Form 990 AU 1 Exempt Organization (and proxy ta	P 1, 201	18_ and ending AU	<u>G 31, 2019</u>	2018		
Department of the Treasury Internal Revenue Service Do.not.enter SSN numbers on this form a	01 for instructio is it may be mad	ins and the latest inform de public if your organiz	ation. ation is a 501(c)(3).	Open to Public Inspection 501(c)(3) Organizations O		
A Check box if Name of organization (Check box if		and see instructions.)		D Employer identification number (Employees' trust, see		
address changed	DOINT DARK INTUFRETOV					
	POINT PARK UNIVERSITY Number, street, and room or suite no. If a P.O. box, see instructions.					
408(e) 220(e) Type 201 WOOD STREET	r.o. 00x, 566 III	suucuons.		(See instructions)		
408A 530(a) City or town, state or province, country, a	nd ZIP or foreigr	n postal code				
529(a) PITTSBURGH, PA 152						
C Book value of all assets at end of year 211,727,995.	1(c) corporation	501(c) trust	401(a)	trust Other trus		
H Enter the number of the organization's unrelated trades or businesses.	1(0) corporation		the only (or first) unr			
trade or business here			complete Parts I-V. I			
describe the first in the blank space at the end of the previous sentence, com	nplete Parts I and	d II, complete a Schedule	M for each additiona	al trade or		
business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group o	r a parent-cuber	diany controlled group?		Yes X No		
If "Yes," enter the name and identifying number of the parent corporation.						
J The books are in care of ▶ JAMES HARDT				12-392-3969		
Part I Unrelated Trade or Business Income	,	(A) Income	(B) Expenses	(C) Net		
1 a Gross receipts or sales						
b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7)	1c 2			///////		
3 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			/		
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Part (separation of Separation of Sep	5					
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E)	6 7	<u>- </u>		-		
8 Interest, annuities, royalties, and rents from a controlled organization (Sch						
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sche	edule G) 9					
10 Exploited exempt activity income (Schedule I)	10	/_				
11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule)	11					
13 Total. Combine lines 3 through 12	13	0.				
Part II Deductions Not Taken Elsewhere (See instruc	tions for limita	itions on deductions)	L			
(Except for contributions, deductions must be directly con	nnected with the	he unrelated business	income)			
14 Compensation of officers, directors, and trustees (Schedule K)				14		
15 Salaries and wages 16 Repairs and maintenance			}	15		
17 Bad debts			ŀ	17		
18 Interest (attach schedule) (see instructions)			İ	18		
Taxes and licenses Charitable contributions (See instructions for limitation rules)			l	19		
			1	20		
21 Depreciation (attach Form 4562)		21		001		
22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion		22a		22b		
23 Depletion 24 Contributions to deferred compensation plans				24		
25 FINOMOVEE DEDENII DIVIDICAMIS			İ	25		
26 Excess exempt expenses (Schedule I)			ĺ	26		
27 Excess readership costs (Schedule J)			ļ	27		
28 Other deductions (attach schedule)			}	28		
Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction.	Subtract line 20	from line 13	ŀ	30		
31 Deduction for net operating loss arising in tax years beginning on or after			ŀ	31		
32 Unrelated business taxable income. Subtract line 31 from line 30				32		
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instruction	ns.			Form 990-T (2		

