

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning July 1, 2019, and ending June 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

A ☐ Check box if address changed
B Exempt under section ☒ 501(c)(3) ☐ 501(c)(1) ☐ 501(c)(29)(a) ☐ 501(c)(29)(b) ☐ 501(c)(29)(c) ☐ 501(c)(29)(d) ☐ 501(c)(29)(e) ☐ 501(c)(29)(f) ☐ 501(c)(29)(g) ☐ 501(c)(29)(h) ☐ 501(c)(29)(i) ☐ 501(c)(29)(j) ☐ 501(c)(29)(k) ☐ 501(c)(29)(l) ☐ 501(c)(29)(m) ☐ 501(c)(29)(n) ☐ 501(c)(29)(o) ☐ 501(c)(29)(p) ☐ 501(c)(29)(q) ☐ 501(c)(29)(r) ☐ 501(c)(29)(s) ☐ 501(c)(29)(t) ☐ 501(c)(29)(u) ☐ 501(c)(29)(v) ☐ 501(c)(29)(w) ☐ 501(c)(29)(x) ☐ 501(c)(29)(y) ☐ 501(c)(29)(z)

C Book value of all assets at end of year **23,240,713**
D Name of organization () ☐ Check box if name changed and see instructions.)
E UCF Convocation Corporation
Number, street, and room or suite no. If a P.O. box, see instructions.
12424 Research Parkway, Suite 300
City or town, state or province, country, and ZIP or foreign postal code
Orlando, Florida 32826-3249

F Group exemption number (See instructions.) ▶
G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust
Describe the only (or first) unrelated trade or business here ▶ Amusements & recreations industries If only one, complete Parts I–V. If more than one, 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 III–V.
16-1733312
E Unrelated business activity code (See instructions.)
713990

H Enter the number of the organization's unrelated trades or businesses: ▶ 1 Describe the only (or first) unrelated trade or business here ▶ Amusements & recreations industries If only one, complete Parts I–V. If more than one, 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 III–V.
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶ University of Central Florida Bd. of Trustees 59-2924021
J The books are in care of ▶ Telephone number ▶

Part I Unrelated Trade or Business Income			
1a	Gross receipts or sales	612,569	
b	Less returns and allowances	0	
2	Cost of goods sold (Schedule A, line 7)	1c	612,569
3	Gross profit. Subtract line 2 from line 1c.	2	0
4a	Capital gain net income (attach Schedule D)	3	612,569
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a	
c	Capital loss deduction for trusts	4b	
5	Income (loss) from a partnership or an S corporation (attach statement)	4c	
6	Rent income (Schedule C)	5	
7	Unrelated debt-financed income (Schedule E)	6	
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	7	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8	
10	Exploited exempt activity income (Schedule I)	9	
11	Advertising income (Schedule J)	10	
12	Other income (See instructions; attach schedule)	11	
13	Total. Combine lines 3 through 12	12	
		13	612,569

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	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	757,099
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	47,883
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	21b	0
23	Contributions to deferred compensation plans	22	
24	Employee benefit programs	23	
25	Excess exempt expenses (Schedule I)	24	
26	Excess readership costs (Schedule J)	25	
27	Other deductions (attach schedule)	26	
28	Total deductions. Add lines 14 through 27	27	1,841,600
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	28	2,646,582
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	29	-2,034,013
31	Unrelated business taxable income. Subtract line 30 from line 29	30	0
		31	-2,034,013



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2020
Notice date	April 19, 2021
Employer ID number	16-1733312
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1



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UCF CONVOCAATION CORP
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12424 RESEARCH PKWY STE 300
ORLANDO FL 32826-3271

106134

Important information about your June 30, 2020 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
June 30, 2020 Form 990T.

Your new due date is May 15, 2021.

What you need to do

File your June 30, 2020 Form 990T by May 15, 2021.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

Visit www.irs.gov/cp211a.

- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer. See instructions.	Taxpayer identification number (TIN)
UCF Convocation Corporation		
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	16-1733312
	12424 Research Parkway, Suite 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Orlando, Florida 32826-3249	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 7**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ **Andrea Brown, MBA**

Telephone No. ▶ **407-823-3093** Fax No. ▶ **407-882-1102**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **May 15** , **20** **21** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20 ____ or
- ▶ ☒ tax year beginning **July 1** , **20** **19** , and ending **June 30** , **20** **20** .

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

- 3a** If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **3a** \$ **0**
- b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. **3b** \$ **0**
- c** **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **3c** \$ **0**

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-2,034.013
33	Amounts paid for disallowed fringes	33	0
34	Charitable contributions (see instructions for limitation rules)	34	0
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	-2,034.013
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-2,034.013
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	0
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	51g	
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	Total	51g
52	Total payments. Add lines 51a through 51g	52	0
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	0
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	0
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded	56 0

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			✓

58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
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59	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here *Misty Shepherd* **Vice Secretary/Treasurer**

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				
	Firm's address			Firm's EIN	Phone no.

