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Exempt Organization Bussiness Income Tax Return and proxy tax under section 603(e) **received year 2010 is selected year 2010 is year 2010 in the 201	<u></u>				Ext	ended to Ma	ay 1	17, 2021				
Description of the Tribulary Teach of the Control		Form	990-T	E	xempt Orgai	nization Bus	ine	ss Income	Tax Retur	n	OMB No 1545-0047	
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trade or issuress five Pental A. Activity Itarian			1,985,162,				poration	n 501(c) trus	401(a) trust	Other trust	
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If Yes, senter the rame and identifying number of the parent corporation. Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Ney 1 Gross screpts or sales 1 Gross recepts or sales 2 Cost of goods sold (Schedule A, line?) 3 Gross profits. Subtract line? From line to 4 Capital gann et ricome (attach Schedule B) 4 Detail group (sale) 4 Capital gann et ricome (attach Schedule B) 5 Income (loss) (From 277), Part II, line I7) (attach Form 4797) 6 Capital loss deduction for trusts 5 Income (loss) from aparteership or an S corporation (attach statement) 5 Rent income (Schedule C) 7 Unrelated debri-inanced noome (Schedule E) 8 Interest, annules, royates, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 10 Exploided exempt activity noome (Schedule I) 11 Advertising ancome (Schedule I) 12 Total. Combine lines 3 through 12 Part III Deductions NOt Taken Elsewhere (Schedule K) 15 Salers and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Compensation of officers, directors, and trustees (Schedule K) 10 Explosed exempt activitions; attach schedule) 11 Compensation to deferrige Compensation plans 12 Control-unions to deferrige Compensation plans 19 Taxes and licenses 10 Excess regiffship costs (Schedule I) 20 Depreciation (attach schedule) (see instructions) 21 Less depreciation (attach schedule) 22 Control-unions to deferrige Compensation plans 23 Control-unions to deferrige Compensation plans 24 Control-unions to deferrige Compensation plans 25 Excess regiffship costs (Schedule I) 26 Excess regiffship cos				-		usinesses.	7					
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?						is sentence, complete Pa	irts I an	id II, complete a Schedi	ile M for each additio	nal trade	or	
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The books are in care of			• • •		•		nt-subs	idiary controlled group	/	16	S A NO	
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Excess exempt, expenses (Schedule 1) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2 30 0. Unrelated business taxable income. Subtract line 30 from line 29	2									22		
Excess exempt, expenses (Schedule 1) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2 30 0. Unrelated business taxable income. Subtract line 30 from line 29	2		Contributions to defe	erred co	mpensation plans					23		
Excess exempt, expenses (Schedule 1) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2 30 0. Unrelated business taxable income. Subtract line 30 from line 29	02	24	Employee benefit pro	ograms						24		
Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2 30 0. Unrelated business taxable income. Subtract line 30 from line 29	_	25	Excess exempt expe	nses (So	chedule I)					25		
Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 26,706. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2 30 0. Unrelated business taxable income. Subtract line 30 from line 29 31 26,706.		26	Excess readership co	osts (Sc	hedule J)					26		
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 26,706.		27	Other deductions (at	ttach scl	hedule)			See Statem	ent 1	27		
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) See Statement 2 30 0. Unrelated business taxable income. Subtract line 30 from line 29 31 26,706.		28										
(see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 See Statement 2 30 0. 31 26,706.			,							29	26,706.	
31 Unrelated business taxable income. Subtract line 30 from line 29 31 26,706.		39		erating	loss arising in tax years be	ginning on or after Janua	ary 1, 20		amt 3		,	
ON Tresset	/	/			0 to 11 2 2 2 3	1 20		see Statem	EIL 2			
										31		

