							293,93	201	7 o	0105
	₩.						191)	00
				Extended to Ma	ay 1	5, 2020	_ \ \ \ \ \	بهرر	,	
	Form	990-T	E	xempt Organization Bus			ax Return) -	ОМВ	No 1545-0687
				(and proxy tax und			30 2010	1	9	010
			Forca	lendar year 2018 or other tax year beginning JUL 1, 20			30, 2019	-		2018
		rtment of the Treasury al Revenue Service	•	► Go to www.irs.gov/Form990T for in • Do not enter SSN numbers on this form as it may				ç	pen to (Public Inspection for Organizations Only
	A	Check box if		<u></u>		and see instructions.)		D Employ	yer ideni	trication number
		address changed				 ,		nstruc		ust, see
	B E	xempt under section	Print	UC Healthcare System						50988
	X	501(c 1) 3)	or Type	Number, street, and room or suite no. If a P O. bo	x, see in	structions.			ted busi struction	ness activity code ns)
		408(e) 220(e)	.,,-	3200 Burnet Avenue				┨		
		」408A	-	City or town, state or province, country, and ZIP o Cincinnati, OH 45229	r toreign	n postal code		53200	n	
	C Bo	ok value of all assets		F Group exemption number (See instructions.)	—					
•	ate	end of year 1,628,902,	325.	G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a)	trust		Other trust
				tion's unrelated trades or businesses	7	Describe t	he only (or first) ur	related		
		de or business here 🕨		= · · · · · · · · · · · · · · · · · · ·			complete Parts I-V			ne,
			•	ce at the end of the previous sentence, complete Pa	ırts I and	d II, complete a Schedule	M for each addition	al trade o)[
		siness, then complete f		-v. oration a subsidiary in an affiliated group or a parer	nt-euheu	tiany controlled group?	<u> </u>	Yes		X No
				oration a subsidiary in an anniated group of a parentifying number of the parent corporation.	เเ-อนมอเเ	diary controlled group?		163	ت د	- 140
_	J Th	e books are in care of	▶ H	ugh R. Hinds, Jr.		Telepho	ne number 🕨 5	er > 513-585-		0
0707	Pa	rt I Unrelated	Trac	le or Business Income	, [(A) Income	(B) Expenses	3		(C) Net
7		Gross receipts or sale:								
_		Less returns and allow		c Balance	1c					
AUG		Cost of goods sold (So Gross profit. Subtract		W W W W	3					
₹		Capital gain net incom		V N V	4a					
\Box			•	art II, line 17) (attach Form 4797)	4b					
Ų	C	Capital loss deduction	for trus	its 🗸	4c					
SCANNEL D	5	, ,		hip or an S corporation (attach statement)	5					
Ę		Rent income (Schedul	•	oo (Cabadula F)	7	643,761.	/14	809.		-71,048.
5	7 8	Unrelated debt-finance		nd rents from a controlled organization (Schedule F)	8					
	9			n 501(c)(7), (9), or (17) organization (Schedule G)						
	10	Exploited exempt activ	ity inco	me (Schedule I)	10					
	11	Advertising income (S		•	11					
2	12	Other income (See ins			12	642 761	714	809.		-71,048.
ì		rt II Deduction	s inrou	gn 12 It Taken Elsewhere (See instructions fo	13 or limita	tions on deductions)	714	809.		-/1,048.
		(Except for c	ontribu	itions, deductions must be directly connected	with th	ne unrelated business i	ncome)			
	14	Compensation of offi	cers, dıı	ectors, and trustees (Schedule K)				14		
	15	Salaries and wages		RECEIVED	ን	7		15		
	16	Repairs and maintena	ance	The state of the s	, 			16		
	17	Bad debts	dulo) (or	e instructions) $\stackrel{\bigcirc}{\mathcal{E}}$ MAY 0.4 20 2 (က မြွ			17		
	18 19	Interest (attach sched Taxes and licenses	inis) (se	e instructions) 3 MAY 0.4 20 2 (100			18		
	20		ns (See	instructions for limitation rules)	j <u> </u>			20		
	21	Depreciation (attach f	orm 45	(62) CGDC1, U	ì	21				
	22	Ļess depreciation cla	ımed or	Schedule A and elsewhere on return		22a		22b	·	
-	23	Depletion						23		
•	24	Contributions to defe		mpensation plans				24		
	25 26	Employee benefit pro Excess exempt expen	-	hedule I)				25 26		
	27	Excess readership co						27		
	28	Other deductions (att	•	•		See Statement		28		2,430.
	29	Total deductions. Ad		-			28	29		2,430.
	30			come before net operating loss deduction. Subtrac				30		-73,478.
	31	Deduction for net ope	erating I	oss arising in tax years beginning on or after Januai	ry 1, 201	IB (see instructions)	_	3 1		

Form **990-T** (2018)

