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2020

	4	(3		ΈΣ	TENDEL	TO :	NOV	EMB:	ER 15,	2019	. 27		_	342	T 3 ()	19
	Form	990-T ⁴	E	empt Or	ganiza	tion I	Bus	ine	ss Inco	me T	Tax Re	turn)	OMB No	1545-068	7
				•	(and pro	xy tax	unde	er se	ction 603	3(e))				0	140)
		•	For cal	endar year 2018 or other	tax year beginni	ng			, and e	nding				Z	IJĸIԾ	j
		ار -		► Go to	www.irs gov/	Form9901	for ins	structio	ons and the la	test inform	nation.		L			
	Interna	Ment of the Treasury	•	Do not enter SSN n	umbers on thi	s form as	it may	be ma	de public if yo	our organiz	zation is a 50)1(c)(3).		Open to Pu 501(c)(3) Or	blic Inspect	Only
	A	Check box if		Name of organization	on (Che	ck box if n	ame ch	nanged	and see instri	uctions.)			D Emplo	oyer identifi ovees' trus	cation numb	ber
		address changed													,	
	B Ex	empt under section	Print	UCSE DISC	COVERY	FELL	OWS	FU.	ND		•					
	X] 501(c <u>l)(3</u>)	_ or	Number, street, and	room or suite	no. If a P	.0. box	, see in	structions.							code
]408(e)220(e)	Type	2800 SANI	HILL	ROAD	#1	01_] `		,	
]408A530(a)		City or town, state of	or province, co	untry, and	I ZIP or	foreig	n postal code							
]529(a)		MENLO PAR	RK, CA	940	25						<u>523</u>	000		
	C Boo	ok value of all assets		F Group exemption	number (See	instructio	ns.)	<u> </u>								4
	ale	37,491,7	79.	G Check organization	on type 🕨 [X 501(c) corp	oration	50	1(c) trust		401(a)	trust		Other tr	ust L
	H Ent	ter the number of the	organiza	tion's unrelated trade	es or business	es. 🕨		1		Describe	the only (or	fırst) un	related			
	trac	de or business here ,	> SE	EE STATEME	ENT 9_			·		lf only one,	, complete Pa	arts I-V.	If more	than one	, ₇ .	
	des	cribe the first in the b	lank spa	ce at the end of the p	revious sente	nce, comp	lete Pai	rts I an	d II, complete	a Schedul	e M for each	addition	nal trade	or		
	_ bus	siness, then complete	Parts III	-V.												
							a paren	ıt-subs	idiary controll	ed group?			Ye	s LX	_l No	
										_						
	J The	e books are in care of	<u>▶</u> E	RANK, RIN	<u>IERMAN</u>	<u>& CO</u>	, L	LP_			•					<u> </u>
	Pai	rt 🕍 Unrelated	d Trac	de or Business	Income				(A) Inc	ome	(B) E	xpenses	hnerikkisoviti	2255486×8×858684	(C) Net	000000000
	1 a	Gross receipts or sale	S							•						
	•				c Bala	nce		1c					www.	**********		**************************************
		= -					`				2500000000.0.33		**********	53000000000000000000000000000000000000	*********	38888878
		•					1						\$3000000000000000000000000000000000000			
		· ·	•				}				200000000000000000000000000000000000000					
					Form 4797)		}				53336,73437,37	****** ** ****** **		FOR	7	
		•					ŀ		_		33330000000000000000000000000000000000	***!W		=UE	IVE[)
		- ·		ship or an S corporat	ion (attach sta	tement)	- }				300000000000000000000000000000000000000	<u>** 5</u>	i in	<u> </u>		OF
				(O-b-d-la E)			ŀ				-	- 9	ΟĹ	L U 4	-2019 -	
						· • • • • • • • • • • • • • • • • • • •	}				 	+	00			<u> </u>
													<u> </u>	DEN	TIT	
					(17) Organizan	un (Schec	ונט פוטנ				<u> </u>				<u>u</u>	\supset
Ŝ		•	-	•			ŀ		-							
\geq				•	STATEM	TENT	10		-146	315.		*****	*****	-1	46.3	15.
Ş		•			D ##11 DI						3,500,001,19,001,559	OFFIC CO.				
Щ			ns No	ot Taken Elsev	vhere (See	ınstructı	ons fo)					
1.3		(Except for d	contribu	utions, deductions	must be dire	ectly con	nected	with	the unrelate	d busines	s income)					
<u>ر .</u> ۱۰	14	Compensation of off	icers, di	rectors, and trustees	(Schedule K)								14			
<u>.</u> .	15	Salaries and wages	, .										15			
jos s	16	Repairs and mainten	ance										16			
ငယ	17	Bad debts											17			
20;	18	Interest (attach sche	dule) (s	ee instructions)									18_			
20	19	Taxes and licenses											19			
	20	Charitable contributi	ons (Se	e instructions for limi	tation rules)	STAT	EME:	NT	12 SEE	STAI	EMENT	11	20			<u>0.</u>
	21	Depreciation (attach	Form 45	562)						21			_			
	22	Less depreciation cla	aimed oi	n Schedule A and els	ewhere on ret	ırn				22a	^		 			
	23	Depletion														
	24	Contributions to defe	erred co	mpensation plans												
	25	Employee benefit pro	ograms						_							
	Exempt Organization Business Income Tax Return (and proxy tax under section 6035(e)) Processed year 2016 of sente sex entergonary A Check box of and respective section (and proxy tax under section 6035(e)) A Check box of and respective section (and proxy tax under section (and pro															
		· ·		•											 	
						.aa 4	S b. 4:	4 I · •	0.6	,				1	16 2	<u>0.</u>
														_ T	<u>40,3</u>	<u></u>
							Januai	ry 1, 20	אוע (see instri	uctions)				7/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8	<u> </u>	1 5
												$\overline{}$	1 32			
	82370	1 01-09-19 LHA FO	or Paper	WORK HEDUCTION ACT	MOTICE, SEE IT	STUCTIONS	š .	_				レ		FULLI	JJJ-1 ((2010)

