F	990-T	E	cempt Organization	Bus	siness Income	iui de la constantia	rn	OMB No 1545-0687	
Form	330-1	For cale	(and proxy tax ndar year 2018 or other tax year begin	CUN ning	der section 6033(6	∌)) (90(⁄ ₁₉ 06/30,2	1 2 0 19 .	୭ଲ1ଛ	
Depar	ment of the Treasury		► Go to www.irs.gov/Form990					<u> </u>	
Interna	l Revenue Service	▶ Do	not enter SSN numbers on this form a				:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
A	Check box if		Name of organization (Check be	ox if na	me changed and see instructions	s)		loyer identification number loyees' trust, see instructions)	
	address changed		TRUSTEES OF THE UNI	_	F PENNA RETIREE M	ED &	(21112)	noyees trast, see tristructions)	
	empt under section		DEATH BENEFITS TRUS						
Х	501(C)(23)	Print or	Number, street, and room or suite no	lf a P O	box, see instructions		23-2	2769744	
	408(e) 220(e)	Type						elated business activity code instructions)	
	408A530(a)		3451 WALNUT STREET				,,	,	
	529(a)	City or town, state or province, country, and ZIP or foreign postal code							
	ok value of all assets and of year		PHILADELPHIA, PA 19				5259	990	
	•		up exemption number (See instruct		F == F		Т		
	23014031.				rporation X 501(c)		401(a		
		-	nization's unrelated trades or busine	sses				y (or first) unrelated	
	ade or business her					•		re than one, describe the	
	•		end of the previous sentence, coi	mplete	Parts I and II, complete a So	chedule M for each	ch additio	onal	
	ade or business, the			-44				▶ Yes X No	
			corporation a subsidiary in an affili	-		ontrolled group?		▶ Yes X No	
			identifying number of the parent co ICHAEL A. LUKASEK	rporati		e number ▶21	5-746	-8243	
			or Business Income		(A) Income	(B) Expen		(C) Net	
1a	Gross receipts or		Dusiness income	· · · ·	(A) income	(b) Expen	363	(O) NEL	
b	Less returns and allowa		c Balance ▶	1c					
2			ule A, line 7)	2					
3	Gross profit Sub	tract line	2 from line 1c	3					
4 a			ttach Schedule D)	4a	208,749.		-	208,749.	
b			Part II, line 17) (attach Form 4797)	4b					
c			rusts	4c					
5			r an S corporation (attach statement)	5	-14,481.	ATCH	2	-14,481.	
6				6					
7	Unrelated debt-fir	nanced in	come (Schedule E)	7					
8	Interest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8_			RE	CEIVED	
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				Sco	
10	Exploited exempt	activity ii	ncome (Schedule I)	10		<u> </u>	JUL	1 5 2020	
11			lule J)	11		0		<u> </u>	
12			tions, attach schedule)				OG	DEN, UT, 94, 268.	
13			ough 12			advetions \ /[A THE PARTY OF THE	
Pal			be directly connected with t			, ,	except	for contributions,	
14			directors, and trustees (Schedule K)				. 14		
15			· · · · · · · · · · · · · · · · · · ·						
16									
17									
18			(see instructions)						
19								22	
20			See instructions for limitation rules)					5 272	
21			4562)			563,50			
22			on Schedule A and elsewhere on re			563,50	0 . 22t	,	
23							. 23		
24	Contributions to d	leferred o	compensation plans				. 24		
25	Employee benefit	programs					. 25		
26			Schedule I)						
27			chedule J)						
28			chedule)						
29			s 14 through 28				H 29	100 001	
30			le income before net operating						
31			g loss arising in tax years beginnir				31		
32 For F	Unrelated busines	ss taxable	e income Subtract line 31 from line lotice() see instructions.	30 .			<u>5.\ 32</u>	170,621.	
	1600X 146		ionoendee monachons.		V 18-7.5F		- 1	6 20 om 990-T (2018)	
Ο.	TOTHV 140	r			A TO-1.75		•	9.01	

Par	990-T (2018)		
	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	ınstructions)	33	170,
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	170,
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
•		. 36	
27	F-	S	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	" —	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	L_{-}	
_	enter the smaller of zero or line 36	88	
Par	IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		
	the amount on line 38 from X Tax rate schedule or Schedule D (Form 1041)	D ₀	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	16,
43	Tax on Noncompliant Facility Income. See instructions	43	<u> </u>
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		16,
		44	107
Par			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1	
	Other credits (see instructions)	1	
С	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	16,
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	16,
	10da dat. Add times 40 and 47 (see institutions)	49	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 1	7	
	dymente // 2017 overpayment ordated to 2010	Γ	
	2018 estimated tax payments 50b	$I \perp$	
	Tax deposited with Form 8868	!	
d	Foreign organizations Tax paid or withheld at source (see instructions)	1	
е	Backup withholding (see instructions)	1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	1	
а	Other credits, adjustments, and payments Form 2439	1 1	
	Other credits, adjustments, and payments Form 2439 Form 4136 Other Total > 50g	1 1	
9		-6	
	Total payments. Add lines 50a through 50g	51	17,
51	Total payments. Add lines 50a through 50g	51	17,
51 52	Total payments. Add lines 50a through 50g	52	17,
51 52 53	Total payments. Add lines 50a through 50g	52 53	
51 52 53	Total payments. Add lines 50a through 50g	52 53 54	
51 52 53 54	Total payments. Add lines 50a through 50g	52 53 54 55	
51 52 53	Total payments. Add lines 50a through 50g	52 53 54 55	
51 52 53 54 55 Par	Total payments. Add lines 50a through 50g	52 53 54 55 other author	ıty Yes
51 52 53 54 55 Par	Total payments. Add lines 50a through 50g	52 53 54 55 other author	ıty Yes
51 52 53 54 55 Par	Total payments. Add lines 50a through 50g	52 53 54 55 other author y have to f	ity Yes
51 52 53 54 55 Par	Total payments. Add lines 50a through 50g	52 53 54 55 other author y have to f	ity Yes
51 52 53 54 55 Par	Total payments. Add lines 50a through 50g	52 53 54 55 other author y have to f foreign count	ity Yes
51 52 53 54 55 Par 56	Total payments. Add lines 50a through 50g	52 53 54 55 other author y have to f foreign count	ity Yes
51 52 53 54 55 Par 56	Total payments. Add lines 50a through 50g	52 53 54 55 other author y have to f foreign count	ity Yes
51 52 53 54 55 Par 56	Total payments. Add lines 50a through 50g	52 53 54 55 other author y have to f foreign count	ity Yes
51 52 53 54 55 Par 56	Total payments. Add lines 50a through 50g	52 53 54 55 other author y have to f foreign count	ity Yes
51 52 53 54 55 Par 56 57	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount ower amount overpaid. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	52 53 54 55 other author y have to f foreign count trust?	ity Yes ile try dge and bel
51 52 53 54 55 Par 56 57	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerd. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mare FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finance. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May With	other author y have to foreign count in trust?	ity Yes ile try dge and bel
51 52 53 54 55 Par 56 57	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May Signature of officer. Date Title Title	other author y have to f foreign count in trust? est of my knowle the IRS disc the preparet instructions)? X	ity Yes ile try dge and bel cuss this ir shown it
51 552 553 54 55 Par 56 57 58 Sigr	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerd. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization mare FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finance. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May With	other author y have to f foreign count in trust? est of my knowle the IRS disc the preparet instructions)? X	dge and belicuss this reshown to Yes
51 552 53 54 55 Par 56 57 58 Sigr	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name. Preparer's signature. Preparer's signature. Preparer's signature. Date Check settlers.	other author y have to f foreign count in trust? est of my knowle the IRS disc the preparet instructions)? X	ity Yes ile try dge and belicus this r r shown t Yes
51 552 53 54 55 Par 56 57 58 Sigr Here	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed. Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid. Enter the amount of line 54 you want. Credited to 2019 estimated tax. Statements Regarding Certain Activities and Other Information (see instructions). At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Daclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name. Preparer's signature. Preparer's signature. ANTONIO C. RUSSO PRICEMATERHOUSE COOPERS. LIPP.	other author y have to foreign count in trust?	ity Yes ile try dge and belicus this r r shown t Yes
51 552 53 54 55 Par 56 57 58 Sigr Here	Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax 493. Refunded Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Daclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Print/Type preparer's name ANTONIO C. RUSSO Check self-ent	other author y have to foreign count in trust? est of my knowled the prepared instructions)? X if project in ployed EIN 13-	ity Yes ile try dge and bel cuss this r r shown t Yes N P0085

