ing Ogden	
AUG	
-	
2	

	۰ ـ			Exempt Organization Busine	ess	Income Tax I	Returi	า	0	MB No. 1545-068	87
	Form D	190-T	1 .	(and proxy tax under s				<b>.</b>	. –		
	TOINI -			• • •		•	<u> </u>	105		2018	
			For cale	ndar year 2018 or other tax year beginning 06/0				19 .			
	•	ent of the Treasury		Go to www.irs.gov/Form990T for instru				14-1401	Open	to Public Inspecti	ion for
		evenue Service	► Do i	not enter SSN numbers on this form as it may be			on is a 50			:)(3) Organizations	
	A D a	heck box if ddress changed		Name of organization (		nd see instructions )				identification nur ' trust, see instruct	
8		t under section	Print	THE <u>UNIV</u> ERSITY OF TAMPA, INCORPORA				,,	•		
節五		رد <del>بروی</del> ۱٬ د	or	Number, street, and room or suite no. If a P.O. box,	, see ins	structions.		E Hans		0-0624459 ousiness activity o	nada .
<u>북</u> %	<u> </u>	· ·	Туре	401 W KENNEDY BLVD						ctions.)	200 <del>0</del>
Σ ₹ Ο Φ	<u></u> 40			City or town, state or province, country, and ZIP or	foreign	postal code				500000	
Received in Batching Ogden	☐ 529	9(a)		TAMPA, FL 33606-1490						523000	
3 -	at end	value of all assets of year		oup exemption number (See instructions.		- D 501(-) +		1.401/0	\ <del>4</del> m.c	t Other	<del>+= 10+</del>
_				neck organization type				401(a			
AUG				organization's unrelated trades or business					• •	or first) unrelate	
G 1				PASSIVE INVESTMENTS at the end of the previous sentence, com		nly one, complete Pa					
1 2				omplete Parts III-V.	ibiere	Farts I and II, Comp	Jiele a S	CHECUI	e IVI I	or each addi	lionai
2020							atrallad a		_	Voc. IZ	No
23				e corporation a subsidiary in an affiliated grou			ntrolled g	roupr .	•	r 🗆 res 🖭	NU
				and identifying number of the parent corp	oratio					(813) 257-6307	<del>,</del> —
	•	books are in				Telephon (A) Income		penses	$\overline{}$	(C) Net	
				e or Business Income		po meome	(0) (	tpensos	$\dashv$	(0) (10)	i
		Gross receipts		<del></del>	40	0					
		Less returns and			1c 2	0					
	2	_	-	Schedule A, line 7)	3	0			+	0	
	3	•		t line 2 from line 1c	4a	0		+	-	0	
				me (attach Schedule D)	4a 4b	0				0	
				4797, Part II, line 17) (attach Form 4797)	40 4c	0		-	+	0	
		Capital loss de			5	(137,670)		-		(137,670)	
	5		•	tnership or an S corporation (attach statement)	6	(137,070)		0	$\dashv$	0	
	6			ile C)	7	0		0		0	_
	7			ced income (Schedule E)		0		0		0	<u></u>
5	9 <b>8</b>		-	and rents from a controlled organization (Schedule F)	8	0		0		0	<del></del>
5	0 9 9			ction 501(c)(7), (9), or (17) organization (Schedule G)	10	0		0	-	0	
	ິ 10 © 11	•		civity income (Schedule I)	11	0		0		0	
	> 11 > 12	_	-	Schedule J)	12	0				0	
	12		-	tructions; attach schedule)	13	(137,670)	-	0	-+	(137,670)	
Ļ	13 C Part	Total. Combin		Taken Elsewhere (See instructions for			ne ) /Evo		conf		
,				t be directly connected with the unrelate			113.) (LAC	ept ioi	COIII	ibudons,	
i	<u> </u>								14	0	
	Z 15	Salaries and v			• •	TED TO		-	15	0	<b></b> -
-	Z 15 Z 15 K 16		_	ance	/	EIV - 101			16	0	
(	) 17 () 17	•			1EO	18/ Been	٠	-	17	0	
•	ソリ 18			dule) (see instructions)		(2) NOTO 18	1	<b>⊢</b>	18	0	
					16	R (B. T) LOS	$\mathbf{A}$	· +	19	0	
	20	Charitable cor	ntributu	ons (See instructions for limitation rules). Form 4562)  immed on Schedule A and elsewhere on recorded compensation plans	***		<b>~</b> ``	· +	20	0	$\vdash$
	21	Depreciation (	attach	Form 4562)	نيب	CD 424	0	. ⊢			
	22	Less denrecia	ition els	simed on Schedule A and elsewhere on re	tumC	22a	0		22b	0	
	23	Depletion							23	0	
	24	Contributions	to defe	erred compensation plans	•			-	24	0	
	25	Employee her	nefit ne	ograms	•			· +	25	0	_
	26			nses (Schedule I)					26	0	
	20 27			osts (Schedule J)					27	0	
	28			tach schedule)					28	28,300	
	29		-	dd lines 14 through 28			7	8	29	28,300	-
	30			axable income before net operating loss de					30	(165,970)	<del></del>
	30 31			rating loss arising in tax years beginning on o				+-	31	,,,,,,,,	
	31 32			axing loss arising in tax years beginning on o axable income. Subtract line 31 from line					32	(165,970)	<del>                                     </del>
	<u> </u>			Metico see instructions	JU	Cat No. 11201 I	<del>· · ·</del>	~!!		Form <b>990-T</b>	