[Part}III	Total Unrelated Business Taxable Income				
33 T	otal of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	219,019.
34 A	mounts paid for disallowed fringes			34	
35 D	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) St	mt 2	35	219,019.
36 T	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of			
	nes 33 and 34			36	
37 S	specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		75/	3.7	1,000.
-	Inrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36.			
	nter the smaller of zero or line 36	,		38	0.
	Tax Computation			1.	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	89	0.
	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 from:	_	1100	
	Tax rate schedule or Schedule D (Form 1041)	•	40		
41 P	roxy tax See instructions		•	41	
	Iternative minimum tax (trusts only)		•	42	
	ax on Noncompliant Facility Income. See instructions			43	
	otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part V	<u></u>			· ·	
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
	ither credits (see instructions)	45b			
	ieneral business credit. Attach Form 3800	45c		7	
	redit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	otal credits Add lines 45a through 45d			45e	
46 S	ubtract line 45e from line 44			46	0.
47 0	ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	(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		149	0.
	ayments: A 2017 overpayment credited to 2018	50a	389.		
b 2	018 estimated tax payments	50b			
с Т	ax deposited with Form 8868	5Öc			
d Fe	oreign organizations: Tax paid or withheld at source (see instructions)	5Öd		1:	
e B	ackup withholding (see instructions)	50e			
f C	redit for small employer health insurance premiums (attach Form 8941)	50f	•		
g 0	ther credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶	50g		n e	·
51 Te	otal payments Add lines 50a through 50g			51	389.
52 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52	
53 T	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶,	53	
₄ 54 0	verpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		€5	54	389.
//55 E	nter the amount of line 54 you want: Credited to 2019 estimated tax	389. Re	funded 📂	55	0.
Part VI	Statements Regarding Certain Activities and Other Information	n (see instru	ctions)		
56 A	t any time during the 2018 calendar year, did the organization have an interest in or a signature o	or other authorit	y		Yes No
0'	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to file			
Fi	nCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign country			
, he	ere Cayman Islands				х
57 D	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insferor to, a for	eign trust?		х
If	"Yes," see instructions for other forms the organization may have to file.	~			
- 58 Ei	nter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$			٠- ٠	
· • ·	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and camplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer			lge and belief, it is tr	ue,
Sign	1 dd 111mhmo	-	, , ,	y the IRS discuss th	us return with
Here	Executive to	/P & CFO	- the	preparer shown be	
• •	Signature of officer Date Title		ins	structions)? X	Yes No
. •	Print/Type preparer's name Preparer's signature Dat	e	Check if	PTIN	
Paid	Winner Barrer	40/2022	self- employed		
Prepare		10/2020		P0074138	
Use On	ly Firm's name ▶ Deloitte Tax LLP		Fırm's EIN	86-106	5772
	200 Renaissance Center, Suite 3900				
	Firm's address Detroit, MI 49243		Phone no. (3	313) 396-30)0

