Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 B Check if applicable: C Name of organization D Employer identification number Address change UNIVERSITY OF ARIZONA FOUNDATION Name change 86-6050388 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1111 NORTH CHERRY AVENUE 520-621-3340 G Gross receipts\$ 332,048,049. City or town, state or province, country, and ZIP or foreign postal code Amended TUCSON AZ 85721 H(a) Is this a group return F Name and address of principal officer: JOHN-PAUL ROCZNIAK for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.UAFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation; 1958 M State of legal domicile; AZ Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 1 Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 30 Number of voting members of the governing body (Part VI, line 1a) 3 29 Number of independent voting members of the governing body (Part VI, line 1b) ಹ 109 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 128 Total number of volunteers (estimate if necessary) 6 593,168. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 0. **Prior Year Current Year** 169,484,025 Contributions and grants (Part VIII, line 1h) 155,704,497. Program service revenue (Part VIII, line 2g) 8,320,038 9,952,549, 32,463,196 40,781,625, Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,250,557 609,681, 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 209,016,702 207,048,352, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 69,025,385 86,069,054 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 8,196,189 8,593,357. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25)
8,615,784. 22,239,363. 23,264,283, 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,460,937 117,926,694, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 109,555,765 89,121,658. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,050,898,744. 1,156,389,462. Total assets (Part X, line 16) 223,187,423, 230,767,696. Total liabilities (Part X, line 26) 827,711,321, 925,621,766. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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 officer) is based on all information of which preparer has any knowledge Signature of officer Date Sign J CRAIG BARKER, SVP, FINANCIAL SVCS Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 3/27/2020 P01508556 Paid PATRICK SHIELDS self-employed Firm's name ERNST & YOUNG U.S. LLP 34-6565596 Preparer Firm's EIN Firm's address 🕨 101 E. WASHINGTON STREET, STE 910 Use Only Phone no. 602-322-3000 PHOENIX AZ 85004

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2018) UNIVERSITY OF ARIZONA FOUNDATION	86-605038	Page 2
Pa	t III Statement of Program Service Accomplishments		
in the second	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE UNIVERSITY OF ARIZONA FOUNDATION IS COMMITTED TO SUPPORTING AND		
	ENHANCING THE VISION, MISSION AND VALUES OF THE UNIVERSITY OF ARIZONA		
	THROUGH THE DEVELOPMENT AND MANAGEMENT OF PRIVATE SUPPORT.		
,			
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990·EZ?	L	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[Yes X No
Ŭ	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by exi	nenses.
4	Describe the organization's program service accomplishments for each on is one largest program services, service	the total evne	neee and
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	tile total expe	noon and
	revenue, if any, for each program service reported.		0 052 540 \
4a	(Code:) (Expenses \$ 91,812,721. including grants of \$ 86,069,054.) (Revenue	\$	3,332,345,
	THE UNIVERSITY OF ARIZONA FOUNDATION IS COMMITTED TO SUPPORTING AND		
	ENHANCING THE VISION, MISSION AND VALUES OF THE UNIVERSITY OF ARIZONA		
	THROUGH THE DEVELOPMENT AND MANAGEMENT OF PRIVATE SUPPORT, INCORPORATED		
	IN 1958, THE UNIVERSITY OF ARIZONA FOUNDATION PROVIDES ASSISTANCE TO		
	THE UNIVERSITY OF ARIZONA IN TWO MAIN AREAS: FUND-RAISING AND ASSET		
	MANAGEMENT.		
	AMMODRALIA ,		
4b	(Code:) (Expenses \$	\$)
4-	(Code:) (Expenses \$ including grants of \$) (Revenue	s	}
4c	(Code:) (Expenses \$) (Revenue	·	
			<u></u>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 91,812,721.		- 000
			Form 990 (2018)

	tiV Checklist of Required Schedules	•		
373-377-14			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			-
•	If "Yes." complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
IU	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1200 (COST) 1100 (COST)		
••				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1017040000		272,742,22
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
Ŋ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1Za		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
Ŋ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes." complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G, Part III	19		х
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
<u>.</u> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	TOOL SOLD OF THE STATE OF THE S			

Pa	rt IV Checklist of Required Schedules (continued)				
			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	X		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x	
	Schedule K. If "No," go to line 25a	24a 24b		-	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		\vdash	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c			
	any tax-exempt bonds?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Z-7G			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х	
l a	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ	
	Schedule L, Part I			х	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or				
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"				
	complete Schedule L. Part II				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
	of any of these persons? If "Yes," complete Schedule L, Part III				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		-08-19		
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,				
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١.,	
	If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00	x		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х		
	Part V, line 1	35a	х	_	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a			
b		35b		х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002			
36	If "Yes," complete Schedule R, Part V, line 2	36		х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				
•	Note, All Form 990 filers are required to complete Schedule O	38	х	<u> </u>	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance				
E	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable				
c	The first of the f				
	(gambling) winnings to prize winners?	1c	Х	<u> </u>	
8220G	4 12-31-18	Form	990	(2018)	