Part	II T	otal Unrelated Business Taxable Income									
33	Total c	of unrelated business taxable income computed from all unrelated trades or businesses (	see	T							
	instruc	etions)		33		0					
34	Amour	nts paid for disallowed fringes		34							
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (	see								
		etions)		35		0					
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um								
	of lines	36		o	1						
37		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		-					
38		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line		<del>     </del>							
	enter the smaller of zero or line 36										
Part	M T	ax Computation	<u></u> _	30		0					
39		izations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<u> </u>	39		٥					
40		Taxable at Trust Rates. See instructions for tax computation. Income tax		39							
		nount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40			Į				
41		tax. See instructions	•	41							
42		ative minimum tax (trusts only)		<del></del>							
42 43		Noncompliant Facility Income. See instructions		42	<del></del>						
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		43	<del></del>	-					
Part		ax and Payments	•	44		- 01					
45a					·····						
b		n tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a 45b 45b		{ {							
C		al business credit. Attach Form 3800 (see instructions)									
ď		for prior year minimum tax (attach Form 8801 or 8827)									
e		credits. Add lines 45a through 45d		450							
46		ct line 45e from line 44		45e		0					
47	Otherte	ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	•	46		0					
		•		47	i	_0					
48 49		ax. Add lines 46 and 47 (see instructions)		48		0					
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49							
		ints: A 2017 overpayment credited to 2018									
		stimated tax payments				i					
Ç		posited with Form 8868				į					
ď	-	n organizations: Tax paid or withheld at source (see instructions) . 50d				i					
	-	o withholding (see instructions)				l					
f	Credit	for small omployor hoalth insurance promiums (attach Form 8941) . 50f				ĺ					
g	Other c	credits, adjustments, and payments: Form 2439				- 1					
	☐ Form										
		payments. Add lines 50a through 50g		51	11,	000					
		ted tax penalty (see instructions). Check if Form 2220 is attached		52	<del></del>						
53	lax qu	ie. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		0					
		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.		54		000					
		e amount of line 54 you want. Credited to 2019 estimated tax > 0 Refunded	2	755	11,	000					
Part \	_	tatements Regarding Certain Activities and Other Information (see instructions)				/ T	<u> </u>				
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature	or ot	her au	thority	/es	No				
	OVER A	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	ı may	/ have	to file		1				
	here ►	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e tor	eign c	ountry _	-	لبـــا				
					L	_	<u> </u>				
57	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a fore	ign trus	it? .		<u>√</u>				
		" see instructions for other forms the organization may have to file.					ŀ				
<u>58</u>	Enter th	he amount of tax-exempt interest received or accrued during the tax year ▶ \$			0	لب	الب				
Sign	true, c	penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to it goests and complete. Decignation of greparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ne bes udna =	t of my k	nowledge an	d belie	र्भ, It IS				
_	N 1	00 1 1 1 1413/2020			IRS discuss						
Here		PRESIDENT	_		nuctions)?						
	Signati	ure of officer Date Title	<u> </u>								
Paid		Print/Type preparer's name Preparer's signature Date		ick 🔲							
Prepa	arer	BRITTNEY KOCAJ Brithny Koraj 4/14/202	self	-employ	ed P01	3206	03				
Use C		Firm's name ► CROWE LLP		's EIN ▶	35-09	2168	0				
		Firm's address ► 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230	I pho	DO DO	(954) 20	12-86	ΩO.				

