COPY FOR PUBLIC INSPECTION

| 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | | | | | | | rn | OMB No. 1545-0687 | |
|--|----------------------------------|---------------|--|------------|---|---|-------------------|--|--|--|
| , | | For cale: | ndar year 2018 or other tax year begin | | | | | 20 <u>19</u> | 9 | @1 8 |
| | rtment of the Treasury | | ► Go to www.irs.gov/Form990 | T for i | nstructions and the | latest | information. | | Open to | Public Inspection for |
| A | al Revenue Service Check box if | ▶ Do | not enter SSN numbers on this form : Name of organization (Check b | | ay be made public if yo me changed and see ins | | | , /) | | Public Inspection for Organizations Only October |
| ∟ | address changed | | Traine of organization (one one | O21 11 11G | mo onemgod ente opo ma | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,0,, | | | ee instructions.) |
| BEX | empt under section | | UNIVERSITY OF ARIZO | NA F | OUNDATION | | | | | |
| Х | 501(C)(3) | Print or | Number, street, and room or suite no. | lf a P.O | , box, see instructions. | | | | 050388 | |
| \vdash | 408(e) 220(e) | Туре | 1111 NADWY GUEDDY 3 | | | | | | lated busin: nstructions.) | ess activity code |
| | 408A530(a) | | 1111 NORTH CHERRY A | | | | | | | |
| C Bo | 529(a) ok value of all assets | | City or town, state or province, countr TUCSON, AZ 85721 | y, and z | in or foreign postar code | е | | 5419 | 00 | |
| | end of year | F Gro | up exemption number (See instruct | ione) | | | | 2412 | | |
| | 1156389462. | | ck organization type X 501 | <u>.</u> | 1 1 | 501(c |) trust | 401(a) | truset | Other trust |
| | | | nization's unrelated trades or busine | | | 30110 | · | | y (or first) u | |
| | ade or business her | | | | - | v one. | complete Parts I | | | |
| | | | end of the previous sentence, cor | | | - | | | | , |
| | ade or business, the | | • | | • | | | | | |
| I D | uring the tax year, | was the | corporation a subsidiary in an affili | ated g | roup or a parent-subs | idiary d | controlled group? | | | Yes X No |
| | | | identifying number of the parent co | rporatio | | | | | | |
| J T | he books are in care | of ▶RI | TA WILLIAMS | | Tel | lephon | e number ► 52 | 0-621 | -3027 | |
| Pai | rt I Unrelated | Trade o | or Business Income | · | (A) Income | | (B) Expen | ses | | (C) Net |
| 1 a | Gross receipts or s | ales | | | | | | | | |
| b | Less returns and allowa | | c Balance ▶ | | | | | | | |
| 2 | | | ule A, line 7) | 2 | | | | | | |
| 3 | · · | | 2 from line 1c | 3 | 227 2 | E 0 | | | | 227 250 |
| 4a | | | ttach Schedule D) | 4a | 337,3 | | | | 35 | 337,352. |
| Ð | | | Part II, line 17) (attach Form 4797) | 4b | 1,742,3 | UI. | | | | 1,742,301. |
| C | | | rusts | 4c | _1 496 4 | 0.5 | A ELICIT O | | A 67 2 | 1,486,485. |
| 5 | | • | an S corporation (attach statement) | 5 | -1,486,4 | 65. | ATCH 2 | | | 1,480,483. |
| 6 | | | · · · · · · · · · · · · · · · · · · · | 6 | | | | | | |
| 7 | | | come (Schedule E) | 7 | | | | | | |
| 8 | | • | nts from a controlled organization (Schedule F) | | | | | | | |
| 9 | | | (c)(7), (9), or (17) organization (Schedule G) | 9 | | | | | | |
| 10 | | | come (Schedule I) | 10 11 | | | | | | |
| 11 12 | | | ule J) | 12 | | | | | : | |
| 13 | | | ough 12 | 13 | 593,1 | 68. | | | | 593,168. |
| Par | | | րացր <u>լջ</u> Րaken Elsewhere (See instr | | | - + | eductions) (F | xcent f | or contri | |
| į GI | | | be directly connected with the | | | | , , | -xoopt i | Or GOITER | bullotto, |
| 14 | | | directors, and trustees (Schedule K) | | | | | . 14 | | |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | see instructions) | | | | | | | |
| 19 | | | | | | | | | | 36,643. |
| 20 | | | ee instructions for limitation rules) | | | | | | | |
| 21 | | | 4562) | | 1 1 | | | 1312578 2412578 | E . | |
| 22 | | | on Schedule A and elsewhere on re | | | | | 22b | | |
| 23 | Depletion | | | | | | | . 23 | | |
| 24 | | | ompensation plans | | | | | | ļ <u> </u> | |
| 25 | Employee benefit | programs | | | | | | . 25 | | |
| 26 | | | chedule I) | | | | | | | |
| 27 | Excess readership | costs (Sc | hedule J) , , , , , | | | | | . 27 | | |
| 28 | | | chedule) | | | | | | | |
| 29 | | | 14 through 28 | | | | | | | 36,643. |
| 30 | | | e income before net operating | | | | | T | 15 15 15 15 15 15 15 15 15 15 15 15 15 1 | 556,525. |
| 31 | | | loss arising in tax years beginnin | - | • | • | | _ | | |
| 32 | Unrelated busines | s taxable | income. Subtract line 31 from line | 30 | | | | . 32 | I | 556,525. |