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			•	
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		3 735		(68/68)
	filed for the calendar year ending with or within the year covered by this return	2a 109			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Financial Action 114,	counts (FBAR).	Escharge (n.)		- T
5a			5a 5b		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				х
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		6b		
_	were not tax deductible?	,	- OD	30853115	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	ires provided to the payor?	7a	X	4 5 4 4 10 [1]
		payor	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
С	to file Form 8282?	o roquired	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		auterans Valgans	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
_	and the second s		8		Х
9					
а			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	***************************************	9b	VANDONIA DA	X
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441.			
	amounts due or received from them.)	11b	100	28/28/2011	88-58835-50
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	12a	neglagi	
_	17 Too, Onto the difference of the order of	[120]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a	30,009,000	
а	Note. See the instructions for additional information the organization must report on Schedule O.		3502500	0.000	
	Enter the amount of reserves the organization is required to maintain by the states in which the				300 1000 500 1000
D	organization is licensed to issue qualified health plans	13b	\$1000 \$1000		
_	Enter the amount of reserves on hand	13c			015000000 0150000000 0160000000000000000
			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	***************************************	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.		2000,000		357394
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.		3000000		00000
			Form	ı 990	(2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
,	more members of the governing body?	7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
	(This Occitor of reduces which recover policies have say the internal research		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0.000		848		
12a						
b	and the second s					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
•	in Schedule O how this was done	12c	х			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent		3/25/51			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official	15a	х			
a	Other officers or key employees of the organization	15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			SEC.		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
iou	taxable entity during the year?	16a		Х		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	3000000				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availat	le		
	for public inspection. Indicate how you made these available. Check all that apply.	-				
	X Own website Another's website Upon request Other (explain in Schedule O)					
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and f						
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
-	RITA WILLIAMS - 520-621-3027					
	1111 NORTH CHERRY AVENUE, TUCSON, AZ 82721					

Form 990 (2018)

Check if Schedule O contains a response or note to any line in this Part VIII Check Check Schedule O contains a response or note to any line in this Part VIII	der
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Business Code 2 a OTHER PROF SERVICES 541900 5,100,000. 5,100,000. CONFERENCES & SEMINARS 611710 4,852,549. 4,852,549.	
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Business Code 2 a OTHER PROF SERVICES 541900 5,100,000. 5,100,000. CONFERENCES & SEMINARS 611710 4,852,549. 4,852,549.	
b CONFERENCES & SEMINARS 611710 4,852,549. 4,852,549.	
b CONFERENCES & SEMINARS 611710 4,852,549. 4,852,549.	
Bekenne cod a cod	
b Beker	
ри е	
f All other program service revenue	
g Total. Add lines 2a-2f 9,952,549.	ZEVANJESE.
3 Investment income (including dividends, interest, and	
other similar amounts) 31,608,215. 31,608,	15.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties 1 6,513.	13.
(i) Real (ii) Personal	
6 a Gross rents	
b Less: rental expenses	
c Rental income or (loss)	
d Net rental income or (loss)	Section terms
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 134,173,107.	Ž.
b Less: cost or other basis	AMANA Amana
and sales expenses	Militari Garaga
c Gain or (loss) 9,173,410.	Books.
d Net gain or (loss) > 9,173,410. 9,173,	10.
8 a Gross income from fundraising events (not	
including \$ of	
contributions reported on line 1c). See	
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b	
b Less: direct expenses	(F)(SF)
c Net income or (loss) from fundraising events	Service (SA)
9 a Gross income from gaming activities. See	
Part IV, line 19 a	
b Less: direct expenses b	20000
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances a	
b Less: cost of goods sold b	<u>Anterior</u>
c Net income or (loss) from sales of inventory	Sinteri
Miscellaneous Revenue Business Code 593,168, 593,168,	554556
The state of the s	
b	
G	
d All other revenue	99/03/800
e Total Add lines 11a-11d	.38
12 Total revenue, See instructions 207,048,352. 9,952,549. 593,168. 40,798,	

Form 990 (2018) UNIVERSITY OF ARIZONA FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all c	

	Check if Schedule O contains a responsude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations mestic governments. See Part IV, line 21	86,069,054.	86,069,054.		
2 Grants	s and other assistance to domestic				
3 Grants	s and other assistance to foreign izations, foreign governments, and foreign				
-	duals. See Part IV, lines 15 and 16				
	its paid to or for members				
	ensation of current officers, directors,	- Harrison -			
•	es, and key employees	2,580,023.		733,868.	1,846,155
	ensation not included above, to disqualified	· · · · · · · · · · · · · · · · · · ·			
	is (as defined under section 4958(f)(1)) and				
•	is described in section 4958(c)(3)(B)				
	salaries and wages	4,569,305.		2,203,356.	2,365,949
	n plan accruals and contributions (include				
	1 401(k) and 403(b) employer contributions)	231,167.		117,297.	113,870
	employee benefits	732,164.		299,489.	432,675
	Il taxes	480,698.		219,968.	260,730
-	for services (non-employees):				
	gement	52,907.		52,907.	
	unting	250,349,		250,349.	
	unting	9,000.	9,000.		
	ringsional fundraising services. See Part IV, line 17				
	_	10,367,226.	Commission of the Commission o	10,367,226.	
	ment management fees				
-	(If line 11g amount exceeds 10% of line 25,	3,361,590.	1,528,819.	1,053,140.	779,631
	n (A) amount, list line 11g expenses on Sch O.)	<u> </u>			
	tising and promotion	502,314.	123,222.	171,147.	207,945
	expenses	1,954,715.	468,796.	1,366,631.	119,288
	nation technology				
•	ties				
•	pancy	1,577,527.	1,059,395.	19,839.	498,293
17 Travel	ents of travel or entertainment expenses				······································
- 6 (y federal, state, or local public officials rences, conventions, and meetings	4,449,915.	2,553,910.	3,035.	1,892,970
20 Intere	***************************************				
	ents to affiliates	142,722.		142,722.	
	ciation, depletion, and amortization	86,470.		86,470.	
23 Insura	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				atorio de la compositione
above. 24e an	expenses. Itemize expenses not covered (List miscellaneous expenses in line 24e. If line nount exceeds 10% of line 25, column (A)				
nnno	nt, list line 24e expenses on Schedule 0.) AND CHARGES	345,402.	n a mangarant na angungga tugang minintangka padhal BBC	247,124.	98,278
	PROP HOLDING COSTS	164,146.		163,621.	
~ <u> </u>	PROF HOLDING COSTS	201,210,			
c					
d					
	ner expensesAdd lines 1 through 24s	117,926,694.	91,812,721.	17,498,189.	8,615,784
	unctional expenses. Add lines 1 through 24e	111,020,004,	,,	,,,	, , , , , , , , , , , , , , , , , , ,
	osts. Complete this line only if the organization				
	ed in column (B) joint costs from a combined				
	ional campaign and fundraising solicitation.				
Check h	if following SOP 98-2 (ASC 958-720)		<u> </u>		Form 990 (201