Form 880-	T(2018) UCSF DISCOVERY FELLOWS FUND		46-36	<u> 53488</u>	Page
Part	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)	`	33	-146,315
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruct	tions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur	=			
	lines 33 and 34			36	-146,315.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	;			
•	enter the smaller of zero or line 36	•		38	-146,315.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			> 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 38 from	_	****	
	Tax rate schedule or Schedule D (Form 1041)			► 40	
41	Proxy tax See instructions			► 41.	
42	Alternative minimum tax (trusts only)		•	42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
	Tax and Payments			1 44	
		45a		*****	
	· · · · · · · · · · · · · · · · · · ·	45b			
C	_	45c			
	• • • • • • • • • • • • • • • • • • • •	45d			
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44	<u> —</u> "		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	L Other	(attach schedule		
48	Total tax Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1	06 506	49	0.
		50a	26,590) • ***	
	' ' F	50b		_	
	·	50c	45,000) •	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		_ >>>	
	· · · · · · · · · · · · · · · · · · ·	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		_	•
g	Other credits, adjustments, and payments: Form 2439	•			•
		50g		_	
51	Total payments. Add lines 50a through 50g			51	<u>71,590.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	► <u>53</u>	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1	•	54	<u>71,590.</u>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 71,5		efunded 🕨	► 55	0.
Part \	/Ii Statements Regarding Certain Activities and Other Information	1 (see instri	uctions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or $\frac{1}{2}$	other author	rity		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	reign country	/		
	here			-	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a fo	oreign trust?		X
	If "Yes," segunstructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
<u>.</u> .	Under chalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has been considered to the control of the contro	ements, and to	the best of my k	nowledge and b	elief, it is true,
Sign		nus will mile	.ugc		scuss this return with
Here	OFFICER OFFICER			•	own below (see
	Signature of officer Date Title			instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	T	Check	ıf PTIN	 _
Paid	taket the		self- employe	:d	
Prepa	rer ROBERT N. HOFFMAN ROBERT N. HOFFMAN 11/	05/19		· P01	062419
Use C			Firm's EIN	94 -	1341042
	1801 PAGE MILL ROAD				
	Firm's address ► PALO ALTO, CA 94304		Phone no.	(650)	845-8100
823711 01					orm 990-T (2018

Schedule A - Cost of Good	ls Sold. Enter me	thod of inventory	valuation N/A			1		
1 Inventory at beginning of year	1	6	Inventory at end of year	ır		6		
2 Purchases	2	7	Cost of goods sold. St	ıbtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a	8	Do the rules of section	263A (with respect to	Yes No		
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income	(From Real Pr	operty and Pe	ersonal Property	Leas	ed With Real Pro	perty)		
(see instructions)								
1 Description of property			,					
(1) ,								
(2)					·			
(3)								
(4)								
	2 Rent received or				3(a) Deductions directly	connected with the income in		
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	 of rent for persona 	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age		nd 2(b) (attach schedule)		
(1)		<u> </u>						
(2)								
(3)								
(4)		, ·						
Total		tal		<u>0.</u>	.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	· 0.		
Schedule E - Unrelated Del	bt-Financed In	come (see instru	uctions)					
		1 .	2. Gross income from		3 Deductions directly con to debt-finance			
Description of debt-fi	nonnad preparty	'	or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		
T. Description of dest-til	папсес ргореку		financed property		(attach schedule)	(attach schedule)		
						 		
(1)	·							
(2)					 .			
(3)						·		
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	ble to property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)	l. <u> </u>		%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			▶.		0	. 0.		
Total dividends-received deductions in	cluded in column 8					0.		
						Form 990-T (2018)		

Schedule f	- Interest,	Annuitie	s, Roya	lties, ar	nd Rent	s From Co	ontroll	ed Organiz	zatior	1S (see ins	truction	is)	
	•			_	Exempt	Controlled O	rganızat	ions					,
1. Name o	of controlled organiza	ition	identif	ployer ication nber		related income e instructions)		tal of specified ments made	includ	t of column 4 ted in the contra ation's gross i	rolling	6. Deductions connected with in column	ıncome
(1)		<u></u> '					-		 - -				
(2)									 -				
(3)			-		<u> </u>		-	-			-		
(4)		 -			 	 ,							
	ontrolled Organi	ızatıons				· · · · · · · · · · · · · · · · · · ·			1				
	ole Încome		nrelated incor	ne (loss)	9 Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. De	ductions directly of	connected
1	•		see instruction			made	•	in the controll	ing organ s income	nization's		n income in column	
(1)			· · · · · ·	-		-			-				
(2)				<u>-</u>	•								
(3)					'		1						
(4)						_			_				
		_				•		Add colur Enter here and line 8, (1, Part I,		dd columns 6 and lere and on page 1 line 8, column (B)	I, Part I,
Totals		-					•			0.			0.
	G - Investme		me of a	Section	501(c)(7), (9), or	(17) Oi	rganization	1	,		,	
	1 Desc	ription of inco	me .		1	2. Amount of	income	3 Deduction directly connections (attach schedule)	cted	4. Set-a		5. Total de and set- (col 3 plu	asides
(1)												-	
(2)											-		
_(3)													
(4)													
Totals		-	-			Enter here and a Part I, line 9, co						Enter here and Part I, line 9, o	
	- Exploited	-	Activity	/ Incom	e, Othe	r Than Ad	lvertisi	ing Income	*	* 200-2-00000-000-000	6004.000000000		
	cription of ed activity	·2. G	Gross business e from business	directly of with pro of unr	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that led	6. Expr attributa colum	ble to	7. Excess expenses (e minus column	column lumn 5, re than
(1)				_	_					_			
(2)													-
(3)													
(4) Totals			re and on , Part I, col (A)	page 1	re and on I, Part I, col (B)							Enter here on page Part II, lin	e 1, e 26
	J - Advertisi	na Inco		nstruction		800000000000000000000000000000000000000	***************************************	800000000-00000000000000000000000000000	**********		\$65\$####*****	98.	<u>0.</u>
	come From					solidated	Basis		•				
1. N	ame of periodical		2. Gross advertising income		3. Direct extising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compu			6 Reade costs		7. Excess reacosts (column 5, but r	6 minus not more
(1)			 -					W					
(2)													
(3)											1		
(4)										T.			
Totals (carry to	Part II, line (5))	•	•	0.	0					,			0.
	-							•	· · · · · ·			Form 990-	T (2018)

Part III Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

			•								
-	1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		culation ome	6. Readership costs	7. Excess readerst costs (column 6 mir column 5, but not m than column 4)	ius
^(1)				,							
(2)		j		-					•		
-(3)											
(4)	-									1	
Totals fro	m Part I	•	0.		0.						0.
Totals Pa	art II (lines 1-5)		Enter here and on page 1, Part I, line 11, col (A)	page	ere and on 1, Part I, , col (B)					Enter here and on page 1, Part II, line 27	0.
	lule K - Compen	sation	of Officers.	Direct	ors, an	d Trustees (see in	nstruction	is)		`	
	• .	Name	•			2. Title		3. Percent of time devoted to business	, T. Comp	ensation attributable related business	

(4) %

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

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT	9
	BUSINESS ACTIVITY	
	•	

INCOME FROM PASSTHROUGH INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	INCOME	STATEMENT	10
DESCRIPTION			TRUOMA	
SCHF USTE, L.P.			-146,3	15.
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	t	-146,3	15.
•				
FORM 990-T	CONTRI	BUTIONS	STATEMENT	11
DESCRIPTION/KIND OF PROPERTY		BUTIONS USED TO DETERMINE FMV	STATEMENT	11

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	12
QUALIFIED C	ONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF FOR TAX YFOR TAX Y	EAR 2014		١ .	
FOR TAX Y	EAR 2016 2,165,737			
TOTAL CARRY	OVER NT YEAR 10% CONTRIBUTIONS	4,537,370 2,448,555		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJUSTED	6,985,925		
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	6,985,925 0 6,985,925		
ALLOWABLE C	ONTRIBUTIONS DEDUCTION			0
TOTAL CONTR	IBUTION DEDUCTION	•		0