	Form 99	0-T	E	Exempt Orga	Inization	Busine	ss Income T				0 1545-0047	
		(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning OCT 1, 2019 , and ending SEP 30, 2020									D19	
	Decartment o	f the Treasury	Go to wow irs gov/Form990T for instructions and the latest information.								blic Inspection for	
	Internal Rever			· · · · · · · · · · · · · · · · · · ·				ition is a 50			rblic Inspection for rganizations Only cation number	
2021		eck box if dress changed	Name of organization (Check box if name changed and see instructions.) UNIVERSITY CORPORATION OF ATMOSPHERIC								t, see	
9		under section	Print	RESEARCH		····			Files	84-0412668 E Unrelated business activity code		
0 90	X 501(408(c <u>(013</u>) e)220(e)	or Type	I Number, street, and room or suite no. If a P.O. box, see instructions.					elated busine Instructions			
TE A	408A 529(a)		City or town, state or pr BOULDER, CO 803	307		n postal code		5230	000		
	C Book value	-	250	F Group exemption nur			504/a) Arrigh		401/a) truct	···	7 Other trust	
EINVELOPE Stimark da	11 Fatartha	315,718,				l(c) corporation 5		the only (or	401(a) trust		Other trust	
\$ }				tion's unrelated trades or ENERSHIP ACTIVITY					first) unrelate irts I-V. If moi		•	
回覧						niete Parte I an	d II, complete a Schedule	•			·•	
Z		the mst m me bit then complete F			Jus semence, com	piele Pai lo I ali	u II, complete a Schedule	IVI IOI GAGII A	additional trac	IG 01		
				oration a subsidiary in ar	affiliated group or	a narent-cuhe	diary controlled group?	·		es X	No	
				hifying number of the pare			idially controlled group.	•				
		s are in care of			nt corporation.	·	Teleph	one number	▶ 303-4	97-8570		
	Part I			e or Business In	come	· · · · · · · · · · · · · · · · · · ·	(A) Income		(Denses		(C) Net	
		receipts or sales			T		(.,,	1-7-	*************************************	† .		
		returns and allow			c Balance	▶ 1c	,			「 /	/	
				A line 7)	C Datative	2						
		of goods sold (So				3				1		
		profit. Subtract					13,781.				13,781.	
		al gain net incom	•	•	470 7 \	48	13,701.		<u> </u>	+		
	_			'art II, line 17) (attach For	111 4797)	4b				 		
	-	al loss deduction			/	4c	1,110.	STM	m 1	+	1,110.	
				ship or an S corporation (attach statement)	5	1,110.	5114		╅┈╼┈	1,110.	
		income (Schedul		(0.1.1.5)		6				 		
		ated debt-finance		•		7				+		
				nd rents from a controlled		_				+		
				on 501(c)(7), (9), or (17)	organization (Sche	I				- 		
	10 Explo	ited exempt activ	ity inco	me (Schedule I)	./	10						
	11 Adver	tising income (S	chedule	ı J)	/.	11		 		- 		
		•		ns; attach schedule)		12				 		
		. Combine lines			<u> </u>	13	14,891.				14,891.	
İ	Part II			ot Taken Elsewhere directly connected to								
	14 Com	pensation of offi	cers, dı	rectors, and trustees (Scl	nedule K)		RECEIVE		14			
	15 Sala	ries and wages				[œ		UI	15			
	16 Repa	airs and maintena	ance			. Iši	AUG . D . D . D	791	16			
	17 Bad	debts				. 1 ⁴ L	2021	lči	17			
က	18 Inter	est (attach sched	dule) (s	ee instructions)		1 c)CD	[\text{\ti}}}}}}}}} \end{ent}}}}}}}}}}}}}}	18			
\mathfrak{O}	19 Taxe	s and licenses					COUEN IT	<u> </u>	19	<u> </u>	659.	
₽	20 Depr	reciation (attach l	Form 4!	562)			200			_		
\leq		•	/	n Schedule A and elsewh	ere on return		21a*x	7	215			
Ħ		letion			-				22			
••	•	٠, ٦	rred co	mpensation plans	-			ē	23			
		loyee benefit pro				_		-	24			
_	-	ss exempt expen		chedule I)		•	• •		25	T		
		ess readership co					•		26			
_		of deductions (att			•				27			
-		il deductions (att					• •	•	28	1	659.	
				ncome before net operati	na loss deduction	Subtract Ilna 2	s from line 13		29	+	14,232.	
,		อเลเซน มนร์ไปเซริริ โล	anavit i		, ig 1033 ucuulkulli.	Juduati Hill Z			29	1	, •	
Š												
Š	30 / Dedi	uction for net ope		loss arising in tax years b					30		0 -	
Š	30 Dedi	uction for net ope instructions)	erating		eginning on or afte				<u>30</u> 31		0. 14,232.	