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 39,566,352. 98,471,321. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 65,734,942. 40,845,939 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 5,419,796. basis. Complete Part VI of Schedule D _____ 10a 2,292,062. 3.127.734. 3,346,224. b Less: accumulated depreciation 10b 10c 371,825,805, 378,172,558. 11 Investments - publicly traded securities 11 592,616,160. 608,108,719. Investments - other securities. See Part IV, line 11 12 12 1,694. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 2,696,570. 3,609,860. 15 Other assets. See Part IV, line 11 15 1,156,389,462 1,050,898,744. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 7,060,798. 3,841,852. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 223,706,898. 219,345,571, Schedule D 230,767,696. 223,187,423. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 15,811,730. 20,517,064. 27 27 Unrestricted net assets 141,418,733. 139,504,794. 28 Temporarily restricted net assets 763,685,969. 672,394,797. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 925,621,766. 827,711,321 33 Total net assets or fund balances 33 1,156,389,462. 1,050,898,744. 34 Total liabilities and net assets/fund balances 34

Form **990** (2018)

Form	990 (2018) UNIVERSITY OF ARIZONA FOUNDATION	86-605038	ŏ	Pag	e 12	
	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	207,0		_	
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,9		694. 658.	
	3 Revenue less expenses. Subtract line 2 from line 1					
4	A Land Control of the Land Control of the Control o					
5	Net unrealized gains (losses) on investments	5	9,3	81,	955.	
6	Donated services and use of facilities	_6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	- 5	593,	168.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	925,6	21,	766.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·		···		
-		1	associations as	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	terminal.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis				1610681	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	2c	х		
	review, or compilation of its financial statements and selection of an independent accountant?					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			ļ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200		
	•		Form 9	19U (2018)	

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018

Open to Public Inspection

Employer identification number Name of the organization 86-6050388 UNIVERSITY OF ARIZONA FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ____ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 UNIVERSITY OF ARIZONA FOUNDATION 86-605038

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			·				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	123,673,307.	75,829,110.	80,968,962.	169,484,025.	155,704,497.	605,659,901.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to]						
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	123,673,307.	75,829,110.	80,968,962.	169,484,025.	155,704,497.	605,659,901.	
5	The portion of total contributions	The Control of the Co						
	by each person (other than a		0.000					
	governmental unit or publicly					1 and 10		
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						102,839,679.	
6	Public support. Subtract line 5 from line 4.						502,820,222.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	123,673,307.	75,829,110.	80,968,962.	169,484,025.	155,704,497.	605,659,901.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	29,541,904.	21,019,743.	20,544,730.	30,271,659.	31,624,728.	133,002,764.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						738,662,665.	
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	34,273,280.	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectior	501(c)(3)		
	organization, check this box and stor						>	
Sec	ction C. Computation of Publi	c Support Per	centage			-		
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	68.07 %	
	Public support percentage from 2017		-			15	68,10 %	
	33 1/3% support test - 2018. If the c					ore, check this box	k and	
	stop here. The organization qualifies						L 177 I	
h	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual						▶	
17a	10% -facts-and-circumstances test							
174	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization	
'n	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
٠	more, and if the organization meets the							
	organization meets the "facts-and-circ						>	
12	Private foundation. If the organization							
	THE TOURISM THE PROPERTY OF TH	ala not onout a		.,		dule A (Form 990		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

C ~	ction A. Public Support	elow, please comp	nete rait it.)				****
		I			T	1 , , , , , , ,	(C) T. 1.1
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities				<u> </u>		
3	furnished by a governmental unit to						
	the organization without charge						
_	•						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	4,300,000,000,300					
Sec	ction B. Total Support						
Cale	ndar year (or físcal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,				1		
	whether or not the business is		-				
10	Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						· · · · · · · · · · · · · · · · · · ·
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				- 504(-)(0)	li a sa
14	First five years. If the Form 990 is for	the organization's	s first, second, third	i, fourth, or fifth t	ax year as a section	1 501(c)(3) organiza	tion,
	check this box and stop here	- O					
	ction C. Computation of Publi					T T	
	Public support percentage for 2018 (I			olumn (t))		15	<u>%</u>
	Public support percentage from 2017					16	<u>%</u>
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box o	n line 14, and lin	e 15 is more than 3	3 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2017. If the						nd
	line 18 is not more than 33 1/3%, che						▶□
	Private foundation. If the organization						>

832023 10-11-18

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting Orga	anizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

 	Yes	No
1		
20		
3a		
3b	100 mg/s	
3c		
4a		
4b		
4c		
-5a		X
5b		
5c		
6		
7 8		
9a 9b		
9c	V555.55	
10a 10b		
		<u> </u>

The second	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
*********	ion D - Distributions	(e)(e)PP		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
	Amounts paid to perform activity that directly furthers exemp			
-	organizations, in excess of income from activity	r. h		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
نــــــــــــــــــــــــــــــــــــــ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
c	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
<u>b</u>	Excess from 2015			
	Excess from 2016			
<u>d</u>	Excess from 2017			
е	Excess from 2018			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