Page 🤅	3
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Form 9	90-T (2018)										F	age 3
Sche	dule A—Cost of Goods 5	<b>Sold.</b> En	ter method of in	vento	ry val	uation ▶						
1	Inventory at beginning of ye		1 0	-	6		at e	end of year	6		0	
2	Purchases		2 0		7	Cost of goods sold. Subtract						
3	Cost of labor	-	3 0					ne 5. Enter here and			,	
4a	Additional section 263A	costs		T1		in Part I, lin	ne :	2	7		0	
	(attach schedule)	. 4	<b>4a</b> 0	]	8	Do the rule	es	of section 263A (with	n res	pect to	Yes	No
ь	Other costs (attach schedu	le)	<b>4b</b> 0					duced or acquired for				
5	Total. Add lines 1 through		5 0			to the orga	ıniz	zation?				$\overline{}$
	dule C-Rent Income (F			Pers								
(see	instructions)					, ,				-		
	ription of property											
(1)		-	<del></del>							<del></del>		
(2)				·				***************************************				
(3)											_	
(4)												
<u> </u>	2.1	Rent receiv	ed or accrued				Т	<del></del>				
for personal property is more than 10% but not percentage of rent for			nd personal property (if the for personal property exceeds is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				е		
(1)		·				<u> </u>						
(2)												
(3)												
(4)												
Total		0	Total				0	(b) Total deductions.				
(c) To	tal income. Add totals of colum	ns 2(a) an	d 2(b). Enter					Enter here and on page	1,			
here a	nd on page 1, Part I, line 6, colur	mn (A) .	. ` . ▶				0	Part I, line 6, column (B)				0
Sche	dule E—Unrelated Debt-	-Financ	<b>ed Income</b> (see	instruc	ctions)				-			
	1. Description of debt-fin	anced prop	ertv			ome from or ebt-financed		Deductions directly con debt-finance	ed pro	perty		
					prop		(	Straight line depreciation     (attach schedule)	(	b) Other dec (attach sch		s
(1)												
(2)							L					
(3)												
(4)				<u>l</u>								
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property ch schedule)		6. Co 4 div by coli	ided	,	7. Gross income reportable (column 2 × column 6)		Allocable do imn 6 × tota 3(a) and	of colu	
(1)						%						
(2)						%						
(3)						%						

Totals

Total dividends-received deductions included in column 8

% %

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

Form **990-T** (2018)