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Form 990-T (2018)								F	Page 3
Schedule A - Cost of Goods Sold. E	nter method o	of inventory	valuation	<u> </u>					
1 Inventory at beginning of year . 1		6	Inventory a	at end of yea	ar	6			
2 Purchases 2		7	Cost of	goods sol	ld Subtract line				
3 Cost of labor			6 from 1	ine 5 En	ter here and in		i		
4a Additional section 263A costs			Part I, line	2		7			
(attach schedule) 4a		8	Do the	rules of	section 263A (w	rith re	espect to	Yes	No
b Other costs (attach schedule) . 4b					or acquired for				
5 Total Add lines 1 through 4b . 5			to the orga	ınızatıon? .	<u></u> <u></u>		<u></u>		Х
Schedule C - Rent Income (From Real F	Property and	d Persona	I Property	Leased V	Vith Real Proper	rty)			
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)				_					
(4)							_		
2. Rent rece	ived or accrued			-					
for personal property is more than 10% but not percentage of rent			personal property (if the personal property exceeds based on profit or income) 3(a) Deductions directly connected will in columns 2(a) and 2(b) (attach so					ome	
(1)									
(2)	 			_					
(3)	 	-							
(4)									
Total	Total								
(c) Total income Add totals of columns 2(a) and 2					(b) Total deduction	ns			
here and on page 1, Part I, line 6, column (A)	-		Enter here and on page 1, Part I, line 6, column (B) ▶						
Schedule E - Unrelated Debt-Financed		instructions	s)		<u> </u>	(- /			
		2 Gross inc	ss income from or		Deductions directly connected with or allocable debt-financed property			le to	
Description of debt-financed property		allocable to d prop			nt line depreciation ich schedule)	(b) Other deductions (attach schedule)			
(1)				-					
(2)									
(3)		-							
(4)									
4 Amount of average 5 Average adjustion debt on or 6 or allocable to debt-financed 7 property (attach schedule) 5 Average adjustion of or allocable to debt-financed 6 (attach schedule) 6 (attach schedule)	able to I property	6 Col 4 div by colu	rided		income reportable n 2 x column 6)		Allocable ded imn 6 x total o 3(a) and 3(of colum	
(1)			%						
(2)			%						
(3)			%						
(4)			%						
Totals					re and on page 1, ne 7, column (A)		r here and o		

Form **990-T** (2018)

Total dividends-received deductions included in column 8

Schedule F-Interest, Annu	uities, Royalties						tions (see	instructio	ns)	
		Ex	empt Co	ntrolled Org	ganızatı	ons				·
Name of controlled organization	2 Employer identification numb	e		ated income nstructions)	4 Total payme	of specifi nts made	ed included	f column 4 th in the contro ion's gross in	lling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)								,		
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc			otal of specific ayments made		ınclı	Part of column uded in the co nization's gros	ntrotiing		Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)								_		· · · · · · · · · · · · · · · · · · ·
Totals		tion 50°		(9) or (17	>	Ente Par	d columns 5 a er here and on t I line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1 rt I, line 8, column (B)
1 Description of income	2 Amount of		1(0)(1),	3 Deduction of the directly cortain (attach school)	tions nected	I Zatio	4 Se	d-asides schedule)	\neg	5 Total deductions and set-asides (col 3 plus col 4)
(1)				(attack) 3G	icoulc,	-+		_	-+	pid3 coi 4)
(2)	 					-+			-	
(3)			+			- +			$\neg +$	
(4)		_					-		\dashv	
Totals	Enter here and Part I, line 9, c	olumn (A)								Enter here and on page 1. Part I line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come, C	ther Th	an Advert	ising Ir	come	(see instru	ictions)		_
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connect produc unre		4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thm	ted trade (column lumn 3) ompute	from is no	ross income activity that of unrelated ness income	6 Expe attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								 		
(2)										·
(3)										···
(4)		_						<u> </u>		
Totals	Enter here and on page 1, Part I, line 10 col (A)	Enter her page 1 line 10								Enter here and on page 1, Part II line 26
Schedule J-Advertising Ir	ncome (see instr	uctions)	_							<u> </u>
Part I Income From Per			Consol	idated Bas	sis					
1 Name of periodical	2 Gross advertising income	3 D	irect ng costs	4 Adver gain or (los 2 minus co a gain, co cols 5 thm	tising ss) (col ol 3) If mpute		Circulation ncome	6 Reade cost		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)	1 -			 				-		
(2)				1						┥ ;
(3)	 			1		<u> </u>				⊣ i
(4)	 -			1				 -		┦
· · ·	 			1-		<u> </u>				
Totals (carry to Part II line (5))		_								- 000 T

		_
Par	10	5

Part II	Income From Per 2 through 7 on a		ate Basis (For	each periodical	listed in Part II,	fill in columns
			4 Advertising			7 Excess readership

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	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 ▶		· · -				
	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) ▶					<u> </u>	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
1)		%			
2)		%			
3)		%			
4)		%	•		
otal Enter here and on page 1, Part II, line 14					

Form 990-T (2018)

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

OMB No 1545-0092

2018

Department of the Treasury Internal Revenue Service ► Attach to Form 1041

Go to www irs gov/Form1041 for instructions and the latest information

Name of estate or trust Employer identification number 23-2769744 TRUSTEES OF THE UNIV OF PENNA RETIREE MED & Estate's or Trust's Share of Alternative Minimum Taxable Income Part I 170,621. 1 3 8 9 10 Exercise of incentive stock options (excess of AMT income over regular tax income) 11 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 12 12 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) -5<u>.</u> 13 13 14 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 15 Passive activities (difference between AMT and regular tax income or loss) ATCH. . 6. -1. 15 16 17 17 18 18 19 19 20 20 21 21 22 Other adjustments, including income-based related adjustments ATCH 23. 23 64,429) 24 Alternative tax net operating loss deduction (See the instructions for the limitation that applies) 25 Adjusted alternative minimum taxable income Combine lines 1 through 24 106,186. Note: Complete Part II below before going to line 26 29 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25..... 106,186. If line 29 is • \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c The estate or trust isn't liable for the alternative minimum tax Over \$24,600, but less than \$180,300, go to line 45 • \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52 Part II Income Distribution Deduction on a Minimum Tax Basis 106,186. Adjusted tax-exempt interest (other than amounts included on line 8)........ 31 32 Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0- 32 33 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4)............................. 33 34 Capital gains paid or permanently set aside for charitable purposes from gross income (see 34 208,744. 36 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount 36 37 Distributable net alternative minimum taxable income (DNAMTI) Combine lines 30 through 36 37 38 Income required to be distributed currently (from Form 1041, Schedule B, line 9) 39 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) 41 Tax-exempt income included on line 40 (other than amounts included on line 8) 41

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule I (Form 1041) (2018)

