013-1891

Form 990-T	E	EXTI Exempt Organ	ENDED TO M. ization Bus	AY :	15, 202 SS Inc o	²⁰ ome T	ax Returi	ı L	OMB No 1545-	-0687
, 4 [*]	1		d proxy tax und	ler se	ction 603	33(e))	1900		201	8
Department of the Treasury			s gov/Form990T for in						Open to Public Ins	
A Check box if		Do not enter SSN numbers	n e				ation is a 501(c)(3)	5	501(c)(3) Organizat oyer identification r	ions Only
address changed		Name of organization (L	□ Check box if name of the content of the	manyec	ranu see msu	ructions)		Emple	oyees' trust, see ctions)	
B Exempt under section	Print	POINT UNIVER	SITY, INC.						<u>8-60447</u>	
X 501(c 1/3)	or Type	Number, street, and room o		x, see II	nstructions				ited business activ istructions)	nty code
408(e) 220(e) 408A 530(a)	"	507 WEST 10T		r foreig	n noetal code			-		
529(a)		WEST POINT,	• • • •	ii ioi eig	iii postai code			7139	910	
C Book value of all assets at end of year		F Group exemption number	(See instructions)	>						
43,688,8		G Check organization type			າ50	01(c) trust		trust	Othe	er trust
	-	tion's unrelated trades or bus EE STATEMENT		2		-	the only (or first) u complete Parts I-V		than one	
		ce at the end of the previous		arts I an	d II. complete					
business, then complete		•								
•		oration a subsidiary in an aff		nt-subs	idiary controll	ed group?		Yes	s X No	
		ifying number of the parent of				<u> </u>		700	205 100	
		NADEENA POWER le or Business Inco			(A) Inc		one number (B) Expense		(C) Ne	
1a Gross receipts or sale		316,773.			(///		(D) EXPONDE	-	(0)110	·/
b Less returns and allow			c Balance	1c	316	,773.				
2 Cost of goods sold (S	chedule	A, line 7)		2		,678.	-			
3 Gross profit Subtract				3_	300	,095.		-/	300,	<u>095.</u>
4a Capital gain net incon		•	707)	4a				\longrightarrow		
 b Net gain (loss) (Form c Capital loss deduction 		art II, line 17) (attach Form 4 ts	191)	4b 4c						
•		hip or an S corporation (attac	ch statement)	5	-					
6 Rent income (Schedu	-		•	6						
7 Unrelated debt-finance		• •		7						
· · · · · · · · · · · · · · · · · · ·		nd rents from a controlled org		8						
9 Investment income of10 Exploited exempt active		n 501(c)(7), (9), or (17) orga me (Schedule I)	inization (Schedule G)	10						
11 Advertising income (S	-	· ·		11/						
12 Other income (See in:	struction	s; attach schedule) STA	TEMENT 2	12		108.				108.
13 Total. Combine lines				13		,203.			300,	<u> 203.</u>
		t Taken Elsewhere tions, deductions must be					income)			
		ectors, and trustees (Schedu					<u> </u>	14	 -	
15 Salaries and wages	,	201070, una il 001000 (2011000						15	144,	082.
16 Repairs and mainten	ance							16	30,	500.
17 Bad debts								17		
18 Interest (attach sche19 Taxes and licenses	dule) (se	e instructions)						18	53	702.
	ons (See	instructions for limitation ru	les)					19		102.
21 Depreciation (attach			RECE	IVE	D	21	77,470.			
		Schedule A and elsewhere o	nreturn		72	22a		22b	<u>77,</u>	<u>470.</u>
23 Depletion			98 MAY 2	2 20	20 50-5			23		
24 Contributions to defe25 Employee benefit and	,	npensation plans	MAY 2	2				24		
26 Excess exempt exper	•	hedule I)	OGDE	=N	UT			26		
27 Excess readership co		•	UGDE	_, *,				27		
28 Other deductions (at		•			SEE	STAT	EMENT 3	28	599,	
29 Total deductions A		•					20	1 - 1 1 	905,	
/		come before net operating lo					20	30	-605,	<u> </u>
<i></i>		oss arising in tax years begin come Subtract line 31 from		iy i,∠U	TO (SEE MISH	ienons)	30 31	32	-605,	202.
		vork Reduction Act Notice, s					alli	<u> </u>	Form 990-	
		·	1				711/1		•	
60513 131839	013	-189797-00	2018	.05	090 PO:	INT UN	HA ERSTTY	, INC	3. 0	13-1

