Form 990-T	E>	empt Organization		siness Income delated section 6033('n	OMB No. 1545-0687			
	For cale	ndar year 2016 or other tax year be				017	∽ ⋒ 1€			
5		formation about Form 990-T ar	(A)			-				
Department of the Treasury Internal Revenue Service		not enter SSN numbers on this for					Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed				ame changed and see instruction		D Empl	oyer identification number oyees' trust, see instructions.)			
B Exempt under section	1	UNIVERSITY OF ARIZ	ONA E	FOUNDATION						
X 501(C)(3)	Print									
408(e) 220(e	or	100 cmg	lated business activity codes							
408A 530(a	Type	1111 NORTH CHERRY	AVENU	JE		(See in	nstructions.)			
529(a)		City or town, state or province, cou	ntry, and	ZIP or foreign postal code						
C Book value of all assets		TUCSON, AZ 85721				5419	00			
at end of year	F Gro	up exemption number (See instru	uctions.)	>						
897,903,034.	G Che	ck organization type X 5	01(c) co	orporation 501(c) trust	401(a)	trust Other trust			
H Describe the organi	zation's p	rimary unrelated business activity	. P A	RTNERSHIP K-1 PA	SS THROUGH	ACTIV	VITY			
		corporation a subsidiary in an a								
		identifying number of the parent								
J The books are in car	e of ▶ F	RITA WILLIAMS		Telephon	ne number ▶ 520	0-621	-3027			
Part I Unrelated	Trade o	or Business Income		(A) Income	(B) Expens	ses	(C) Net			
1a Gross receipts or	sales									
b Less returns and allowa	ances	c Balance	▶ 1c							
2 Cost of goods so	ld (Schedi	ule A, line 7)								
3 Gross profit. Sub	tract line	2 from line 1c	. 3							
4a Capital gain net i	ncome (a	ttach Schedule D)	. 4a	115,394.			115,394.			
		Part II, line 17) (attach Form 4797) .					2			
c Capital loss dedu	ction for to	rusts	. 4c				22 17 17 18 18 18 18 18 18 18			
5 Income (loss) from	partnership	s and S corporations (attach statemer	nt) 5	-1,164,470.	ATCH 1		-1,164,470.			
6 Rent income (Sch	edule C) ,		. 6							
7 Unrelated debt-fit	nanced inc	come (Schedule E)	. 7	9						
8 Interest, annuities, roya	Ities, and ren	ts from controlled organizations (Schedule	F) 8							
9 Investment income of a	section 501	(c)(7), (9), or (17) organization (Schedule	G) 9							
10 Exploited exempt	activity in	come (Schedule I)	. 10							
11 Advertising incom	ne (Sched	ule J)	. 11							
12 Other income (Se	e instruct	ions; attach schedule)	. 12							
		ough 12		-1,049,076.			-1,049,076.			
		Faken Elsewhere (See ins			, ,	xcept f	or contributions,			
deduction	s must	be directly connected with	the ur	nrelated business inco	me.)		·			
14 Compensation of	officers, o	directors, and trustees (Schedule	K)			. 14				
15 Salaries and wage	es					. 15				

		ee instructions for limitation rules		and the state of the part of the total of the state of		. 20				
		4562)								
		on Schedule A and elsewhere on		OTHER TO THE TAX TAX TAX TO LIKE		22b				
		ompensation plans								
		chedule I)								
		chedule J)								
		chedule)								
		s 14 through 28					-1,049,076.			
		e income before net operatin	•				-1,049,076.			
		on (limited to the amount on line					-1,049,076.			
		income before specific deducti					1,043,070.			
		ally \$1,000, but see line 33 instru								
34 Unrelated busine		ole income. Subtract line 33	HOIN IIN	ie 32. ii iiiie 33 is grea	ter than line 32	'	-1.049.076			