Schedule A—Cost of Goods Sold. Enter method of inventory valuation **►**

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 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(1)	(2)	(a) From personal property (if the percentage of rent for personal property is more than 50%)	(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)		
(1)					
(2)					
(3)					
(4)					
Total		Total			

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **►**(b) **Total deductions.**
Enter here and on page 1, Part I, line 6, column (B) **►****Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	

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

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

Totals **0**

Total dividends-received deductions included in column 8 **0**

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals**0****Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A).

Enter here and on page 1, Part I, line 9, column (B).

Totals**0****Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business 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. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						0
(2)						0
(3)						0
(4)						0

Enter here and on page 1, Part I, line 10, col. (A).

Enter here and on page 1, Part I, line 10, col. (B).

Totals**0****Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))**0**

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)						0
(2)						0
(3)						0
(4)						0
Totals from Part I	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

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

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

**SCHEDULE O
(Form 1120)**(Rev. December 2018)
Department of the Treasury
Internal Revenue Service**Consent Plan and Apportionment Schedule
for a Controlled Group**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PG, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

UCF Convocation Corporation

Employer identification number

16-1733312

Part I Apportionment Plan Information

- 1** Type of controlled group:
- a** ☒ Parent–subsidiary group
 - b** ☐ Brother–sister group
 - c** ☐ Combined group
 - d** ☐ Life insurance companies only
- 2** This corporation has been a member of this group:
- a** ☒ For the entire year.
 - b** ☐ From _____, 20_____, until _____, 20_____.
- 3** This corporation consents and represents to:
- a** ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.
 - b** ☐ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, 20_____, and for all succeeding tax years.
 - c** ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d** ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.
- 4** If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- a** ☐ Elected by the component members of the group.
 - b** ☐ Required for the component members of the group.
- 5** If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- a** ☐ No apportionment plan is in effect and none is being adopted.
 - b** ☒ An apportionment plan is already in effect. It was adopted for the tax year ending 6/30, 2011, and for all succeeding tax years.
- 6** If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
- a** ☐ Yes.
 - i** ☐ The statute of limitations for this year will expire on _____, 20_____.
 - ii** ☐ On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
 - b** ☐ No. The members may not adopt or amend an apportionment plan.
- 7** ☐ If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
		(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1 The University of Central Florida Board of Trustees	59-2924021	2020-06		
2 University of Central Florida Research Foundation Inc	59-3086453	2020-06		
3 UCF Athletics Association, Inc	56-2334448	2020-06		
4 UCF Stadium Corporation	20-3794571	2020-06		
5 UCF Finance Corporation	20-8919971	2020-06		
6 Limbitless Solutions Inc	47-1944657	2020-06		
7 UCF Convocation Corporation	16-1733312	2020-06		
8 UCF Academic Health	81-2946322	2020-06		
9				
10				
Total		0	0	0

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

UCF Convocation Corporation

713990

16-1733312

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	47,883

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life		S/L	
b 12-year		12 yrs.	S/L
c 30-year		30 yrs.	MM
d 40-year		40 yrs.	MM
			S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	47,883
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							

26 Property used more than 50% in a qualified business use:

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use:

	%				S/L -			
	%				S/L -			
	%				S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 990-T OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

PROFESSIONAL ENTERTAINMENT EVENTS

612,569

TOTAL TO FORM 990-T, PAGE 1, LINE 13

612,569

FORM 990-T INTEREST PAID

STATEMENT 2

DESCRIPTION

AMOUNT

INTEREST

757,099

TOTAL TO FORM 990-T, PAGE 2, LINE 18

757,099

FORM 990-T OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION

AMOUNT

ARENA OPERATIONS

1,534,684

UTILITIES

306,613

OTHER

303

TOTAL TO FORM 990-T, PAGE 1, LINE 28

1,841,600

FORM 990-T PARENT CORPORATIONS NAME AND IDENTIFYING NUMBER

STATEMENT 4

CORPORATIONS NAME

IDENTIFICATION NUMBER

UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES

59-2924021

UCF Convocation Corporation

16-1733312

FORM 990-TNET OPERATING LOSS DEDUCTIONSTATEMENT 5

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS</u>	
				<u>YEAR</u>	
6/30/2008	2,147,830	0	2,147,830		2,147,830
6/30/2009	5,511,610	0	5,511,610		5,511,610
6/30/2010	3,251,712	0	3,251,712		3,251,712
6/30/2011	2,493,448	0	2,493,448		2,493,448
6/30/2012	4,608,560	0	4,608,560		4,608,560
6/30/2013	4,043,497	0	4,043,497		4,043,497
6/30/2014	4,764,645	0	4,764,645		4,764,645
6/30/2015	5,280,955	0	5,280,955		5,280,955
6/30/2016	3,774,949	0	3,774,949		3,774,949
6/30/2017	3,397,385	0	3,397,385		3,397,385
6/30/2018	3,125,089	0	3,125,089		3,125,089
6/30/2019	3,198,471	0	3,198,471		3,198,471
6/30/2020	2,034,013	0	2,034,013		2,034,013
			<u>47,632,164.00</u>		<u>47,632,164.00</u>