	Form 99	<u>0</u> -T (2019)	UC Healthcare System		27-385098	8Pa	age 2		
	Part	111 7	Total Unrelated Business Taxable Income						
	32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	32	316,0	93.		
	33		s paid for disallowed fringes Part 1	1	33	_			
	34		le contributions (see instructions for limitation rules) Stmt 4 Stmt 5		34		0.		
	35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum	of lines 32 and 33		316,0	93.		
	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 3							
	37	♥ 1.▼1							
	38								
	39	-	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	\$	"	1,00			
			e smaller of zero or line 37		39		0.		
	Part	$\overline{}$	Tax Computation		1 03 1		<u> </u>		
	40		ations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	_	0.		
	41	-	axable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		70		<u> </u>		
•	41		x rate schedule or Schedule D (Form 1041)	_	41				
	40				42		—		
	42	•	xx. See instructions				—		
	43		ive minimum tax (trusts only)		43				
	44		Noncompliant Facility Income. See instructions		44		0.		
	45 Part		dd lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments		45		"		
		\			1 1		—		
//		-	tax credit (corporations attach Form 1118; trusts attach Form 1116)		-				
'	b		edits (see instructions) 46b	·	-				
	C		business credit. Attach Form 3800	 -	-				
	đ		or prior year minimum tax (attach Form 8801 or 8827)		 				
			edits. Add lines 46a through 46d		46e		<u> </u>		
	47		t line 46e from line 45		47		0.		
	48			er (attach schedule)	48		<u> </u>		
	49		x. Add lines 47 and 48 (see instructions)		49		0.		
	50		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50		0.		
		•	ts: A 2018 overpayment credited to 2019		-				
	b	2019 es	timated tax payments (eV) 51b	40,500	4				
	C	Tax dep	osited with Form 8868		4				
		_	organizations: Tax paid or withheld at source (see instructions)		4 1				
	e	Backup	withholding (see instructions) 51e		-				
	f	Credit fo	or small employer health insurance premiums (attach Form 8941)		4 1				
	g	Other cr	edits, adjustments, and payments: Form 2439						
		Fo	rm 4136 Total ▶ <u>51g</u>		_				
	52	Total pa	yments. Add lines 51a through 51g		52	40,5	<u>00.</u>		
	53		ed tax penalty (see instructions). Check if Form 2220 is attached		53				
	54	Tax due	. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	►	54				
	55	Overpay	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10 ▶	55	40,5			
\	56			Refunded 📂	<u>5</u> 6	40,5	00.		
//	Part	VI	Statements Regarding Certain Activities and Other Information (see inst	ructions)					
	57	-	me during the 2019 calendar year, did the organization have an interest in or a signature or other authori	-		Yes	No		
			nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	•					
			Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
			Cayman Islands		<u></u>	Х			
	58	During 1	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?			X		
		If "Yes,"	see instructions for other forms the organization may have to file.						
	59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 💲						
	0:-		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	the best of my knowle	edge and belief, it is true),			
	Sign		1 1		May the IRS discuss this	return with			
	Here		Executive VP & CFO		he preparer shown belo				
			Signature of officer Date Title		nstructions)? X Y	s	No		
	-		Print/Type preparer's rame Preparer's signature Date	Check	ıf PTIN				
	Paic	1		self- employed	ı				
		parer	Alicia M. Janisch WWW Conson 3/22/21		P00741382				
	-	Only	Firm's name ▶ Deloitte Tax LLP	Firm's EIN	86-1065	772			
	200		200 Renaissance Center, Suite 3900		·				
			Firm's address Detroit, MI 49243	Phone no.	(313) 396-300)			

Schedule A - Cost of Goods	s Sold. Enter	method of inver	tory va	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	ar .		6		
2 Purchases	2		7	Cost of goods sold. S	ubtract l	ine 6			_
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs]	line 2			7	<u> </u>	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b			property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pers	sonal Property L	_ease	d With Real Prop	erty		
1. Description of property									
(1) CAM Portion of Rental In	come								
(2) Conference Center at Dra	ıke								
(3) UCH Cell Tower Rental									
(4)									
		ed or accrued				0(0) Destruction of the 1			
(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	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) 3(a) Deduction column				nd 2(b) (ettach schedule)	`
(1)				591	,875.		_	601	,115.
(2)				5	,716.			6	638.
(3)				68	,143.			28	835.
(4)									
Total	0.	Total		665	,734.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	•	· ·		,734.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	636	,588.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	<u></u>	3. Deductions directly con to debt-finance		perty	
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)			† –	-	\vdash		+		
(2)			1 -				╅		
(3)			†				十一		
(4)			†	-					
4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)	_			%			\top		,
(2)				%					
(3)	i -			%					
(4)	1			%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				.	.]	0			0.
Total dividends-received deductions in	ncluded in column	ı 8						-	0.