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4 A Additional section 263A costs (attach schedule) 4 B	Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					
3 Cost of labor 4a Additional section 263A costs (attach schedule) 4a B D the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? 5 Total. Additins 1 through 4b 5 Description of property (see instructions) (see instructions) (see instructions) (Description of property (1) CAM Port tion of Rental Income (2) Conference Center at Daniel Drake (3) UCK Cell Tower Rental (4) 2. Rent received or accounted (a) From personal property (if the percentage of control of the organization of property (if the percentage of control of the				T		ır		6		
4 Additional section 263A costs (attach schedule) 4 Do ther rules of section 263A (with respect to property produced or acquired for resize) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of groups by the processing of the property of the processing of the property (in CAN Portion of Rental Income (2) Conference Center at Daniel Drake (3) UCR Cell Tower Rental (4) (4) (5) Total Tower Rental (4) (7) From real and personal property (if the percessing of the personal property (if the percessing of the personal property (if the percessing of the personal property in the organization of the normal field of the personal property (if the percessing of the personal property in the personal property (if the percessing of the personal property in the personal property (if the percessing of the personal property in the personal	2 Purchases	2		7	Cost of goods sold. Si	ubtract I	ine 6			
(attach schedule) b Other rotis (attach schedule) 5 Total. Add intelligent through 4b 5 Total. Add lines I through 4b 5 Total. A	3 Cost of labor	3	_		from line 5. Enter here	and in F	Part I,			
b Other costs (attach schedule) 5 Total Add lines I through 4b 5 Total Common (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (I) CAM Portion of Rental I Income (2) Conference Center at Daniel Drake (3) UCH Cell Tower Rental (4) (4) 1. Pent received or accused (a) From personal property (if the personal proper	4a Additional section 263A costs				line 2			7		
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of groperty (1) CAM Portion of Rental Income (2) Conference Center at Daniel Drake (3) UCR Cell Tower Rental (4) 2. Rent received or sccrowd (a) From personal property (the percentage of reference or sccrowd (a) From personal property (the percentage of reference or sccrowd (a) From real and personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference of personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference of personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference of personal property (the percentage of reference or scrowd (a) From real and personal property (the percentage of reference or personal property (the percentage of pe	(attach schedule)	_ 4a		8	Do the rules of section	263A (\	with respect to		Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) CAM Port Into of Rental Income (2) Conference Center at Daniel Drake (3) UR Cell Tower Rental (4) 2. Rentracewood or scorused (a) From personal property (if the percentage of into the personal property (if the percentage of into th	b Other costs (attach schedule)	4b	_		property produced or a	acquired	for resale) apply to			
(1) CAM Portion of Rental Income (2) Conference Center at Daniel Drake (3) UCR Cell Tower Rental (4) 2. Rentracened or accouse (a) From personal property (if the percentage of rent to personal property (if the percentage of personal property of the percentage of personal property (if the percentage of personal property of the percentage of personal property of the percentage of personal property (if the percentage of personal property of the percentage of personal property (if the percentage of personal property of the percentage of personal property (if the percentage of personal property of the percentage of personal property of the percentage of personal property (if the percentage of personal property of personal property of the percentage of personal property of the percentage of personal personal property of the percentage of personal personal property of the percentage of personal property of the percentage of personal property of the percentag			-							
(I) CAM Portion of Rental Income (2) Conference Center at Daniel Drake (3) URC Rel1 Tower Rental (4) 2. Rent recoved or accrued (a) From passonal property (if the precentage of river to presonal property (if the precentage of river to presonal property exceeds 50% or if be rent to be seen all property exceeds 50% or if be rent to presonal property exceeds 50% or if be rent to presonal property exceeds 50% or if be rent to be rent to presonal property exceeds 50% or if be rent to be rent to presonal property exceeds 50% or if be rent t		(From Real	Property and	Pers	sonal Property L	.ease	d With Real Prop	erty		
(2) Conference Center at Daniel Drake (3) URC Cell Tower Rental (4) 2. Rent received or accused (a) From personal property (if the percentage of rent for personal property (if the pe	Description of property									
(a)	(1) CAM Portion of Rental In	come								
(4) 2. Rent received or accured (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (1) 583, 741, 683, 908. (2) 13, 339, 11, 877. (3) 46, 681, 19, 024. (4) 10, 10 10 643, 761. (b) Total 643, 761. (c) Total 10 0, Total 643, 761. (c) Total 10 0, Total 643, 761. (c) Total 10 0, Total 643, 761. (d) 10 10 10 10 10 10 10 10 10 10 10 10 10		iel Drake								
2. Rent received or accurated (a) From personal property (if the percentage of rent for personal property (if the percentage of the personal property (if the percentage of rent for per	(3) UCH Cell Tower Rental									
(a) From personal property of the percentage of ront to personal property of the personal property in common and personal property of the personal popular of the personal p	(4)									
(1) reint for presental property in more than 50% of reint for presental storperty exceeds 50% of reint for presental storperty sex decides 50% of reint for presental storperty exceeds 50% of reint for presental storperty sex decides 50% of reint for presental storperty for reint for presentation for reint for rei		2. Rent receiv			•					
(2)	rent for personal property is more than for personal property is more than				property exceeds 50% or if	or if columns 2(a) and 2(b) (attach			ted with the income in attach schedule)	
(3) 46, 681. 19, 024. (4) Total (1)	(1)				583,	741.			683,	908.
(d) Total Column	(2)				13,	339.			11,	877.
Total 0					46,	681.			19,	024.
(b) Total deductions. Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 7. 14, 809. 7. 14, 809. 7. Gross income from (attach schedule) 7. Gross income from (attach schedule) 7. Gross income reportable (column groups) (a) A Amount of average acquisition debt-financed property (attach schedule) (b) Dithe deductions (attach schedule) (c) Gross income reportable (column groups) (c) allocable deductions (column 6 x total of columns) (a) 96 (b) Total deductions. Enter here and on page 1, Part I, line 7, column (B) 7. Area and on page 1, Part I, line 7, column (C) (column 6 x total of columns)	(4)									
here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1) (2) (3) (4) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 7. Gross income reportable (column 2 x column 5) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (4) (5) (6) (7) (8) (8) (8) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (8) (8) (8) (8	Total	0.	Total		643,	761.]			_
2. Gross income from or allocable to debt-financed property (1) (2) (3) (4) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (4) (5) Column 4 divided by column 5 (6) Column 5 (7) Gross income reportable (column 2 x column 6) (8) Allocable deductions (column 5 x total of columns 3(e) and 3(b)) (1) (2) (3) (4) (4) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (6) Column 4 divided by column 5 (7) Gross income reportable (column 2 x column 6) (8) Allocable deductions (column 6 x total of columns 3(e) and 3(b)) (1) (2) (3) (4) (4) (5) Enter here and on page 1, Part I, line 7, column (B) (6) Column 4 divided by column 5 (7) Gross income from to debt-financed property (column 6) (8) Allocable deductions (column 6) (8) Allocable deductions (column 6) (9) Enter here and on page 1, Part I, line 7, column (B)	here and on page 1, Part I, line 6, columr	ı (A)	•			761.	Enter here and on page 1,	>	714,	809.
2. Gross income from or allocable to debt-financed property (1) (2) (3) (4) 4 Amount of average acquisition debt-financed property (attach schedule) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (6) Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (a) (b) Other deductions (ettach schedule) (a) (b) Other deductions (ettach schedule) (b) Other deductions (ettach schedule) (a) (b) Other deductions (ettach schedule) (b) Column 6 x total of columns 3(e) and 3(b)) (column 6 x total of columns 3(e) and 3(b)) (column 6 x total of columns 3(e) and 3(b)) (d) (ettach schedule) (f) (a) (b) Other deductions (ettach schedule) (b) Column 6 x total of columns and a total of columns 3(e) and 3(b)) (column 6 x total of columns 3(e) and 3(b)) (d) (ettach schedule) (ettach schedule) (f) (ettach schedule) (g) (ettach schedule) (h) Other deductions (ettach schedule) (ettach schedule) (ettach schedule) (g) (ettach schedule) (ettach	Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)					
1 Description of debt-financed property (a) Streight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (3) (4) (4) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (d) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (d) (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) (d) (6) Column 4 divided by column 5 (column 6 x total of columns 3 (a) and 3(b)) (d) (7) (attach schedule) (d) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				١,	0					
(2) (3) (4) 4 Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (1) % (2) % (3) % (4) Enter here and on page 1, Part 1, line 7, column (A) Fart 1, line 7, column (B) O. 0.	1 Description of debt-fir	nanced property			or allocable to debt-	(a)	(8) Straight line depreciation		(b) Other deductions	
(2) (3) (4) 4 Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (1) % (2) % (3) % (4) Enter here and on page 1, Part 1, line 7, column (A) Fart 1, line 7, column (B) O. 0.	(1)			t		-		\top		
(3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(e) and 3(b)) (1) 4. (2) 9. (3) (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 9. (2) 9. (3) (4) Enter here and on page 1, Part I, line 7, column (8) Totals	.,			<u> </u>						
(4) 4 Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (8) Totals				— —	_			1		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (2) 9/6 (3) 9/6 (4) Enter here and on page 1, Part I, line 7, column (B) Totals										
(2)	4 Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	illocable to nced property	6			reportable (column	,	(column 6 x total of columns	
(2)	(1)	,		Ī	%			1		
(4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) 0. 0.	(2)			1			_			
(4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) 0. 0.	(3)				%		· <u></u> ·			
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals Enter here and on page 1, Part I, line 7, column (B)	(4)				%					
							, , ,			
	Totals				.		0	.		٥.
	Total dividends-received deductions in	<u>cluded in colu</u> mn	8				>	·		0.