42 Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

Sched	dule I (Form 1041) (2018)	<u>23-27</u>	<u>69744 </u>	Page 2
Par	t II Income Distribution Deduction on a Minimum Tax Basis (continued)			
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 37			
	If zero or less, enter -0	. 43		
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line 43	1		
	Enter here and on line 26	. 44		
Par	t III Alternative Minimum Tax			
45	Exemption amount	. 45	\$24,60	0 00
46	Enter the amount from line 29	.]		
47	Phase-out of exemption amount	_		
48	Subtract line 47 from line 46 If zero or less, enter -0	<u>.</u>		
49	Multiply line 48 by 25% (0 25)	. 49	6,	072.
50	Subtract line 49 from line 45 If zero or less, enter -0	. 50		528.
51	Subtract line 50 from line 46	. 51	<u> </u>	658.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or has a	1 1		
	gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if			
	necessary) Otherwise, if line 51 is -			
	• \$191,100 or less, multiply line 51 by 26% (0 26)			
	• Over \$191,100, multiply line 51 by 28% (0 28) and subtract \$3,822 from the result	. 52	16,	<u>507.</u>
53	Alternative minimum foreign tax credit (see instructions)			
54	Tentative minimum tax Subtract line 53 from line 52	. 54	16,	507.
55	$ Enter \ the \ tax \ from \ Form \ 1041, \ Schedule \ G, \ line \ 1a \ (minus \ any \ foreign \ tax \ credit \ from \ Schedule \ G, \ line \ 2a) \ . $. 55		
56	Alternative minimum tax. Subtract line 55 from line 54 If zero or less, enter -0- Enter here and			
	on Form 1041, Schedule G, line 1c	. 56	16,	<u>507.</u>
Par	t IV Line 52 Computation Using Maximum Capital Gains Rates			
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part			
57	Enter the amount from line 51	. 57	87 ,	658.
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as refigured for the AMT, if necessary)	-		
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as			
	refigured for the AMT, if necessary) If you didn't complete Schedule D			
	for the regular tax or the AMT, enter -0	_		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or	}		
	the AMT, enter the amount from line 58. Otherwise, add lines 58 and 59.			
	and enter the smaller of that result or the amount from line 10 of the			
	Schedule D Tax Worksheet (as refigured for the AMT, if necessary) 60 208, 744	-		
61	Enter the smaller of line 57 or line 60		87,	<u>658.</u>
62	Subtract line 61 from line 57			
63				
	(0 28) and subtract \$3,822 from the result	63		
64	Maximum amount subject to the 0% rate	-		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22, if zero or less, enter -0			
66	Subtract line 65 from line 64 If zero or less, enter -0	\exists		
67	Enter the smaller of line 57 or line 58			
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0% 68 2,600			
69				

Schedule I (Form 1041) (2018)

Pai	t IV Line 52 Computation Using Maximum Capital Gains Rates (′conti	nued)		
70	Maximum amount subject to rates below 20%	70	\$12,700 00	,	
71	Enter the amount from line 66		2,600.		
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 22, if zero or less, enter -0	72			
73	Add line 71 and line 72		2,600.	Į	
74	Subtract line 73 from line 70 If zero or less, enter -0	74_	10,100.		
75	Enter the smaller of line 69 or 74	75_	10,100.		
76	Multiply line 75 by 15% (0 15)			76	1,515.
77	Add lines 68 and 75	77_	_12,700.		
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83 O	therw	rise, go to line 78.		
78	Subtract line 77 from line 67	78	74,958.	ļ	
79	Multiply line 78 by 20% (0 20)			79	14,992.
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Other				_
80	Add lines 62, 77, and 78				
81	Subtract line 80 from line 57	í –		[
82	Multiply line 81 by 25% (0 25)		•	82	
83	Add lines 63, 76, 79, and 82			83	16,507.
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26) Otherwise,				
- 1	(0 28) and subtract \$3,822 from the result			84	22,791.
85	Enter the smaller of line 83 or line 84 here and on line 52			85	16,507.
					edule I (Form 1041) (2018)

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10 ► Go to www irs gov/F1041 for instructions and the latest information

20018

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

TRUSTEES OF THE UNIV OF PENNA RETIREE MED &

23-2769744

DEATH BENEFITS TRUST Note: Form 5227 filers need to complete only Parts I and II Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) (h) Gain or (loss) See instructions for how to figure the amounts to enter on Adjustments Subtract column (e) the lines below (e) Cost Proceeds (sales price) to gain or loss from from column (d) and Form(s) 8949 Part I combine the result with This form may be easier to complete if you round off cents (or other basis) column (g) line 2, column (g) to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 13,587. 4 -289,839. Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2017 Capital Loss 6 Net short-term capital gain or (loss) Combine lines 1a through 6 in column (h) Enter here and on -276,252 Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) Subtract column (e) (g) Adjustments the lines below (d) Proceeds (e) Cost to gain or loss from Form(s) 8949, Part II from column (d) and combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) line 2, column (g) column (g) to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 -97. 20,380. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 397,302. Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 12 13 13 67,416. 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2017 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2018

485,001.

che	fule D (Form 1041) 2018			2	<u>3-27</u>	<u>69</u> 744	Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Est		(3) 7	
	Caution: Read the instructions before completing this pa	art	(see instr)	or tru			
7	Net short-term gain or (loss)	17		-276	<u>,252</u>	276	5,252.
8	Net long-term gain or (loss).				007		
	Total for year	18a		485	<u>,001</u>	. 485	<u>5,001.</u>
	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b					
	28% rate gain	18c					
	Total net gain or (loss). Combine lines 17 and 18a ▶				<u>,749</u>		3,749.
lote lains	et If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 , go to Part V. and don't complete Part IV. If line 19. column (3), is a ne	(or Fol et loss	rm 990-1, Part I, line complete Part IV an	4a) If lines of the Capit a	18a and 1 1 Loss (19, column i C anvover Wo .	(2), are net rksheet . as
	ssary	. ,,					
	t IV Capital Loss Limitation						
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F				,		,
a	The loss on line 19, column (3) or b \$3,000			 0 T (ma 20)	20 (ss samplata	the Capital
.oss	: If the loss on line 19 column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	paye	i, line 22 (or Form 99	U-1, IIIIE 30)	, 15 a 103	ss, complete	me Capitai
_	Tax Computation Using Maximum Capital Gains Rate						
orn	1 1041 filers. Complete this part only if both lines 18a and 19 in col	umn (2) are gains, or an a	amount is e	ntered	in Part I or	Part II and
here	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor	e thar	zero				
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i	nstruc	ctions if				
	ther line 18b, col (2) or line 18c, col (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					_	
	n 990-T trusts. Complete this part only if both lines 18a and 19 are ga						
	T, and Form 990-T, line 38, is more than zero. Skip this part and com 18b, col. (2) or line 18c, col. (2) is more than zero.	ipiete	the Schedule D Ta	k worksne	et in the	e instruction	is if either
—							
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	8)	. 21				
22	Enter the smaller of line 18a or 19 in column (2)	7.1					
		,74	9.				
23	Enter the estate's or trust's qualified dividends		1				
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) 23	7.4	_				
24		,74	9. 				
25	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 ▶ 25		\dashv . \downarrow . \downarrow	0 740			
26	Subtract line 25 from line 24 If zero or less, enter -0			8 , 749.			
27	Subtract line 26 from line 21 If zero or less, enter -0						
28	Enter the smaller of the amount on line 21 or \$2,600						
29	Enter the smaller of the amount on line 27 or line 28				20		
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is		1 1		30		
31	Enter the smaller of line 21 or line 26			8,749.	{		
32	Subtract line 30 from line 26		. 32 20	0,149.	i i		
33	Enter the smaller of line 21 or \$12,700						
34	Add lines 27 and 30		·				
35	Subtract line 34 from line 33 If zero or less, enter -0		` 		{		
36	Enter the smaller of line 32 or line 35		· —————		37		
37	Multiply line 36 by 15% (0 15)		1 1		37		
38	Enter the amount from line 31		· - - - - - - - - - 				
39	Add lines 30 and 36		` ——				
10	Subtract line 39 from line 38 If zero or less, enter -0				41		
11 12	Multiply line 40 by 20% (0 20)		1 1	🟲	+++		
12	Figure the tax on the amount on line 27. Use the 2018 Tax Rate Schedule for				{		
12	and Trusts (see the Schedule G instructions in the instructions for Form 1041)						
13	Add lines 37, 41, and 42		·				
14	Figure the tax on the amount on line 21. Use the 2018 Tax Rate Schedule for						
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)			Cohodula			
15	Tax on all taxable income. Enter the smaller of line 43 or line 44	nere a	ma on rorm 1041,	ocneaule	i l		

45

Attachment Sequence No 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

TRUSTEES OF THE UNIV OF PENNA RETIREE MED &

23-2769744

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported

to the IRS and for w 8a, you aren't require	nich no adj ed to report	these trans	r codes are rec actions on Fori	quired Enter m 8949 (see	ine totais d instructions	irectly on Sche)	aule D, line
You must check Box D, E, or F baseparate Form 8949, page 2, formore of the boxes, complete as ma	r each applica	able box if y	ou have more lo	ng-term transa	es for your lo	ong-term transac	tions, complete ge for one or
(D) Long-term transactions re	eported on F	orm(s) 1099-	B showing basis	was reported to	the IRS (see	Note above)	
(E) Long-term transactions re	•		-			ŕ	
X (F) Long-term transactions n				•			
1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	Proceeds	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo, day, yr)	(NO day yr) (see instructions) in the separate (1) (instructions Code(s) from Amo		(g) Amount of adjustment	combine the result with column (g)		
PRIOR YEAR SUSPENDED LOS	SES						-352.
CURRENT YEAR DISALLOWED	LOSS		_				255.
· · -							
	_						
							= =-
		-					-
			1				
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is cherked) or line 10 (if Box	here and inclusion in the checked), line	ude on your 9 (if Box E					-97.