9.3

Schedule F - Interest,	Annuities, Roya	alties, an	d Rents	From Co	ntrolle	d Organiza	itions	(see ins	struction	s)
			Exempt 0	Controlled O	rganızatı	ons				
Name of controlled organizal	ıder	Employer atrication umber		elated income instructions)		al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)			<u> </u>				t			
(2)			<u> </u>				† ·			
			1		-		†		<u> </u>	 _
(3)			 		 					
(4) Nonexempt Controlled Organi	rations		<u> </u>		<u> </u>					
	8 Net unrelated inc	(less)	0 7-1-1	of specified pays		10. Part of colu	ma O that	un unabudod	11. De	ductions directly connected
7. Taxable Income	(see instructi		g. roun	made	nenis	in the controll	ing organ s income	ization's		income in column 10
(1)			1							
(2)										<u> </u>
(3)										
(4)			 				***			
_(4)	. –		.			A dal a a lua		1.10		ld columns 6 and 11
						Add colum Enter here and line 8,		1, Part I,	Enter h	ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	ent Income of a	Section	501(c)(7	'), (9), or (17) Ord	anization				
	tructions)			,, (-), -: (,	,				
1. Desc	cription of income			2. Amount of	ıncome	3. Deduction directly connection (attach scheduler)	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)			_							
(3)										
(4)					·					
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited (see instri	=	ty Incom	e, Other	Than Adv	vertisin	ig Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	openses connected coduction related ss income	4. Net incor from unrelate business (comminus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not urrela business inco	that ted	attribut	penses lable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)					-					
(4)	<u> </u>					-		1		
<u> </u>	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 1, col (B)							Enter here and on page 1, Part II, line 25
Totals •	0	-	0.							0.
Schedule J - Advertisi Partil Income From				solidated	Basis				= :	
1. Name of periodical	2. Gros advertisir income	g l ad	3. Direct	or (loss) (d col 3) If a g	tising gain of 2 minus jain, comput hrough 7			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
/1\						-		 		
(1)						-		 		
(2)						<u> </u>		 		
(3)								 	<u> </u>	
(4)				_		=		1		
	_ [ا	-	.						_
Totals (carry to Part II, line (5))	<u> </u>	0.		0.				<u> </u>		0,
										Form 990-T (2019

1.8.

Form 990-T (2019) UC Healthcare System 27-3850988 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)	•	<u>-</u>					
(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 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

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

Form 990-T (2019)

e 130

Form 990-T	Other Deducti	ons.	Statement 1
Description			Amount
Tax Prep Fees	•		2,440
Total to Form 990-T, Page 1	, line 27		2,440
Form 990-T Ne	t Operating Loss D	Deduction	Statement 2
Tax Year Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19 73,478.	0.	73,478.	73,478.
NOL Carryover Available Thi		73,478.	73,478.

Form 990-T	Net	Statement 3		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/05	412,768.	412,768.	0.	0.
06/30/06	0.	0.	0.	0.
06/30/07	261,042.	107,803.	153,239.	153,239.
06/30/08	255,040.	0.	255,040.	255,040.
06/30/09	0.	0.	0.	0.
06/30/10	48,525.	٠ 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	ver Available This	Year	2,788,338.	2,788,338.

Form 990-T	Contributions	Summary	Statement 5
Qualified C Qualified C	Contributions Subject to 100% Contributions Subject to 25%	Limit Limit	
Carryover o For Tax Y For Tax Y For Tax Y For Tax Y	Tear 2015 Tear 2016 Tear 2017	tions .	
Total Carry Total Curre	rover ent Year 10% Contributions	54,463,290	
	ibutions Available ome Limitation as Adjusted	54,463,290 0	
	ributions Contributions S Contributions	54,463,290 0 54,463,290	_
Allowable C	contributions Deduction		0
Total Contr	ribution Deduction		0

Form 990-T	Deductions	Connected	wit	h Rental	Income	Statement	6
Description				Activity Number	Amount	Total	
Rental Expenses			-		601,115.		
Rental Expenses		- Subtotal	-	1	6,638.	601	.,115.
Rental Expenses		- Subtotal	. –	2	5,000.	6	638,
Rental Expenses				_	28,835.		
		- Subtotal	_	3		28	8,835.
Total to Form 99	0-T, Schedul	le C, Colum	ın 3		·	636	5,588.

(**V**.

Form 990-T	Contributions	Statement 4
Description/Kind of Property	Method Used to Determine FMV	Amount
University of Cincinnati	N/A	53,316,739.
Uptown Consortium Inc.	N/A	290,000.
Center for Closing the Health	N/A	
Gap in Greater Cincinnati		200,000.
United Way of Greater	N/A	
Cincinnati		139,383.
Center for Respite Care	N/A	132,500.
Children's Hospital Medical	N/A	120.000
Center	37 / 3	130,000.
Village Life Outreach Project,	N/A	116,668,
Inc.	N/A	110,000.
Urban League of Greater Cincinnati	N/A	75,000.
Avondale Community Council,	N/A	,
Inc.	21/ 22	20,000.
Cincinnati Insitute of Fine	N/A	·
Arts	,	10,000.
Mortar Cincinnati	N/A	10,000.
University of Cincinnati	N/A	
Foundation		10,000.
Women Walking West Inc.	N/A	7,000.
American Heart Association,	N/A	
Inc.		6,000.
Total to Form 990-T, Page 2, 1i	ine 34	54,463,290.