(1) (2) (3) (4) Totals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)	ıdenti	nployer lication inber	(loss) (see	elated income e instructions)		al of specified nents made	5. Part of c included in organization	the contro	olling	6. Deductions directly connected with income in column 5
(2) (3) (4) Nonexempt Controlled Organizatio 7 Taxable Income 8 (1) (2) (3) (4) Totals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)	Net unrelated incor	me (loss)		of specified payn						
(2) (3) (4) Nonexempt Controlled Organizatio 7 Taxable Income 8 (1) (2) (3) (4) Totals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)	Net unrelated incor	me (loss)		of specified payn					二	
(3) (4) Nonexempt Controlled Organizatio 7 Taxable Income 8 (1) (2) (3) (4) Totals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)	Net unrelated incor	me (loss) is)		of specified payn					-	
(4) Nonexempt Controlled Organizatio 7 Texable Income 8 (1) (2) (3) (4) Totals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)	Net unrelated incor	me (loss)		of specified payn					- 1	
Totals Cotals Cotals	Net unrelated incor	me (loss) is)		of specified payn						
7 Taxable Income 8 (1) (2) (3) (4) Totals Schedule G - Investment III (see instruction 1. Description (1) (2) (3) (4)	Net unrelated incor	me (loss) is)	9. Total							
(2) (3) (4) Fotals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)				made	nents	10. Part of column in the controllingross	nn 9 that is inc ng organizatio income	cluded n's	11. Ded with	ductions directly connected income in column 10
(2) (3) (4) Fotals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)	19. 4.							一十	•	•
(3) (4) Totals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)								$\neg \uparrow$		
(4) Fotals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)					Ì					
Totals Schedule G - Investment II (see instruction 1. Description (1) (2) (3) (4)					Ì			$\neg \uparrow$		
(1) (2) (3) (4)						Enter here and	ns 5 and 10 on page 1, Pa olumn (A)	ort I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
1. Description (1) (2) (3) (4)	ncome of a	Section	501(c)(7	'), (9), or (1	17) Org	anization				
(1) (2) (3) (4)	ons)			1	T					
(2) (3) (4)	of income			2 Amount of	income	 Deduction directly connect (attach schedu 	ted	4, Set-a (attach sc		5 Total deductions and set-asides (col 3 plus col 4)
(3) (4) Totals										
(4) Totals										
Totals										
							L_			
				Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)
					٥.					
Schedule I - Exploited Exe		Income	, Other	Than Adv		g Income] 0
exploited activity	2. Gross related business income from rade or business	3. Exp directly co with pro- of unre- business	onnected duction elated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross incor from activity the is not unrelate business incor	at d	6. Expe attributal colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)							Î			
(3)										
(4)										
E	nter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,		•					Enter here and on page 1, Part II, line 26
Schedule J - Advertising In		nstructions		<u> </u>						
Part I Income From Peri	odicals Rep	orted on	a Cons	olidated l	Basis	-				
1 Name of periodical	2. Gross advertising income		. Direct tising costs	4 Advertion (loss) (co col 3) If a ga cols 5 thr	l 2 minus in, compute	5. Circulate	on 6	. Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			•							,
(2)				╛						
(3)										
(4)					•					
otals (carry to Part II, line (5))				1		1			l l	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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		0.	0.			-	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

Form 990-T	Other Deductions	Statement 1		
Description		Amount		
Tax Prep Fees		2,430.		
Total to Form 990-T, Page 1,	line 28	. 2,430.		

Form 990-T	Net	eduction	Statement 2	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/05	412,768.	301,552.	111,216.	111,216.
06/30/06	0.	0.	0.	0.
06/30/07	261,042.	0.	261,042.	261,042.
06/30/08	255,040.	0.	255,040.	255,040.
06/30/09	0.	0.	0.	0.
06/30/10	48,525.	0.	48,525.	48,525.
06/30/11	882,322.	0.	882,322.	882,322.
06/30/12	207,636.	0.	207,636.	207,636.
06/30/13	41,844.	0.	41,844.	41,844.
06/30/14	80,942.	0.	80,942.	80,942.
06/30/15	33,610.	0.	33,610.	33,610.
06/30/16	177,799.	0.	177,799.	177,799.
06/30/17	277,256.	0.	277,256.	277,256.
06/30/18	630,125.	0.	630,125.	630,125.
NOL Carryov	er Available This	Year	3,007,357.	3,007,357.

Form	990-T	Deductions	Connected	with	n Rental	Income	Statement 3
Desci	ription			1	Activity Number	Amount	Total
Renta	al Expenses			_		683,908.	
5	7 7		- SubTota	1 -	1		683,908.
Kenta	al Expenses		- SubTota	1 -	2	11,877.	11,877.
Renta	al Expenses		- SubTota	1 -	3	19,024.	19,024.
Total	l to Form 99	0-T, Schedul	le C, Colu	nn 3			714,809.

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

1

Entity

ZU 10

Department of the Treasury Internal Revenue Service (99)

Name of the organization

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

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

▶ Go to www.irs.gov/Form9901 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).

on is a 501(c)(3). 501(c)(3) Organizations Only

Employer identification number

UC Healthcare System		27-3850988			
Unrelated business activity code (see instructions) 62	21110				
Describe the unrelated trade or business Services	s Income		·		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
	ance lance	398,378.			
2 Cost of goods sold (Schedule A, line 7)	2	398,378.		398,378.	
3 Gross profit Subtract line 2 from line 1c	3	390,370.		390,370.	
4a Capital gain net income (attach Schedule D)	4a				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 479	· —				
c Capital loss deduction for trusts	4c		······································		
 Income (loss) from a partnership or an S corporation (attack statement) 	5				
6 Rent income (Schedule C)	6				
7 Unrelated debt-financed income (Schedule E)	7				
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)	1 1				
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	398,378.	<u>.</u>	398,378.	
Part II Deductions Not Taken Elsewhere (See in deductions must be directly connected with				ot for contributions,	
14 Compensation of officers, directors, and trustees (Schedule	e K)		1	14	
15 Salaries and wages				15 260,795.	
16 Renairs and maintenance			•	16	

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	260,795.
16	Repairs and maintenance	16	,
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	0.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	28,941.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 4	28	143,507.
29	Total deductions. Add lines 14 through 28	29	433,243.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-34,865.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-34,865.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

