•				4	270001	O I	U PIUSU	
Form 990 4	Exempt Orga	nization Bus	ine	ss Income T	ax Return	L	OMB No 1545-0687	
7		nd proxy tax und			[0]	No [
10 =	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019						20 1A	
Daniel and the Tree con-	► Go to www.irs.gov/Form990T for instructions and the latest information.						1865 18 CEP 18 CEP	
Department of the Treasury 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).						Open to Public Inspection for 601(c)(3) Organizations Only	
A Check box if	Name of organization (Check box if name c	hanged	and see instructions.)	,	D Emplo	yer identification number byees' trust, see	
address changed	instructions)							
8 Exempt under section	Print THE PITTSBURGH PROMISE FOUNDATION 26-1982661							
X 501(c ∭3)	Number, street, and room or suite no. If a P.O. box, see instructions.							
408(e)220(e)		ACE, NO. 25				1		
408A 530(a)		vince, country, and ZIP o	r foreig	n postal code				
529(a)	PITTSBURGH,					<u></u>		
C Book value of all assets	F Group exemption num		<u> </u>	(-1				
65,579,7			_		401(a		Other trust	
	organization's unrelated trades or	ousinesses.	1		the only (or first) ur			
trade or business here					, complete Parts I-V			
	lank space at the end of the previo	us sentence, complete Pa	irts I an	d II, complete a Schedule	e M for each addition	iai trade	or	
business, then complete							s X No	
	the corporation a subsidiary in an and identifying number of the pare		nt-subsi	diary controlled group?	> (Ye	S A 100	
J The books are in care of			FTNZ	NCE & I Teleph	one number 🔈 (412	394-2628	
	d Trade or Business Inc		L 1141	(A) Income	(B) Expense:		(C) Net	
1a Gross receipts or sale				(17)		元34 克	Michelle Service	
b Less returns and allow		c Balance	10					
2 Cost of goods sold (S		, c banance .	2		Ser Service			
3 Gross profit. Subtract	· ·		3		214722		1 7	
•	ne (attach Schedule D)		4a			98763		
	4797, Part II, line 17) (attach Forr	n 4797)	47)	DEOCUL		海域於		
c Capital loss deduction		,	4c	RECEIVE	13 876 B 256 B	W.W.		
5 Income (loss) from a	partnership or an S corporation (a	ttach statement)	50		BOOK CHARGE			
6 Rent income (Schedu	!e C)	•	20	MAR 0 2 20	n (
7 Unrelated debt-finance	ed income (Schedule E)			- जिनितार च च हिंच	U.			
8 Interest, annuities, roy	valties, and rents from a controlled	organization (Schedule F)			<u>'</u> '			
9 Investment income of	a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	<u> </u>	OGDEN				
10 Exploited exempt acti	vity income (Schedule I)		10					
11 Advartising income (S	Schedule J)		11		4. SETTING TO A 3 T 1 TO A 5 T	4 x 3 4 7 4		
•	structions; attach schedule)		12		Waster Forth	对在		
13 Total. Combine lines			13	0.	L			
Partilit Deductio	ns Not Taken Elsewher contributions, deductions mus	See instructions to the directly convected	or limita 1 with 1	itions on deductions) he unrelated business	: income)			
			2 471011	TIO GITTOIGLOG DUGITIOS	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T 44 T		
•	icers, directors, and trustees (Sch	edule K)				15		
15 Salaries and wages16 Repairs and mainter	12200					16		
17 Bad debts	IdilCE					17		
	dule) (see instructions)					18		
19 Taxes and licenses	adio) (see instructions)	•			•	19		
	ons (See instructions for limitation	rules)			•	20	.,	
21 Depreciation (attach	•			21	-	AN		
	aimed on Schedule A and elsewho	e on return		22a		225		
23 Depletion						23		
· ·	erred compensation plans		•		•	24.		
25 Employee benefit pr	ograms					25 3		
26 Excess exempt expe	nses (Schedule I)					28		
27 Excess readership of	osts (Schedule J)					27		
28 Other deductions (at	tach schedule)					58		
29 Total deductions. A	dd lines 14 through 28					29	0.	
30 Unrelated business	axable income before net operatin	g loss deduction. Subtrac	t line 29	from line 13		30	0.	
	erating loss arising in tax years be		ry 1, 20	118 (see instructions)		31	THE THE WATER	
32 Unrelated business	axable income. Subtract line 31 fr	om line 30				32	0.	
823701 01-09-19 LHA F	or Paperwork Reduction Act Notic	e, see instructions.				-	Form 990-T (2018)	