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information ➤ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return TRICTERS OF THE HNIV OF PENNA RETIRES MED &

Attachment Sequence No 22 Identifying number 23-2769744

TKOS	TEES OF THE UNIV OF FEMNA RETIRES MED &		0 2 1 0 3 1 3 3
Part I)	
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked 2 89.		
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with	,	1.0
	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with	l <u> </u>	-
	box D checked See instructions	5	1.0
6	Add lines 1, 3, 4, and 5	6	19.
Part II	Allowable Credit		
7	Regular tax before credits		
	 Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 		
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		
	applicable line of your return	7	
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, or the amount from the applicable line of your return	!	
8	Alternative minimum tax		
	• Individuals Enter the amount from Form 6251, line 11	_	1.6 5.07
	• Corporations Enter -0	8	16,507.
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56		
	Add Loss 7 and 0	9	16,507.
9	Add lines 7 and 8		10/00/
10a	Foreign tax credit		
	Certain allowable credits (see instructions)]	
	Add lines 10a and 10b	10c	
-			
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	16,507
	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	1	
42	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
13	instructions		
4.4	mistractions	1	
14	Tentative minimum tax		
	 Individuals Enter the amount from Form 6251, line 9 Corporations Enter -0		
	- Corporations Since of The Contract of Co	1	•
	• Estates and trusts Enter the amount from Schedule I		
<i>a</i> -	(Form 1041), line 54	15	16,507
15	Enter the greater of line 13 or line 14	16	10,007
16	Subtract line 15 from line 11 If zero or less, enter -0	17	
17	Enter the smaller of line 6 or line 16	'''	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization		2222

For Paperwork Reduction Act Notice, see separate instructions

Form 3800 (2018)

_		-2/69/44	Page 2
Part	Allowable Credit (continued) If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and en	tor O on line 3	
iote:	n you are not required to report any amounts of time 22 of 24 below, skip lines 16 through 25 and en	ter -0- on line 2	
18	Multiply line 14 by 75% (0 75) See instructions	18	12,380.
19	Enter the greater of line 13 or line 18	19	12,380.
20	Subtract line 19 from line 11 If zero or less, enter -0	20	4,127.
21	Subtract line 17 from line 20 If zero or less, enter -0	21	4,127.
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23	4	
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	16,507.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0	29	16,507.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32	_	
33	Enter the applicable passive activity credits allowed for 2018 See instructions	33	
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach \dots .	34	
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	38	

JSA

Form 3800 (2018)

	300 (2018)) shown on return		Identifying number	Page
m n r i			· ·	
	STEES OF THE UNIV OF PENNA RETIREE MED &	4	23-276974	4
Part	General Business Credits or Eligible Small Business Credits (see installed a separate Part III for each box checked below See instructions	tructio	115)	
Ė				
\ 3	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved	D	O d4 O fo	
: -	¬	busin	ess Credit Carryfon	wards
) [General Business Credit Carrybacks H Reserved		-1 D -1 W -1 -1 -1	
	you are filing more than one Part III with box A or B checked, complete and attach first an a with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for e prough entity	ach	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3408, Part II only) (attach Form 3468)	1a		
	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		89
	Low-income housing (Form 8586, Part I only)	1d		
	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)	1g		
	Orphan drug (Form 8820)	1h		
ı	New markets (Form 8874)	11		-
	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
	Distilled spirits (Form 8906)	1n		-
,	Nonconventional source fuel (carryforward only)	10		
	Energy efficient home (Form 8908)	1p		
7	Energy efficient appliance (carryforward only)	1q		
	Alternative motor vehicle (Form 8910)	1r		
;	Alternative fuel vehicle refueling property (Form 8911)	1s		
	Enhanced oil recovery credit (Form 8830)	1t		
	Mine rescue team training (Form 8923)	1u		
,	Agricultural chemicals security (carryforward only)	1v		
,	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936).	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb		1bb		
	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		89
	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
а	Investment (Form 3468, Part III) (attach Form 3468)	4a		
	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		6
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846).	4f		10,725
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	41		
i	Employer credit for paid family and medical leave (Form 8994)	4j		14
-	Other	4z		
_	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		10,745
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		10,834
ì				·
A 1 000				Form 3800 (2018

	3800 (2018)		Identifying number	Page 3
	(s) shown on return		1	4.4
_	JSTEES OF THE UNIV OF PENNA RETIREE MED &		23-27697	4 4
Par	General Business Credits or Eligible Small Business Credits (see ins	tructi	ons)	
Com	plete a separate Part III for each box checked below See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	X General Business Credit From a Passive Activity F Reserved	_		
С		Busi	ness Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserved			
	If you are filing more than one Part III with box A or B checked, complete and attach first an a			
	III with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b) If claiming the credit	(c) Enter the appropriate
	On any line where the credit is from more than one source, a separate Part III is needed for e	each	from a pass-through	amount
	through entity	4	entity, enter the EIN	
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b	04-3514360	3.
С	Increasing research activities (Form 6765)	1c	04-3314360	<u>J.</u>
d	3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	1d		
e	, , , , , , , , , , , , , , , , , , , ,	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
9		1g		
h		1h		
i	New markets (Form 8874)	11		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	_1		
К	Employer-provided child care facilities and services (Form 8882) (see	46		
	Instructions for limitation)	1k 1l		
'				
	Low sulfur diesel fuel production (Form 8896)	1m 1n	-	
n		10		
٥				
p	••	1p		
q		1q		
Г	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1r		
S		1s 1t		
t	Enhanced oil recovery credit (Form 8830)	1u		
u		10	· 	-
V		1w	· · - · - · · · · · · · · · · · ·	
٧		1x		-
X	, , , , , , , , , , , , , , , , , , , ,			
У	· ·	1 <u>y</u> 1z		
	Qualified plug-in electric vehicle (carryforward only)	1aa		
d L	a Employee retention (Form 5884-A)	1bb		
	z Other Oil and gas production from marginal wells (Form 8904) and certain	100	-	
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		3.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
_		4a	-	
4a b		4b		
		4c		
c		4d	04-3514360	6.
6		4e	31 331 1330	<u> </u>
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	04-3514360	35.
	(5,000)	4g	3311300	<u> </u>
Ç F	- · · · · · · · · · · · · · · · · · · ·	49 4h		_
r i	Increasing research activities (Form 6765)	4i		
	Employer credit for paid family and medical leave (Form 8994)	4j	98-1377130	14.
J	Other	4z	100 100 1100	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		55.
5	Add lines 2.3 and 5 and enter here and on the applicable line of Part II.	6		58.

