	- (4)						<i>う</i> (9393	138	091	34 9
•	° - (chià	Y) Fv	empt Organiz	ation R	ueir	ness Incon				1	
۴۰	990-T		and pro	oxv tax u	nde	section 603	16 Ta 3(e))	x itelui	••	OME	B No 1545 0687
	ended Return For C	alendar vea	•	•				8/31	, 2018		2017
			o to www.irs.gov/Forn							ř	
Depart	ment of the Treasury I Revenue Service		enter SSN numbers on ti						16C)(B).	Open to !	Public Inspection for Organizations Only
A	Check box if		Г			changed and see inst			17 AV	Employer ic	entification number
B Ex	address changed section	Print	U.T. Physici	ans				•		(Employees instructions)
	501(c)() 3)	or	6431 Fannin	Street,	JJ	L 475				76-04	59500
	408(e) 220(e)	Туре	Houston, TX	77030					E	Unrelated b	usiness activity
	408A 530(a)									00000 (000	,
	529(a)									90009	9
C Bo	ok value of all assets at d of year		exemption number (
	129,209,675.	G Chec	k organization type	<u> </u>	501(c) corporation	501	(c) trust	401(a) trust	Other trust
<u> </u>	escribe the organization	<u> </u>	<u>-</u>								
	uring the tax year, was	-			_		-subsidi	ary control	led group	• []Yes 🗓 No
	'Yes,' enter the name			parent cor	porati	on 🕨					
	he books are in care of							elephone n		(713)	500-5049
	t I Unrelated Tra		susiness income	<u> </u>	T	(A) Incon	16	(B) E)	penses		(C) Net
	Gross receipts or sales Less returns and allowances	·		Balance►	١,,					.	ia.
_	Cost of goods sold (Sc	hedule A		Dalance	1 c					'	
	Gross profit. Subtract I		•		3			ing saffy a	N 20 0	+	, see 5 1
	Capital gain net incom		/		4a	<u> </u>		2 / ₂ ·	,	+	
	Net gain (loss) (Form 4797, F	•			4b			* 44.	- '		
	Capital loss deduction		, ,		4c			,,, -	F1 .	,	
5	Income (loss) from par	rtnerships	and S c	,					() =	h	
_	(attach statement)	- C)		•	5 6	ļ		7		`-	
6 7	Rent income (Schedule Unrelated debt-finance	•	(Schedule F)		7						
8	Interest, annuities, royalties,		•	IS (Schedule F)	8						
9	Investment income of a secti		=	•		<u> </u>				+	
10	Exploited exempt activ			(55,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10			-		+	
11	Advertising income (So	-	-		11						··
12	Other income (See ins	tructions;	attach schedule)				_	F 12	*		
			See State	ment 2	12		880.	14.4.3		:	
	Total. Combine lines 3				13		880.		0	•	880.
Par	t II Deductions I	Not Take	en Elsewhere (S	ee instru	ction	s for limitation	ns on	deductio	ns.) (Ex	cept for	
			ions must be dir			ed with the u	nrelate	ed busine			
14	Compensation of office	ers, airect	ors, and trustees (Se	cheaule K)					14		
15 16	Salaries and wages Repairs and maintenar	300							16		
17	Bad debts	ice							17		
18	Interest (attach schedu	ıle)							18	-	
19	Taxes and licenses	,							19		
20	Charitable contribution	s (See ins	structions for limitati	on rules)					20		
21	Depreciation (attach Fo	orm 4562)	1	· ·		21			t	-	
22	Less depreciation clair	ned on So	chedule A and elsew	here on let	turn	RECEIV2	4)	 	22	- 1	
23	Depletion			1~	Γ		7	اد	23		
24	Contributions to deferr	ed compe	nsation plans	243	ţΙ	APR 1 6 201	ا ا	3	24		
25	Employee benefit prog	rams		ن]) '		0	<u> </u>	25		
26	Excess exempt expens	•	•	Į			9	٤١	26		
27	Excess readership cos			L		GDEN, L	JT	}	27		
28	Other deductions (atta		•						28		
29 30	Total deductions. Add Unrelated business tax		_	tina loss d	educti	on Subtract line	29 fra	m line 13	30		
30 31	Net operating loss ded		-	-		orr. Subtract IIII	- 27 IIU	13	31		880.
32	Unrelated business tax					ct line 31 from l	ine 30		32		880.
33	Specific deduction (Ge								33		1,000.
34	Unrelated business taxable				greater				ne 32 3 4		0.
DAA	For Panerwork Reduc	tion Act N	lotica see instruction	\nc		TEFAO	205L 10/0	14/17		Fo	rm 990-T (2017)

Form	n 990-T (2017) U.T. Physicians	76	-045	9500	Page 2
Rar	rt IIIi Tax Computation				
а	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ► See instructions and a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$).			
	(2) Additional 3% tax (not more than \$100,000)		类		
c	c Income tax on the amount on line 34		35 c		0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
	on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶	36		
37			37		
		_	38		
	,		39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0.
	rt IV Tax and Payments				
41 a	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		323		
t	b Other credits (see instructions) 41 b				
c	c General business credit Attach Form 3800 (see instructions) 41 c		4.5		
c	d Credit for prior year minimum tax (attach Form 8801 or 8827).				
е	e Total credits. Add lines 41a through 41d	-	41 e		0.
42	Subtract line 41e from line 40		42		0.
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach schedule).		43		
44	Total tax. Add lines 42 and 43		44	-	0.
	a Payments: A 2016 overpayment credited to 2017 45a		Tale Ră		
	b 2017 estimated tax payments 45b				
	c Tax deposited with Form 8868				
	d Foreign organizations: Tax paid or withheld at source (see instructions) 45d				
		 	A1.7		
				C+	
	f Credit for small employer health insurance premiums (Attach Form 8941)			Stateme	ent 3
ç	g Other credits and payments: Form 2439				
	Form 4136 Other Total ► 45g		3577		
46		_	46		<u> </u>
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	▶ [_]	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49		
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶	Refunded >	50		
Par	rt V. Statements Regarding Certain Activities and Other Information (see Instru	ictions)			
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other		er a		Yes No
	financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to	-		114	
	Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country he			,	
F2					X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansteror to,	a torei	gn trust?	. X
	If YES, see instructions for other forms the organization may have to file.				
_53	Enter the amount of tax-exempt interest received or accrued during the tax year	0.	f may len	nuladão and	A
Sim	Under penalties of peruny, I declare that I have examined this return, including accompanying schedules and statements, belief, it is true, correct, and complete. Declaration of prepaler (other than taxpayer) is based on all information of which	preparer has any	knowle	ige	
Sig: Her	re 4/3/2019 President			IRS discuss the parer shown be	
1101	Stignature of officer Date Title		instruct	ions)? XY	
	Print/Type preparer's name Preparer's signature Date		10	rin	
Paid		Check X if			_
Pre	Jody Blazek / 2 / 3.30 · 19	self employed		<u>0007267</u>	4
par		Firm's EIN	76-	0269860	
Use		_			
Onl	Houston, TX 77027-5132	Phone no	(7	13) 439	-5739
BAA					90-T (2017)

5 000 T (0017) H H D				7.0	. 0450500	D 1
Form 990-T (2017) U.T. Phys: Schedule A — Cost of Goods		ventory valuation	· · · · ·		-0459500	Page 3
1 Inventory at beginning of year	1		tory at e	end of year	16	
2 Purchases	2		-	s sold. Subtract	7.	
3 Cost of labor	3	line 6	from lir	ne 5 Enter here	المستعد	
4 a Additional section 263A costs (attach so	chedule)	and in	n Part I,	line 2	7	T
	4 a					Yes No
b Other costs (attach sch)	4 b			of section 263A (wi luced or acquired fo		
5 Total. Add lines 1 through 4b	5		organiz		o. (000.0) app.y	
Schedule C - Rent Income (I	From Real Property a	nd Personal Propert	y Leas	ed With Real P	roperty) (see i	nstructions)
1 Description of property						
(1)						
(2)						
(3)						_
(4)						
2	Rent received or accrued			3(a) Dadustia	no directly commo	eted with
(a) From personal propert (if the percentage of rent for pe property is more than 10% bu more than 50%)	ersonal (if the per ut not property of	real and personal proper reentage of rent for perso exceeds 50% or if the ren ed on profit or income)	nal	3(a) Deductions directly connect the income in columns 2(a) an (attach schedule)		
(1)						
(2)		<u> </u>				
(3)					_	
(4)						
Total	Total			(1) 7-1-1 1 1 1 1 1 1 1	F-4	
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, co		•		(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	enter art •	
Schedule E - Unrelated Deb	t-Financed Income (se	ee instructions)		····		
1 Description of debt-fir	2 Gross income from or allocable to debt-	3 De	ductions directly co debt-fina	allocable to		
, 2000, province and access in	Lancoc property	financed property	depr	(a) Straight line eciation (attach sci	(b) Other d (attach so	
(1)						
(2)						
(3)						
(4)						
acquisition debt on or o	Average adjusted basis of allocable to debt-finance property (attach schedule)	d divided by		7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(a	x total of

용

Schedule F – Interest, Ar	inuiti	es, Royalu			trolled Or	_		orgai	lizations	(see ins	structions)
1 Name of controlled organization	ıde	Employer ntification number	11	3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made		5 Part of column that is included in the controlling organization's gross income			
(1)						\downarrow						
(2)						4-					\rightarrow	
(3)				_		╀						
Nonexempt Controlled Organiza	tions											· · · · · · · · · · · · · · · · · · ·
7 Taxable Income		et unrelated	1 9	Total of	f specifie	ч	10 Part of	colum	n 9 that is	т	11 Deduc	tions directly
7 Taxable Income	ind	ome (loss) instructions)			nts made	,	included in organization	the o	controlling		connected	d with income blumn 10
(1)												
(2)												
(3)		·	_									
(4)			_i_		-	_				+		
							Add columns here and on p 8, co		, Part I, line		and on p	6 and 11. Enter age 1, Part I, line lumn (B).
Totals.	4 I.a. a. a		-4:	- E01/	->(7) (0		(17) 0	-!4		ــــــــــــــــــــــــــــــــــــــ		
Schedule G — Investmen 1 Description of income	t inco	2 Amount			3 dire	De ctly	ductions connected schedule)		4 Set-aside ttach schedi	5	5 Tota set-a	l deductions and sides (column 3 us column 4)
(1)	-				(att	acii	- Scriedare)					3 (0/4/11/14)
(2)					·	-						
(3)					1							
(4)												
Totals	•	Enter here ar Part I, line 9						, ,			Enter he Part I, li	re and on page 1 ne 9, column (B)
Schedule I - Exploited E	xemp	t Activity I	ncon	ie. Otl	ner Tha	n A	Advertising	ncor	ne (see ins	ruction	e)	
1 Description of exploited ad		2 Gros unrelate busines income fr trade o busines	s ed ss om er	3 Expension connection of u	ises directly ected with duction nrelated ess income	fro or 2 i	Net income (loss) om unrelated trade business (column minus column 3) f a gain, compute umns 5 through 7.	5 Gros activ	s income from ity that is not ated business income	6 Exp	penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		 				T	· · · · · ·					
(2)												
(3)												
(4)						L						
Totals		Enter here on page Part I, lin- column	e 1, e 10,	on p	here and page 1, I, line 10, mn (B)		- 7	;				' Enter here and on page 1, Part II, line 26.
Schedule J - Advertising	lnce	mo (See inc	.			١.		<u> </u>		_		
Part I Income From Per					ncolida		d Pasis					
Fart I IIICOIIIE FIOIII FEI	louic	2 Gros			Direct	_		E C		6 Doo		7 Fuene endeathin
1 Name of periodical		advertisi	ng	adve	ertising osts	(Advertising gain or loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7.		irculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)					-	┦_	4 1 -					
(2)		-			_	┨:	أجود إميران	ļ. — .				-
(4)		+				╢.						 ,
<u> </u>		+			· · · · · · · · · · · · · · · · · · ·	+	- 6, 3,2	<u> </u>				
Totals (carry to Part II, line (5))	ı	<u> </u>										

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Partill 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)

7 on a line-by-line basi	<u>s)</u>						
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 (col. 6 minus col. 5, but not more than col. 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	>			6	1- 30 C C C		
		Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	2 4 4 4 4	4 P. C.		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			<u></u>	A STATE OF STATE OF			<u> </u>
Schedule K - Compensati	on of	Officers, Dire	ctors, and Tri	ustees (see instr	uctions)		
1 Name				2 Title	time devote	3 Percent of time devoted to business 4 Compensa to unrela	
						<u> </u>	

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

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Form **990-T** (2017)

Federal Statements

Page 1

U.T. Physicians

76-0459500

Statement 1 Form 990-T, Amended Return Amended Return Explanation

Taxpayer leases employees through a professional employer organization ("PEO"). After further review of qualified transportation benefits arrangements with the PEO, the PEO represents that it assumes the tax liability for the pre-tax payroll deduction parking benefits disallowed under IRC Section 274 on its own corporate tax return. In the 2017 990-T as orginally filed, taxpayer reported these benefits as an increase in unrelated business taxable income. Taxpayer is amending the 2017 990-T for its tax year ending Auguist 31, 2018 to reflect the PEO's reporting of the same disallowed benefits on its own tax return.

Statement 2 Form 990-T, Part I, Line 12 Other Income

Qualified transportation fringe benefits

\$ 880. Total \$ 880.

Statement 3 Form 990-T Reasonable Cause(From Late Penalties

The IRS released Notice 2018-99 in December of 2018. As of the original filing date, January 15, 2019, the organization had not yet been able to determine, from the new guidance, whether it had unrelated business income derived from IRC Section 512(a)(7). The organization has not previously had a 990-T filing requirement and is only required to file the 990-T for this tax year due to Section 512(a)(7). We respectfully request abatement of any late filing and late payment penalties for reasonable cause that would otherwise be assessed.