QUIO
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organ 	nizations: Complete Part III.			
Name of organization			Empl	oyer identification number
	ITY OF ARIZONA FOUNDATION			86-6050388
Part I-A Complete if the	organization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2 Political campaign activity expe	anization's direct and indirect politic nditures npaign activities		►\$	
Part I-B Complete if the	organization is exempt und	er section 501(c)	(3).	
	tax incurred by the organization und			
2 Enter the amount of any excise	tax incurred by organization manag	ers under section 495	5 ▶\$	
	ection 4955 tax, did it file Form 4720			
-				
h If "Voc " doscribe in Dart IV				
Part I-C Complete if the	organization is exempt und	er section 501(c)	, except section 501(c)(3).
1 Enter the amount directly exper	nded by the filing organization for se	ction 527 exempt fund	ction activities > \$	
2 Enter the amount of the filing of	ganization's funds contributed to ot	her organizations for s	section 527	
exempt function activities	,		> \$	
3 Total exempt function expendit	ures. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-,	
line 17b	,		▶\$	
	orm 1120-POL for this year?			
5 Enter the names, addresses an	d employer identification number (El	N) of all section 527 pe	olitical organizations to which	the filing organization
made payments. For each orga	nization listed, enter the amount pai	d from the filing organ	ization's funds. Also enter the	e amount of political
contributions received that wer	e promptly and directly delivered to). If additional space is needed, prov	a separate political of ido information in Par	janization, such as a separat HIV	e segregated fund of a
				(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

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Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	I NV N Description	(a)	(1	o)
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description e lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Mailings to members, legislators, or the public?		Ī		
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
,	Direct contact with legislators, their staffs, government officials, or a legislative body?				
y h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
 i	Other activities?				
	Total, Add lines 1c through 1i				
 	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912		10.100.000.00		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tay, did it file Form 4720 for this year?				
	till-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	ction	
781277	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			III 7 1, 1	
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		100000		
_	expenses for which the section 527(f) tax was paid).		11000		
а	Current year		2a		
	Carryover from last year		1 4.		
	Total				
3			1 0		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
·	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4	<u>.</u>	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	l-A, lines 1 a	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
THE	FOUNDATION ENGAGED DURING FISCAL 2019 ONE PROFESSIONAL SERVICES FIRM				
TO I	REPRESENT THE UNIVERSITY OF ARIZONA IN FEDERAL, STATE, AND LOCAL				
GOVI	GRNMENT AREAS. A PORTION OF THESE SERVICES CONSTITUTE LOBBYING EXPENSES				****
UNDI	ER SECTION 501(H).				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY OF ARIZONA FOUNDATION

Employer identification number 86-6050388

Pai	TI Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	13,929,135.	
3	Aggregate value of grants from (during year)	2,056,306.	
4	Aggregate value at end of year	37,027,538.	
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
			\
Pai		ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certification	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l 1
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
_	year >		
4	Number of states where property subject to conservation eas	ement is located 🕨	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial ç	gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
			. .

832051 10-29-18

Schedule D (Form 990) 2018

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Sche		OF ARIZONA FOUN					6050388		age 2
	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	ollowing that	are a sign	ificant use of i	ts collectio	n items	3
	(check all that apply):								
а	X Public exhibition	d	Loan or exc		ms				
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exemp	ot purpose in F	art XIII.		
5	During the year, did the organization solicit o							X	No
_	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	lection?		orm 000 Dort	Yes Yes		140
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered	res on r	om 990, ran	iv, mie o, c	1	
	Is the organization an agent, trustee, custodi		ant for contribution	or other acc	ate not inc	-luded			
1a							Yes	Γ-	No
	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:				,,,,,		
D	ir Yes, explain the arrangement in Fact Am	and complete the lon	ownig table.				Amou	nt	
_	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial accou	ınt liability	n	Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on F	art XIII			. [_	
	t V Endowment Funds. Complete i	the organization ans	swered "Yes" on Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) Prior year	(c) Two year		1) Three years b		ır years	
1a	Beginning of year balance	865,837,700.	741,778,420.	660,664		673,312,94		,399,	
b	Contributions	61,970,742.	92,253,837.	48,338		32,655,97		,280,	
C	Net investment earnings, gains, and losses	26,219,339.	55,591,347.	55,323		-23,844,09		,014,	
	Grants or scholarships	5,899,815.	5,781,096.	5,135	,624.	5,133,01	4	,984,	,409.
е	Other expenditures for facilities		40.004.000	4 11 44 0		16 209 21	16 16	306	ຂດວ
	and programs	20,111,227.	18,004,808.	17,412	, 292.	16,327,32	20. 10	,396,	002.
f	Administrative expenses	200 016 730	865,837,700.	7/1 770	420	660,664,49	1 673	,312,	944
g	End of year balance	928,016,739.			,420.	000,004,4	/1. 0/2	,312,	, , , , ,
2	Provide the estimated percentage of the curr) neid as:					
а	Board designated or quasi-endowment	2.80	_%						
b	Permanent endowment 97.20	%							
С	Temporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and 2c shown Are there endowment funds not in the posses		tion that are held ar	nd administer	ed for the	organization			
за		SSION OF THE Organiza	tion that the note at	ta garminotor	00 (0) 1110	o.gaa.		Yes	No
	by:						3a(i)		Х
	(ii) unrelated organizations (iii) related organizations							1	Х
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule B?			.,			
_	Describe in Part XIII the intended uses of the								
4 Par	t VI Land, Buildings, and Equipm	ent.					***	*****	
-C-1177	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990	Part X, lir	ne 10.			
					—	cumulated		ok valu	

2,292,062. Schedule D (Form 990) 2018

495,898.

353,060.

1,443,104.

basis (other)

495,898. 3,393,328.

1,530,570.

basis (investment)

depreciation

1,950,224.

1,177,510.

b Buildings ______
c Leasehold improvements _____

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

d Equipment

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, P	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	000 504 455		PARTIES AND THE
(A) ABSOLUTE RETURN LP & FUNDS	299,501,177.	END-OF-YEAR M	
(B) PRIV CAPITAL LP	126,064,305.		······································
(C) COMMODITIES/NATURAL RES LP	109,076,922.	END-OF-YEAR M	
(D) REIT FUND REAL ESTATE PTSH	73,466,315.	END-OF-YEAR M	ARKET VALUE
(E)			
(F)			
(G)			
(H)	600 100 710		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	608,108,719.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ [Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, P	art X, line 15.
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes" of			990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		02 111 001	
(2) TRUST LIABILITIES		23,111,021.	
(3) FMV OF ENDOWMENT MANAGED FOR UNIV		200,595,877.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		223,706,898.	

832053 10-29-18

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

_	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	turn.	i ugo -
Fai	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		torondo por no		
		•		1 1	205,491,462.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			100.00	
2	Net unrealized gains (losses) on investments	2a	9,381,955.		
a	Donated services and use of facilities	·		1	
b	Recoveries of prior year grants			1	
c d	Other (Describe in Part XIII.)			1	
	Add lines 2a through 2d			2e	9,381,955.
3	Subtract line 2e from line 1			3	196,109,507.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,345,677.		
b	Other (Describe in Part XIII.)		593,168.		
	Add lines 4a and 4b			4c	10,938,845.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	207,048,352.
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	107,581,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		- 1002112	
b	Prior year adjustments	_ 2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		2555255	
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	107,581,017.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		100000000	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,345,677.		
b	Other (Describe in Part XIII.)	4b		\$1000000000000000000000000000000000000	40 045 655
C	Add lines 4a and 4b			4c	10,345,677.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	++4+141414141414		5	117,926,694.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X, Ii	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	titional inform	ation.		
PART	III, LINE 4:				
mus.	CENTER FOR CREATIVE PHOTOGRAPHY IS AN ARCHIVE AND RESEARCH CE	NTER			
THE	CENTER FOR CREATIVE PHOTOGRAPHI IS AN ARCHIVE AND RESEARCH CE	14 1 DIV			
1003	TED ON THE UNIVERSITY OF ARIZONA CAMPUS. THE CENTER PROMOTES	RESEARCH			
LOCA	TED ON THE UNIVERSITY OF ARIBONA CAMPOS. THE CENTER PROMOTES	11202111011			
TNAC	AND APPRECIATION OF THE PHOTOGRAPHIC MEDIUM WHILE SAFEGUARDI	NG			
INIC	AND ALTRECIATION OF THE PROTOGRAPH MILES MILES				
ORTG	INAL OBJECTS FOR POSTERITY.				
OKIG	INAL ODUICE FOR FOURTH.				

PART	V, LINE 4:				
THE	PAYOUT FROM THE FOUNDATION ENDOWMENT PROVIDES SCHOLARSHIP, RE	SEARCH,			
PROG	RAM AND OTHER SUPPORT TO THE UNIVERSITY OF ARIZONA.				
			 .		
PART	X, LINE 2:				
ACCC	UNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES,	ADDRESSES			

Schedule D (Form 990) 2018 UNIVERSITY OF ARIZONA FOUNDATION	86-6050388	Page 5
Part XIII Supplemental Information (continued)		
HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND		
HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEMORIES, INDICATES, INC.		
DISCLOSED IN THE FINANCIAL STATEMENTS. THE GUIDANCE REQUIRES THE		
ACCOUNTING AND DISCLOSURE OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN,		
ACCOUNTING AND DISCLOSURE OF TAX POSITIONS TAREN, OR EATECIED TO DE TAXON,		
IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURNS TO DETERMINE		<u></u>
WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED BY		
WHETHER THE TAX FORTITORS AND ROLL SANDER THE		*
THE APPLICABLE TAX AUTHORITY, MANAGEMENT OF THE FOUNDATION IS REQUIRED TO		
ANALYZE ALL OPEN TAX YEARS, AS DEFINED BY THE STATUTE OF LIMITATIONS, FOR		
ALL MAJOR JURISDICTIONS, WHICH INCLUDE THE FEDERAL AND CERTAIN STATES. THE		···································
FOUNDATION HAS HAD NO EXAMINATIONS IN PROGRESS AND NON ARE EXPECTED AT		
THE HOUSE TON WAS DEVITABLED		
THIS TIME. AS OF JUNE 30, 2019, MANAGEMENT OF THE FOUNDATION HAS REVIEWED		
ALL OPEN TAX YEARS AND MAJOR JURISDICTIONS AND CONCLUDED THERE IS NO TAX		
LIABILITY RESULTING FROM UNRECOGNIZED TAX BENEFITS RELATING TO UNCERTAIN		
LIABILITY RESOLTING FROM UNRECOGNIZED TAX BENEFITS RELATING TO CHOCKITAL		
INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN FUTURE TAX		
RETURNS.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
K-1 FLOW THROUGH OF UNRELATED BUSINESS INCOME 593,168		
	-	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 86-6050388 UNIVERSITY OF ARIZONA FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" on For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the region (f) Total (e) If activity listed in (d) (b) Number of (a) Region expenditures émployees. is a program service, (by type) (such as, fundraising, prooffices for and agents, and describe specific type gram services, investments, grants to in the region independent investments of service(s) in the region contractors recipients located in the region) in the region in the region CENTRAL 65,421,409. INVESTMENTS ٥ AMERICA/CARIBBEAN 16,622,307. INVESTMENTS EUROPE 82,043,716. 0 3 a Subtotal b Total from continuation 0. 0 sheets to Part I c Totals (add lines 3a 82,043,716. n and 3b)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