rm 3800 (2018) ime(s) shown on return		Identifying number	Page 3
		1 , ,	
RUSTEES OF THE UNIV OF PENNA RETIREE MED &	truotion	23-27697	44
Part III General Business Credits or Eligible Small Business Credits (see instructions) Omplete a separate Part III for each box checked below. See instructions	ruction	15)	
General Business Credit From a Non-Passive Activity E Reserved			
· · · · · · · · · · · · · · · · · · ·			
	Rucina	see Cradit Caradon	warde
General Business Credit Carryforwards General Business Credit Carrybacks G Eligible Small Reserved	DuSilie	ess Credit Carryfon	warus
-	dd.t	ol Doct III acceptance	amounta from all Darts
If you are filing more than one Part III with box A or B checked, complete and attach first an au III with box A or B checked. Check here if this is the consolidated Part III			
(a) Description of credit	Ť	(p)	(c)
ote On any line where the credit is from more than one source, a separate Part III is needed for each	ach	If claiming the credit	Enter the appropriate
ss-through entity	uci,	from a pass-through entity, enter the EIN	amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	· · · · · · · · · · · · · · · · · · ·	
b Reserved	1b		
c Increasing research activities (Form 6765)	1c 4	17-3260122	2
d Low-income housing (Form 8586, Part I only)	1d		
Disabled access (Form 8826) (see instructions for limitation)	1e		
Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
Indian employment (Form 8845)	1g		
Orphan drug (Form 8820)	1h		
New markets (Form 8874)	1i		
Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
Employer-provided child care facilities and services (Form 8882) (see			
instructions for limitation)	1k		
Biodiesel and renewable diesel fuels (attach Form 8864)	11		
Low sulfur diesel fuel production (Form 8896)	1m		
Distilled spirits (Form 8906)	1n		
Nonconventional source fuel (carryforward only)	10		
Energy efficient home (Form 8908)	1p	•	
Energy efficient appliance (carryforward only)	1g		
Alternative motor vehicle (Form 8910)	1r		
Alternative fuel vehicle refueling property (Form 8911)	1s		
Enhanced oil recovery credit (Form 8830)	1t	<u> </u>	
Mine rescue team training (Form 8923)	1u		
Agricultural chemicals security (carryforward only)	1v		
Employer differential wage payments (Form 8932)	1w		
Carbon oxide sequestration (Form 8933)	1x		-
Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Qualified plug-in electric vehicle (carryforward only)	1z		
na Employee retention (Form 5884-A)	1aa		
	1bb	-	
z Other Oil and gas production from marginal wells (Form 8904) and certain			
other credits (see instructions)	1zz		
Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		2
Enter the amount from Form 8844 here and on the applicable line of Part II	3		
Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		-
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		8-0546998	10,690
g Qualified railroad track maintenance (Form 8900)	4g		10,000
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		-
Employer credit for paid family and medical leave (Form 8994)	4,		
	4j	- -	
z Other	5		10,690
	$\overline{}$	· 	
	6		I III KUD
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	6		10,692 Form 3800 (2018

	3800 (2018)		Identifying number	Page
			1 , ,	
Par	USTEES OF THE UNIV OF PENNA RETIREE MED & till General Business Credits or Eligible Small Business Credits (see ins		23-27697	44
	plete a separate Part III for each box checked below. See instructions	structi	Ulis)	
	' '			
A	 			
В	-	ı D	nana Cradii Caradan	
C		Dusi	ness Credit Carryfon	wards
D [additio	nal Part III combining	amounta from all Darts
	f you are filing more than one Part III with box A or B checked, complete and attach first an a II with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit	• • • •	(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for othrough entity	each	If claiming the credit from a pass-through	Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the EIN	
	Reserved	1b		
c	Increasing research activities (Form 6765)	1c	98-0546998	84
d	Low-income housing (Form 8586, Part I only)	1d	001000	
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	- · · · · · · · · · · · · · · · · · · ·	1h	-	
- 1	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k_		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p	<u> </u>	
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r	<u>-</u>	
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w	· -	
x	Carbon oxide sequestration (Form 8933)	1 x	<u> </u>	
	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>		
	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		<u> </u>
	6 General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
Z	2 Other Oil and gas production from marginal wells (Form 8904) and certain			
•	other credits (see instructions)	1zz		0.4
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		84
3	Enter the amount from Form 8844 here and on the applicable line of Part III	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		<u> </u>
b	Work opportunity (Form 5884)	4b		-
C	Biofuel producer (Form 6478)	4c 4d		-
d	Low-income housing (Form 8586, Part II)			
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e 4f		<u> </u>
f	Qualified railroad track maintenance (Form 8900)			-
g	Small employer health insurance premiums (Form 8941)	4g 4h		
h I	Increasing research activities (Form 6765)	411		
	Employer credit for paid family and medical leave (Form 8994)	41		
j z		4 <u>7</u>		
5	Other	5		

84.

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .

	3800 (2018)			Page 3
Nam	e(s) shown on return		Identifying number	•
TR	USTEES OF THE UNIV OF PENNA RETIREE MED &		23-276974	4
Pa	rt III General Business Credits or Eligible Small Business Credits (see ins	structio	ons)	
Cor	nplete a separate Part III for each box checked below. See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	X General Business Credit Carryforwards G Eligible Small	l Busin	ess Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserved			
1	If you are filing more than one Part III with box A or B checked, complete and attach first an a	addition	al Part III combining	amounts from all Parts
	III with box A or B checked Check here if this is the consolidated Part III	<u></u>	<u></u>	<u> , ▶ </u>
	(a) Description of credit		(b)	(c)
Note	On any line where the credit is from more than one source, a separate Part III is needed for	each	If claiming the credit from a pass-through	Enter the appropriate
<u> </u>	s-through entity	.	entity, enter the EIN	amount
	a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
l	Reserved	1b		
	Increasing research activities (Form 6765)	1c	ATCH 24	10.
(Low-income housing (Form 8586, Part I only)	1d	ATCH 25	9.
•	Disabled access (Form 8826) (see instructions for limitation)	1e		
1	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)	1g		
١	n Orphan drug (Form 8820)	1h		
ı	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1)		
1	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	m Low sulfur diesel fuel production (Form 8896)	1m		
1	n Distilled spirits (Form 8906)	<u>1n</u>		
•	Nonconventional source fuel (carryforward only)	10		
ı	Energy efficient home (Form 8908)	1p		
(The Energy efficient appliance (carryforward only)	1q		
ı	Alternative motor vehicle (Form 8910)	1r		
,	Alternative fuel vehicle refueling property (Form 8911)	1s		
1	Enhanced oil recovery credit (Form 8830)	1t		
-	u Mine rescue team training (Form 8923)	1u		
,	Agricultural chemicals security (carryforward only)	1v		
	w Employer differential wage payments (Form 8932)	1w		
2	Carbon oxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1у		
	2 Qualified plug-in electric vehicle (carryforward only)	1z		
i	aa Employee retention (Form 5884-A)	1aa		<u> </u>
	ob General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		<u>-</u>
:	zz Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		10
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		19.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		· · · · · · · · · · · · · · · · · · ·
4		4a		
	Work opportunity (Form 5884)	4b		
	Biofuel producer (Form 6478)	4c		17.
	d Low-income housing (Form 8586, Part II)	4d	ATCH 26	
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	ATCH 27	10.000
	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	111011 21	18,008.
	Qualified railroad track maintenance (Form 8900)	4g		
	n Small employer health insurance premiums (Form 8941)	4h		
į		41		
į		4j		
_	2 Other	4z		10 025
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		18,025.

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 2018

Attachment Sequence No 179

Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return TRUSTEES OF THE UNIV OF PENNA RETIRE MED & DEATH BENEFITS TRUST 23-2769744 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 - (a) Description of property (b) Cost (business use only) (c) Elected cost 6 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery period (e) Convention (a) Classification of property (business/investment use only—see instructions) (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 275 yrs ММ S/L h Residential rental S/L 275 yrs ММ property ММ 39 yrs S/L i Nonresidential real ММ S/L property Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life 5/1 S/L **b** 12-year 12 yrs c 30-year 30 yrs MM S/L d 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 n 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