Pa	rt III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled grou	р			
	members (sections 1561 and 1563) check here ▶ ☐ See instructions and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
	(1) \$ (2) \$ (3) \$	4273 1247 1247 1247 1247 1247 1247 1247 1247			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000)				
С	Income tax on the amount on line 34	▶ 35c			
36		on			
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36			
37	Proxy tax. See instructions				
38	Alternative minimum tax				
39	Tax on Non-Compliant Facility Income. See instructions				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				
Pa	rt IV Tax and Payments				
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a				
	Other credits (see instructions)				
C	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	4000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	Total credits. Add lines 41a through 41d	. 41e			
42	Subtract line 41e from line 40	0.00			
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,				0.
	Payments: A 2015 overpayment credited to 2016				
b	2016 estimated tax payments				
c	450				
	Foreign organizations: Tax paid or withheld at source (see instructions)				
е	1450	131214111141 121214121111 1212141111111111			
f	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
g					
	J Other credits and payments: Form 2439 Form 4136 Other Total ▶ 45g				
46	Total payments. Add lines 45a through 45g	. 46			
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 2017 estimated tax Refunded	▶ 50			
Pai	rt V Statements Regarding Certain Activities and Other Information (see instructi				Т
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	e foreign	country		**
	here				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign trust	?	ansmus	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 ▶ \$				lief It is
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ie best of m	y knowledge a	and bei	ier, it is
Sig			IRS discuss		
Her		Distriction of the state of the	preparer sh		
	Signature of officer Date Title	(see instruction	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE	S	No
Paid	d american market and the state of the state	heck L if	5007	7545	: 6
		elf-employed			
	Only		34-65655 602/322-		10
	Fim's address > IWO NORIA CENTRAL AVENUE, SIE 2300, PROENTA, AZ 83004 P	none no.	Eorm QC	271 - 274 - 2	

Form 990-1 (2016)									, age
Schedule A - Cost of G	oods Sold. Er	ter method	d of inventor						
1 Inventory at beginning of	year . 1			6 Inv	entory	at end of yea	ar	6	
2 Purchases				7 Co	st of	goods so	ld. Subtract line	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
3 Cost of labor	3			6	from	line 5. En	ter here and in		
4a Additional section 263A c	osts			Pa	rt I, line	2		7	
(attach schedule)	4a			8 Do	the	rules of	section 263A (v	vith respect to	Yes No
b Other costs (attach schedu				pro	perty	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through	4b . 5			to t	the org	anization?.			. X
Schedule C - Rent Income	e (From Real P	roperty a	nd Persoi	nal Pro	perty	Leased V	Vith Real Prope	rty)	
(see instructions)							****	*****	
Description of property									
. Description of property									
1)									
2)									
3)									
4)									
.,	2. Rent recei	ed or accrue	ed						
(a) From personal property (if the		ly - persone	2 9989 50	nereonal	nronerty	(if the	3(a) Deductions d	irectly connected wit	th the income
(a) From personal property (if the for personal property is more the			(b) From real and personal property (if the percentage of rent for personal property exceeds				3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
more than 50%) 50% o			if the rent is	e rent is based on profit or income)					
1)									8
1)									
2)									
3)									
4)		T-1-1							
Total	 	Total					(b) Total deduction	ons.	
c) Total income. Add totals of c							Enter here and or		
nere and on page 1, Part I, line 6			- !	>			Part I, line 6, colu	IIIII (b)	
Schedule E - Unrelated D	ept-Financea ii	icome (se	e instruction	ons)		3 [Deductions directly co	nnected with or alloc	able to
4 December of de	Lt formand manager		2. Gross					ced property	
1. Description of de	bt-financed property		allocable t	roperty	anceu		nt line depreciation	(b) Other deductions	
						(atta	ch schedule)	(attach sch	edule)
1)									
2)									
3)									
4)									
Amount of average acquisition debt on or	5. Average adjust of or allocal		6.	Column		7 Gross	income reportable	8. Allocable d	eductions
allocable to debt-financed	debt-financed		32.5	divided			1 2 x column 6)	(column 6 x tota 3(a) and	
property (attach schedule)	(attach sche	dule)	рус	column 5				S(a) and	J(D))
1)					%				
2)					%				
3)					%				
4)					%				
							e and on page 1,	Enter here and	
						Part I, line	e 7, column (A).	Part I, line 7, o	olumn (B).
Totals				- 1000 -					
otal dividends-received deduct									
otal alviacinas-received deduct	and in ordinadou in or		· · · · · ·		· · ·	· · · · · ·		F	000-T (2016

