

Form 990-T
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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019

2018

Go to www.irs.gov/Form990T for instructions and the latest information. **1909**

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

Department of the Treasury
Internal Revenue Service

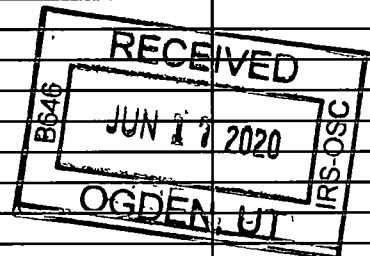
A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) 03 <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type MARIO LEMIEUX FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 112 WASHINGTON PLACE, NO. 1661 City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15219	D Employer identification number (Employers' trust, see instructions) 25-1708231
		E Unrelated business activity code (See instructions)
C Book value of all assets at end of year	F Group exemption number (See instructions.)	G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **NANCY ANGUS** Telephone number **412-281-3466**

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)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	0.		



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	
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 line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	0.

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Received in 11/17/20

4

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 33 Total of unrelated business taxable income... 34 Amounts paid for disallowed fringes... 35 Deduction for net operating loss... 36 Total of unrelated business taxable income before specific deduction... 37 Specific deduction... 38 Unrelated business taxable income.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 39 Organizations Taxable as Corporations... 40 Trusts Taxable at Trust Rates... 41 Proxy tax... 42 Alternative minimum tax... 43 Tax on Noncompliant Facility Income... 44 Total.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 45a Foreign tax credit... 45b Other credits... 45c General business credit... 45d Credit for prior year minimum tax... 45e Total credits... 46 Subtract line 45e from line 44... 47 Other taxes... 48 Total tax... 49 2018 net 965 tax liability... 50a Payments... 50b 2018 estimated tax payments... 50c Tax deposited with Form 8868... 50d Foreign organizations... 50e Backup withholding... 50f Credit for small employer health insurance... 50g Other credits, adjustments, and payments... 51 Total payments... 52 Estimated tax penalty... 53 Tax due... 54 Overpayment... 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax / Refunded.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 2 columns: Question and Yes/No. Rows include: 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 58 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here section containing a signature of Sarah R. Piot, date 6/11/2019, and title PRESIDENT. Includes a checkbox for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with 'Yes' checked.

Paid Preparer Use Only section containing preparer information: Name SARAH R. PIOT, Signature SARAH R. PIOT, Date, Firm's name SCHNEIDER DOWNS & CO., INC., Firm's EIN 25-1408703, Firm's address PITTSBURGH, PA 15222, and Phone no. 412-261-3644.

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 FILING THIS RETURN TO REQUEST A REFUND OF ESTIMATED TAX PAYMENTS OF \$1,570.