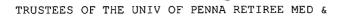
Pag	۵	2

Form	4562 (2018)															Page 2
	t V Listed	Proper		lude auto			rtain o	other v	ehicle	s, cer	tain a	urcraft,	and	prope	rty use	ed for
				n, or amu which you			etandar	d miles	ne rate	or dec	luctina	م معدما	vnense	e comr	dete on	ılv 24a
				c) of Section								icase e	хрепа	s, comp	nete on	.y
				d Other Inf			_					for pas	senger	automo	biles)	
24a	Do you have ev	vidence to su		ousiness/inve	estment u	se clair		Yes 🗌	No	24b If	"Yes," ı	s the evi	dence w	ritten?	Yes	☐ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment u	se Cost or o	i) ther basis	(busin	(e) for depre ess/inves	tment	(f) Recovery period	/ Me	(g) thod/ vention		(h) reciation duction	Ele	(I) cted sect cost	
	Special depi		percentage		d lietor		use only)		·	during	1	ļ		<u> </u>		
25	the tax year										25					
26	Property use															
				%												_
	-			%					•							
		1.500/	,i	%		<u> </u>	_					L				
	Property use	ed 50% or	Υ	%	isiness	use				S/L -	,	Τ		-		
				%						5/L -		 		\dashv		
				%		1				S/L -						
	Add amount								1, pag	e 1	28					
29	Add amount	s ın colum	n (ı), lıne 2											29		
_	plete this sect		المحمد حماد					on Use			or" or !	rolated r	orcon	lf vou o	ouded	vobielo
to vo	ipiete this sect our employees,	ion for venic first answe	cies usea er the ques	oy a sole pr stions in Sec	opnetor	, parme o see if	vou me	et an ex	ception	to com	pletina	this sect	tion for	ii you pi those ve	hicles	verncie
						1)	т	b)		c)	1	(d)		(e)	1	f)
30	Total busines		Vehi			icle 2				icle 4		icle 5	Vehicle 6			
31	Total commut	ing miles dr	iven dunn	g the year												
32	Total other miles driven	Total other personal (noncommuting) miles driven														
33	Total miles lines 30 thro		ring the y	ear Add												
34	Was the veh		•	rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during of Was the vehicles than 5% ow	ncle used p	orimarily b													
20			•							·-			 -	 		
_30	Is another veh			stions for	Fmnlo	vers W	ho Pro	vide Ve	hicles	for Use	e by Tł	neir Fm	plovee	·s		<u> </u>
	wer these que e than 5% ow	estions to c	determine	ıf you mee	t an exc	ception									who ar	en't
37	Do you maii		tten polic	y statemer	nt that p	rohibit	s all pe	ersonal	use of	vehicle	s, ınclu	ding co	mmutii	ng, by	Yes	No
38	Do you mail	ntain a wri												y your		
39	Do you treat															<u> </u>
40	use of the ve	ehicles, and	d retain th	ne informat	ion rece	eived?								ut the		
41	Do you mee															<u></u>
Pa	Note: If you		o 37, 38 <u>,</u>	39, 40, or 4	11 is "Y	es," do	n't com	iplete S	ection	B for th	e cove	red veh	icles	<u>. </u>	<u> </u>	
		a) on of costs		(b) Date amortiz begins	ation	Amo	(c) Amortizable amount			(d) Code secti	ion	(e) Amortiz period percent	ation f or	(f) Amortization for this y		
42	Amortization	of costs t				3 tax ye										
INT	DRILLIN	G COST		07/01/2	018		1,6	34,94	8 <i>P</i>	159E (2	2)	5.0	000		32	6,99
42	Amortization	of costs t	hat began	n hefore vo	ur 2019	l tay vo	ar .						43		23	6,50
	Total. Add							e to ren	ort				44			3,50
		<u></u>	. 55.51111	., 555 116				· <u>-</u>					<u>, · · · l</u>		om 45	

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MED
RETIREE
PENNA
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OF
TRUSTEES

			OTHER INCOME																										-14,481.	
23-2769744		_	DIVIDENDS		-	_		,		24,221.			-		-	-		_	-	_	-	-					-	24,221. i	:	
	All'ACHMENI Z	OR S CORPORATIONS	INTEREST			830.	176.							2,878.	169.	1.			. 0					2.				4,062.		
		1 PARTNERSHIPS AND/OR	INCOME FROM SCHEDULE E	7,165.	-65,092.		-23,110.	-3,039.	950.		-43,598.	-142,790.	-24,083.			-3,671.			274,703.	-573.	-20,159.				. 77 .		456.	-42,764.	AND/OR S CORPORATIONS	
NA RETIREE MED &		IE (LOSS) FROM	Z ZI	04-3514360	47-1483532	98-1352571	47-3260122	47-3716840	98-1377130	98-1319473	68-0369383	43-2119610	82-2084668	61-1742367	98-1275413	98-0546998	98-1375301	20-8051601	47-4098699	38-3941473	37-1862818	20-5913059	56-2676890	13-3727655	52-2135448	39-1715850	20-5913059	TOTAL		
TRUSTEES OF THE UNIV OF PENNA RETIREE ME		TOTAL OF LINE 5 - INCOME	PARTNERSHIPS/S CORPORATIONS	ADAMAS OPP, LP	AG REALTY FND IX, LP	BAIN CAPITAL FUND XII	BLCSTN RE PTNRS VII.TE.1	BLCSTN RE PTNRS VIII.TE 1 N	CD&R FUND WATERWORKS B, LP	CLAYTON, DUBILIER & RICE FU	DARLINGTON PARTNERS	FIVE POINT ENERGY FUND I LP	FIVE POINT ENERGY FUND II L	FORTRESS CREDIT OPPORTUNITI	GAMUT INVESTMENT FUND I, LP	GOLDEN GATE CAPITAL OPPORTU	NORTHERN LIGHT VENTURE FUND	STOCKBRIDGE FUND, LP	TAILWATER E&P OPPORTUNITY F	THACKERAY PARTNERS REALTY F	TRIVE CAPITAL FUND III LP	MPLX LP	CVR PARTNERS, LP	STEEL PARTNERS HOLDING	TC PIPELINES, LP	ENBRIDGE ENERGY PARTNERS, L	CHENIERE ENERGY PARTNERS, L		INCOME (LOSS) FROM PARTNERSHIPS	

ATTACHMENT 2



23-2769744 ATTACHMENT 3

FORM 990T - PART II - LINE 18: INVESTMENT INTEREST

INVESTMENT INTEREST EXPENSE DEDUCTION (FORM 4952, LINE 8)

FORM 990T - PART II - LINE 18: NON-INVESTMENT INTEREST

8161MX 1467

TRUSTEES OF THE UNIV OF PENNA RETIREE MED &

RUSTEES OF THE UNIV OF PENNA RETIREE MED & ATTA	23-2769744 CHMENT 5
FORM 990T - TOTAL OTHER DEDUCTIONS	
OTHER DEDUCTIONS WITH QUALIFIED BUSINESS INCOME DEDUCTION DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	3,265.
OTHER DEDUCTIONS FROM NON K-1 ACCOUNTING FEES	14,983.
TOTAL: LINE 28 - OTHER DEDUCTIONS	18,248.
IOIAL. LINE 20 - OTHER DEDUCTIONS	10,240.

SCHEDULE I, LINE 15	ATTACHME	NT 6
ACTIVITY NAME:	INCOME <loss> REGULAR TAX</loss>	INCOME <loss> ALT. MIN. TAX</loss>
ADAMAS OPP, LP AG REALTY FND IX, LP BLCSTN RE PTNRS VII.TE.1 BLCSTN RE PTNRS VIII.TE 1 NQ CD&R FUND WATERWORKS B, LP DARLINGTON PARTNERS FIVE POINT ENERGY FUND I LP FIVE POINT ENERGY FUND II LP GOLDEN GATE CAPITAL OPPORTUNITY FUND, LP TAILWATER E&P OPPORTUNITY FUND II, LP THACKERAY PARTNERS REALTY FUND IV, LP TRIVE CAPITAL FUND III LP	-13,02513,03211,0373,039. 97343,695142,79024,0833,679. 274,16159520,159.	-14,227.
TOTAL NET ADJUSTMENTS (PASSIVE & PTP'S)		