2	7	_	3	R	5	٥	9	Я	R	

UC Healthcare						27-3850	988		
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		. 8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		7	the organization?	•	, , , , ,			
Schedule C - Rent Income	(From Real	Property and	d Per	rsonal Property L	.ease	d With Real Prop	erty)		
(see instructions)						_			
1 Description of property		_							
(1)	.								
(2)								 	
(3)								 	
(4)		-							
(4)	2. Rent receiv	ed or accrued							
(a) From personal property (if the per			and ner	sonal property (if the percenta	~	3(a) Deductions directly	y connect	ed with the income in	1
rent for personal property is more 10% but not more than 50%)	e than	of rent for	persona	I property exceeds 50% or if sed on profit or income)	Ae	columns 2(a) a	nd 2(b) (a	ttach schedule)	
(1)		1							
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	n (A)	>			0.	Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstrı	uctions)					
				2. Gross income from		3. Deductions directly con to debt-finan-			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deductions	
			intericed property		(attach schedule)		` (attach schedule)		
4	·		+				+		
(1)	··						-		
(2)			+				+		
(3)			+				+		
(4)	T		+-			· · · · · · · · · · · · · · · · · · ·			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)	'	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deduction olumn 6 x total of column 3(a) and 3(b))	
(1)				%		·			
(2)				%					
(3)		-		%					
(4)				%					
		_				nter here and on page 1, Part I, tine 7, column (A)		nter here and on page Part I, line 7, column (I	
Totals						0			0.
Total dividends-received deductions in	ncluded in column	. 8		> 1					0.
10777 GIAIGOUGO LODGIACO GEORGIONS III	ioradou iri colullili			<u>.</u>				Form 990-T	
					_	•		FOITH 330-1	(ZU 10)

orm 990-T (M) Other Deductions		Statement 4
Description		Amount
Purchased Services		40,982.
Supplies		76,507.
Overhead Allocation		12,644.
Other Costs		11,870.
Tax Prep Fees		1,504.
Total to Schedule M, Part I	II, line 28	143,507.

Unrelated Business Taxable Income for Unrelated Trade or Business

iness

Employer Identification number

2018

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99)

Name of the organization Open to Public Inspection for 501(c)(3) Organizations Only

	UC Healthcare System	27-3850988			
ι	Inrelated business activity code (see instructions) 621500				
[Describe the unrelated trade or business External Lab	Servic	es		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales150 , 119 .				
b	Less returns and allowances c Balance ▶	1c	150,119.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	150,119.		150,119.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	l l			
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
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)	1 1			
	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	150,119.		150,119.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the u)	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	8,896.
15	Salaries and wages			15	8,896.
16	Repairs and maintenance			16_	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		ı ſ	20	0.
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2018

20,251.

29,147.

120,972.

120,972.

24

25

26

27

28

29

30

31

32

See Statement 5

instructions)

24

25 26

27

28

29

30

Schedule A - Cost of Good	s Sold. Fnter	method of inver	ntory va	aluation N/A		27-363096		
1 Inventory at beginning of year	1		T -	Inventory at end of yea			6	
2 Purchases		2		Cost of goods sold Su		ine 6		
3 Cost of labor	3		┦ ′	from line 5. Enter here				
4a Additional section 263A costs	3	4a		line 2	and m	art 1,	7	
· .	4.				2624 (Lusth recognit to	Yes No	
(attach schedule)				Do the rules of section	•	•	Tes No	
b Other costs (attach schedule)	4b		-	property produced or a	cquirec	ror resale) apply to		
5 Total. Add lines 1 through 4b Schedule C - Rent Income	5 (From Book)	Bronorty one	l Dor	the organization?		d With Bool Brons	· · · · · · · · · · · · · · · · · · ·	
(see instructions)	(FIOIII NEal I	rioperty and	i Peis	sonal Property L	ease	u Willi Neal Prope	a ty)	
Description of property							-	
(1)								
(2)					-			
(3)								
(4)								
		ed or accrued				0/23/2011		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for p	personal	onal property (if the percentag property exceeds 50% or if ad on profit or income)	ge	columns 2(a) and	onnected with the income in I 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)		-						
Total	0.	Total			0.			
c) Total income. Add totals of columns nere and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb		Income (see	ınstruc	ctions)		,		
				. Gross income from	_	3 Deductions directly conne to debt-finance		
1. Description of debt-fi	nanced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)			1					
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to aced property aschedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%		~ ~~		
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				▶	_	0.	0.	
Total dividends-received deductions in	icluded in column	8		,			- 0.	
							Form 990-T (2018	

Form 990-T (M)	Other Deductions	Statement 5
Description		Amount
Purchased Services		7,675.
Supplies		2,659.
Overhead Allocation		177.
Other Costs	• •	9,173.
Tax Prep Fees		567.
Total to Schedule M, Part 1	II, line 28	20,251.

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Entity

Employer identification number

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization

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

► 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).

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

27-3850988 UC Healthcare System 621300 Unrelated business activity code (see instructions) ► Forensic Psychiatry Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 129,763. 1 a Gross receipts or sales 129,763. b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 2 129,763. 129,763. Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) **4**a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4¢ Income (loss) from a partnership or an S corporation (attach 5 statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 129,763. 129,763. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses 19 19 0. Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 24 24 Contributions to deferred compensation plans

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

268 183.

268,183.

-138,420.

-138,420.

25

<u>26</u> 27

28

29 30

31

32

See Statement 6

instructions)

25

26

27

28

29

30

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

						Entity	3
Form 990-T (2018) UC Healthcare	Cyctom				27-38509	98	Page
Schedule A - Cost of Good		r method of inven	tory valuation N/A	-	27-30303		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar .	· · · · · · · · · · · · · · · · · · ·	6	
2 Purchases	2		7 Cost of goods sold. S		line 6		
3 Cost of labor	3		from line 5. Enter here				
4a Additional section 263A costs	" -		line 2	una m	urri,	7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	· ·	Yes No
b Other costs (attach schedule)	4b		property produced or a	,	•		
5 Total. Add lines 1 through 4b	5		the organization?		i ioi ioodio, appi, to		X
Schedule C - Rent Income	(From Real	Property and	Personal Property L	.ease	d With Real Prop	erty)	
(see instructions)	•				•		
1 Description of property							
(1)							
(2)							
(4)	 		 _				
(4)	2. Rent receiv	red or accrued	,				
(a) From personal property (if the per			nd personal property (if the percenta	ge	3(a) Deductions directly	connected with the i	income in
rent for personal property is more 10% but not more than 50%)	e than	or rent for p	ersonal property exceeds 50% or if t is based on profit or income)		Columns 2(a) an	ia z(b) (attach schea	uie)
(1)							
(2)						<u> </u>	
(3)							
(4)							
Total	0.	Total	 	0.]		
(c) Total income. Add totals of columns		nter		•	(b) Total deductions. Enter here and on page 1,		^
here and on page 1, Part I, line 6, column Schedule E - Unrelated Det		Incomo (0.	Part I, line 6, column (B)	<u> </u>	0.
Scriedule E - Officialed Del	ot-Fillanceu	income (see	Instructions)		3. Deductions directly conr		
			2 Gross income from		to debt-finance		U18
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of	deductions
			'''		(attach schedule)	(attach s	chedule)
(1)	·					+	
(2)						+	
(3)							
(4)						1	
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided		7. Gross income	8 Allocabi	e deductions
debt on or allocable to debt-financed property (attach schedule)	ofore	allocable to inced property	by column 5		reportable (column 2 x column 6)	(column 6 x to	otal of columns nd 3(b))
FF, \		h schedule)			z x column oj	3(8) 8	J(<i>U))</i>
(1)			%	<u> </u>			
(2)	İ		%			1	
				r —		1	