86-6050388

Schedule F (Form 990) 2018 UNIVERSITY OF ARIZONA FOUNDATION

| Part | | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(n) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							,	
1	of recipient organization ich the grantee or co	ons listed above that are unsel has provided a sec	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, res	recognized as tax-e>	(empt		
3 Enter total number of	Enter total number of other organizations or entities	or entities					Sche	Schedule F (Form 990) 2018

UNIVERSITY OF ARIZONA FOUNDATION

86-6050388

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2018

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

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OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Inspection

Name o	Name of the organization	Employer identification number	dentification number
	UNIVERSITY OF ARIZONA FOUNDATION	86-6050388	60388
Part	Part I General Information on Grants and Assistance		
- Q	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	_	
Ö	criteria used to award the grants or assistance?	X Yes	≗ □
Q	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant f	unds in the United	States.				
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Jomestic Organiz	ations and Domestic	Governments. C	omplete if the orga	ization answered "Y	es" on Form 990, Part	. IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if additic	onal space is neede	ed.	:			
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF ARIZONA 1111 N CHERRY AVENUE TUCSON, AZ 85721	74-2652689 GOVERNMENT	GOVERNMENT	85,298,762.	•0			UNIV. SUPPORT	
ARIZONA INITIATIVE FOR PUBLIC SERVICE LAM - 6700 N ORACLE ROAD - TUCSON, AZ 85701	83-1914667 501 (C)	501 (C) 3	297,153.	0			GENERAL SUPPORT	
EXPECT MORE ARIZONA 2415 E CAMELBACK ROAD, SUITE 500 PHOENIX, AZ 85016	45-3681012	501 (C) 3	.000,27	•0			GENERAL SUPPORT	
nau foundation 624 s knoles Flagstaff, az 86011	86-0193726	501 (C) 3	65,833.	.0			GENERAL SUPPORT	
YWCA SOUTHERN ARIZONA 525 N BONITA AVENUE TUCSON, AZ 85745	86-0098937	501 (C) 3	56,212.	0.			GENERAL SUPPORT	
YMCA SOUTHERN ARIZONA 525 N BONITA AVENUE TUCSON, AZ 85745	86-0101237 501 (C)	501 (C) 3	49,894.	.0			GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) and government organization	nd government or	ganizations listed in th	is listed in the line 1 table				A	20.

3 Enter total number of other organizations issued in successions for Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

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O.

Schedule I (Form 990) UNIVERSITY OF ARIZONA FOUNDATION Part II Continuation of Grants and Other Assistance to Governments	ARIZONA FOUND SSISTANCE TO GOV	ATION ernments and Organi	and Organizations in the United States		(Schedule I (Form 990), Part II.)		86-6050388 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	, (h) Purpose of grant or assistance
SOUTHWEST FOLKLIPE ALLIANCE P.O. BOX 42044 TUCSON, AZ 85733	51-0195434	501 (C) 3	31,000.	°C			GENERAL SUPPORT
THE DUNBAR COALITION INC. P.O. BOX 86132 TUCSON, AZ 85705	86-0776891	501 (C) 3	30,330.	0.			GENERAL SUPPORT
ARIZONA WESTERN COLLEGE P.O. BOX 0929 YUMA, AZ 85366	86-6051919 GOVERNMENT	GOVERNMENT	28,501.	0.			GENERAL SUPPORT
SISTER JOSE WOMEN'S CENTER P.O. BOX 1028 TUCSON, AZ 85702	46-1290517	501 (C) 3	27,764.	.0			SENERAL SUPPORT
STEP UP TO JUSTICE 320 N COMMERCE PARK LOOP, SUITE 100 TUCSON, AZ 85745	81-3776452	501 (C) 3	24,025.	0.			GENERAL SUPPORT
DINE COLLEGE P.O. BOX C12 TSAILLE, AZ 86556	86-0215931	GOVERNMENT	21,013.	0.			GENERAL SUPPORT
ISKASHITAA REFUGEE NETWORK 1406 E GRANT ROAD, BUILDING 2 TUCSON, AZ 85719	45-5067244	501 (C) 3	10,681.	.0			general support
THE STAR SCHOOL 145 LUEPP ROAD FLAGSTAFF, AZ 86004	86-0710679 501 (C)	501 (c) 3	10,000.	.0			GENERAL SUPPORT
HABITAT FOR HUMANITY 3501 N MOUNTAIN AVENUE TUCSON, AZ 85719	94-2725100 501 (C)	501 (c) 3	. 636, 6	0.			GENERAL, SUPPORT
							Schedule I (Form 990)

04-01-18

86-6050388	
F ARIZONA FOUNDATION	

Schedule (Form 990) UNIVERSITY OF ARIZONA FOUNDATION Part Continuation of Grants and Other Assistance to Governments	RIZONA FOUND	ernments and Organi	zations in the Uni	ited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		86-6050388 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A.Y.U.D.A. INC. P.O. BOX 2017 SAN ELIZARIO, TX 79849	74-2696297 501 (C)	501 (C) 3	7,850.	.0			GENERAL SUPPORT
EL RIO HEALTH CENTER 839 W CONGRESS STREET TUCSON, AZ 85745	86-0816675 501 (C)	501 (C) 3	6,676.	0			GENERAL SUPPORT
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH STREET, SUITE 1 TUCSON, AZ 85713	52-2094677	501 (C) 3	6,400.	0			GENERAL SUPPORT
RED FEATHER DEVELOPMENT GROUP P.O. BOX 907 BOZEMAN, MT 59771	91-1632134	501 (C) 3	.000,8	0			GENERAL SUPPORT
THE JACK MARTIN FUND INC. C/O UBS FIN SVCS, 1285 AVENUE OF THE AMERICAS, 17 FL - NEW YORK, NY 10019	11-6036408	501 (C) 3	*000'9	*0			GENERAL SUPPORT
					:		Schedule I (Form 990)