0

0

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

Schedule F-Interest, Ann	uities, Hoyalties,			Controlled Org	anizations (se	e instruc	tions)	<del></del>
Name of controlled organization	Employer identification number	3. Net unret	ated income instructions)		5. Part of colum included in the corganization's great	controlling	6. Deductions directly connected with income in column 5	
(1)								
(2)								
(3)								
(4)							<u></u>	
Nonexempt Controlled Organiz	zations							
7. Taxable Income	8. Net unrelated in (loss) (see Instruct		<b>9.</b> To	10. Part of column included in the coorganization's gro	controlling	connec	eductions directly sted with income in column 10	
(1)								
(2)								
(3)								
(4)								
			•		Add columns 5 Enter here and c Part I, line 8, co	on page 1, dumn (A).	Enter h Part i,	columns 6 and 11. here and on page 1, line 8, column (B).
Totals					<u> </u>	C		0
Schedule G-Investment I	ncome of a Sect	ווטכ מסם		Deductions				otal deductions
1. Description of income	2. Amount o	f income	dire	ctly connected ach schedule)	4. Set-aside (attach schedi		and s	et-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)			-					
(4) Totals	Enter here and Part I, line 9, c							re and on page 1, ne 9, column (B).
Schedule I—Exploited Exe	empt Activity Inc			Advertising In	come (see inst	ructions	<u>,                                      </u>	0
Description of exploited activity	2. Gross unrelated	3. E conn proc or ur	Expenses lirectly ected with duction of hrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4) Totals	Enter here and page 1, Part line 10, col. (	il, page	here and on e 1, Part I, IO, coi. (B).	,		<u> </u>		Enter here and on page 1, Part II, line 26.
Schedule J-Advertising I	ncome (see instru			<u> </u>				
	eriodicals Repor		Consoli	dated Basis	<del></del>			<u></u>
1. Name of periodical	2. Gross advertising income	3	. Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								<u> </u>
(2)				1				1
(3)				1				]
(4)				<u> </u>				
Totals (carry to Part II, line (5))	. •	0	0	0				0

(2)

(3)

(4)

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

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.)

oug o uo .	, Dad.o,					
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)	· o	0				0
Schedule K-Compensation of	Officers, Direc	tors, and Tru	stees (see instru	uctions)		
1. Name	:	2. Title	3. Percent of time devoted to business		ntion attributable to ted business	
(1)				96		

0 Form **990-T** (2018)

%

%

%

▶

Name of Partnership	EIN	UBI
AIM ACTIVITY		
(1) ANDEAVOR LOGISTICS, LP	27-4151603	-9,194
(2) ANTERO MIDSTREAM PARTNERS LP	46-4109058	
(3) BP MIDSTREAM PARTNERS LP	82-1646447	-328
(4) BUCKEYE PARTNERS, L.P.	23-2432497	-4,064
(5) DCP MIDSTREAM, LP	03-0567133	-623
(6) DOMINION ENERGY MIDSTREAM PARTNERS LP	46-5135781	-1,657
(7) ENERGY TRANSFER LP	30-0108820	-19,486
(8) ENERGY TRANSFER OPERATING L.P.	73-1493906	-8,562
(9) ENLINK MIDSTREAM PARTNERS, LP	16-1616605	-4,004
(10) ENTERPRISE PRODUCTS PARTNERS, L.P.	76-0568219	-10,987
(11) EQGP HOLDINGS LP	30-0855134	-167
(12) EQM MIDSTREAM PARTNERS LP	37-1661577	-10,859
(13) GENESIS ENERGY L.P.	76-0513049	-621
(14) MAGELLAN MIDSTREAM PARTNERS LP	73-1599053	-6,476
(15) MPLX LP	27-0005456	-16,276
(16) NOBLE MIDSTREAM PARTNERS LP	47-3011449	-142
(17) PHILLIPS 66 PARTNERS, L.P.	38-3899432	
(18) PLAINS ALL AMERICAN PIPELINE LP	76-0582150	
(19) SHELL MIDSTREAM PARTNERS, L.P.	46-5223743	-4,496
(20) SPECTRA ENERGY PARTNERS, L.P.	41-2232463	-511
(21) TALLGRASS ENERGY PARTNERS, LP	46-1972941	-75
(22) VALERO ENERGY PARTNERS LP	90-1006559	-1,033
(23) WESTERN GAS EQUITY PARTNERS, LP	46-0967367	-705
(24) WESTERN GAS PARTNERS, LP	26-1075808	-14,697
(25) WILLIAMS PARTNERS, LP	20-2485124	-8,312
	Total for Part I, Line 5	-137,670