For Paperwork Reduction Act Notice, see instructions. 8X2740 1,000 154 6

Form **990-T** (2018)

| Form | 990-T (2018) | | | Page 2 |
|---|---|--|----------------------|--------------|
| Pai | Total Unrelated Business Taxable Income | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | | |
| | instructions) | 33 | 556, | ,525. |
| 34 | Amounts paid for disallowed fringes | 34 | | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see | | | |
| | instructions) | 35 | 556, | 525. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum | | | |
| | of lines 33 and 34 | 36 | | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | | |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | | | |
| 00 | enter the smaller of zero or line 36 | 38 | | 0. |
| Par | t IV Tax Computation | 00 | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | 39 | | |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on | | | |
| 40 | the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) | 40 | | |
| | | 41 | | |
| 41 | Proxy tax. See instructions | 42 | | |
| 42 | Alternative minimum tax (trusts only) | | | |
| 43 | Tax on Noncompliant Facility Income. See instructions | | | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | | |
| | t V Tax and Payments | 18128715 | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | | |
| | Other credits (see instructions) | | | |
| C | General business credit. Attach Form 3800 (see instructions) | | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | |
| е | Total credits. Add lines 45a through 45d | 45e | | |
| 46 | Subtract line 45e from line 44 | 46 | | |
| 47 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) . | 47 | | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | | |
| 50 a | Payments: A 2017 overpayment credited to 2018 | | | |
| b | 2018 estimated tax payments | | | |
| С | Tax deposited with Form 8868 | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | | | |
| | Backup withholding (see instructions) | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 50f | | | |
| g | Other credits, adjustments, and payments: Form 2439 | | | |
| - | Form 4136 Other Total ▶ 50g | | | |
| 51 | Total payments. Add lines 50a through 50g | 51 | | |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 52 | | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | | |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ Refunded ▶ | 55 | | |
| Par | | s) | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or | | thority Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | | | |
| | here > | • | - 1,000 | X |
| E7 | | an truet? | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreing "Yes," see instructions for other forms the organization may have to file. | gii uuoti. | | |
| 5 0 | [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2 | | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b | est of mv kr | nowledge and be | elief, it is |
| Qi~- | true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Sign | | | discuss this | |
| Her | | h the pre e instructions)? | parer shown X Yes | |
| | Print/Type prepareds name Prepareds signature Date | | PTIN | No |
| Paid | 04/00/00 Cited | DESCRIPTION OF THE PROPERTY OF | P0150855 | 56 |
| Prep | parer - EDNOR - NOUNC !! C. I Jan June 0412020 Seine | mployed | 4-6565596 | |
| 25 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 | Firm's name Firm's name Firm's name | | -322-3000 | |
| | Firm's address ▶ 101 E. WASHINGTON ST., SUITE 910, PHOENIX, AZ 85004 Phone | no. 002- | Form 990-T | |

%

%

Enter here and on page 1,

Part I, line 7, column (A).