04-01-18

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant FUNDS ARE DEPOSITED IN PURPOSE SPECIFIC ACCOUNTS, WE RELY ON THE EXTENSIVE GRANTS: FUNDS ARE AWARDED SUBJECT TO GRANT AGREEMENTS WHICH REQUIRE INTERNAL CONTROL SYSTEM OF THE UNIVERSITY OF ARIZONA FINANCIAL SERVICES Q. OFFICE TO ENSURE CORRECT APPLICATION OF FUNDS ONCE TRANSFERRED TO THE ATTAINMENT/COMPLETION OF THE GOALS AND OBJECTIVES AND THE PROPER USE (b) Number of recipients PERIODIC REPORTING BACK TO THE FOUNDATION AS TO THE SUCCESSFUL (a) Type of grant or assistance LINE 2: UNIVERSITY PART I, PartIII OTHER

Schedule 1 (Form 990) (2018)

43

832102 11-02-18

Page 2

86-6050388

UNIVERSITY OF ARIZONA FOUNDATION

Schedule I (Form 990) (2018)

Schedule (Form 990) UNIVERSITY OF ARIZONA FOUNDATION	86-6050388	Page 2
Schedule (Form 990) UNIVERSITY OF ARIZONA FOUNDATION Part IV Supplemental Information		
GRANT FUNDS.		
		•
		•

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	UNIVERSITY OF ARIZ	ZONA FOUND	ATION			86	-605038	8	
Pai	rt I Types of Property	(a)	(b)	(c)			d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noi	Method of neash contr	determin	-	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	148	4,643,499.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
• •	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential	х	1	35,000.	FMV				
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts					* *************************************			
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()						,		
26	Other ()								
27	Other ()								
28	Other () Number of Forms 8283 received by the organi	zation during	the tay year for c	ontributions	<u> </u>				
29									
	for which the organization completed Form 82	os, Part IV, I	Doues Acknowledé	jement				Yes	No
				autod in Dort I lings 1 throug	h 20 th	ot it	344333		
30a	During the year, did the organization receive b	y contributio	n any property rep	which ion't required to be us	n 20, ui	atit	6.35		
	must hold for at least three years from the date						30a	19759-919495	X
	exempt purposes for the entire holding period	γ					SUA		188405
b	If "Yes," describe the arrangement in Part II.			- 6	riana"		24	X	CSSISSE
31	Does the organization have a gift acceptance				IOHS (•••••	. 31	 	
32a	Does the organization hire or use third parties								v
	contributions?			***************************************			32a	Selection.	X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is ched	cked,				
	describe in Part II						100000000	134600	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization UNIVERSITY OF ARIZONA FOUNDATION	86-6050388
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE UNIVERSITY OF ARIZONA FOUNDATION IS COMMITTED TO SUPPORTING AND	
ENHANCING THE VISION, MISSION AND VALUES OF THE UNIVERSITY OF ARIZONA	
THROUGH THE DEVELOPMENT AND MANAGEMENT OF PRIVATE SUPPORT.	
FORM 990, PART VI, SECTION A, LINE 1:	
THE BOARD OF TRUSTEES HAS APPOINTED AN EXECUTIVE COMMITTEE WHICH IS	
COMPRISED OF THE CHAIR OF THE BOARD, THE VICE CHAIR, THE PRESIDENT OF THE	
CORPORATION AND THE UNIVERSITY OF ARIZONA, THE SENIOR VICE PRESIDENT OF	
FINANCE OF THE CORPORATION AND UNIVERSITY OF ARIZONA, THE SECRETARY AND THE	
TREASURER. IN ADDITION, THE BOARD OF TRUSTEES MAY DESIGNATE ONE OR MORE	
AT-LARGE EXECUTIVE COMMITTEE MEMBERS. TO THE EXTENT PROVIDED IN THE	
EXECUTIVE COMMITTEE CHARTER, THE EXECUTIVE COMMITTEE SHALL HAVE AND	
EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE	
REPORTS TO THE BOARD OF TRUSTEES AT EACH OF ITS MEETINGS ON THE ACTIONS	
TAKEN SINCE THE LAST MEETING OF THE BOARD OF TRUSTEES AND PROVIDES THE	
BOARD OF TRUSTEES WITH ALL INFORMATION NECESSARY FOR THE BOARD OF TRUSTEES	
TO CARRY OUT ITS GENERAL DUTY OF OVERSIGHT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
MANAGEMENT PREPARED THE FORM 990. WE ENGAGED AN INTERNATIONAL PUBLIC	
ACCOUNTING FIRM TO REVIEW OUR INTERNALLY-PREPARED FORM 990. AFTER THE	
INTERNATIONAL PUBLIC ACCOUNTING FIRM COMPLETED THEIR REVIEW, MANAGEMENT	
REVIEWED THE FINAL DRAFT, WHICH WAS THEN SUBMITTED FOR REVIEW BY OUR AUDIT	
COMMITTEE BEFORE THE FORM WAS FILED WITH THE IRS.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization UNIVERSITY OF ARIZONA FOUNDATION	Employer identification number 86-6050388
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH MEMBER OF THE BOARD OF TRUSTEES AND EACH OFFICER-EMPLOYEE OF THE	
FOUNDATION IS ANNUALLY PROVIDED WITH A CONFLICT OF INTEREST ACKNOWLEDGMENT	
AND DISCLOSURE STATEMENT, SUCH INDIVIDUALS ARE REQUIRED TO REVIEW THESE	
DOCUMENTS, COMPLETE THEM, AND RETURN THEM TO OUR LEGAL COUNSEL FOR REVIEW.	· · · · · · · · · · · · · · · · · · ·
ANY CONFLICTS WHICH PRESENT THEMSELVES DURING THE YEAR ARE REVIEWED BY	
MANAGEMENT AND SUBMITTED TO THE BOARD FOR RESOLUTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE FOUNDATION HAS A COMPENSATION COMMITTEE COMPRISED ONLY OF INDEPENDENT	
TRUSTEES; CONTEMPORANEOUS MINUTES ARE KEPT OF THEIR MEETINGS AND DECISIONS.	
THE COMMITTEE ENGAGES A COMPENSATION CONSULTANT TO PROVIDE COMPARABILITY	
DATA AND OTHER GUIDANCE. THE PROCESS WAS LAST COMPLETED JUNE 6, 2019.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY OR AUDITED FINANCIAL STATEMENTS PUBLICLY AVAILABLE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
K-1 FLOW THROUGH OF UNRELATED BUSINESS INCOME -593,168.	112