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Entity

2010

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020

▶ 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			Employer identifi 27-38509		number
$\overline{}$	Inrelated Business Activity Code (see instructions) 621110			<u> </u>		
	escribe the unrelated trade or business Services Incom	ne				
Pa			(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 347,936.					
b	Less returns and allowances c Balance ▶	1c	347,936.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3	347,936.			347,936.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7			_	
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	347,936.			347,936.
Pa	directly connected with the unrelated business in	ions f	for limitations on ded			must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	24. 624
15	Salaries and wages			<u> </u>	15	214,681.
16	Repairs and maintenance			—	16	
17	Bad debts			<u> </u>	17	<u> </u>
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses) 1	<u> </u>	19	
20	Depreciation (attach Form 4562)		_20			
21	Less depreciation claimed on Schedule A and elsewhere on return				21b	
22	Depletion			<u> -</u>	22	·
23	Contributions to deferred compensation plans			_	23	
24	Employee benefit programs			<u> </u>	24	20,663.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)			_ —	26	
27	Other deductions (attach schedule)		See Statement		27	157,620.
28	Total deductions. Add lines 14 through 27			<u> </u>	28	392,964.
29	Unrelated business taxable income before net operating loss deduced	ction.	Subtract line 28 from line 1	3	29	-45 <u>,</u> 028.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

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

Schedule M (Form 990-T) 2019

30

0.

-45,028.

Stmt 8

nt	i	ty	
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Form 990-T (2019)						Page 3
UC Healthcare					27-385098	
Schedule A - Cost of Good	s Sold. Enter	method of invent	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of yea	ar	<u> </u>	6
2 Purchases	2		7 Cost of goods sold. Si	ubtract l	ine 6	
3 Cost of labor	3		from line 5. Enter here	Part I,		
4a Additional section 263A costs			line 2		L	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	acquired	l for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?	•		х
Schedule C - Rent Income	(From Real	Property and	Personal Property L	.ease	d With Real Prope	rty)
(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%)	inan	` of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	3(a) Deductions directly o columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						-
Total	0.	Total		0.		
(c) Total income. Add totals of columns	2(a) and 2(b). Fr	iter	·		(b) Total deductions.	
here and on page 1, Part I, line 6, column		 •		0.	Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Det		Income (see	instructions)			
		\	<u> </u>		3. Deductions directly conne	
			Gross income from or allocable to debt-	/2)	to debt-finance	1
1. Description of debt-fi	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				1		
(2)						
(3)				<u> </u>		
(4)						
4. Amount of average acquisition	6 Average	adjusted basis	6 Column 4 divided		7. Gross income	8. Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to inced property h schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%	Ì		
(4)			%			
- <u>1.</u> f	•				inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
				'		1
Totals		_	•	Ц	0.	0.
Total dividends-received deductions	ncluded in columi	n ช _			•	0.

Form 990-T ((M)	Other Deduct	cions	Statement 7
Description				Amount
Purchased Se	ervices			81,725
Supplies				55,296
Overhead All				9,134.
Tax Prep Fee Other Costs	es			1,275, 10,190,
Total to Sch	nedule M. Dart II	line 27		157 620
	nedule M, Part II		Deduction	157,620.
Total to Sch	<u></u>	Operating Loss	Deduction	Statement 8
	<u></u>	Operating Loss		Statement 8
	<u></u>	Operating Loss	Deduction Loss Remaining	
Schedule M	Net Loss Sustained	Operating Loss Loss Previously	Loss Remaining	Statement 8 Available This Year
Schedule M	Net	Operating Loss Loss Previously	Loss	Statement 8 Available

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Entity

Department of the Treasury

, and ending JUN 30, 2020 For calendar year 2019 or other tax year beginning JUL 1, 2019

Internal Revenue Service

► 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				Employer ider 27-385		n number
	Inrelated Business Activity Code (see instructions) 621500						
	Describe the unrelated trade or business External Lab	Servi	es				
Pai	······································		(A) Incom	e	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 308,588.		· · · · · · · · · · · · · · · · · · ·				-
	Less returns and allowances c Balance	1c	30	3,588.		i	
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3	30	3,588.			308,588.
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					<u></u>
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled					1	
	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	30	8,588.			308,588.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			on ded	uctions.) (Dec	duction	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	13,546.
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses		1			19	
20	Depreciation (attach Form 4562)		20	<u> </u>			
21	Less depreciation claimed on Schedule A and elsewhere on return		21	a		21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	<u>_</u>
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25_	
26	Excess readership costs (Schedule J)				_	26	
27	Other deductions (attach schedule)		See St	atement	9	27	35,148.
28	Total deductions. Add lines 14 through 27					28	48,694.
29	Unrelated business taxable income before net operating loss deduced	ction S	Subtract line 28	from line 1	13	29	259,894.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018	see		1 1	

Unrelated business taxable income. Subtract line 30 from line 29

259,894.