Form 990-1	THE PITTSBURGH PROMISE FOUNDATION	26-198	<u> 2661</u>		Page 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see 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 instructions)		35		
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		 		
36	·		00		
	lines 33 and 34	38	36	1	000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	,>0	37	<u> </u>	000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	•	1 . 1		0
	enter the smaller of zero or line 36		38	_	0.
Part I	V 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 38 from:				
	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			_	
	Land 1		1		
b	,		1 1		
C	General business credit. Attach Form 3800		1		
đ	· · · · · · · · · · · · · · · · · · ·		 		
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 8866 Other (at	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				
b	2018 estimated tax payments 50b				
	Tax deposited with Form 8868 50c	-]		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1 1		
	Backup withholding (see instructions) 50e		1		
	Credit for small employer health insurance premiums (attach Form 8941) 501		1		
			1		
8					
-4					
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		inded -	55		
Part '		tions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Ye	S No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				_
	here				<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ıgn trust?	- 		X
	If "Yes," see instructions for other forms the organization may have to file.				1
58	Enter the amount of tax-exampt interest received or accrued during the tax year				i
	Under pena/lies of perjury, deplace that I have examined this return, including accompanying schedules and statements, and to the b correct, and complete Deplacetion of prepare (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowle	dge and beli	ef, It is true,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_			
Here	2/24/20 EXECUTIVE DIRECT	יייסק ויי	•	iscuss this retu hown below (se	
	Signature of officer Date Title			X Yes	No
-				[41] 103	140
	1 Topalor o signature		f PTIN		
Paid		elf- employed	200	024120	177
Prepa	arer SUSAN M. KIRSCH SUSAN M. KIRSCH			034139	
Use (/ V	Firm's EIN	25	<u>-14087</u>	03
	ONE PPG PLACE, SUITE 1700				
	Firm's address ► PITTSBURGH, PA 15222	Phone no. 4		<u>61-364</u>	
823711 0				Form 990 -	T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation > N/A					
1 Inventory at beginning of year-	1 6 Inventory at end of ye			r		8		
2 Purchases	2		7 Cost of goods sold. Subtract			733		
3 Cost of labor	3		from line 5. Enter here	Part I,		•		
4 a Additional section 263A costs			line 2		·	7		
(attach schcoule)	4a		8 Do the rules of section			Yas	No.	
b Other costs (attach schedule)	4b		property produced or a	for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?		11471 5 15			<u></u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property L	ease	with Heal Prof	nerty) 		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions directs	y connected	with the income li	л
rant for personal property is more than of rent for pe			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge columns 2(a) and 2(b) (attach schedule)				
(1)								
(2)								
(3)		<u> </u>	<u> </u>					
(4)		<u></u>						
Total	. 0.	-Total		<u>0.</u>				
(c) Total faceine. Add rotals of columns hare and on page 1, Part I, line 6, column	(A)	} >		0.	(h) Total deductions Enter here and on page 1, Part I, line 6, column (B)	D		0.
Schedule E - Unrelated Deb	t-Financed	income (sae	instructions)					
			2. Gross income from		 Deductions directly co to debt-finer 	nnected with	or allocable	
1 Liescription of debt-financed property			0		Straight line depreciation (attach schedule)		(b) Other denuctions (enach schoolie)	
(1)		-	1.		,		'	
(2)	'			 -				
(3)								
(4)								
4. Amount of everage acquisition debt on or all neable to gebt-financed or operty (attach schedule) 5. Avorage adjusted basis of or all ocable to debt-financed croperty (attach schedule)		al·ocable to rced croperty	6 Column 4 divided by calumn 5		reportable (column (cclumn 6) to		Allocable decled umn 6 v total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)		·	%	<u> </u>				
(4)			<u> </u>			<u> </u>		
			•		inter here and on page 1 Part I, line 7, column (A)		er here and on pac rt I, line 7, column	
Totals			>		0) .		0.
Total dividends-received deductions in	ichided in columi	n 8				▶		0.
							Form \$90-7	(2018)

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Lillion .

, 	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
1. Name of periodical	2. Gross advertising Income	3. Cirect - adve tiaing 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)						
Totals from Part I	0.	0.	, ,	1	11 Au gr	0.
	Fntar here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)] , ;		e - aā, ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Enter here and on page 1, Part II, dne 27
Totals, Part II (lines 1-5)	0.	0.			** * * y,	0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see ins	structions)		
1. Name			2. Title	3. Percer time devot busines	ed to to uni	ensation attributable related business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, I	ine 14				D	0.