mber		elated income instructions)	4. Tot	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5
5								J		
(1)										
(2)	1									
(3)										
(4)					-					***
Nonexempt Controlled Organi	zations						<u> </u>			
7. Taxable Income	8. Net unrelated incor (see instruction		9. Total c	of specified payn made	nents	10. Part of colur in the controlli gross				ductions directly connected income in column 10
/4\									· <del></del>	
(1)		+								
(2)										
(3)										
(4)	1				-					
						Add colum Enter here and line 8, c		1, Part I	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals	<del> </del>				<b>▶</b>			0.		0
Schedule G - Investme (see insti		Section 5	501(c)(7)	), (9), or (1	17) Org	anization				
1 Desc	cription of income			2. Amount of	income	<ol> <li>Deduction directly connected (attach sched)</li> </ol>	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)						·				
(3)										
(4)										
Totals	F		<b>•</b>	Enter here and o	٠.	Company of the state of the sta				Enter here and on page 1 Part I line 9 column (R)
Schedule I - Exploited (see instru		/ income,	Otner	ınan Adv	ertisin	g income			-	_
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expedirectly conwith production of unreleases and the control of unreleases and the control of the control o	nnected luction lated	4 Net incom from unrelated business (col minus column gain compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Expr attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									•	
(2)								-		1
(3)		<del> </del>								†
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, I line 10, c	Part I,				開発し			Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisii	<u> </u>	Instructions		,	- 1° 7 1%	124 PFF 124		* 'N * ( * W	~, -1 ·(,	<u></u>
	Periodicals Rep							· · · ·		
	2. Gross		. Direct	4. Adverti	l 2 minus	5. Circulat	ion	6. Reade		7. Excess readership costs (column 6 minus
Name of periodical	income	adver	tising costs	col 3) If a ga	rough 7			costs	-	column 5, but not more than column 4)
(1)						<b>\</b>				
(2)						·/				The state of the s
(3)					ده دن کام غ د	<u>`</u>				Star Star
(4)				13.5	1 1 1	7				
11 to 12 to										

923731 01-27-20

## 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	Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	可以是我们在14年	信的是特殊	<b>是在</b> 是一个	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 26
Totals, Part II (lines 1-5)	▶ 0.	0.		45%的		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 (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
• ,		
DESCRIPTION		AMOUNT
GOODS AND SERVICES		1,146.
TAX PREPARATION FEES		1,000.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	2,146.

FORM 990-T	NET	OPERATING LOSS D	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/01	44,274.	32,084.	12,190.	12,190.
06/30/02	32,831.	0.	32,831.	32,831.
06/30/03	9,358.	0.	9,358.	9,358.
06/30/04	58,303.	0.	58,303.	58,303.
06/30/05	46,257.	0.	46,257.	46,257.
06/30/06	83,456.	0.	83,456.	83,456.
06/30/07	121,378.	0.	121,378.	121,378.
06/30/08	63,831.	0.	63,831.	63,831.
06/30/09	103,643.	0.	103,643.	103,643.
06/30/10	143,198.	0.	143,198.	143,198.
06/30/11	145,270.	0.	145,270.	145,270.
06/30/12	201,624.	0.	201,624.	201,624.
06/30/13	193,851.	0.	193,851.	193,851.
06/30/14	148,396.	0.	148,396.	148,396.
06/30/15	161,741.	0.	161,741.	161,741.
06/30/16	162,068.	0.	162,068.	162,068.
06/30/17	62,356.	0.	62,356.	62,356.
06/30/18	129,041.	0.	129,041.	129,041.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,878,792.	1,878,792.

## **SCHEDULE M** (Form 990-T)

## Unrelated Business Taxable Income from an

**Unrelated Trade or Business** 

For calendar year 2019 or other tax year beginning  $\,$  JUL 1 ,  $\,$  2019

CABRINI UNIVERSITY

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

ENTITY

23-1526668

OMB No 1545-0047

Department of the Treasury Open to Public Inspection for Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Employer identification number Name of the organization

Unrelated Business Activity Code (see instructions) MAILING LIST 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 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 4.959. 4,959 STMT 4 12 Other income (See instructions, attach schedule) 12 4,959. 4,959. 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	97.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	Ţ	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	·
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	97.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	4,862.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	4,862.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Total. Combine lines 3 through 12

13

FORM 990-T (M)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
MAILING LIST		4,959.
TOTAL TO SCHEDULE M, PAF	RT I, LINE 12	4,959.

097-0581