Schedule F - Interest, Annu	, ,			ontrolled Or				*			
.1. Name of controlled organization	2. Employer identification numb	Jei I		ated income instructions)	AND RESIDENCE OF THE PROPERTY	of specified nts made	included in the controlling		olling	6. Deductions directly connected with income in column 5	
(1)											
2)											
3)											
(4)											
Nonexempt Controlled Organiz	zations		8								
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specifi payments made		include	t of column ed in the co ation's gros	ntrolling		I. Deductions directly inected with income in column 10	
(1)			_								
(2)											
(3)											
(4)							olumns 5 a			id columns 6 and 11.	
Totals	come of a Sec		1(c)(7),	(9), or (17	') Orga		5.500 9.0000	tructions)	Pa	rt I, line 8, column (B).	
1. Description of income	2. Amount of	income		directly col (attach scl	nnected	4. Set-asides (attach schedule)		and set-asides (col. 3 plus col. 4)			
(1)											
(2)									_		
(3) (4)									-		
Totals ▶ Schedule I - Exploited Exe	Part I, line 9, c		ther Th	an Advert	sing In	come (s	ee instru	ctions)		Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connect produc unrel business	ctly ed with tion of ated	4. Net incor from unrela or business 2 minus co If a gain, c cols. 5 thre	ted trade (column lumn 3). ompute	5. Gross income 6. Ex		6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
1)											
(2)											
3)											
					-11			·			
4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 26.	
Totals	nomo (non line)	uotions\								1111	
Schedule J - Advertising In			Consol	idated Da							
Part I Income From Peri	iodicais Report	ed on a	Consol	idated Bas	515			Г		1	
1. Name of periodical	2. Gross advertising income	3. Di advertisi		4. Adver gain or (los 2 minus co a gain, co cols. 5 thr	ss) (col. 5. Circulation 6. Readership col. 3). If income costs			7. Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)											
(4)											
p-1				CONTRACTOR						The state of the s	
Totals (carry to Part II, line (5))										Form 990-T (2016	

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.) 7. Excess readership 4. Advertising gain or (loss) (col. costs (column 6 2. Gross 3. Direct 5. Circulation Readership 2 minus col. 3). If minus column 5, but 1. Name of periodical advertising advertising costs income costs a gain, compute cols. 5 through 7. not more than income column 4). (1) (2) (3)(4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A). line 11, col (B). Part II, line 27. Totals, Part II (lines 1-5) > Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

3. Percent of 4. Compensation attributable to time devoted to business 2. Title 1. Name unrelated business % (1) % (2) (3) % % (4)

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.

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Employer identification number Name 86-6050388 UNIVERSITY OF ARIZONA FOUNDATION

Part	Short-Term Capital Gains and Losses	s - Assets Held Or	e Year or Less	,		
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part I, line 2	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	column (g)	۷,	the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949					
	with Box C checked	13,758.				13,758.
4	Short-term capital gain from installment sales from				4_	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
-	Not about town agriculturin or (loss). Combine lines	to through 6 in column l	h		7	13,758.
	Net short-term capital gain or (loss). Combine lines to Long-Term Capital Gains and Losses					1077001
Part	See instructions for how to figure the amounts to enter on		62003	(a) Adjustments to	gain	(h) Gain or (loss)
	the lines below.	(d) Proceeds	(e) Cost	or loss from Form	(s)	Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	8949, Part II, line column (g)	2,	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					4
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	40,823.				40,823.
11	Enter gain from Form 4797, line 7 or 9				11	60,813.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37			12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	h		15	101,636.
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capita	I loss (line 15)		16	13,758.
47	Not conital gain. Enter evenes of not long term coni	tal gain (line 15) aver no	at short-term canital lo	es (line 7)	17	101,636.
17 18	Net capital gain. Enter excess of net long-term capi Add lines 16 and 17. Enter here and on Form 1120				17	101,000.
,0	the corporation has qualified timber gain, also compl	ete Part IV			18	115,394.
	Note: If losses exceed gains, see Capital losses in th	e instructions.				ahadula D (Form 1120) 2016