Form 990T Part II, Line 28	Other Deductions	
	Description	Amount
AIM ACTIVITY		
(1) PROFESSIONAL FEES		28,300

\_\_\_\_\_

. ,

\_\_\_\_\_

Form 990T Part II, Line 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated Amount Generated		Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
AIM ACTIVITY					
2018	165,970		0	0	165,970

# Form 990T Part III, Line 35

Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2016	108,271		0	0	108,271	2036
2017	105,068		0	0	105,068	2037
Totals	213,339	0	0	0	213,339	

# **SCHEDULE D** (Form 1120)

Name

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

Employer identification number

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

THE UNIVERSITY OF TAMPA, INCORPORATED 59-0624459 Part I Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (a) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 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 0 3 Totals for all transactions reported on Form(s) 8949 13.052 0 (13.052)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 5 0) 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h (13,052)Part II Long-Term Capital Gains and Losses (See instructions. See Instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) Subtract column (e) from or loss from Form(s) **Proceeds** Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars 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 0 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 0 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 410 0 0 410 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 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) . . . . 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 410 Part III Summary of Parts I and II 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 0 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 0 18 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . 0 Note: If losses exceed gains, see Capital losses in the instructions.

**Sales and Other Dispositions of Capital Assets** 

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A Social security number or taxpayer identification number

THE UNIVERSITY OF TAMPA, INCO	RPORATED					59-0624459	
Before you check Box A, B, or C below statement will have the same informations proker and may even tell you which bo	ion as Form 10	r you received 199-B. Either v	any Form(s) 1099 vill show whether	-B or substitute sta your basis (usually	atement(s) fr your cost) w	om your broker. A as reported to the	substitute e IRS by your
Short-Term. Transinstructions). For low Note: You may agg reported to the IRS Schedule D, line 1a	ng-term trai regate all sl and for whi	nsactions, s hort-term tr ich no adjus	see page 2. ansactions rep stments or cod	orted on Formes es are required	(s) 1099-B i. Enter the	showing basise totals directly	s was / on
You must check Box A, B, or C to complete a separate Form 8949, point or one or more of the boxes, com	page 1, for ea plete as man	ich applicabl ny forms with	e box. If you have the same box c	ve more short-te hecked as you n	rm transact need.	tions than will fit	on this page
<ul><li>☐ (A) Short-term transactions</li><li>☐ (B) Short-term transactions</li><li>✓ (C) Short-term transactions</li></ul>	reported on	Form(s) 1099	9-B showing bas				e)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Cos Proceeds See	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f) arate instructions.	(h) Gain or (loss). Subtract column (e)
(Examplé: 100 sh. XYZ Čo.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) In the separate Instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT-TERM GAIN/LOSS FROM INVESTMENTS			0	13,052			(13,052)
							<u></u>
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		-					
							_
	L	l			,		<del>                                     </del>

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.

(13,052)

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

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

13,052

Social security number or taxpayer identification number 59-0624459

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

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

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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, page 2, for each applicable box. 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.

☐ (D) Long-term transactions ☐ (E) Long-term transactions	reported on	Form(s) 1099	-B showing bas				·)
<ul> <li>(F) Long-term transactions</li> <li>(e)</li> <li>Description of property</li> </ul>	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo , day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) In the separate Instructions	he separate (f) (g) combine the result		
LONG-TERM GAIN/LOSS FROM INVESTMENTS			410	0			410
	3						
Totals. Add the amounts in column negative amounts). Enter each tot Schedule D. line 8b (if Box D abov).	tal here and inc	lude on your					