 \triangleright

Form 990-T (2018)

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

(3)

(4)

Total dividends-received deductions included in column 8

| Schedule F—Interest, Ann | uities, Royalues | | | ontrolled Or | | | ions (se | a manacii | oris) | |
|--------------------------------------|---|---------------------------------|---|---|--|---------------------------|---|---|-----------|---|
| Name of controlled organization | 2. Employer identification numb | per | | elated income instructions) | | of specified ents made | included | of column 4 t I in the contr ion's gross in | olling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | <u> </u> | | <u> </u> | | | |
| Nonexempt Controlled Organi | zations | | | | | I | | | 1 | |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruc | | 1 | Total of specifi payments made | | includ | rt of column ed in the co ration's gros | ntrolling | | I. Deductions directly inected with income in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | 4.11 | columns 5 a | . 1.40 | | Id columns 6 and 11. |
| Totals | | | | | | Enter Part I | here and on , line 8, colu | page 1, mrı (A). | Ent | er here and on page 1, rt I, line 8, column (B). |
| 1. Description of income | 2. Amount of | income | | 3. Deduc directly cor (attach sch | nected | | | t-asides schedule) | | Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | Enter here and | on nogo 1 | **** | gergetan reketika s | 4 X 24 44 E 194 | | Tampana, akimak | | 1 - 1 - 1 | Enter here and on page 1 |
| Totals | Part I, line 9, co | olumn (A). | | | | | | | | Part I, line 9, column (B). |
| Schedule I-Exploited Exe | EMPT ACTIVITY IN | come, c | Jiner ir | ian Adverti | sing in | come (s | ee instru | ctions) | | 1 |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | diri connec produ unre | penses ectly cted with ction of elated ss income | 4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro | ed tradé (column umn 3). Impute | from ac | s income tivity that nrelated s income | 6. Expenses attributable to column 5 | | 7, Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | page 1 | re and on , Part I, , col. (B). | | | | | | | Enter here and on page 1, Part II, line 26, |
| Totals ▶ Schedule J-Advertising In | ICOMA (see instri | Ictionel | | squarement (see la | | eneres si silagibi | turata e guaditi, a residen | eze bojediteemeene 11 | | |
| Part I Income From Peri | | | Consol | idated Res | is | | | | | |
| rafti income i fom ren | | eu Oil a | CONSO | 4. Advert | ising | | | | | 7. Excess readership costs (column 6 |
| 1. Name of periodical | 2. Gross advertising income 3. Direct advertising costs income 3. Direct advertising costs income 3. Direct advertising costs advertising costs incompate cols. 5 through 7. | | | | minus column 5, but not more than column 4). | | | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | 1 11444 |
| | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | 1 | | ' | | | | Form 990-T (2018) |

UNIVERSITY OF ARIZONA FOUNDATION

Page 5 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.) Part II

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

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

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

Form 990-T (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PARTNERSHIP K-1 PASS THROUGH ACTIVITY