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No. 1545-0047

▶ Attach to Form 990.

Open to Public Inspection 2018

Employer identification number 86-6050388 Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. UNIVERSITY OF ARIZONA FOUNDATION Name of the organization Part

OF ARIZONA UNIVERSITY OF ARIZONA MIVERSITY OF ARIZONA Direct controlling entity CNIVERSITY 0. FOUNDATION FOUNDATION 0. FOUNDATION End-of-year assets . ó 0 Total income ਉ Legal domicile (state or foreign country) ARIZONA ARIZONA ARIZONA Primary activity PECH TRANSFER REAL ESTATE RAISE FUNDS 36~6050388, 1111 N CHERRY AVENUE, TUCSON, AZ - 86-6050388 Name, address, and EIN (if applicable) UAF TECHNOLOGIES AND RESEARCH, LLC of disregarded entity LLC - 86-6050388 LLC DAF ELLER DEVELOPMENT, 1111 N CHERRY AVENUE 1111 N CHERRY AVENUE FUCSON, AZ 85721 TUCSON, AZ 85721 UAF REALTY, 85721

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)) 12(b)(13) slled
of related organization		foreign country)	section	status (if section	entity	entî	37.
				501(c)(3))		Yes	No
FOUNDATION OF ARIZONA UNIVERSITIES -							
26-0077306, 1111 N CHERRY AVENUE, TUCSON, AZ							
SU	SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	N/A		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 UNIVERSITY OF ARIZONA FOUNDATION

Page 2

86-6050388

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. PartIII

(i) (k) General or Percentage managing ownership partner? Pres No			
Perce owne			
(j) General or managing partner? Yes No			
23,8 8 ± a ∑			
V-UBI			
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			
(h) Disproportionate allocations? Yes No			·
Oispropo allocati	 		
a			
(g) Share of end-of-year assets			
end a			
ਰ			
(f) Share of total income			
) Share inco			
, ta	 		
ncome lated, ax und -514)			
(e) inant in from tr from tr from tr			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
exc.			
(d) Direct controlling entity			
(d) cont entity			
Direct	:		
	 	·	
(c) Legal domicile (state or foreign			
(b) Primary activity	!		
(b) imary a		:	
<u>.</u>			
(a) Name, address, and EIN of related organization			
(a) dress, I organ			
e, adc			
Nam of re			
I			111

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	<u>©</u>	(Đ	(e)		(a)	Ξ	Œ,	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	_∞
		country)		ten i		22222		Yes	مِ ا
			UNIVERSITY OF						
			ARIZONA						
CHARITABLE REMAINDER TRUSTS (68)	TRUST	AZ	FOUNDATION					×	
***************************************	1								
	•								
	I								
	 								
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832162 10-02-18		í.				Sch	Schedule R (Form 990) 2018	1 990) 20	18

Page 3 86-6050388

Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Les	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rel	ated organizations listed ir	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				-la	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				14	×
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				1h	×
i Exchange of assets with related organization(s)	1			; =	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
() - (>
rion(s)	1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		11111111111111111111111111111111111111	L_	4
Performance of services or membership or fundraising solicitations				7	4
 Performance of services or membership or fundraising solicitations by related organization(s) 	on(s)	,,			×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					×
o Sharing of paid employees with related organization(s)	*****************			10	×
Drimbi incompant anid to what a companimation (A) for a company					Þ
p neithburserifett paid to related by gallization(s) for expenses	***************************************			d i	* >
neillioùiseilleilt pard by felated ofgalitzailoli(s) fol expenses				0	4
r Other transfer of cash or property to related organization(s)				,	×
Other transfer of cash or property from related organization(s)				<u></u>	×
If the answer to any of the above is "Yes," see the instructions for information	o must complete thi	s line, including covered re	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1)					
(2)					
<u> </u>					
(A)					
(5)			a de de la companya d		
(9)					
832163 10-02-18	i		Schedul	Schedule R (Form 990) 2018	2018

86-6050388

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(h)					Schedule R (Form 990) 2018
(i) General or managing partner?					For
85.					ule H
Code V-UBI amount in box of Schedule K (Form 1065)					Sched
(h) sproper- fionate certions?					
S allo dis					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 507(c)(3) orgs.?					
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) (b) (c) (d) (d) (d) (d) (extracted to the country) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					

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Schedule R	(Form 990) 2018	UNIVERSITY OF ARIZONA FOUNDATION	86-6050388	Page 5
Part VII	(Form 990) 2018 Supplemental Info	rmation.		
		nation for responses to questions on Schedule R. See instructions.		
	Floride additional intom	idition for responses to questions on ochedule n. See instructions.		
 				
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