Form 990-T (2019)								P	Page 3
UC Healthcare		<u> </u>				27-385098	8 .		
Schedule A - Cost of Goods	S Sold. Enter	method of inver	tory v	aluation N/A					
 Inventory at beginning of year 	1		6 Inventory at end of year						
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		1	from line 5. Enter here a	and in F	Part I,			
4a Additional section 263A costs				line 2		L	7	1	
(attach schedule)	4a		_ 8	Do the rules of section		Yes	No		
b Other costs (attach schedule)	4b		4	property produced or a	cquired	for resale) apply to	1		
5 Total. Add lines 1 through 4b	5			the organization?			1		Х
Schedule C - Rent Income	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	rty)		
(see instructions)				_					
1. Description of property									
	·····								
(1)									
(2)									
(3)									
(4)	2. Rent receiv	ed or accrued				1			
(a) From personal property (if the per-			and ners	onal property (if the percentag	20	3(a) Deductions directly co	onnected with the inc	ome in	
rent for personal property is more 10% but not more than 50%)	than	` ' of rent for	personal	property exceeds 50% or if ed on profit or income)	,-	columns 2(a) and	2(b) (attach schedule	*)	
		there	nt is bas	ed on profit or income)		-			
(1)									
(2)						 			
(3)	·				_	<u> </u>			
(4) Total	0.	Total			0.				
(c) Total income. Add totals of columns					<u> </u>	(b) Total deductions.			
here and on page 1, Part I, line 6, column		ILEI			0.	Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Det		Income (see	ınstru	ictions)					
	· · · · · · · · · · · · · · · · · · ·		T			3. Deductions directly conne		9	
			1	Gross income from or allocable to debt-	701	to debt-financed			
1. Description of debt-fil	nanced property		-	financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		3
]						
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition	5. Average	adjusted basis		Column 4 divided		7. Gross income	8. Allocable		
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to inced property	l	by column 5		reportable (column 2 x column 6)	(column 6 x tota 3(a) and		umns
	(attac	h schedule)							
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1,	Enter here and		
					'	Part I, line 7, column (A)	Part I, line 7, c	olumn (E	
Totals				▶		0.	L		0.
Total dividends-received deductions	ncluded in colum	n 8				<u> </u>			0.

UC Healthcare System

27-3850988

Form 990-T (M)	Other Deductions	Statement 9
Description		Amount
Purchased Services Supplies		11,939. 3,702. 304.
Overhead Allocation Tax Prep Fees		1,131.
Other Costs		18,072.
Total to Schedule M, Part II, 1	ine 27	35,148.

12

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

and ending JUN 30, 2020

2019

OMB No 1545-0047

Entity

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL~1, 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

208,351.

Employer identification number Name of the organization 27-3850988 UC Healthcare System Unrelated Business Activity Code (see instructions) ▶ Forensic Psychiatry Describe the unrelated trade or business **Unrelated Trade or Business Income** (C) Net (A) Income (B) Expenses 208,351. 1a Gross receipts or sales 208,351. **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 208,351 208,351 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 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

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

12

13

208,351,

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes 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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	-
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) See Statement 10	27	223,575.
28	Total deductions. Add lines 14 through 27	28	223,575.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-15,224.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) Stmt 11	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-15,224.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2019

Page 3

UC Healthcare				27-3850	988		
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır	6		
2 Purchases	2		7 Cost of goods sold. St				
3 Cost of labor	3		from line 5. Enter here	1	_		
4a Additional section 263A costs			line 2	7	-		
(attach schedule)	4a		8 Do the rules of section		Yes	No	
b Other costs (attach schedule)	4b		property produced or a				
5 Total. Add lines 1 through 4b	5		the organization?	, , , , , ,		—	x
Schedule C - Rent Income (From Real	Property and		eased With Real Pro	perty	<u>/)</u>	
(see instructions)	•		•			•	
1. Description of property	-			<u></u>			
(1)	-						—
(2)					-		
(3)			· -				
(4)							
· · · · · · · · · · · · · · · · · · ·	2. Rent receiv	ed or accrued					
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percenta personal property exceeds 50% or if ant is based on profit or income)	ge 3(a) Deductions directions columns 2(a)	ily conn and 2(b	ected with the income in) (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		ter		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)			0.
Schedule E - Unrelated Deb		Income (see	e instructions)	Fart I, line 6, column (B)			<u> </u>
		200)	, mondonono,	3. Deductions directly co	nnecte	d with or allocable	
			Gross income from or allocable to debt-	to debt-fina		operty	
1. Description of debt-fin	anced property		financed property	(a) Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)	s
	-						
(1)							
(2)							
(3)		_					
(4)					\perp		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	edjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			%	-	\top		
(2)			%		\top		
(3)			%				
(4)			%		\top		
				Enter here and on page 1,	\top	Enter here and on page	 • 1.
				Part I, line 7, column (A)	- 1	Part I, line 7, column (I	
Totals			•		0.		0.
Total dividends-received deductions in	cluded in columi	n 8	ŕ		ightharpoonup		0.