Form 990-T (POINT UNIVERSITY, IN	C		<u> 58</u> -604	4761		Page 2
Part III	Total Unrelated Business Taxable	Income					
33	Total of unrelated business taxable income computed fro	om all unrelated trades or businesses	(see instructions)		38	77,7	56.
34	Amounts paid for disallowed fringes			r	34		
35	Deduction for net operating loss arising in tax years beg	inning before January 1, 2018 (see in:	structions) S	TMT 4	35	77,7	56.
	Total of unrelated business taxable income before specific						
	ines 33 and 34	()	1.	G-0	36		
	Specific deduction (Generally \$1,000, but see line 37 ins	structions for exceptions (1)	1	(24)	37	1.0	00.
	Inrelated business taxable income Subtract line 37 fi		ine 36	Θ			
	enter the smaller of zero or line 36	ion into de 11 mile ez le greater tilan i			38		0.
Part W					1 00 1		
	Organizations Taxable as Corporations Multiply line 3	8 hv 21% (0 21)			39		0.
	Frusts Taxable at Trust Rates See instructions for tax		int on line 38 from		33		
40	Tax rate schedule or Schedule D (Form 10	•	in on the so from	_	40		
44 1	Proxy tax See instructions	041)			41		
	-				42		
	Alternative minimum tax (trusts only)						
	Fax on Noncompliant Facility Income See instructions [otal Add lines 41, 42, and 43 to line 39 or 40, whichev				43		0.
Part V	Tax and Payments	er applies			44		<u> </u>
			45.		 	——	
	oreign tax credit (corporations attach Form 1118; trusts	s anach Form 1116)	45a		-		
	Other credits (see instructions)		45b	 -	-		
-	General business credit Attach Form 3800	0007)	45c		-		
	Credit for prior year minimum tax (attach Form 8801 or	8827)	_45d		 		
	otal credits Add lines 45a through 45d				45e		
	Subtract line 45e from line 44				46		0.
	 -	n 8611 Form 8697 Form	8866 Other	(attach schedule)	47		
	otal tax Add lines 46 and 47 (see instructions)				48		0.
	018 net 965 tax liability paid from Form 965-A or Form	965-B, Part II, column (k), line 2	1 1		49		0.
	Payments A 2017 overpayment credited to 2018		50a		4		
	018 estimated tax payments		50b		4		
	ax deposited with Form 8868		50c		4		
	oreign organizations. Tax paid or withheld at source (se	ee instructions)	50d		4 1		
	ackup withholding (see instructions)		50e		∤		
f (credit for small employer health insurance premiums (at	ttach Form 8941)	50f		4		
g (Other credits, adjustments, and payments Form 2						
Ĺ	Form 4136	Total	► 50g		 		
	otal payments Add lines 50a through 50g	. —			51		
	stimated tax penalty (see instructions). Check if Form 2				52		
	ax due If line 51 is less than the total of lines 48, 49, a			•	53		
	Overpayment If line 51 is larger than the total of lines 4		1	•	54		
	nter the amount of line 54 you want. Credited to 2019			funded >	55		
Part VI	<u> </u>						
	t any time during the 2018 calendar year, did the organ					Yes	No
	ver a financial account (bank, securities, or other) in a f			9			
F	inCEN Form 114, Report of Foreign Bank and Financial	Accounts If "Yes," enter the name of t	he foreign country				
ħ	ere >		·-			.	X
57 E	luring the tax year, did the organization receive a distrib	ution from, or was it the grantor of, or	r transferor to, a for	reign trust?			X
ľ	"Yes," see instructions for other forms the organization	n may have to file					
58_E	nter the amount of tax-exempt interest received or accr	ued during the tax year 🕨 💲					
(Under penalties of perjury, I declare that I have examined this re correct, and complete. Declaration of preparer (other than taxpa				dge and belief, it is t	rue,	
(Sign)	10.10	-1:11-		-	ay the IRS discuss t	his return w	with
(Here)	lay L	5)14120 CFO			e preparer shown be		"""
	(Signature of Officer)	(Date) Title		in	structions)?	Yes	No
	Print/Type preparer's name Pre	parer's signature	Date	Check ı	f PTIN		
Paid				self- employed			
Prepar	er AMY CHAPMAN AM	Y CHAPMAN (05/13/20		P0084	3460	
Use Or	- AT TEMONIE AD CONTAIN			Firm's EIN	41-07		9
230 01		ANGE AVENUE, SUIT	E 500				
	Firm's address ► ORLANDO, FL	32801		Phone no 4	07-802-	1200	
823711 01-09		-				990-T ((2018)
		•				,	

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory va	aluation ► N/A						
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	ar		6			0.
2 Purchases	2	16,678.	7 Cost of goods sold Subtract line 6			line 6				
3 Cost of labor	3			from line 5 Enter here						
4a Additional section 263A costs				line 2			7	16	6, <u>6</u>	78.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to			Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	cquired	for resale) apply to				1
_5 Total Add lines 1 through 4b	5	16,678.	ĺ	the organization?	•	,,		-		$\overline{\mathbf{x}}$
Schedule C - Rent Income	From Real F		Pers		ease	d With Real Prop	erty)			
(see instructions)										
1 Description of property										
										