Form 990-			25-10	94922	
Pait	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	ee instruc	tions)	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 instr	uctions)	STMT 2	35	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s		D	"	
36		Sui 1 4		00	
	lines 33 and 34	Lt	ς	36	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1	8	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	: 36,	_	1	_
	enter the smaller of zero or line 36			38	0.
Parti	Ⅵ Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	8 from		
70	Tax rate schedule or Schedule D (Form 1041)	011 11110 0	• · · • · · · · · · · · · · · · · · · ·	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.
(Partl	/▲ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a			
	Other credits (see instructions)	45b			
C	General business credit. Attach Form 3800	45c			
_	0. 117	45d			
d		400		450	
	Total credits. Add lines 45a through 45d			45e	0.
46	Subtract line 45e from line 44		1	46	<u> </u>
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	866	Other (attach 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	
50 a	Payments. A 2017 overpayment credited to 2018	50a			
	2018 estimated tax payments	50b			
	Tax deposited with Form 8868	50c			
	•	50d			
	Foreign organizations: Tax paid or withheld at source (see instructions)		· · · · · · · · · · · · · · · · · · ·	⊣¦:::::::: }	
	Backup withholding (see instructions)	50e		⊣'888 1	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		⊣ ■■1	
ç	Other credits, adjustments, and payments Form 2439	1 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	
	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded	55	
Earth		nn (se		1 33 1	
•					Ty No.
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	e foreign	country		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	transfero	to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.				نکه کت
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements.	and to the best of my know	ledge and belief,	it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer SR VP (er has any	knowledge TNANCE & ■		
Here				•	uss this return with
		TONS		the preparer show	
				instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature D	ate	Check	ıf PTIN	
Paid			self- employe		
Prep	arer SUSAN M. KIRSCH SUSAN M. KIRSCH			P00	341397
Use (- COUNTEDED DOING COO THE		Firm's EIN	≥ 25-	1408703
USE (ONE PPG PLACE, SUITE 1700				
	Firm's address ▶ PITTSBURGH, PA 15222		Phone no	412-26	1-3644
823711 0					orm 990-T (2018)
023/11 0	-43-13			rc	(2010)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	r		6		
2 Purchases	2		_	Cost of goods sold. Su		ine 6			
3 Cost of labor	3			from line 5. Enter here					
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	-		the organization?	·	,			
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)								<u> </u>	
(3)		<u>-</u>							
(4)				-		·			
	2. Rent receiv	ed or accrued		-					
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	personal	ional property (if the percentag property exceeds 50% or if led on profit or income)	je	3(a) Deductions directly columns 2(a) ar	connected nd 2(b) (atta	with the income (ch schedule)	n
(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		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
				2. Gross income from		Deductions directly con to debt-finance			
1. Description of debt-financed property				or allocable to debt- financed property		Straight line depreciation (attach schedule)	(t	Other deductio (attach schedule)	ns
(1)									
(2)									
(3)						-			
(4)			1						
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)		Allocable deduc umn 6 x total of co 3(a) and 3(b))	
(1)	·-			%					
(2)				%					
(3)			1	%					
(4)		-	1	%					
				_		nter here and on page 1, Part I, line 7, column (A)		er here and on pag t I, line 7, column	
Totals				>		0			0.
Total dividends-received deductions in	cluded in columi	n 8 ´					-		0.
	•							Form 990-1	(2018)

1. Name of periodical

2. Gross advertising advertising costs

3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7

5. Circulation income

6. Readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 5, but not more than column 4)

7. Excess readership costs (column 6 minus column 6 minus column 6 minus column 6 minus column 7 minus column 6 minus column 7 minus column 8 minus column 8 minus column 8 minus column 8 minus column 8 minus column 8 minus column 8 minus column 9 minus column 8 minus column 9 minus column 8 minus column 9 minus column 8 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus column 9 minus c

Form 990-T (2018)

[Partili] Income From Perio columns 2 through 7 on a			ate basis (For ear	cn periodicai listi	ed in Part	II, TIII IN	
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		adership osts	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1		
(2)					Ī		
(3)							
(4)							
Totals from Part I	0.	0.					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 27
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensatio	n of Officers, I	Directors, and	Trustees (see in	structions)			
1. Name			2. Title	3 Perc time dev busin			pensation attributable prelated business
(1)					%		
(2)					%	-	
(3)					%	·	
(4)					%		
Total. Enter here and on page 1, Part II,	line 14					,	0.

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

DUE TO THE REPEAL OF INTERNAL REVENUE CODE SECTION 512(A)(7), EXEMPT ORGANIZATIONS ARE NO LONGER SUBJECT TO UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES. AS A RESULT, THE ORGANIZATION IS ADJUSTING ITS NOL CARRYOVER BY THE AMOUNT USED ON THE 2017 TAX RETURN. THE AMOUNT OF THE ADJUSTMENT IS \$4,320.

SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
11,625.	0.	11,625.	11,625.
2,339.	0.	2,339.	2,339.
51.	0.	51.	51.
AILABLE THIS	YEAR	14,015.	14,015.
	2,339. 51.	11,625. 0. 2,339. 0.	SUSTAINED APPLIED REMAINING 11,625. 2,339. 51. 0. 11,625. 2,339. 51.