Part	IJF T	Total Unrelated Business Taxa	ble Income							
32	Total of	unrelated business taxable income compute	d from all unrelated trades or busine	sses (see	instructions]	2	2	56,694.	
33	Amount	ts paid for disallowed fringes			_	•	23	3		
35										
	\mathcal{I}									
37	56.6									
		deduction (Generally \$1,000, but see line 3				8'	3	8	1,000.	
39	Unrelat	ed business taxable income. Subtract line	38 from line 37. If line 38 is greater t	han line 3	7,	, ,	П			
	enter th	e smaller of zero or line 37				()	3	9	55,694.	
Part,	VK	Tax Computation								
40 /	Organiz	ations Taxable as Corporations. Multiply li	ne 39 by 21% (0.21)				A	6	11,696.	
41	Trusts 7	Taxable at Trust Rates. See instructions for	tax computation. Income tax on the	amount o	n line 39 fror	n: •	-{ <u>-</u> _			
	Ta	ax rate schedule or Schedule D (For	m 1041)			•	. 4	1		
42	Proxy ta	ax. See instructions				. ▶	. 4	2		
	-	tive minimum tax (trusts only)	_	_			4	3		
44	Tax on	Noncompliant Facility Income. See instruc	tions				4	4		
45	Totái. A	add lines 42, 43, and 44 to line 40 or 41, whi	chever applies				14	5	11,696.	
		Tax and Payments								
46 8	Foreign	tax credit (corporations attach Form 1118; i	rusts attach Form 1116)		46a		┙			
b	Other c	redits (see instructions)	_		46b		┙			
C	General	business credit. Attach Form 3800			46c		_			
đ	Credit f	or prior year minimum tax (attach Form 880	1 or 8827)		46d		_ _			
8	Total cr	redits. Add lines 46a through 46d					46			
47	Subtrac	t line 46e from line 45					4	7	11,696.	
48	Other ta	exes. Check if from: Form 4255] Form 8611 [] Form 8697 [] Form 8	866 🔲 0	ther (attach schedule)	4	8	 	
49	Total ta	x. Add lines 47 and 48 (see instructions)			,	u	4		11,696.	
50	2019 ne	et 965 tax liability paid from Form 965-A or F	form 965-B, Part II, column (k), line	3		, 1	_ 5	0	0.	
		nts: A 2018 overpayment credited to 2019		ØU.	548	18,489	<u>.</u>	1		
b :	2019 es	stimated tax payments			51b		_			
c ·	Tax dep	osited with Form 8868	_		51c		_			
ď	Foreign	organizations: Tax paid or withheld at source	e (see instructions)		514		┙,	"		
8	Backup	withholding (see instructions)			51e		_	١ .		
f	Credit f	or small employer health insurance premiun	is (attach Form 8941)		511		_			
9	Other c	redits, adjustments, and payments:	Form 2439	_						
	Fo	orm 4136	Other	Total 🕨	51g			<u>-</u> }		
		ayments. Add lines 51a through 51g					3		18,489.	
		ed tax penalty (see instructions). Check if Fo			•	_	_	3		
		e. If line 52 is less than the total of lines 49,				10	· 5		6 500	
7.		yment. If line 52 is larger than the total of lii		rpaid	c 202		_	5	6,793.	
-		ne amount of line 55 you want Credited to 2 Statements Regarding Certain		ormatic	6,793.	Refunded >	5 5	6	<u> </u>	
Part			· · · · · · · · · · · · · · · · · · ·						Van Na	
	•	time during the 2019 calendar year, did the c inancial account (bank, securities, or other)	-	-					Yes No	
		Form 114, Report of Foreign Bank and Final							'	
	_	rotti 114, Report of Foleigh bank and Final	icial Accounts. It ites, enter the han	16 01 1116 11	oreign count	y			X	
	here	the tax year, did the organization receive a d	estribution from or was it the granta	of or tra	neferor to a	foreign trust?			x	
	-	' see instructions for other forms the organiz		oi, oi iia	11316101 10, a	ioreign trustr .				
		ne amount of tax-exempt interest received or	•							
	Uı	nder penalties of perjury, I declare that I have examine	ed this return, including accompanying sche	dules and si	tatements, and	to the best of my know	ledge a	and belief, it is tru	e,	
Sign	CC	prrect, and complete Declaration of preparer (other th		nich prepar	er has any knov	vieage. T	May th	e IRS discuss the	e return with	
Here		Euk Smith	8/3/21 CFO)			-	parer shown bek		
		Signature of officer	Date Title				Instruc	tions)? X Y	es No	
•		Print/Type preparer's name	Preparer's signature	D	ate	Check	ıf	PTIN		
Paid				1		self- employe	d			
Prep		SARAH HINTZ	SARAH HINTZ	p 8	/03/21		\perp	P0049229		
Use		Firm's name CLIFTONLARSONALL				Firm's EIN	<u> </u>	41-0746	749	
			SCENT PARKWAY, SUITE 300						_	
		Firm's address GREENWOOD VIL	LAGE, CO 80111			Phone no.	(303	3) 779-571		
923711 0	11-27-20							Form 9	90-T (2019)	

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	f year			6		
2 Purchases	2		7 Cost of goods sol	•	ract III	ne 6			
3 Cost of labor	3	from line 5. Enter here an							
4 a Additional section 263A costs			line 2		_	7			
(attach schedule)	48		8 Do the rules of se	ction 26	3A (w	rith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced	or aco	uired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income ((see instructions)	From Real	Property and		ty Lea	asec	With Real Prop	erty)	
Description of property									
(1)									
(2)									
(3)								· · · · · · · · · · · · · · · · · · ·	
(4)	···········	<u> </u>							
<u> </u>	2. Rent receive	ed or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%)	centage of than	` 'of rent for p	nd personal property (if the per ersonal property exceeds 50% t is based on profit or income)	centage or if		3(a) Deductions directly columns 2(a) ar	connec nd 2(b) (cted with the income in attach schedule)	1
(1)									
(2)									
(3)									
(4)				-					
Total	0.	Total			٥.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			٥.	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)	>		0.
Schedule E - Unrelated Deb		Income (see	instructions)						
		*	2. Gross income from			3. Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property		or allocable to debt- financed property		(8) Straight line depreciation (attach schedule)			(b) Other deduction (attach schedule)	IS
(1)									
(2)									
(3)							\perp		
(4)							\perp		
Amount of average 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))	ions lumns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A).		Enter here and on pag Part I, line 7, column ((B).
Totals		•	•			0	-		<u> </u>
Total dividends-received deductions in	cluded in column	8	<u></u>				<u> </u>		0.
								Form 990-T	(2019)

(2) (3)(4)

Totals (carry to Part II, line (5))

Form 990-T (2019)

0 ,

0

84-0412668

Form 990-T (2019) RESEARCH

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

(3) (4)

Part II Income From Per	·	d on a Separ	ate Basis (For ea	ch periodical listed	l in Part II, fill m	
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)	<u> </u>					
(2)	· ·					
(3)						
(4)	•					
Totals from Part I	▶ 0.	0.	维加拉斯	THE REST OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.
Fotals, Part II (lines 1-5)	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
Schedule K - Compensati	on of Officers, D	irectors, and	Trustees (see in	structions)		
1 Name			2 Title	3. Percen time devote	dia 1 4. Compi	ensation attributable elated business

Form 990-T (2019)

٥.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1		
DESCRIPTION	-	NET INCOME OR (LOSS)		
INVESTMENT INCOME	- ORDINARY BUSINESS INCOME (LOSS)	-497		
INVESTMENT INCOME	- ORDINARY BUSINESS INCOME (LOSS)	-152		
INVESTMENT INCOME	- ORDINARY BUSINESS INCOME (LOSS)	200		
	- ORDINARY BUSINESS INCOME (LOSS)	1,559		
TOTAL INCLUDED ON	FORM 990-T, PAGE 1, LINE 5	1,110		

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning OCT 1, 2019

, and ending SEP 30, 2020

ENTITY

Department of the Treasury 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).

501(c)(3) Organizations Only ..

OMB No 1545-0047

Name of the organization UNIVERSITY CORPORATION OF ATMOSP. RESEARCH	Employer identification number 84-0412668			
Unrelated Business Activity Code (see instructions) 62441				
Describe the unrelated trade or business CHILD CARE	CENTER			
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 Balance	<u>1c</u>			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a	0.	.'	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	94,858.	- ,	94,858.
c 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		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) STMT 2	12	1,240.	•	1,240.
13 Total. Combine lines 3 through 12	13	96,098.		96,098.
Part II Deductions Not Taken Elsewhere (See instru directly connected with the unrelated business	ctions foi income.)	limitations on ded		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	FAR
18 Interest (attach schedule) (see instructions)		SEE STATEMENT	 ''' 	507.
19 Taxes and licenses		1' 1	19	55,726.
20 Depreciation (attach Form 4562)		20		
21 Less depreciation claimed on Schedule A and elsewhere on retu	ım	21a	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	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

27

28

29

30

2,557.

58,790.

37,308.

0. 37,308.

27

28

29

30

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

SEE STATEMENT 4

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

FORM 990-T (M)	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST INCOME		1,240.
TOTAL TO SCHEDULE M, PART	I, LINE 12	1,240.
FORM 990-T (M)	INTEREST PAID	STATEMENT 3
DESCRIPTION		AMOUNT
INTEREST		507.
TOTAL TO SCHEDULE M, PART	II, LINE 18	507.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
ALLOCATED OVERHEAD EXPENS UTILITIES	ES	66. 2,491.
TOTAL TO SCHEDULE M, PART	II, LINE 27	2,557.

Unrelated Business Taxable Income from an Unrelated Trade or Business

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

	_	
1		
	OMB No	1545-0047

RNTTTV

2010

501(c)(3) Organizations Only

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

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

Name of the organization
UNIVERSITY CORPORATION OF ATMOSPHERIC
RESEARCH
Unrelated Business Activity Code (see instructions)
722320

CATERING AND FOOD SERVICE Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 20,516. 1a Gross receipts or sales 20,516. c Balance **b** Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 20,516. 20,516. 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 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 Other income (See Instructions; attach schedule) 12 12 20,516. 20,516. Total. Combine lines 3 through 12 13 13

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	7,075.
16	Repairs and maintenance	16	83.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	1,212.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
 23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	3,855.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 5	27	12,540.
 28	Total deductions. Add lines 14 through 27	28	24,765.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-4,249.
30	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see	7	
-	instructions) STMT 6	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-4,249.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCT	IONS	STATEMENT 5
DESCRIPTION			AMOUNT
ALLOCATED OVERHEAD EXPENSES PURCHASED SERVICES MATERIALS AND SUPPLIES			7,447 172 4,921
TOTAL TO SCHEDULE M, PART I	I, LINE 27		12,540
SCHEDULE M NET	T OPERATING LOSS	DEDUCTION	STATEMENT 6
SCHEDULE M NET	LOSS PREVIOUSLY APPLIED	DEDUCTION LOSS REMAINING	STATEMENT 6 AVAILABLE THIS YEAR
	LOSS PREVIOUSLY	LOSS	AVAILABLE

D ₂	~~	

RESEARCH						84-041266	58
Schedule A - Cost of Good	s Sold. Ente	r method of inver	ntory v	aluation N/A			
 Inventory at beginning of year 	1		_ 6	Inventory at end of ye	ear	_	6
2 Purchases	. 2		7	Cost of goods sold.	Subtract I	line 6	•
3 Cost of labor	3		_	from line 5. Enter her	e and in l	Part I,	
4 a Additional section 263A costs	1 1			line 2 .		L	7
(attach schedule)	. 48		8	Do the rules of section	n 263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		_	property produced or	acquired	l for resale) apply to	
5 Total. Add lines 1 through 4b	. 5		<u>.L</u>	the organization?			X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property	Lease	d With Real Prope	erty)
Description of property							
(1)						 	
(2)							
(3)							
(4)							
		red or accrued				O(a) Dadwatlana disaathu a	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (If the percent property exceeds 50% or if ed on profit or Income)	age	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 here and on page 1, Part I, line 6, colum		nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)			
			2	. Gross income from		Deductions directly conne to debt-finance	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	· · · · · · · · · · · · · · · · · · ·		<u> </u>			·	
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	e adjusted basis allocable to inced property h schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column θ)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)	<u> </u>			%	<u> </u>		
(3)	<u> </u>	·	4_	%_	 	·	
(4)	<u> </u>			%	<u> </u>		
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals .				•	ا٠	0.	0.
Total dividends-received deductions	ncluded in colum	n 8				<u> </u>	0.

Unrelated Business Taxable Income from an Unrelated Trade or Business

For catendar year 2019 or other tax year beginning OCT 1, 2019

, and ending SEP 30, 2020

ENTITY

Department of the Treasury 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).

501(c)(3) Organizations Only

OMB No. 1545-0047

Name	of the organization UNIVERSITY CORPORATION OF ATMOSPHE	RIC		Employer identifi 84-04126	
	Inrelated Business Activity Code (see instructions) > 532000		<u> </u>		
	escribe the unrelated trade or business RENTAL	т	···· · · · · · · · · · · · · · · · · ·		
Pai	t I: Unrelated Trade or Business Income	İ	(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales			*	2 2 2 2 4 A
b	Less returns and allowances	1c			
2	Cost of goods sold (Schedule A. line 7)	2	· ·	,	, R APR
3	Gross profit. Subtract line 2 from line 1c	3	<u></u>	, , ,	1
4 a	Capital gain net income (attach Schedule D)	4a			1
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		و مر	·
C	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	10,086.		10,086.
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		5 a	
13	Total. Combine lines 3 through 12	13	10,086.		10,086.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions fo	or limitations on de .)	ductions.) (Dedu	ctions must be
14	Compensation of officers, directors, and trustees (Schedule K)			<u>_</u>	14
15	Salaries and wages			<u> </u>	15
16	Repairs and maintenance			L:	16
17	Bad debts			<u> </u>	17
18	Interest (attach schedule) (see instructions)			<u></u>	18
19	Taxes and licenses		, ,		19 239.
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	2	21b
22	Depletion		•	Li	22
23	Contributions to deferred compensation plans			. L i	23
24	Employee benefit programs			. 4	24
25	Excess exempt expenses (Schedule I)			1:	25

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

4,693.

4,932.

5,154.

5,154.

0.

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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

SEE STATEMENT 7

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
OVERHEAD ALLOCATION		4,693.
TOTAL TO SCHEDULE M, PART II	, LINE 27	4,693.

Form 990-T (2019) UNIVERSITY COI	RPORATION O	7 ATMOSPHERI	C					F	Page 3
RESEARCH		84-0412668							
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation >		···································			
1 Inventory at beginning of year	1		_ 6	Inventory at end of yea	r		6		
2 Purchases	2	7 Cost of goods sold. Subtra				ine 6	- 1		
3 Cost of labor	3		_	from line 5. Enter here	and in f	Part I,			
4 a Additional section 263A costs			line 2				7		<u> </u>
(attach schedule)	48		8 Do the rules of section 263A (w					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?						
Schedule C - Rent Income (From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)		
(see instructions)		···							
1. Description of property									
(1) ROOF RENTAL FOR CELL PHO	NE TOWER								
(2) CATERING ROOM RENTAL									
(3)									
(4)						<u>,</u>			
		ed or accrued				9/e) Deductions directly	annacted with th	o lacomo in	
' rent for personal property is more than ' of rent for p			personal	onal property (if the percentage property exceeds 50% or if ed on profit or Income)	ge	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)	0.		· · · · · -		٥.			,	0.
(2)	0.			· · · · · · · · · · · · · · · · · · ·	0.				0.
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)	· · · · ·	[
						3. Deductions directly conf	nected with or allo	cable	
			2	. Gross income from or allocable to debt-	(9)	to debt-financ Straight line depreciation		r deductions	
1. Description of debt-fir	anced property		İ	financed property	(4)	(attach schedule)		n schedule)	,
(1)									
(2)									
(3)						· - · · · · · · · · · · · · · · · · · ·			
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt on or allocable to debt-financed of or allocable to		6	Column 4 divided by column 5	reportable (column 6 x		able deduction total of colon and 3(b))		
(1)				%					
(2)				%					
(3)				%					
(3) (4)				%					
					E	nter here and on page 1,	Enter here	and on page	1,
						Part I, line 7, column (A)		7, column (E	
Totals				. ▶			1		

Total dividends-received deductions included in column 8

Unrelated Business Taxable Income from an Unrelated Trade or Business

ess 2040

ENTITY

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning OCT 1, 2019 , and ending SEP 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 UNIVERSITY CORPORATION OF ATMOSPHER RESEARCH	Employer identification number 84-0412668			
	Inrelated Business Activity Code (see instructions) > 900099				
	Describe the unrelated trade or business MULTIMEDIA				
	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2	`	<u> </u>	2 P 4 2 1
3	Gross profit. Subtract line 2 from line 1c	3		-	
4 a	Capital gain net income (attach Schedule D)	4a		ř · "	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		me to the second	
C	Capital loss deduction for trusts	4c		<u> </u>	
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 1			
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)	1 1			
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11		• •	0.535
12	Other income (See instructions; attach schedule) STMT 8	12	2,537.		2,537.
<u>13</u>	Total. Combine lines 3 through 12	13	2,537.	 	2,537.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			uctions.) (Deduction	ons 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 .		1 1	19	2,194.
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b	
22	Depletion .			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

353.

-10.

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-10.

2,547.

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SEE STATEMENT 9

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

FORM 990-T (M)	OTHER	INCOME	STATEMENT 8	
DESCRIPTION			AMOUNT	
OTHER INCOME			2,537.	
TOTAL TO SCHEDULE M, F	2,537.			
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 9	
DESCRIPTION			AMOUNT	
			IMIOONI	
PURCHASED SERVICES OVERHEAD ALLOCATION			13.	

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

UNIVERSITY CORPORATION OF A	TMOSPHERIC			Citip	Employer identification number		
RESEARCH	84	84-0412668					
Did the corporation dispose of any investmen	t(s) in a qualified opportun	ty fund during the tax ye	ear?		Yes X No		
If "Yes," attach Form 8949 and see its instruc			gain or loss.				
Part I Short-Term Capital Gai	ns and Losses (See I	nstructions.)	_ 		····		
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) 89	iln 49.	(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) ,	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	·		1		1		
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked			<u> </u>	,	2.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	ļ		
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824			5			
6 Unused capital loss carryover (attach computa				6	1		
7 Net short-term capital gain or (loss). Combine			·	7	2		
Part II Long-Term Capital Gair	ns and Losses (See in	nstructions.)			· _* ·····		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga	in	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	(g) Adjustments to ge or loss from Form(s) 89 Part II, line 2, column	49, (g)	column (e) from column (d) and 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							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					13,779		
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	ı h		15	13,779		
"Part III Summary of Parts I and	11						
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capital	loss (line 15)		16	2		
			. * \	1	13,779		
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	short-term capital loss (line	e /)	17	13,781		

LHA

Schedule D (Form 1120) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

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

2019

Name	s)	shown	വ	return

UNIVERSITY CORPORATION OF ATMOSPHERIC

Social security number or taxpayer identification no.

UNIVERSITY CORPORATION	ON OF ATMOSPE	BRIC				tuxpuyor ii	
RESEARCH			<u></u>				112668
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which		you received any 99-B. Either will :	y Form(s) 1099-B show whether you	or substitute staten ir basis (usually you	nent(s) from yo r cost) was rej	our broker. A su ported to the IF	bstitute IS by your
Part I Short-Term. Transact transactions, see page 2. Note: You may aggregate a	tions involving capit	tions reported on l	Form(s) 1099-B show	wing basis was reporte	ed to the IRS an	d for which no ac	ljustments or
codes are required. Enter th	e totals directly on :	Schedule D, line 1a	i, you aren't required	to report these trans	ections on Form	n 8949 (see instru	ctions).
You must check Box A, B, or C below. If you have more short-term transactions than w (A) Short-term transactions re	III fit on this page for on	e or more of the boxes	s, complete as many for	ms with the same box che	icked as you need		each applicable box
``	-	-	-		Note above	7)	
(B) Short-term transactions re	. ,	•	•	eported to the IHS			
X (C) Short-term transactions no	T	I			Adiustment if	lany to sale as	
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		Gain or (loss). Subtract column (e)
((6)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
COMMONFUND CAPITAL PARTNER	9	-			i i		
V LP-INVEST	<u> </u>						2.
		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
	<u> </u>					· · · · · · · · · · · · · · · · · · ·	
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2 Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 1b (if Box A about 1)	otal here and incli ove is checked),	ude on your line 2 (if Box B					
above is checked), or line 3 (if E	tox C above is ch	necked) 🕨	l	1	1 I		2.

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.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Form 8949 (2019) Attachment Sequence No. 12A Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1 Social security number or taxpayer identification no. UNIVERSITY CORPORATION OF ATMOSPHERIC 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 proker 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 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 X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (a) (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (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 see Column (e) In combine the result Code(s) with column (g) the instructions adjustment DAVIDSON KEMPNER 37. INSTITUTIONAL PARTNERS COMMONFUND CAPITAL PARTNERS 151. 2000-INVESTM COMMONFUND CAPITAL PARTNERS LP-INVEST 1,402. COMMONFUND CAPITAL PRIVATE 12,189, EQUITY PARTNE 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 13,779. above is checked), or line 10 (if Box F above is checked)

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment. Form **8949** (2019)

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