Form 990-7	r (M)	Other Deduct	ions	Statement 10
Description	on			Amount
Purchased Tax Prep F Other Cost	rees			132,744. 764. 90,067.
Total to S	Schedule M, Part II	, line 27		223,575.
Schedule N	1 Net	Operating Loss	Deduction	Statement 11
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19	138,420.		138,420.	138,420.
NOL Carry	over Available This	Year	138,420.	138,420.

Unrelated Business Taxable Income from an Unrelated Trade or Business

2019

Entity

, and ending JUN 30, 2020 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

OMB No 1545-0047

Name of the organization UC Healthcare System					Employer identification number 27-3850988			
	related Business Activity Code (see instructions) 900099							
Des	scribe the unrelated trade or business Cosmetic Sales	T						
Part	Unrelated Trade or Business Income	ł	(A) Income	(B) Expenses		(C) Net		
1a G	Gross receipts or sales 130,851.							
b L	ess returns and allowances c Balance >	1c	130,851.					
2 (Cost of goods sold (Schedule A, line 7)	2	73,691.					
3 6	Gross profit Subtract line 2 from line 1c	3	57,160.			57,160.		
4a 0	Capital gain net income (attach Schedule D)	4a						
b N	let gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
c C	Capital loss deduction for trusts	4c						
5 lr	ncome (loss) from a partnership or an S corporation (attach							
s	tatement)	5						
6 F	Rent Income (Schedule C)	6			\dashv			
7 L	Inrelated debt-financed income (Schedule E)	7			\dashv			
8 Ir	nterest, annuities, royalties, and rents from a controlled							
	rganization (Schedule F)	8			—			
9 Ir	nvestment income of a section 501(c)(7), (9), or (17)				1			
0	rganization (Schedule G)	9			+			
10 E	exploited exempt activity income (Schedule I)	10			+			
11 A	Advertising income (Schedule J)	11			+			
12 C	Other income (See instructions, attach schedule)	12			\dashv			
<u>13 T</u>	otal. Combine lines 3 through 12	13	57,160.			57,160.		
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in							
	Compensation of officers, directors, and trustees (Schedule K)			-	14			
	Salaries and wages			<u></u>	15	 		
	Repairs and maintenance			_	16			
	Bad debts				17			
	nterest (attach schedule) (see instructions)			<u> </u>	18 19			
	axes and licenses		20	F	+			
	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		21a		 1b			
	Depletion		[214]		22			
	Contributions to deferred compensation plans			_	23			
	imployee benefit programs				24			
	excess exempt expenses (Schedule I)			<u> </u>	25			
	excess readership costs (Schedule J)			_	26			
	Other deductions (attach schedule)		See Statemen		27	27,667.		
	otal deductions. Add lines 14 through 27				28	27,667.		
	Inrelated business taxable income before net operating loss deduc	ction Si	ubtract line 28 from line		29	29,493.		
	Deduction for net operating loss arising in tax years beginning on o							
	nstructions)		•	3	30	0.		
	Inrelated business taxable income Subtract line 30 from line 29			[3	31	29,493.		

	rage 3
850988	

UC Healthcare					27-38509	88		
Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation N/A	_				
1 Inventory at beginning of year	1		6 Inventory at end of year			6		
2 Purchases	2	7 Cost of goods sold. Subtract line 6			ne 6			
3 Cost of labor	3	_	from line 5. Enter here and in Part I,					
4a Additional section 263A costs			tine 2		Į	7	73,691	
(attach schedule)	4a		8 Do the rules of section 2				Yes No	
b Other costs (attach schedule)	4b	73,691.	property produced or ac	cquired 1	for resale) apply to		- <u>-</u> -	
5 Total. Add lines 1 through 4b	5	73,691.	the organization?		114711 D. 1D.		Х	
Schedule C - Rent Income (From Real	Property and	Personal Property Le	eased	i with Real Propo	erty)		
(see instructions)							-	
1. Description of property								
(1)							-	
(1)								
(3)					· - ·			
(4)				-				
	2. Rent receiv	ed or accrued				-		
(a) From personal property (if the perc	entage of	(b) From real a	nd personal property (if the percentage	је	3(a) Deductions directly columns 2(a) an	connected with the digital of the digital digi	e income in edule)	
rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersonal property exceeds 50% or if t is based on profit or income)		.,			
(1)		<u> </u>						
(2)	-							
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2	2(a) and 2(b). Er	iter			(b) Total deductions.			
here and on page 1, Part I, line 6, column		>		0.	Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2 0		3. Deductions directly conr to debt-finance		cable	
4.5			2. Gross income from or allocable to debt-	(a) Straight line depreciation		 	(b) Other deductions	
1. Description of debt-fine	ancea property		financed property		(attach schedule)	` (attach	schedule)	
						-		
(1)						 		
(2)						 		
(3)						-		
(4)	 -							
Amount of average acquisition debt on or allocable to debt-financed	5. Average of or	adjusted basis allocable to	6. Column 4 divided by column 5		7. Gross income reportable (column		able deductions x total of columns	
property (attach schedule)		inced property h schedule)			2 x column 6)) and 3(b))	
(4)	·		0/			+		
(1)			%			+		
(2)			%			+		
(3)			- %			+		
(4)	<u> </u>	-	%			+		
					ater here and on page 1, art I, line 7, column (A)		and on page 1, 7, column (B)	
Tatala					0		0	
Totals	معاناهم ما المطاينات	- 0	►L			+	0	

Form 990-T (M) Other Deductions		Statement 12		
Description		Amount		
Tax Prep Fees Other Costs		480. 27,187.		
Total to Schedule M, Part II,	line 27	27,667.		

Form 990-T (M)	Cost of Goods Sold - Other Costs	Statement 17
Description		Amount
		73,691.
Total to Form 990-	r, Schedule A, line 4b	73,691.

Unrelated Business Taxable Income from an Unrelated Trade or Business

Entity 5
OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020

▶ 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).

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UC Healthcare System 27-3850	Employer identification number 27-3850988		
Unrelated Business Activity Code (see instructions) 523000	·		
Describe the unrelated trade or business Alternative Investments	- T		
Part I Unrelated Trade or Business Income (A) Income (B) Expenses		(C) Net	
1 a Gross receipts or sales		1	
b Less returns and allowances c Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)	_		
3 Gross profit Subtract line 2 from line 1c 3			
4a Capital gain net income (attach Schedule D) 4a 55,078.		55,078.	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	\rightarrow		
c Capital loss deduction for trusts	\rightarrow		
5 Income (loss) from a partnership or an S corporation (attach statement) Statement 13 5 -1,080,584.		-1,080,584.	
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E) 7			
8 Interest, annuities, royalties, and rents from a controlled			
organization (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17)	-		
organization (Schedule G)			
10 Exploited exempt activity income (Schedule I) 10		·	
11 Advertising income (Schedule J)			
12 Other income (See instructions, attach schedule) 12			
13 Total. Combine lines 3 through 12 13 -1,025,506.		-1,025,506.	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions of the connected with the unrelated business income.)		ns must be	
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 Depreciation (attach Form 4562) 20 20 20 20 20 20 20 20 20 20 20 20 20 2	<u> </u>		
	21b 22		
22 Depletion 23 Contributions to deferred compensation plans	23		
23 Contributions to deferred compensation plans 24 Employee benefit programs	24		
	1		
25 Excess exempt expenses (Schedule I)	25 26		
26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) See Statement 14	27	3,725.	
28 Total deductions. Add lines 14 through 27	28	3,725.	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-1,029,231,	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		_,,	
instructions)	30	0.	
31 Unrelated business taxable income. Subtract line 30 from line 29	31	-1,029,231.	

Form 990-T (M) Income (Loss) from Partnerships	Statement 13
Description	Net Income or (Loss)
Chickasaw MLP Partners, LLC (Non-ERISA) - Ordinary Business Income (loss)	-615,023.
Cincytech Fund IV, LLC - Ordinary Business Income (loss) Cincytech Fund IV, LLC - Interest Income	-9,195. 767.
Cincytech Fund IV, LLC - Other income (loss) FEG Private Opportunities Fund III, LP - Ordinary Business	-1,198.
Income (loss) Chickasaw MLP Partners, LLC (Quasi-Reserve) - Ordinary Business Income (loss	11,508. -458,868.
Timber Bay Fund I, LP (Quasi) - Ordinary Business Income (loss) Timber Bay Fund I, LP (Non-ERISA) - Ordinary Business	-4,677.
Income (loss)	-3,898.
Total Included on Schedule M, Part I, line 5	-1,080,584.
Form 990-T (M) Other Deductions	Statement 14
Description	Amount
Tax Prep Fees	3,725.
Total to Schedule M, Part II, line 27	3,725.

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

Entity

2010

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019 , and ending JUN 30, 2020

▶ 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			Employer identification 27-3850988	en number
Unrelated Business Activity Code (see instructions) > 523	3000		•	
Describe the unrelated trade or business Alternat:	ive Investme	ents - FEG Fund IV		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances c Balan	· —			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4a			<u> </u>
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) Statement 15	5	-23,107.		-23,107.
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	-23,107.		-23,107.
Part II Deductions Not Taken Elsewhere (See ins directly connected with the unrelated business)	ess income.)		····	ns must be
14 Compensation of officers, directors, and trustees (Schedule	к)		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		ا مو ا	19	
20 Depreciation (attach Form 4562)21 Less depreciation claimed on Schedule A and elsewhere on		20 21a	21b	
	return	[ZIa]	22	· · · · · · · · · · · · · · · · · · ·
22 Depletion 23 Contributions to deferred compensation plans			23	
24 Employee benefit programs			24	
25 Excess exempt expenses (Schedule I)			25	
26 Excess readership costs (Schedule J)			26	
27 Other deductions (attach schedule)		See Statement	├	85.
28 Total deductions. Add lines 14 through 27			28	85.
29 Unrelated business taxable income before net operating loss	s deduction. Si	ibtract line 28 from line		-23,192.
30 Deduction for net operating loss arising in tax years beginning			<u></u>	
instructions)		, .,	30	0.
31 Unrelated business taxable income. Subtract line 30 from lin	ne 29		31	-23,192.

Form 990-T (M)	Income (Loss) from Partnerships	Statement 15
Description		Net Income or (Loss)
Ordinary Business Inco	ies Fund IV, L.P. (Non-ERISA) -	-9,660.
Ordinary Business	Table 1., Elli (galle illeret)	-13,447.
Total Included on Scheo	dule M, Part I, line 5	-23,107.
Form 990-T (M)	Other Deductions	Statement 16
Description		Amount
Tax Prep Fees		85.
Total to Schedule M, Pa		85.

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.

OMB No. 1545-0123

► Go to www.irs.gov/Form1120 for instructions and the latest information. Name Employer identification number 27-3850988 UC Healthcare System Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (§) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract olumn (e) from column (d) and mbine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 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 (d) (9) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below. (e) This form may be easier to complete if you round off cents to whole dollars. (sales price) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 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 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 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

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 proper line on other returns

18

0.

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

Maine				p.	oyer racinamountam mamber
UC Healthcare System				27-	-3850988
Did the corporation dispose of any investmen	t(s) in a qualified opportuni	ty fund during the tax ye	ear?		Yes X No
f "Yes," attach Form 8949 and see its instruc	tions for additional requirer	ments for reporting your	gain or loss.		
Part I Short-Term Capital Gai	ns and Losses (See II	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(0) Adjustments to gai or loss from Form(s) 894	n Ig	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	i) '	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		-			
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			l		1,965.
4 Short-term capital gain from installment sales	· · · · · · · · · · · · · · · · · · ·			4	
5 Short-term capital gain or (loss) from like-kind	*			5	
6 Unused capital loss carryover (attach computa	•			6	(
7 Not chort-term capital gain or (loss). Combine				7	1,965.
Part II Long-Term Capital Gair	ns and Losses (See in	structions.)	T		 ·
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 894	n 19,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (9)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	<u>-</u>	-		-	_
10 Totals for all transactions reported on					53,113.
Form(s) 8949 with Box F checked			<u></u>	1 44	33,113.
11 Enter gain from Form 4797, line 7 or 9	F COFO I OC 07			11	
12 Long-term capital gain from installment sales	•			12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13	
14 Capital gain distributions	lunca Ca thuairah 4.4 in anti-ma	L		14	53,113.
Part III Summary of Parts I and		II		15	33,113.
16 Enter excess of net short-term capital gain (lin	•	Ince (line 15)		16	1,965.
17 Net capital gain. Enter excess of net long-term	•		a 7)	17	53,113.
18 Add lines 16 and 17. Enter here and on Form		• •	· · · ·	18	55,078.
Note: If losses exceed gains, see Capital Los		Por ano on other returns			1 , , , , ,

LHA

Form 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2019Attachment

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

27-3850988 UC Healthcare System Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check [Partil | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (e) (a) (b) (c) (d) loss. If you enter an amount in column (g), enter a code in Proceeds Gain or (loss). Cost or other Description of property Date acquired Date sold or (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo., day, yr) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of combine the result see Column (e) In Code(s) with column (g) the instructions adjustment 1,940. Cincytech Fund IV, LLC FEG Private Opportunities Fund III, LP 25. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

1,965.

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

tax	payer identification no.
UC Healthcare System	27-3850988
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your browstatement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported broker and may even tell you which box to check	oker A substitute d to the IRS by your
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For see page 1	
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for w codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949	9 (see instructions)
If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need	r, page 2, for each applicable box
(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	
(F) Long-term transactions not reported to you on Form 1099-B	
1 (a) (b) (c) (d) (e) Cost or other basis. See the Note below and	an amount ra code in Subtract column (e)
see Column (e) In (f) Code(s) Amo	combine the result with column (g)
Cincytech Fund IV, LLC	53,078.
FEG Private Opportunities	
Fund III, LP	35.
	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract	
negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E	
above is checked), or line 10 (if Box F above is checked)	53,113.

EIN: 27-3850988 June 30, 2020

Form 990-T, Part III, Line 35 NOL Adjustment

UC Healthcare Systems has restated their NOL on the 2019 Form 990-T due to the repeal of IRC § 512(a)(7). The NOL properly reflects the repeal and non-inclusion of the previously disallowed transportation fringe benefits for unrelated business taxable income.