ATTACHMENT 9

CORPS
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AND
PARTNERSHIP
FROM
LOSS
O.R
INCOME
II-
PART
ы
SCHEDULE

a)	aca a aamaa	£	_	(E) X IF AUX	PASSIVE INCOM	INCOME AND LOSS	NON-PASSIVE	INCOME AND LOSS
(A) NAME	PARTNERSHIP,	FOREIGN	(D) EIN	AMOUNT NOT	(F) PASSIVE LOSS ALLOWED	(G) PASSIVE INCOME	(H) NONPASSIVE LOSS	(J) NONPASSIVE INCOME
ADAMAS OPP, LP	Ы		04-3514360	0		3,827.		
ADAMAS OPP, LP-OTHER INCOME/LOSS	а		04-3514360	0				23,400.
ADAMAS OPP, LP-OTHER DEDUCTIONS	Ы		04-3514360	0	1,511.			
ADAMAS OPP, LP-PYA PASSIVE	Ч		04-3514360	0	18,551.			
AG REALTY END IX, LP	Ч		47-1483532	2	106,946.			
AG REALTY END IX, LP-RENTAL REAL EST	Г		47-1483532	2		34,215.		
AG REALTY FND IX, LP-PASSIVE ADJUSTM	Z.		47-1483532	2		7,639.		
BLCSTN RE PTNRS VII.TE.1	д		47-3260122	2	75.			
BLCSTN RE PTNRS VII.TE.1-RENTAL REAL	C P		47-3260122	2	1,967.			
BLCSTN RE PTNRS VII.TE.1-OTHER DEDUC	O.		47-3260122	2	726.			
BLCSTN RE PTNRS VII.TE.1-PYA PASSIVE	ω		47-3260122	2	20,342.			
BLCSTN RE PTNRS VIII.TE 1 NQ	ሲ		47-3716840	0	10,186.			
BLCSTN RE PTNRS VIII.TE 1 NQ-RENTAL	Д		47-3716840	0	36.			
BLCSTN RE PTNRS VIII.TE 1 NQ-OTHER D	G O		47-3716840	0	236.			
BLCSTN RE PTNRS VIII.TE 1 NQ-PASSIVE	ы		47-3716840	0		7,419.		
CD&R FUND WATERWORKS B, LP	Д		98-1377130	0		950.		
DARLINGTON PARTNERS-OTHER DEDUCTIONS	S		68-0369383	3	53.			
DARLINGTON PARTNERS-PYA PASSIVE	പ		68-0369383	3	43,545.			
FIVE POINT ENERGY FUND I LP	Д		43-2119610	0	282,812.			
FIVE POINT ENERGY FUND I LP-PASSIVE	വ		43-2119610	0		140,022.		
FIVE POINT ENERGY FUND II LP	Д		82-2084668	8	87,362.			
FIVE POINT ENERGY FUND II LP-PASSIVE	ద		82-2084668	89		63,279.		
GOLDEN GATE CAPITAL OPPORTUNITY FUND	д, O		98-0546998	œ	4,929.			
GOLDEN GATE CAPITAL OPPORTUNITY FUND	d. O		98-0546998	80		2,514.		
GOLDEN GATE CAPITAL OPPORTUNITY FUND	D P		98-0546998	8	87.			
GOLDEN GATE CAPITAL OPPORTUNITY FUND	۵ D		98-0546998	8	1,169.			
TAILWATER E&P OPPORTUNITY FUND II, I	L P		47-4098699	6		1,161,824.		
TAILWATER E&P OPPORTUNITY FUND II, I	L P		47-4098699	9	659, 298.			
TAILWATER E&P OPPORTUNITY FUND II, I	L P		47-4098699	6	227,823.			
THACKERAY PARTNERS REALTY FUND IV, I	I.		38-394147	3	573.			
TRIVE CAPITAL FUND III LP	Δı		37-1862818	8	54,880.			
TRIVE CAPITAL FUND III LP-OTHER DEDU	U P		37-186281	8	18,248.			

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ATTACHMENT 9 (CONT'D)

23-2769744

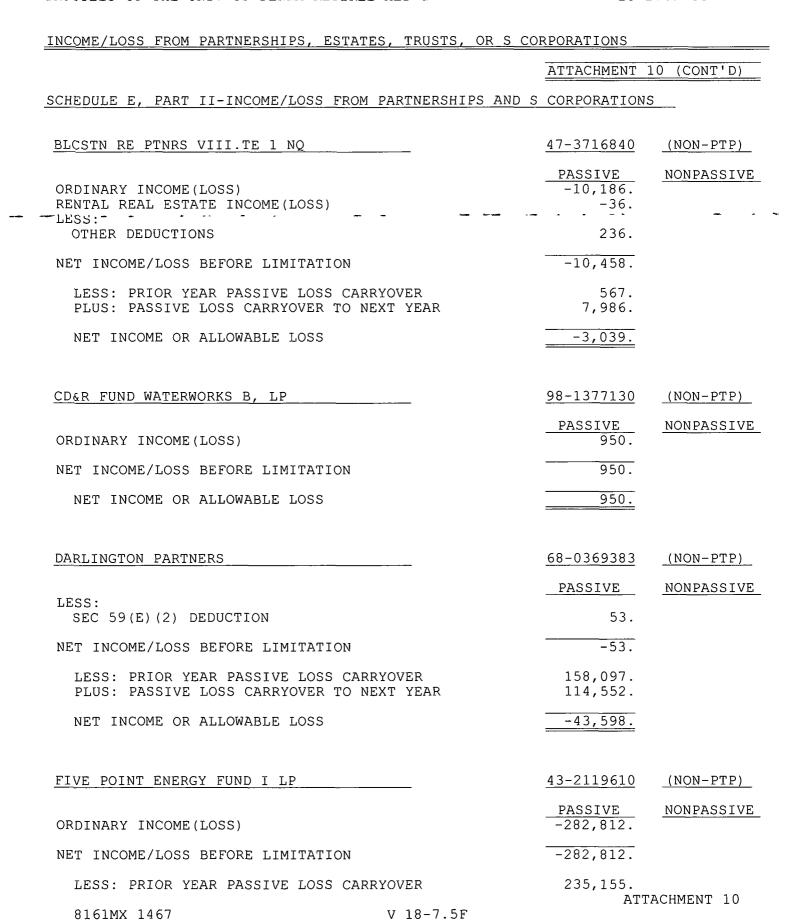
PASSIVE INCOME AND LOSS NON-PASSIVE INCOME AND LOSS	LOSS (G) PASSIVE (H) NONPASSIVE (J) NONPASSIVE INCOME	52, 969.	918.	9:8.	253.	176.	59.	59.	9:7.	461.
PASSIVE	(F) PASSIVE LOSS ALLOWED		o			1				4
(E) X IF AIY	AMOUNT NOT	118	06	06	48	48	50	50	159	159
	(D) EIN	37-1862818	56-2676890	56-2676890	52-2135448	52-2135448	39-1715850	39-1715850	20-5913059	20-5913059
31 × (2)	FOREIGN									
(B) ENTEP P FOR	PARTNERSHIP, S FOR S CORP	а	പ	а	പ്	Δι	ы	д	а	വ
3(8)	(A) NAME	TRIVE CAPITAL FUND III LP-PASSIVE AD	CVR PARTNERS, LP	CVR PARTNERS, LP-PASSIVE ADJUSTMENT	TC PIPELINES, LP	TC PIPELINES, LP-PYA PASSIVE	ENBRIDGE ENERGY PARTNERS, LP	ENBRIDGE ENERGY PARTNERS, LP-PYA PAS	CHENIERE ENERGY PARTNERS, LP	CHENIERE ENERGY PARTNERS, LP-PYA PAS

23,400.

1,542,969. 1,476,865.

TOTALS

INCOME/LOSS FROM PARTNERSHIPS, ESTATES, TRUSTS, OR S	CORPORATIONS	
•	ATTACHMENT	10
SCHEDULE E, PART II-INCOME/LOSS FROM PARTNERSHIPS AND	O S CORPORATION	<u>S</u>
ADAMAS OPP, LP	04-3514360	(NON-PTP)
ORDINARY INCOME (LOSS)	PASSIVE 3,827.	NONPASSIVE
PLUS: TOTHER INCOME LESS:		23,400.
SECTION 59(E)(2)	1,511.	
NET INCOME/LOSS BEFORE LIMITATION	2,316.	23,400.
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	51,480. 32,929.	
NET INCOME OR ALLOWABLE LOSS	-16,235.	23,400.
AG REALTY FND IX, LP	47-1483532	(NON-PTP)
ORDINARY INCOME (LOSS) RENTAL REAL ESTATE INCOME (LOSS)	PASSIVE -106,946. 34,215.	NONPASSIVE
NET INCOME/LOSS BEFORE LIMITATION	-72,731.	
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	26,603. 34,242.	
NET INCOME OR ALLOWABLE LOSS	-65,092.	
BLCSTN RE PTNRS VII.TE.1	47-3260122	(NON-PTP)
	_PASSIVE	NONPASSIVE
ORDINARY INCOME(LOSS) RENTAL REAL ESTATE INCOME(LOSS)	-75. - 1,967.	
LESS: OTHER DEDUCTIONS	726.	
NET INCOME/LOSS BEFORE LIMITATION .	-2,768.	
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	49,340. 28,998.	
NET INCOME OR ALLOWABLE LOSS	-23,110.	