%

%

Enter here and on page 1, Part I, line 7, column (A)

0.

Form 990-T (2018)

0.

٥.

Enter here and on page 1, Part I, line 7, column (B)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

Form 990-T (M) Other Deductions		Statement 6
Description		Amount
Purchased Services Other Costs		119,104. 148,589.
Tax Prep Fees		490.
Total to Schedule M, Part II, 1:	ine 28	268,183.

Unrelated Business Taxable Income for Unrelated Trade or Business

and ending JUN 30, 2019

Employer identification number

27-3850988

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99)

Name of the organization

UC Healthcare System

For calendar year 2018 or other tax year beginning JUL 1, 2018 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

900099

Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Unrelated business activity code (see instructions) ▶ Cosmetic Sales Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 171,309, 1a Gross receipts or sales 171,309, **b** Less returns and allowances c Balance 83,861. 2 Cost of goods sold (Schedule A, line 7) 2 87,448. 87,448. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 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 87,448. Total. Combine lines 3 through 12 87,448. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 Repairs and maintenance 16 Bad debts 17 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 0 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22b Depletion 23 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 See Statement 7 71,325. 28 Other deductions (attach schedule) 28 71,325. Total deductions. Add lines 14 through 28

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

16,123.

16,123.

29

30

31

32

instructions)

30

31

32

Pa	'n	ρ	1
2	Ю	Ľ	3

Form 990-T (2018)							Page
UC Healthcare						27-385098	88
Schedule A - Cost of Good:	s Sold. Enter	method of inver	ntory v	aluation >			
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6
2 Purchases	2		_ 7	Cost of goods sold Su	ibtract l	ine 6	
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs				line 2	_		7
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b	<u>-</u>		property produced or a	cquired	for resale) apply to	
5 Total Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income	From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	erty)
(see instructions)						•	
Description of property							
(1)	/-						
(2)							
(3)	-						
(4)							
· · · · · · · · · · · · · · · · · · ·	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of then	of rent for p	oersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	j e	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)				· · · · · · · · · · · · · · · · · · ·			
(2)							
(3)							
(4)				-			
Total	0.	Total			0.		
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	· , , , ,	iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)			
		•				3 Deductions directly conne	
			2	. Gross income from or allocable to debt-	(0)	to debt-finance	T
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)
(1)			+-				<u> </u>
(2)			+			•	
(3)			+				
(4)			+				
4. Amount of average acquisition	E Average	advicted basis	+	Column 4 dunded		7 0	9 Allegable deductions
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	"	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

Form **990-T** (2018)

0. 0.

Totals

Total dividends-received deductions included in column 8

Form 990-T (M)	Other Deductions	Statement 7
Description		Amount
Other Costs Tax Prep Fees		70,678. 647.
Total to Schedule M, Part II,	line 28	71,325.

Unrelated Business Taxable Income for Unrelated Trade or Business

2018

Entity

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning ___JUL 1, 2018

and ending JUN 30, 2019

► 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).

501(c)(3) Organizations Only Employer identification number

27-3850988

UC Healthcare System 621300 Unrelated business activity code (see instructions) ▶ Medical Directorships Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales 11,440. **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 11,440. 11,440. 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 11,440. 11,440.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	0.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion	-	23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)	See Statement 8	28	52,338.
29	Total deductions. Add lines 14 through 28		29	52,338.
30	Unrelated business taxable income before net operating loss deduction. Subtr	act line 29 from line 13	30	-40,898.
31	Deduction for net operating loss arising in tax years beginning on or after Janu	ary 1, 2018 (see		
	instructions)	•	31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	-40,898.

For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

Form 990-T (2018)								Page 3
UC Healthcare		 -				27-385098	18	
Schedule A - Cost of Goods	SOIG. Enter	method of invent	tory v	aluation N/A		·	 	
 Inventory at beginning of year 	1		6	Inventory at end of yea	ır	<u>_</u>	6	
2 Purchases	2		7	Cost of goods sold. St	ubtract I	ine 6	į	
3 Cost of labor	3]	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to	Y	es No
b Other costs (attach schedule)	4b]	property produced or a	acquired	for resale) apply to		1 7 7
5 Total. Add lines 1 through 4b	5			the organization?				х
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	rty)	٠, ِ
(see instructions)								
1 Description of property								-
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued						
rent for personal property is more than to rent for pe			and personal property (if the percentage personal property exceeds 50% or if nt is based on profit or income) 3(a) Deductions directly connected with the incolumns 2(e) and 2(b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (b) (attach schedulated in the incolumns 2 (e) and 2 (e)				ie in	
(1)								
(2)								
(3)								
(4)							·	
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstru	ctions)				
	-		2	. Gross income from		3 Deductions directly conne- to debt-financed		
1 Description of debt-financed property				or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedu	tions (elu
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5	reportable (column 6 x to		8 Allocable ded (column 6 x total o 3(a) and 3(f columns

%

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

0.

Enter here and on page 1, Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Totals

. . .