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

Schedule D (Form 1120) 2016

Form **8949**

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No. 1545-0074
2016

Attachment Sequence No. 12A

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.

Social security number or taxpayer identification number

86-6050388

UNIVERSITY OF ARIZONA FOUNDATION

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions re (B) Short-term transactions re (C) Short-term transactions n	eported on F	orm(s) 1099	-B showing basis			e Note above)	
1 (a)	(b)	(c)	(d)	(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
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (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) an combine the result with column (g)
PARTNERSHIP CAPITAL GAIN			13,758.				13,758
u .							
,							
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box C above is checked).	here and incl is checked), line	lude on your e 2 (if Box B	13,758.				13,758

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.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2016)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side UNIVERSITY OF ARIZONA FOUNDATION

Social security number or taxpayer identification number

86-6050388

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 long term. 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)

X	(E) Long-term transactions r				wasn't reporte	d to the IRS	30-10-10-10-10-10-10-10-10-10-10-10-10-10	
1	(a) Description of property	(b) Date acquired	(b) (c) Date sold or	(b) (c) (d) Cost or other be Date acquired disposed Proceeds See the Note be	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) from column (d) and
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PAR	TNERSHIP CAPITAL GAIN			40,823.				40,823.
	1,000							
	,							
51								
		2						
		<u> </u>						
2	Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above	here and include	de on your	40,823.				40,823.

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

Form 8949 (2016)

JSA 6X2616 2.000

Form **4797**

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Identifying number

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment Sequence No. 27

Nan	ne(s) shown on return						Identify	ng number
UN	IVERSITY OF ARIZONA FO	UNDATION					86-	6050388
1	Enter the gross proceeds from sa						1	
D	substitute statement) that you are in							om Other
Pa	art I Sales or Exchanges of Than Casualty or The	r Property US: ft - Most Pror	ed in a Trade pertv Held Mo	or Busilless all ore Than 1 Year	(see instruction	s)	115 1 10	om Other
2	(a) Description of property	(b) Date acquired (mo., day, yr.)		(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost of basis, primprovement expense of	olus ents and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	TTACHMENT 1				304	•		60,813.
	TIACIIMENI I							
3	Gain, if any, from Form 4684, line 3	39					3	
4	Section 1231 gain from installmen							
5	Section 1231 gain or (loss) from li							
6	Gain, if any, from line 32, from oth	er than casualty o	r theft				6	
7	Combine lines 2 through 6. Enter t	the gain or (loss)	here and on the	appropriate line as fol	llows:		7	60,813.
	Partnerships (except electing lar instructions for Form 1065, Schedu	ge partnerships	and S corpor	ations. Report the	gain or (loss) foll	owing the		
	Individuals, partners, S corporation in Partners	ines 8 and 9. If I n an earlier year,	ine 7 is a gain a enter the gain	and you didn't have from line 7 as a lo	any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 ld	sses from prior ye	ears. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero of 9 is more than zero, enter the am	or less, enter -0 I	f line 9 is zero, e	enter the gain from I	ine 7 on line 12 be	low. If line		20
	capital gain on the Schedule D filed						9	
Pa	rt II Ordinary Gains and Lo							
10	Ordinary gains and losses not incli			ude property held 1 ye	ear or less):			
_								
_								
_								
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7 or amount	from line 8, if app	licable				12	
13	Gain, if any, from line 31							
14	Net gain or (loss) from Form 4684,							
15	Ordinary gain from installment sale						15	
	16 Ordinary gain or (loss) from like-kind exchanges from Form 8824							
17	Combine lines 10 through 16						17	
18	For all except individual returns, er and b below. For individual returns,			he appropriate line o	of your return and s	skip lines a		
í	a If the loss on line 11 includes a los part of the loss from income-produ property used as an employee o See instructions	ucing property on n Schedule A (f	Schedule A (Form 1040), lin	orm 1040), line 28, e 23. Identify as f	and the part of the rom "Form 4797,	loss from line 18a."	18a	
1	Redetermine the gain or (loss) on li						18b	
	Paperwork Reduction Act Notice,							Form 4797 (2016)

Pa	rt III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252	, 12	54, and 1255		
19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:			(b) Date acquired	(c) Date sold (mo.	
		01 12	oo proporty.			(mo., day, yr.)	day, yr.)	
)							
	These columns relate to the properties on lines 19A through 19I	o. >	Property A	Property B	1	Property C	Property D	
20	Gross sales price (Note: See line 1 before completing.)	20						
	Cost or other basis plus expense of sale	21						
	Depreciation (or depletion) allowed or allowable	22						
	Adjusted basis. Subtract line 22 from line 21	23						
24	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
		25b						
	If section 1250 property: If straight line depreciation was	230						
-	used, enter -0- on line 26g, except for a corporation subject		*					
	to section 291.							
	Additional depreciation after 1975. See instructions.	26a						
r	Applicable percentage multiplied by the smaller of							
	line 24 or line 26a. See instructions	26b						
C	Subtract line 26a from line 24. If residential rental property							
	or line 24 isn't more than line 26a, skip lines 26d and 26e .	26c						
	Additional depreciation after 1969 and before 1976.							
	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't							
	dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).							
а		27a						
b	Line 27a multiplied by applicable percentage. See instructions .	27b						
c	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property:							
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits,					8		
	mining exploration costs, and depletion. See instructions.	28a						
b	The state of the s	28b						
	If section 1255 property:							
	Applicable percentage of payments excluded from							
	income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions.							
Sui	mmary of Part III Gains. Complete propert	V CC	lumns A through	D through line	29b	before going to lin	ne 30.	
<u> </u>	milary of tartin camer complete propert	.,	rainite / t am eag.			January States		
30	Total gains for all properties. Add property columns A	A thro	ugh D. line 24					
	Add property columns A through D, lines 25b, 26g, 2					to an an again an away at the ten		
	Subtract line 31 from line 30. Enter the portion from							
32	other than casualty or theft on Form 4797, line 6							
Do							orless	
Га	rt IV Recapture Amounts Under Section (see instructions)	15 17	3 and 2001 (b)(2)	Wileii Dusiile	,33 (23c 210p3 to 00 /0	01 2033	
	(a) Section (b) Section							
						(a) Section 179	280F(b)(2)	
	Cooking 470 sympass deductions of the state	ıakı-	in prior veers	Ĭ	22		(~/\-/	
	Section 179 expense deduction or depreciation allow				33			
	Recomputed depreciation. See instructions				34			
35	Recapture amount. Subtract line 34 from line 33. Se	e the	instructions for where t	o report	35		Form 4797 (2016)	
							FUHI 4 1 3 1 (2016)	

Form **4626**

Department of the Treasury

Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0123

2016

Employer identification number

86-6050388 UNIVERSITY OF ARIZONA FOUNDATION Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). -1,049,0762 Adjustments and preferences: 3,664 2a 2b 2c 2d d Amortization of circulation expenditures (personal holding companies only) -93 2e 2g Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2i Tax shelter farm activities (personal service corporations only).......... 2j Passive activities (closely held corporations and personal service corporations only) 2k 21 2_m 2,485 2n 20 -1,043,020Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 3 Adjusted current earnings (ACE) adjustment: -1,043,020a ACE from line 10 of the ACE worksheet in the instructions. Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b 4c c Multiply line 4b by 75% (0.75). Enter the result as a positive amount . . . Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior vear ACE adjustments. See instructions. Note: You must enter an ACE adjustment. If line 4b is zero or more, enter the amount from line 4c 4e If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount -1,043,020Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT. 6 6 Alternative tax net operating loss deduction. See instructions 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-.... Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, 9 10 10 11 11 12 12 13 13 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

For Paperwork Reduction Act Notice, see separate instructions.