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

above is checked), or line 10 (if Box F above is checked) ▶

Return Reference - Identifier	<b>Explanation</b>					
FORM 990T PART III, LINE 35 - NOL ARISING IN TAX	NET OPERATING LOSS ARISING DURING THE TAX YEAR ENDED MAY 31, 2018 (TAX YEAR 2017):					
YEARS BEGINNING BEFORE JANUARY 1, 2018	THE NET OPERATING LOSS (NOL) GENERATED DURING THE TAX YEAR ENDED MAY 31, 2018 AS REPORTED ON THE 2017 FORM 990-T WAS \$74,672. THE UNIVERSITY OF TAMPA REPORTED DISALLOWED TRANSPORTATION FRINGES IN THE AMOUNT OF \$30,396 ON LINE 12 OF THE 2017 FORM 990-T. DUE TO					
	THE RETROACTIVE REPEAL OF IRC SECTION 512(A)(7), THE AMOUNT OF NOL GENERATED IN 2017 REPORTED ON THE NOL CARRYFORWARD SCHEDULE OF THE 2018 FORM 990-T HAS BEEN ADJUSTED					

NET OPERATING LOSS AS REPORTED ON 2017 FORM 990-T: \$74,672 LESS TRANSPORTATION FRINGES INCLUDED IN INCOME ON LINE 12 OF 2017 FORM 990-T: \$30,396 - ADJUSTED NET OPERATING LOSS ARISING IN 2017 \$105,068

Supplemental Information

Form 990-T

THE UNIVERSITY OF TAMPA, INCORPORATED

EIN: 59-0624459 FORM 990-T

**TAX PERIOD ENDED: MAY 31, 2019** 

# **ELECTION TO FORGO THE FIVE-YEAR NET OPERATING LOSS CARRYBACK PERIOD**

THE TAXPAYER INCURRED A NET OPERATING LOSS IN THE CURRENT TAX YEAR AND IS ENTITLED TO A FIVE-YEAR CARRYBACK OF THE LOSS UNDER SECTION 2303 OF THE CORONAVIRUS AID, RELIEF, AND ECOMONIC SECURITY ACT. THE TAXPAYER HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY NET OPERATING LOSSES.

### Statement of Tax Position Disclosure

EIN: 59-0624459

Form: 990-T

Tax Period: May 31, 2019

Description of Items: Tax Treatment of Sale of Partnership Units

During the fiscal year ending May 31, 2019, The University of Tampa, Incorporated ("University") disposed of publicly traded partnership interests. Each partnership provided the University with a Schedule K-1 that includes supplemental tax reporting information. Included in the supplemental tax reporting information to the Schedule(s) K-1 received from the respective partnerships is a sales schedule (sample provided below) summarizing certain information with respect to the disposition of units.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Units Disposition Disposed Date	Sales Proceeds	Original Purchase Amount or Cost Basis	Cumulative Adjustment to Basis	Total Gain or Loss (-)	Gain or Loss Classification				
					Ordinary Gain	Capital Gain or Loss (-)	AMT Adjustment	Section 163(j) Adjustment	
55	01/17/2018			(869)		631		(111)	37
424	01/17/2018		i i	(6,700)		4,862		(855)	286
79	03/08/2018			(1,344)		770		(164)	160
296	03/08/2018		1	(4,800)		2,448		(579)	661

The University takes the position that any amount reported from the disposition of partnership interests classified as ordinary gain is not subject to unrelated business income ("UBI"). Rather the disposition of each of the partnership interests represents a disposal of a single asset and is excluded from unrelated business income under modification for unrelated business income provided in Code Section 512(b)(5).

IRC Section 512(b)(5) provides that there shall be excluded all gains or losses from the sale, exchange, or other disposition of property other than-

- (A) Stock in trade or other property of a kind which would property be includible in inventory if on hand at the close of the taxable year, or
- (B) Property held primarily for sale to customers in the ordinary course of the trade or business.

In analyzing the gain or loss from a sale, exchange or other disposition of property, IRC Section 512(b)(5) does not require that the disposed property be a capital asset to qualify for its exclusion from UBI. Thus, as long as the partnership interest is not "stock in trade" or other property of a kind which would properly be included in inventory nor property held primarily for sale to customers in the ordinary course of a trade or business, the sale of the partnership interest can be excluded from the computation of UBI. Furthermore, Section 512(b)(5) does not look through the partnership interest in applying its exclusion from UBI to gain or loss on the sale of the interest.