ATTACHMENT 2

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

| TZ 1 | מונותו מאפר | ADAMS ST GLOBAL OP SECONDARY FUND II | 32,696. |
|------|-------------|---------------------------------------|--------------------|
| | | | |
| | | ANDEAVOR LOGISTICS, LP | -798 , 103. |
| | | BLACKSTONE MINERALS, LP | 26,530. |
| | | BLACKSTONE MINERALS LP | 209,876. |
| | | BPEA LIFE SCIENCES FUND I, LP | 271. |
| | | BPEA SMALL BUYOUT AND GRTH. FND. I,L | 15,573. |
| | | BROOKE PVT EQUITY ADVISORS FUND II | 3,442. |
| | | CAPITAL DYNAMICS GLOBAL SEC. III | 6,520. |
| | | CAPITAL PREFERRED RETURN FUND, L.P. | 2,443. |
| | | COMMONFUND CAP PVT EQ PARTNERS VI | 18,929. |
| | | COMMONFUND CAP PVT EQ PARTNERS VII | 11,851. |
| K-1 | PASS THRU | COMMONFUND CAP PVT EQ PARTNERS IX, LP | -2,694. |
| K-1 | PASS THRU | DIAMOND VENTURES OPP FUND I, LLC | -172,061. |
| K-1 | PASS THRU | ECI 11 L.P. | -32,791. |
| K-1 | PASS THRU | ENR PARTNERS II LP | -416,056. |
| K-1 | PASS THRU | ENR PARTNERS LP | -904,445. |
| | | FALCON STRATEGIC PARTNERS V, L.P. | -75,096. |
| | | IRON POINT RE PARTNERS III, LP | -69,105. |
| | | KEMF-DCLL, LLC | -54,534. |
| | | KING STREET CAPITAL, L.P. | 531,687. |
| | | MERIT MEZZANINE FUND VI, L.P. | -4,251. |
| | | NEW BOSTON INSTITUTIONAL FUND LP VII | -4,273. |
| | | PEG US DIR COR FIN INS INV III, LLC | -140. |
| | PASS THRU | ING OD DIK COK IIW IND INV III, DEC | 15,091. |
| | | ROCKLAND POWER PARTNERS III, LP | 418,427. |
| | | SPUR VENTURES II, LP | -2. |
| | | SPUR VENTURES II, LP | -95. |
| | | SRE OPPORTUNITY FUND II, L.P. | 1,743. |
| | | SRE OPPORTUNITY FUND III, L.P. | -5,835. |
| | | · | -5,655. 1. |
| | | THE BLACKSTONE GROUP L.P. | |
| | | FARM LAND OPTIMIZATION FUND, LP | 646. |
| | | TRG FORESTRY FUND 8-B LP | -1,800. |
| | | VENTURE INVESTMENT ASSOCIATES VI, LP | -1,467. |
| | | VIA ENERGY II, L.P. | -198,163. |
| | | WCP NEWCOLD, LP | -218,492. |
| K-1 | PASS THRU | WCP REAL ESTATE FUND, LP | 177,192. |
| | T1100145 / | TOGG) PROM PROPERTIES | 1 400 405 |
| | INCOME (| LOSS) FROM PARTNERSHIPS | -1,486,485. |

UNIVERSITY OF ARIZONA FOUNDATION FEIN: 86-6050388 FOR YEAR ENDED: JUNE 30, 2019 FORM 990-T

NET OPERATING LOSS CARRYFORWARD

| TAX YEAR | LOSS INCURRED | CHARITABLE CONTRIBUTIONS CONVERTED TO NOL | AMOUNT PREVIOUSLY USED | NOL CURRENTLY USED/EXPIRED | BALANCE CARRYFORWARD TO 6/30/2019 |
|-----------|---------------|---|---------------------------|-------------------------------|---|
| 6/30/2012 | 254,486 | | (82,999) | (171,487) | • |
| 6/30/2013 | 135,366 | | | (135,366) | - |
| 6/30/2015 | 751,150 | | | (249,672) | 501,478 |
| 6/30/2016 | 1,069,241 | | | | 1,069,241 |
| 6/30/2017 | 1,049,076 | | | | 1,049,076 |
| 6/30/2018 | 1,329,271 | | | | 1,329,271 |
| 6/30/2019 | | 55,653 | | | 55,653 |
| | | | | | 4,004,719 |

SCHEDULE D (Form 1120)

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.

Employer identification number

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0123

| UNI | VERSITY OF ARIZONA FOUNDATION | | | | 1 | 86-6050388 |
|------------|--|----------------------------------|---------------------------------|--|----------|--|
| Par | t I Short-Term Capital Gains and Losses | (See instructions. |) | | | |
| | See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments or loss from Form 8949, Part I, line column (g) | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1: | 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 | | | | | |
| 11 | o Totals for all transactions reported on Form(s) 8949 with Box A checked | 7 | | | | |
| 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 | -549. | | | T | -549. |
| 4 | Short-term capital gain from installment sales from F | Form 6252, line 26 or 37 | , | | 4 | |
| 5 | Short-term capital gain or (loss) from like-kind exchar | nges from Form 8824 | | | 5 | |
| 6 | Unused capital loss carryover (attach computation) | | | | 6 | (|
| | Net short-term capital gain or (loss). Combine lines 1 Long-Term Capital Gains and Losses | | ı | | 7 | -549. |
| Par | See instructions for how to figure the amounts to enter on | ······ | | (g) Adjustments | o gain | (h) Gain or (loss) |
| | the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | or loss from Form 8949, Part II, line column (g) | ı(s) | Subtract 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 | | <i></i> | | | |
| 8 b | 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 Echecked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | 35,990. | | Total Account To the Application of the Application | | 35,990. |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | | 11 | 301,911. |
| 12 | Long-term capital gain from installment sales from Fe | orm 6252, line 26 or 37 | | | 12 | |
| 13 | Long-term capital gain or (loss) from like-kind exchange | ges from Form 8824 . | | | 13 | |
| 14 | Capital gain distributions (see instructions) | | 14 | | | |
| 15 Part | Net long-term capital gain or (loss). Combine lines 8a | a through 14 in column I | <u> </u> | | 15 | 337,901. |
| | | | | | | |
| 16 | Enter excess of net short-term capital gain (line 7) ov | er net long-term capital | loss (line 15) | | 16 | |
| 17 18 | Net capital gain. Enter excess of net long-term capital Add lines 16 and 17. Enter here and on Form 1120, | | | | 17 18 | 337,352. 337,352. |
| , U | Note: If losses exceed gains, see Capital losses in the | uiila., , , , , , , , | 10 | 337,332. | | |