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

K-1 K-1 K-1 K-1 K-1 K-1 K-1 K-1 K-1 K-1	PASS TH	HRU	GMO FORESTRY FUND 8-B LP GMO FORESTRY FUND 7-B LP BPEA LIFE SCIENCES FUND I, LP BPEA FUND II, LP COMMONFUND CAPITAL PE PARTNERS VI COMMONFUND CAPITAL PE PARTNERS VII PEG US DIRECT INVESTORS III, LLC PEG US POOLED CORPORATE III, LLC SPUR VENTURE II, LP SPUR VENTURE III, LP VENTURE INVESTMENT ASSOC VI, LP NEW BOSTON INSTITUTIONAL FUND LP VII KING STREET CAPITAL LP COMMONFUND CAP VENTURE PARTNERS IX CAP DYNAMICS GLOBAL SECONDARIES III ADAMS ST GLOBAL OP SECONDARY FUND II BPEA SMALL BUYOUT AND GROWTH FUND I SVB CAPITAL PREFERRED RETURN FUND LP DIAMOND VENTURES OPP FUND I, LLC VENTURE INVESTMENT ASSOC ENERGY II	-4,077.
			HARVEST MLP INCOME FUND II LLC WCP REAL ESTATE FUND IV LP	36. 23,301.
			WESTERN REFINING LOGISTICS, LP	-650 , 175.
	PASS TH		IRON POINT PARTNERS III	-74,009.
K-1	PASS TH	HRU	SRE OPPORTUNITY FUND II, LP	-35 , 970.
			KEMF-DCLL, LLC	-148,026.
			FALCON STRATEGIC PARTNERS V, LP	-27,412.
K-1	PASS TH	HRU	ENR PARTNERS LP (EDGE NATURAL RES)	-192,949.
			PRP II 2501 M STREET LLC	-28,571.
			ROCKLAND POWER PARTERS III, LP	40,341.
			WCP NEWCOLD, LP	-53,418.
K-1	PASS TH	HRU	HARBERT EUROPEAN REAL ESTATE FUND IV	-9,085.
	INCOME	E (1	LOSS) FROM PARTNERSHIPS	-1,164,470.

UNIVERSITY OF ARIZONA FOUNDATION

FEIN: 86-6050388

FOR YEAR ENDED: JUNE 30, 2017

FORM 990-T

NET OPERATING LOSS CARRYFORWARD

				BALANCE
	LOSS	AMOUNT	NOL CURRENTLY	CARRYFORWARD TO
TAX YEAR	INCURRED	PREVIOUSLY USED	USED/EXPIRED	6/30/2018
6/30/2012	254,486	(82,999)		171,487
6/30/2013	135,366			135,366
6/30/2015	751,150			751,150
6/30/2016	1,069,241			1,069,241
6/30/2017	1,049,076			1,049,076
				3,176,320
AMT - NET OPERA	TING LOSS CARRY	FORWARD		
				BALANCE
	LOSS	AMOUNT	NOL CURRENTLY	CARRYFORWARD TO
TAX YEAR	INCURRED	PREVIOUSLY USED	USED/EXPIRED	6/30/2018
6/30/2012	254,486	(64,376)		190,110
6/30/2013	135,366			135,366
6/30/2015	645,194			645,194
6/30/2016	945,240			945,240
6/30/2017	1,043,020			1,043,020
				2,958,930