	ATTACHMENT	10 (CONT'D)
SCHEDULE E, PART II-INCOME/LOSS FROM PARTNERSHIPS AND	S CORPORATION	<u>S</u>
PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	375,177.	
NET INCOME OR ALLOWABLE LOSS	-142,790.	
FIVE POINT ENERGY FUND II LP	82-2084668	(NON-PTP)
ORDINARY INCOME (LOSS)	PASSIVE -87,362.	NONPASSIVE
NET INCOME/LOSS BEFORE LIMITATION PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	-87,362. 63,279.	
NET INCOME OR ALLOWABLE LOSS	-24,083.	
GOLDEN GATE CAPITAL OPPORTUNITY FUND, LP	98-0546998	(NON-PTP)
ORDINARY INCOME(LOSS) RENTAL REAL ESTATE INCOME(LOSS) LESS:	PASSIVE -4,929. 2,514.	NONPASSIVE
SECTION 179 DEDUCTION	87.	
NET INCOME/LOSS BEFORE LIMITATION	-2,502.	
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	10,814. 9,645.	
NET INCOME OR ALLOWABLE LOSS	-3,671.	
TAILWATER E&P OPPORTUNITY FUND II, LP	47-4098699	(NON-PTP)
ORDINARY INCOME (LOSS)	PASSIVE 1,161,824.	NONPASSIVE
LESS: SECTION 59(E)(2) DEDUCTION DEPLETION	561,936. 97,362.	
NET INCOME/LOSS BEFORE LIMITATION	502,526.	
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER	227,823.	
NET INCOME OR ALLOWABLE LOSS	274,703.	

INCOME/LOSS FROM PARTNERSHIPS, ESTATES, TRUSTS, OR S CORPORATIONS ATTACHMENT 10 (CONT'D) SCHEDULE E, PART II-INCOME/LOSS FROM PARTNERSHIPS AND S CORPORATIONS THACKERAY PARTNERS REALTY FUND IV, LP 38-3941473 (NON-PTP) LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER 2,080. PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR 1,507. NET INCOME OR ALLOWABLE LOSS -573. 37-1862818 TRIVE CAPITAL FUND III LP (NON-PTP) PASSIVE NONPASSIVE ORDINARY INCOME (LOSS) -54,880.LESS: 18,248. OTHER DEDUCTIONS -73,128. NET INCOME/LOSS BEFORE LIMITATION PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR 52,969. -20,159.NET INCOME OR ALLOWABLE LOSS MPLX LP (PTP) 119,892. LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR 119,892. CVR PARTNERS, LP 56-2676890 (PTP) ORDINARY INCOME (LOSS) -918. -918. NET INCOME AND LOSS BEFORE LIMITATION PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR 918.

NET INCOME OR ALLOWABLE LOSS

INCOME/LOSS FROM PARTNERSHIPS, ESTATES, TRUSTS, OR S CO	RPORATIONS	
	ATTACHMENT 10	(CONT'D)
SCHEDULE E, PART II-INCOME/LOSS FROM PARTNERSHIPS AND S	CORPORATIONS	_
TC PIPELINES, LP	52-2135448	(PTP)
ORDINARY INCOME(LOSS)	253.	
NET INCOME AND LOSS BEFORE LIMITATION	253.	
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER	176.	•
NET INCOME OR ALLOWABLE LOSS	77.	
ENBRIDGE ENERGY PARTNERS, LP	39-1715850	(PTP)
ORDINARY INCOME(LOSS)	59.	
NET INCOME AND LOSS BEFORE LIMITATION	59.	
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER PLUS: PASSIVE LOSS CARRYOVER TO NEXT YEAR	592. 533.	
NET INCOME OR ALLOWABLE LOSS	0.	
CHENIERE ENERGY PARTNERS, LP .	20-5913059	(PTP)
ORDINARY INCOME(LOSS)	917.	
NET INCOME AND LOSS BEFORE LIMITATION	917.	
LESS: PRIOR YEAR PASSIVE LOSS CARRYOVER	461.	

456.

NET INCOME OR ALLOWABLE LOSS

EIN: 23-2769744

FOR THE YEAR ENDED JUNE 30, 2019

FORM 990-T, PART II, LINE 35

NET OPERATING LOSS CARRYOVER

Year		Amount vailable		rent Year ount Used	 nt Carried Next Year
6/30/2017	\$	1,969	\$	1,969	\$ -
6/30/2018		209,452		168,652	_ 40,800
6/30/2019		-		_	_
	\$	211,421	\$	170,621	\$ 40,800
NET OPERA	TING	LOSS CARRYF	ORWARD :	ro 6/30/2020	\$ 40,800

EIN: 23-2769744

FOR THE YEAR ENDED JUNE 30, 2019

SCHEDULE I, LINE 24

AMT NET OPERATING LOSS CARRYOVER

Year		Amount allable		rent Year ount Used	Amount Carried to Next Year	
6/30/2018	\$	64,429	\$	64,429	\$	_
6/30/2019		_		-		=
	\$	64,429	\$	64,429	\$	_
AMT NET OPERA	ring 1	LOSS CARRYF	ORWARD 1	ro 6/30/2020	\$	_

EIN: 23-2769744

FOR THE YEAR ENDED JUNE 30, 2019

FORM 3800, PART III, LINE 1C

INCREASING RESEARCH ACTIVITIES CREDIT CARRYOVER

Year		ount lable		ent Year int Used		Carried xt Year
6/30/2016	\$	1	\$	-	\$	1
6/30/2017		4			_	4_
6/30/2018		5		-		5
6/30/2019		89		-		89
	\$	99	\$		\$	99
INCREASING RESEAR	CH ACTIVIT	TIES CREDIT	CARRYFORWAR	D TO 6/30/2020	\$	99

EIN: 23-2769744

FOR THE YEAR ENDED JUNE 30, 2019

FORM 3800, PART III, LINE 1D

LOW INCOME HOUSING PRE-2008 CREDIT CARRYOVER

Year	Amount Available		Current Year Amount Used		Amount Carried to Next Year	
6/30/2017	\$	6	\$	-	\$	6
6/30/2018		3			_	3
6/30/2019		_		-		-
	\$	9	\$		\$	9
LOW INCOME HOUSE	NG PRE-200	8 CREDIT C	ARRY FORWARI	то 6/30/2020	\$	9

EIN: 23-2769744

FOR THE YEAR ENDED JUNE 30, 2019

FORM 3800, PART III, LINE 4D

LOW INCOME HOUSING POST-2007 CREDIT CARRYOVER

Year		ount lable	Current Year Amount Used		Amount Carried to Next Year	
6/30/2017	\$	17	\$	_	\$	17
6/30/2018				-		_
6/30/2019		6		-		6
	\$	23	\$		\$	23
LOW INCOME HOUS	ING POST-	2007 CREDIT	CARRYFORWA	RD TO 6/30/2020	\$	23

EIN: 23-2769744

FOR THE YEAR ENDED JUNE 30, 2019

FORM 3800, PART III, LINE 4F

EMPLOYER SOCIAL SECURITY TAXES PAID ON CERTAIN TIPS CREDIT CARRYOVER

Year	Amount Available			Current Year Amount Used		Amount Carried to Next Year	
6/30/2016	\$	27	\$	_	\$	27	
6/30/2017		6,038		-		6,038	
6/30/2018		11,943		-		11,943	
6/30/2019		10,725		-		10,725	
	\$	28,733	\$		\$	28,733	
EMPLOYER SOCIAL SECURITY	TAXES	PAID ON CERTAIN T	TIPS CREDIT CARRY	OVER TO 6/30/2020	\$	28,733	

EIN: 23-2769744

FOR THE YEAR ENDED JUNE 30, 2019

FORM 3800, PART III, LINE 4J

EMPLOYER CREDIT FOR PAID FAMILY AND MEDICAL LEAVE

Year			ent Year int Used	Amount Carried to Next Year		
6/30/2019	\$	14	\$		\$	14
	\$	14	\$		\$	14
EMPLOYER CREDIT FOR	PAID FAMILY AN	D MEDICAL LEAV	E CREDIT CARR	YOVER TO 6/30/2020	\$\$	14