Total dividends-received deductions included in column 8

Form 990-T (M)	Other Deductions	Statement 8	
Description			Amount
Purchased Services Tax Prep Fees			52,295. 43.
Total to Schedule M, Part II, li	ne 28		52,338.

Unrelated Business Taxable Income for Unrelated Trade or Business

, and ending JUN 30, 2019

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) For catendar year 2018 or other tax year beginning ____JUL_1, __2018 ▶ 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).

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

Name of the organization UC Healthcare System			1	Employer identification number 27 - 3850988		
	Inrelated business activity code (see instructions) 523000					
	Describe the unrelated trade or business Alternative I	nvest	ments			
Pai		•	(A) Income	(B) Expenses	(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		<u></u>		
4 a	Capital gain net income (attach Schedule D)	4a	55,845.		55,845.	
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) Statement 9	5	26,389.		26,389.	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
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	82,234.	·	82,234.	
Par	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken Elsewhere)				for 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		
20	Charitable contributions (See instructions for limitation rules)		ı (20	0.	
21	Depreciation (attach Form 4562)		21		_	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b		
23	Depletion			23		
24	Contributions to deferred compensation plans			24		
25	Employee benefit programs .			25		
26	Excess exempt expenses (Schedule I)		•	26		
27	Excess readership costs (Schedule J)			27		
28	Other deductions (attach schedule)		. See Statement	10 28	310.	
29	Total deductions. Add lines 14 through 28			29	310.	
30	Unrelated business taxable income before net operating loss deduce	ction	Subtract line 29 from line	13 <u>30</u>	81,924.	
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see			
	instructions)			31		

LHA For Paperwork Reduction Act Notice, see instructions.

32 Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

81,924.

Form 990-T (M)	Income (Loss) from Partnerships	Statement 9
Description		Net Income or (Loss)
Business Income (loss)	LLC (Non-ERISA) - Ordinary LLC (Quasi-Reserve) - Ordinary	-527,766.
Business Income (loss	s Fund III - Ordinary Business	-153,880.
Income (loss)	s Fund IV, L.P. (Non-ERISA) -	-53,398.
Ordinary Business Inco	s Fund IV, L.P. (Quasi-Reserve) -	35.
Ordinary Business	LLC - Ordinary Business Income	50.
(loss)	Due Ofdinary Dustriess Income	761,348.
Total Included on Schedu	le M, Part I, line 5	26,389.
Form 990-T (M)	Other Deductions	Statement 10
Description		Amount
Tax Prep Fees		310.
Total to Schedule M, Par	t II, line 28	310.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