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

Schedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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 Name(s) shown on return UNIVERSITY OF ARIZONA FOUNDATION 86-6050388

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see

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.

instructions). 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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

for one or more of the boxes, complete as many forms with the same box checked as you need.

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

| (B) Short-term transactions X (C) Short-term transactions | | | | wasn't reporte | | | |
|---|---|--|--|---|--|--|--|
| (a) Description of property | (b) Date acquired | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) in the separate instructions | Adjustment, if a If you enter an a enter a coo See the sepa |), (h) Gain or (loss). Subtract column (e) | |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | | | | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| PARTNERSHIP CAPITAL LOSS | | | -549. | | | | -549 |
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| | | | | | | | |
| 2 Totals, Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above is checked) or line 3 (if Box Columns above is checked) or line 3 (if Box Columns above is checked) or line 3 (if Box Columns above is checked) or line 3 (if Box Columns above is checked) or line 3 (if Box Columns above is checked) or line 3 (if Box Columns above is checked) or line 3 (if Box Columns above is checked) or line 3 (if Box Columns above is checked). | al here and incl e is checked), line | ude on your 2 (if Box B | -549. | | | 77777 | -549. |

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 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no, not required if shown on other side

Social security number or taxpayer identification number

UNIVERSITY OF ARIZONA FOUNDATION

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 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.

| nor | e of the boxes, complete as m | any forms wit | h the same b | oox checked as y | ou need. | | | |
|-----|-------------------------------|-------------------|------------------------------------|----------------------------------|--|--|--|---|
| | (D) Long-term transactions r | eported on F | orm(s) 1099- | -B showing basis | was reported t | o the IRS (see | e Note above) | |
| | (E) Long-term transactions r | eported on F | orm(s) 1099- | B showing basis | wasn't reporte | ed to the IRS | | |
| Х | (F) Long-term transactions r | ot reported t | o you on Forr | m 1099-B | | | | |
| 1 | (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) | If you enter an enter a co See the sepa | any, to gain or loss. amount in column (g), de in column (f). arate Instructions. | (h) Gain or (loss) Subtract column from column (d) |
| | (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, уг.) | (see instructions) | in the separate | (f) | (g) | combine the re- |

| | | a isposed of | (sales price) | and see Column (e) | | | |
|---|--------------------|--|--------------------|---------------------------------|-------------------------------------|---|---------------------------------------|
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | (Mo., day, yr.) | (see instructions) | in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g) |
| PARTNERSHIP CAPITAL GAIN | | THE PART OF THE PA | 35,990. | | | | 35,990 |
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| William I was a second of the | | | | | | | |
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| 2 Totals. Add the amounts in column negative amounts). Enter each to | tal here and inclu | ide on your | | | | | |
| Schedule D, line 8b (if Box D abov | | 9 (if Box E | 35,990. | | | | 35,990. |

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** (2018)

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

Form 4797

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

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Name(s) shown on return

➤ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. 27

Identifying number

| UN | IVERSITY OF ARIZONA FO | UNDATION | | | | | 86- | 6050388 |
|------------|---|-----------------------------------|----------------------------------|--------------------------|--|---|----------------|---|
| 1 | Enter the gross proceeds from sa substitute statement) that you are in | | | | | | 1 | |
| D. | rt I Sales or Exchanges of | | | | | | | om Other |
| UŞC | Than Casualty or The | | | | | | 115 110 | |
| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or basis, p improvement expense o | lus nts and | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
| <u>_</u> A | TTACHMENT 1 | | | | | | | 301,911. |
| | | | | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| 3 | Gain, if any, from Form 4684, line 3 | 1 | | | | | 3 | |
| A | Section 1231 gain from installment | | | | | | 4 | |
| 5 | Section 1231 gain or (loss) from like | | | | | | 5 | |
| _ | Gain, if any, from line 32, from other | | | | | | 6 | |
| 6 | Combine lines 2 through 6. Enter t | - | | | | | 7 | 301,911. |
| 7 | Partnerships and S corporations. | • , , | | | | | | |
| | line 10, or Form 1120S, Schedule K | | | | 5 101 FOITH 1000, O | chedule iv, | | |
| | Individuals, partners, S corporatio | • | | | a loss, enter the an | ount from | | |
| | line 7 on line 11 below and skip li | | | | | | | |
| | losses, or they were recaptured in Schedule D filed with your return an | | | | long-term capital ga | in on the | | |
| 8 | Nonrecaptured net section 1231 lo | sses from prior ye | ars. See instruct | ions | | | 8 | |
| 9 | Subtract line 8 from line 7. If zero o | r less. enter -0 If | line 9 is zero. e | nter the gain from I | ine 7 on line 12 bel | ow. If line | | |
| · | 9 is more than zero, enter the amo | | | | | | | |
| | capital gain on the Schedule D filed | with your return. | See instructions | | | | 9 | |
| Pa | rt II Ordinary Gains and Lo | sses (see ins | tructions) | | | | | |
| | Ordinary gains and losses not inclu | | | ude property held 1 y | rear or less): | | | · · · · · |
| A | TTACHMENT 2 | | | | | | | 1,742,301. |
| | | | | | | | | - |
| | | · | | | | | | |
| | | 1 | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | | 11 | () |
| | Gain, if any, from line 7 or amount | | | | | | 12 | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 13 | Gain, if any, from line 31 | | | | | | 13 | |
| 14 | Net gain or (loss) from Form 4684, | | | | | | 14 | |
| | Ordinary gain from installment sale | | | | | | 15 | |
| 15 | Ordinary gain or (loss) from like-kin | | | | | | 16 | |
| 16 | | | | | | | 17 | 1,742,301. |
| | Combine lines 10 through 16 | | | | | | 17 | 1,712,551. |
| 18 | For all except individual returns, end and b below. For individual returns, | | | ne appropriate line | of your return and s | kip lines a | | |
| а | If the loss on line 11 includes a loss | from Form 4684 | , line 35, colum | n (b)(ii), enter that p | oart of the loss here | Enter the | | |
| | loss from income-producing proper | | | | | | | |
| | an employee.) Identify as from "Form | n 4797, line 18a." | See instruction | s | | | 18a | |
| b | Redetermine the gain or (loss) on line 17 | 7 excluding the loss | , if any, on line 18 | Ba. Enter here and on | Schedule 1 (Form 104 | 10), line 14 | 18b | |
| For | Paperwork Reduction Act Notice, s | ee separate instru | uctions. | | | | | Form 4797 (2018) |

86-6050388 Form 4797 (2018) Page 2 Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 Part III (see instructions) (b) Date acquired (c) Date sold (mo., (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) day, yr.) В C D Property D Property A Property B Property C These columns relate to the properties on lines 19A through 19D. 20 Gross sales price (Note: See line 1 before completing.) 20 21 Cost or other basis plus expense of sale Depreciation (or depletion) allowed or allowable . . . 22 Adjusted basis. Subtract line 22 from line 21 24 Total gain. Subtract line 23 from line 20. 25 If section 1245 property: a Depreciation allowed or allowable from line 22 . . . b Enter the smaller of line 24 or 25a. 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. a Additional depreciation after 1975. See instructions . 26a b Applicable percentage multiplied by the smaller of 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 d Additional depreciation after 1969 and before 1976. e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only). 26f g 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. b Line 27a multiplied by applicable percentage. See instructions. 27b c Enter the smaller of line 24 or 27b 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . b Enter the smaller of line 24 or 28a 29 If section 1255 property: a Applicable percentage of payments excluded from b Enter the smaller of line 24 or 29a. See instructions . 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 Total gains for all properties. Add property columns A through D, line 24 30 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | | | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|----|--------------------|---------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 | Recomputed depreciation. See instructions , , | 34 | | |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |
| | | | | 1505 |

Form 4797 (2018)