_(2)										
_(3)										
(4)										
_	2 Rent receive									
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of cent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	connec nd 2(b) (a	ted with the inc attach schedule	ome in	
(1)										
(2)				 						
(3)		<u>-</u>	_							
Total	0.	Total		.	Ō.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	, ,	er 🕨		<u> </u>	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Deb		Income (see	nstruc	ctions)						
			_			3 Deductions directly control to debt-finance				
1 Description of debt-fin	nanced property		2	Gross income from or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	do id pe	(b) Other ded (attach scho		•
							+			
(2)			ļ				+			
_(3)		-	ļ				+			
(4)							+		_	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(4	8 Allocable d column 6 x tota 3(a) and	of colu	
(1)				%			+			
				% %			+			
(2)							+			
(4)				%			+			
						nter here and on page 1, Part i, line 7, column (A)		inter here and c Part I, line 7, co		
Totals				.		0	.			0.
Total dividends-received deductions in	cluded in column	8			L					0.
								Form 9	an-T /	

Total Enter here and on page 1, Part II, line 14

Form 990-f (2018) POINT UNI							-6044/6	Page :
Part II Income From Perio			a Separ	ate Basis (For each	ch perio	dical listed in	Part II, fill in	
1 Name of periodical	2 Gross advertising income	3	Direct sing costs	4 Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7		rculation come	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								ļ
(3)								
(4)								ļ.— <u> </u>
Totals from Part I	0.		0.	-				0.
	Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, I col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.	[0.
Schedule K - Compensation	n of Officers, D	Directo	ors, and	Trustees (see in:	structio	ns)		
1 Name				2 Title		3 Percent of time devoted to business		pensation attributable nrelated business
(1)							%	
(2)							%	
(3)							%	
(4)						· · · · · · · · · · · · · · · · · · ·	0/	

Form 990-T (2018)

						_
FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY UNR	ELATED	STATEMENT 1	
·		BUSINESS ACTIVIT	ΥT			

OPERATING GOLF COURSE AVAILABLE FOR PUBLIC USE

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST		108.
TOTAL TO FORM 990-T, PAGE	1, LINE 12	108.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ADVERTISING BANK CHARGES OFFICE SUPPLIES INSURANCE PROFESSIONAL FEES UTILITIES LEASE EXPENSE		9,684. 5,053. 156,697. 71,265. 298,547. 53,504. 4,901.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	599,651.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18 06/30/19	529,652. 605,202.	0.	529,652. 605,202.	529,652. 605,202.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,134,854.	1,134,854.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

₁₉ | 2018

Employer identification number

58-6044761

Department of the Treasury Internal Revenue Service (99)

Name of the organization ▶ 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).

POINT UNIVERSITY, INC.

Open to Public Inspection for 501(c)(3) Organizations Only

ENTITY 1

OMB No 1545-0687

ι	Inrelated business activity code (see instructions) > 53112	0					
	Describe the unrelated trade or business RENTAL OF	J.	SMITH	LANIER	BUILDIN	<u> </u>	
Pa	t I Unrelated Trade or Business Income		(A) li	ncome	(B) Expense	s	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance >	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	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					
С	Capital loss deduction for trusts	4c					
5	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)	7	14	7,342.	64,6	23.	82,719.
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12					
13	Total. Combine lines 3 through 12	13	14	7,342.	64,6	23.	82,719.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the u	ons 1 nrela	for limitat ited busir	ions on dec ness incomi	luctions) (Exc e.)	cept f	or contributions,
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	4,963.
20	Charitable contributions (See instructions for limitation rules)					20	
21	Depreciation (attach Form 4562)			21	<u>51,750.</u>		_
22	Less depreciation claimed on Schedule A and elsewhere on return			22a	<u>5</u> 1,750.	22b	0.
23	Depletion					23	
24	Contributions to deferred compensation plans					24	<u></u>
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	4,963.
30	Unrelated business taxable income before net operating loss deduction	tion	Subtract line	e 29 from line	13	30	77,756.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1,	2018 (see			
	instructions)					31	
32	Unrelated business taxable income Subtract line 31 from line 30					32	77,756.

823741 01-28-19

Schedule M (Form 990-T) 2018

LHA For Paperwork Reduction Act Notice, see instructions.

64,623.

0.

Tota|s

Total dividends-received deductions included in column 8

147,342

FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ACQUISITION DEBT	INCOME	STATEMENT 5
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
J. SMITH LANIER BUILDING	2	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH		0. 0. 0. 0.
BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH		1,600,000. 1,596,777. 1,593,538. 1,589,492.
BEGINNING TENTH MONTH BEGINNING ELEVENTH MONTH BEGINNING TWELFTH MONTH		1,586,215. 1,582,660. 1,579,348.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		11,128,030. 12
AVERAGE AQUISITION DEBT		927,336.
FORM 990-T, SCHEDULE E, COLUMN 4 FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS DESCRIPTION OF DEBT-FINANCED PROPERTY	INCOME ACTIVITY NUMBER	STATEMENT 6
J. SMITH LANIER BUILDING		 AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR	-	1,579,688.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,796,813.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5		

FORM 990-T (M) SCHE	DULE E - DEPRECIATI	ON DEDUCTION		STATEMENT 7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	2	51,750.	51,750.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(A)		51,750
FORM 990-T (M)	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 8
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
PROPERTY TAXES OTHER EXPENSES INTEREST EXPENSE			22,397. 28. 47,871.	
AMORTIZATION	- SUBTOTAL -	2	3,169.	73,465.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		73,465.