round off cents to whole dollars. If a Totals for all short-term transactions reported on Form 1999-8 for which basis was reported to the RFS and for which you have no adjustments (see instructions). If a Totals for all transactions reported on Form(s) 8949 with Box A checked I Totals for all transactions reported on Form(s) 8949 with Box A checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-k-ind exchanges from Form 8824 6 Linused capital loss curryover (tacho computation) 7 Net spiral for a the lines below. 8 Interest of the lines below. 8 Interest of the lines below. 8 Interest of the lines below. 9 Interest of the lines below. 10 Interest of the lines below. 10 Interest of the lines below. 11 Interest of the lines below. 12 Interest of the lines below. 13 Interest of the lines below. 14 Interest of the lines below. 15 Interest of the lines below. 16 Interest of the lines below. 17 Interest of the lines below. 18 Totals for all transactions reported on Form(s) 8949 with Box D checked 19 Totals for all transactions reported on Form(s) 8949 with Box D checked 10 Totals for all transactions reported on Form(s) 8949 with Box C becked 10 Totals for all transactions reported on Form(s) 8949 with Box C becked 10 Totals for all transactions reported on Form(s) 8949 with Box C becked 10 Totals for all transactions reported on Form(s) 8949 with Box C becked 11 Enter capital gain from installment sales from Form 6824 12 Long-term capital gain from installment sales from Form 6824 13 Long-term capital gain from installment sales from Form 6824 14 Capital gain firm mistallment sales from Form 6824 15 Enter excess of net Short-term capital gain (line 7) over net long-term capital loss (line 7) 17 5 5, 845.	UC Healthcare System				21-	3850988
to enter on the lines below (10) celes proxib (1	Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
Inst form may be 82sier to Complete if you (sales price) (or other bases) Pert I, the 2, column (g) combrare the result with column (ground of credits for withole dollars. 1a Totals for all short-term transactions reported on form 10598 for law which basis reported on Form(g) 8949 with 8 basis to each state of the	See instructions for how to figure the amounts	(4)	(a)	(0) 4 d	_	(b) Com or Hone) C. harres
reported on Form 1099-8 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 blank and go to line 10. 10 Totals for all transactions reported on Form(s) 9949 with Box A checked 2 Totals for all transactions reported on Form(s) 9949 with Box A checked 3 Totals for all transactions reported on Form(s) 9949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or ministallment sales from Form 6252, line 26 or 37 6 Linused capital loss carryover (attach computation) 7 Net short-term capital gain or ministallment sales from Form 6252, line 26 or 37 8 Linused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Part II Long-Term Capital Gains and Losses (See instructions) 8 cell instructions for how to figure the amounts to enter on the lines below. 10 Totals for all transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have reported on Form 1099-8 for which basis was reported to the IRS and for which you have reported on Form 1099-9 for which basis was reported to the IRS and for which you have reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 11 Totals for all transactions reported on Form(s) 8949 with Box E checked 12 Long-term capital gain from installment sales from Form 8824 13 Long-term capital gain from installment sales from Form 8824 14 Capital gain of the Form 4797, line 7 or 9 15 Net capital gain of (loss). Combine lines 88 through 14 in column h 15 Net long-term capital gain of (loss). Combine lines 88 through 14 in column h 16	This form may be easier to complete if you		(g) Adjustments to gain or loss from Form(s) 8949, (or other basis) Part I, line 2, column (g)		9.	(II) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Form(s) 8949 with Box & checked 2 Totals for all transactions reported on Form(s) 8949 with Box & checked 3 Totals for all transactions reported on Form(s) 8949 with Box & checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Short-term capital gain or (loss). Combine lines 1s through 6 in column h 7 Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form (s) 8949 with Box & checked 9 Totals for all transactions reported on Form(s) 8949 with Box & checked 10 Totals for all transactions reported on Form(s) 8949 with Box & checked 10 Totals for all transactions reported on Form(s) 8949 with Box & checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8 althrough 14 in column h 15 See instructions or proper do n Form(s) 8949 with Box C checked 17 Totals for all transactions reported on Form(s) 8949 with Box C checked 18 Totals for all transactions reported on Form(s) 8949 with Box E checked 19 Totals for all transactions reported on Form (s) 8949 with Box C checked 10 Totals for all transactions reported on Form 6500 per form 6	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					
2 Totals for all transactions reported on Form(s) 8949 with Box 6 checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital Gains and Losses (See instructions) See instructions for how the figure the amounts to enter on the lines below. (d) Coat (or other base) (d) Adjustments to gain or loss is form form (loss) form may be easier to complete if you could off certifs to which dollars. (h) Gain or floss) Subvact column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) threat column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form lines below. (h) Gain or floss) Subvact column (loss) form lines below. (h) Gain or floss) Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below.	1b Totals for all transactions reported on					
2 Totals for all transactions reported on Form(s) 8949 with Box 6 checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines is a through 6 in column h Part III Long-Term Capital Gains and Losses (See instructions) See instructions for how the figure the amounts to enter on the lines below. (d) Coat (or other base) (d) Adjustments to gain or loss is form form (loss) form may be easier to complete if you could off certifs to which dollars. (h) Gain or floss) Subvact column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) threat column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form column (loss) form column (loss) to make the lines below. (h) Gain or floss) Subvact column (loss) form lines below. (h) Gain or floss) Subvact column (loss) form lines below. (h) Gain or floss) Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below. (h) Gains or floss Subvact column (loss) form lines below.	Form(s) 8949 with Box A checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8252, line 26 or 37 5 Short-term capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h (d) (e) (g) Adjustments to gain or (loss) subtract column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) and combine through 6 in column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) from column (g) and combine through (g) and combine through 6 in column (g) from (g)						
3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8252, line 26 or 37 5 Short-term capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h Part III Long-Term Capital gain or (loss). Combine lines to through 6 in column h (d) (e) (g) Adjustments to gain or (loss) subtract column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) and combine through 6 in column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) and combine through 6 in column (g) from column (g) from column (g) from column (g) and combine through (g) and combine through 6 in column (g) from (g)	Form(s) 8949 with Box B checked					
Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1 attrough 6 in column h 7 Part II Long-Term Capital Gains and Losses (See instructions) 8 ei instructions for how to figure the amounts to enter on the lines below. 1 Inst form may be easier to complete if you cound off certs to whole dollars. 1 This form may be easier to complete if you cound off certs to whole dollars. 2 Totals for all long-term transactions reported on Form 1039-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 89 8 Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net long-term capital gain (line 7) over net long-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.						
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 (•			}		
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 1 Totals for all long-term transactions reported on Form 1999-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 reported on Form 1999-B with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain from installment sales from Form 8824 14 Capital gain distributions 15 Net capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7) 17 5 5, 845. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.		from Form 6252. line 26 or 37	7	•	4	
6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines ta through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off certifs to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which housis was reported to the IRS and for which house was reported to the IRS and for which house was reported to the IRS and for which house was reported on Form 1999-8 for which basis was reported on Form (s) 8949 with 8ox E checked 9 Totals for all transactions reported on Form(s) 8949 with 8ox E checked 10 Totals for all transactions reported on Form(s) 8949 with 8ox E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain from installment sales from Form 6824 14 Capital gain distributions 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 7) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	, ,	•				
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you condition to which coldings. 8a Totals for all long-term transactions reported on Form 109-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose for report all these transactions on Form 3949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 with 8bx D checked 9 Totals for all transactions reported on Form(s) 8949 with 8bx E checked 10 Totals for all transactions reported on Form(s) 8949 with 8bx E checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 8824 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7) 17 55,845. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	, , , ,	•				(
Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (cost Cost Cost Cost Instructions for how to figure the amounts to enter on the lines below. (d) (cost Cost Instructions for how to figure the amounts to enter on the lines below. (d) (cost Cost Instructions for how to figure the amounts to enter on the lines below. (d) (cost Cost Instructions for how to figure the amounts of cost Instructions for how to figure the amounts of cost Instructions for mines assist to the Instructions to whole dollars. (d) (cost Cost Instructions for mines the result with column (g) (d)		•	h			
See instructions for how to figure the amounts to enter on the lines below. Institute of other besis) Institute of cotten and column (g) and co						
Inist form may be easier to complete if you combine the result with column (ground off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1999 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 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 7) 17 55,845. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	See instructions for how to figure the amounts	(d)	•	(g) Adjustments to gain	1	(h) Gain or (loss) Subtract
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 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	This form may be easier to complete if you round off cents to whole dollars.		(or other basis)	Part II, line 2, column (g	or loss from Form(s) 8949, Part II, line 2, column (g)	
Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Inter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Enter excess of net short-term capital gain (line 7) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	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					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	8b Totals for all transactions reported on					
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55, 845.	Form(s) 8949 with Box D checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11	9 Totals for all transactions reported on					
Form(s) 8949 with Box F checked 55,845. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 55,845. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 55,845. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	Form(s) 8949 with Box E checked					
11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	10 Totals for all transactions reported on					
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	Form(s) 8949 with Box F checked					55,845.
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	11 Enter gain from Form 4797, line 7 or 9				11	
14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 55,845. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	14 Capital gain distributions				14	
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)1617 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)1755,845.18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.1855,845.			n h		15	55,845.
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)1755,845.18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.1855,845.	Part III Summary of Parts I and	111				
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 55,845.	16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	l loss (line 15)		16	
, and the state of	17 Net capital gain Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (line	e 7)	17	55,845.
Note: If losses exceed gains, see Capital losses in the instructions.	18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	per line on other returns.	Į	18	55,845.
	Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA