Form 990-T	E	xempt Organ	ization Bus	sine	ss Inco	me T	ax Returi	n	OMB No 1545-0687
		(and	d proxy tax und	ler se	ction 6030	3(e))			2018
	For cal	lendar year 2018 or other tax year	beginning s.gov/Form990T for i	netrueti		· —	tion.	-	2010
Department of the Treasury Internal Revenue Service	>	Do not enter SSN numbers	•						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name of	changed	l and see instru	ctions.)		(Emp	oyer identification number loyees' trust, see uctions)
B Exempt under section	Print	SEMNANI FAMI	LY FOUNDAT	ION				7	4-2639794
X 501(CX)(3)	10	Number, street, and room o		x, see ı	nstructions				ated business activity code nstructions)
408(e)220(e)	Туре	P.O. BOX 116							
408A		City or town, state or proving SALT LAKE CI		or foreig 1 1 4 7				525	990
						_		<u> </u>	
90,521,5	06.	F Group exemption numbe G Check organization type	X 501(c) cor	poration	า 501	(c) trust	401(a) trust	Other trust
	-	ition's unrelated trades or bu		1			he only (or first) u		
		EE STATEMENT					complete Parts I-V		
		ace at the end of the previous	sentence, complete F	arts I a	nd II, complete	a Schedule	M for each addition	onal trac	de or
business, then complete		-V. poration a subsidiary in an af	filioted group or a par-	not cub	nidiani controlli	nd aroun?		Ye	es X No
		tifying number of the parent		5111-SUD	Sidiary Cortifoli	su group*			55 (<u>21</u>) NO
		THE ORGANIZAT				Telepho	ne number 🕨 8	301-	321-7725
	•	de or Business Inco			(A) Inco		(B) Expense		(C) Net
1a Gross receipts or sale	s								i
b Less returns and allow	wances		c Balance	1c					
2 Cost of goods sold (S	chedule	A, line 7)		2					,
3 Gross profit Subtract				3	1	351			1 251
4a Capital gain net incon	•	·		4a	1,	351.			1,351.
		Part II, line 17) (attach Form 4	1797)	4b					
c Capital loss deduction 5 Income (loss) from a		sts ship or an S corporation (atta	ich etatament\	4c 5	70	773.	STMT 2		<9,773.>
6 Rent income (Schedu		ship of all 5 corporation (alla	ion statement)	6	,,,,	,,,,,,			(3,77,31)
7 Unrelated debt-finance	•	me (Schedule E)		7	3,	154.			3,154.
		and rents from a controlled or	ganization (Schedule F)	8					· ·
		on 501(c)(7), (9), or (17) org		9					
10 Exploited exempt acti	vity inco	ome (Schedule I)		10					
11 Advertising income (S		•		11					
12 Other income (See in:				12		260			4F 2CO.
13 Total. Combine lines		gn 12 ot Taken Elsewhere	(Can material and f	13		268.	<u> </u>		<5,268.>
		utions, deductions must b					income)		
14 Compensation of off	ıcers, dı	rectors, and trustees (Sched	ule K)					14	
15 Salaries and wages			1	R	ECEIV	ED	7	15	
16 Repairs and mainten	ance		m		CONTRACTOR OF THE PARTY OF THE	A CONTRACTOR OF SEC.	st	16	<u> </u>
17 Bad debts	ما دماریام	tt)	C343	N	JV 2 2 20	RS-OS	21	17	<u> </u>
18 Interest (attach sche19 Taxes and licenses	aule) (s	ee instructions)	101		OV 2 2 20	13	1	18	
	ons (Se	e instructions for limitation ri	(ealı	00	GDEN, I	<u>-</u> —1≅	1	20	
21 Depreciation (attach					DEIA'	21	1	<u>-</u>	
		n Schedule A and elsewhere	on return			22a	<u> </u>	22b	
23 Depletion					_	•		23	
24 Contributions to defi	erred co	mpensation plans						24	
25 Employee benefit pro	ograms							25	
26 Excess exempt expe								26	
27 Excess readership co								27	
28 Other deductions (at								28_	0.
29 Total deductions. A			ace daduation Culti-	ot line C	00 from line 12			30	<5,268.>
		ncome before net operating l loss arising in tax years begii				ctions)		31	13,200.7
(^	-	ncome Subtract line 31 from	-	uiy 1, Z	v 10 (366 11131111	onons,		32	<5,268.>
		work Reduction Act Notice,						<u>,</u>	Form 990-T (2018)

Fòrm 990-T	(2018) SEMNANI FAMILY FOUNDATION 74-263	39794		Page 2
Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	<5,2	68.
	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) $$	35		0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	36	<5,2	68.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		00.
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	<5,2	68.
Part IV	/ 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:			
Į	Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax See instructions	41		
	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income See instructions	43		
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		Ō.
Part V				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a]		
b (Other credits (see instructions) 45b	」		
C	General business credit Attach Form 3800 45c	」 Ⅰ		
d (Credit for prior year minimum tax (attach Form 8801 or 8827)	」 Ⅰ		
e	Total credits Add lines 45a through 45d	45e		
	Subtract line 45e from line 44	46		0.
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		<u> </u>
	Total tax. Add lines 46 and 47 (see instructions)	48		0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
50 a 1	Payments A 2017 overpayment credited to 2018	」 │		
	2018 estimated tax payments 50b	」 │		
C	Tax deposited with Form 8868	」 │		
d i	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1		
	Backup withholding (see instructions) 50e	_		
	Credit for small employer health insurance premiums (attach Form 8941)	<u> </u>		
g (Other credits, adjustments, and payments: Form 2439			
į	Form 4136	↓		
	Total payments. Add lines 50a through 50g	51		
52 1	Estimated tax penalty (see instructions) Check if Form 2220 is attached Line 1. The contraction of the con	52		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55		
Part V				
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here		_	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		ļ	Х
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest reperved or accorded during the tax year ▶ \$		نـــلــــ	<u> </u>
Sian	Under penalties of peruny, I declare that I have examined this return, including accompanying schedules and statements and to the best of my kno correct, and complete Declaration of prepare (other than paxpayer) is based on all information of which preparer has any knowledge	wiedge and belie	at it is true,	
Sign Here		ay the IRS discu		with
nere		e preparer show		¬
		structions)?	Yes	No
	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	f PTIN		
Paid	self- employed	1		
Prepar	rer			
Use O	I Consideration in the Conside			
	Firm's address Phone no		_	

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6	
2 Purchases	2	· -	7 Cost of goods sold Su	ıbtract lıı	ne 6		
3 Cost of labor	3	_	from line 5 Enter here	and in P	art I,		
4a Additional section 263A costs			line 2		ĺ	7	
(attach schedule)	4a		8 Do the rules of section	263A (w	rith respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	•	•		
5 Total. Add lines 1 through 4b	5		the organization?	•	, , , ,		
Schedule C - Rent Income	(From Real	Property and	•	Lease	d With Real Pro	perty)	
(see instructions)							
1 Description of property							
(1)			-1 -				
(2)							
(3)				_			
(4)			***				
	2. Rent receive	ed or accrued					-
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%	than	of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ige	3(a) Deductions directly columns 2(a) and		
(1)							
(2)							
(3)		-					
(4)		-		\neg	······································		
Total	0.	Total		0.			
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	nstructions)			*	
			2 Gross income from		3 Deductions directly conr to debt-finance		illocable
1 Description of debt-fin	nanced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)		ther deductions ich schedule)
(1) ARROWHEAD CAPITA	L FUND	III -				1	
(2) WHEEL PRO LINE O			9,558.				
(3)			<u> </u>				
(4)						1	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column	ocable deductions 6 x total of columns 8(a) and 3(b))
(1)			%				
(2) 100.		303.	33.00%		3,154.		
(3)			%				
(4)	-		%		-		
STATEMENT 4	STATE	MENT 5			ter here and on page 1 art I, line 7 column (A)		re and on page 1, ne 7, column (B)
Totals			.		3,154.	.	0.
Total dividends-received deductions in	cluded in column	8	- 1		>		0.

Schedule F - Interest, A	nnuitie	s, Royalt	ies, an	d Rent	s From C	ontroll	ed Organiz	atio	ns (see in:	struction	s)
				Exempt (Controlled O	rganızat	ions				
Name of controlled organizati	on	2 Emplo identifical numbe	tion	3 Net unr (loss) (see	related income instructions)	4 . To pay	tal of specified ments made	includ	rt of column 4 led in the cont zation's gross	trolling	6 Deductions directly connected with income in column 5
(1)							*-				
(2)						<u> </u>		\vdash			
(3)			·			<u> </u>					
(4)											
Nonexempt Controlled Organiz	ations										
7 Taxable Income		nrelated income ee instructions)	(loss)	9. Total	of specified payi made	ments	10. Part of colui in the controlli gross	mn 9 tha ing orga income	nization's	11 De with	ductions directly connected income in column 10
(1)			Ì								
(2)										1	
(3)			1						-		
(4)			Î								
			_				Add colum Enter here and line 8, c		e 1, Part I	Enter h	d columns 6 and 11 ere and on page 1, Part I line 8, column (B)
Totals						>			0.		0.
Schedule G - Investme (see instri		me of a S	ection	501(c)(7), (9), or	(17) Oı	rganization	1			
1. Descr	iption of inco	me			2 Amount of	income	 Deduction directly connected (attach sched) 	cted	4 Set- (attach s	asides schedule)	Total deductions and set-asides (col 3 plus col 4)
(1)	-										
(2)											
(3)									ļ		
(4)											
					Enter here and Part I line 9 co	łumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals				<u> </u>		0.					0.
Schedule I - Exploited (see instru	-	Activity I	ncome	e, Othe	r Than Ac	lvertis	ing Income				
Description of exploited activity	2 G unrelated incom- trade or t	e from	3 Expedirectly consisted with processing of unrestants.	innected duction lated	4. Net incom from unrelated business (co minus 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	hat ed	attribut	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)									<u> </u>		
(2)										-	
(3)				-							
(4)	•			•					Ì		
	Enter her page 1. fine 10,	Part I, col (A)	Enter here page 1, line 10 c	Part I, col (B)						_	Enter here and on page 1 Part II, line 26
Totals	I	0.		0.	l		•			·	0.
Schedule J - Advertisir					1:	Dania	_				
Part I Income From F	eriodic	als Repoi	rted or	n a Con	solidated	Basis					
1 Name of periodical		2 Gross advertising income		Direct tising costs					6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_	•					
(3)					_						
(4)			\perp								
Totals (carry to Part II, line (5))	•	0		0							0.

Form 990-T (2018) SEMNANI FAMILY FOUNDATION 74-26397 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				•		
(2)					_	
(3)						
(4)						
Totals from Part I	▶ 0	0.			 	0.
	Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11 col (B)				Enter here and on page 1 Part II, line 27
Totals, Part II (lines 1-5)	0	. 0.				0.

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

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

Form 990-T (2018)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No 1545-0123

Name

Employer identification number

SEMNANI FAMILY FOU		74-2639794			
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	9.	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or	37		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824	1		5	
6 Unused capital loss carryover (attach comput			•	6	(
7 Net short-term capital gain or (loss) Combine	e lines 1a through 6 in colum	n h		7	
Part II Long-Term Capital Gai					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked			<u></u>		
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked	-				
11 Enter gain from Form 4797, line 7 or 9			` `	11	1,351.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	37		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824	,		13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	ın h		15	1,351.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (lii	ne 7) over net long-term capi	tal loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over ni	et short-term capital loss (lir	ie 7)	17	1,351.

Note: If losses exceed gains, see Capital losses in the instructions

18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

1,351.

18

JWA

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT	1
	BUSINESS ACTIVITY		

UBTI PASSED THROUGH FROM PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-1	INCO	ME (LOSS) FROM PA	ARTNERSHIPS	STATEMENT	2
				NET INCO	
DESCRIPTIO)N			OR (LOS	S)
	UNITIES FUND II Q L	P - ORDINARY BUS	NESS INCOME		100
(LOSS)	UNITIES FUND II Q L	D OMUED INCOME	/I OCC \		127.; 386.;
	ARTNERS STRUCTURED			`	300.
(LOSS)				<1,	260.>
TOTAL INCI	JUDED ON FORM 990-T	, PAGE 1, LINE 5		<9,	773.>
101112 11101					
FORM 990-1		OPERATING LOSS I	DEDUCTION	STATEMENT	3
		OPERATING LOSS I LOSS PREVIOUSLY APPLIED	DEDUCTION LOSS REMAINING	STATEMENT AVAILABLE THIS YEAR	
FORM 990-1	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS	AVAILABLE	3
FORM 990-1	. NET	LOSS PREVIOUSLY	LOSS REMAINING	AVAILABLE THIS YEAR	3
TAX YEAR 12/31/08	LOSS SUSTAINED 33,502.	LOSS PREVIOUSLY APPLIED 2,105.	LOSS REMAINING 31,397. 433. 613.	AVAILABLE THIS YEAR 31,3 4	97. 33. 13.
TAX YEAR 12/31/08 12/31/09 12/31/10 12/31/11	LOSS SUSTAINED 33,502. 433. 613. 2,569.	LOSS PREVIOUSLY APPLIED 2,105. 0.	LOSS REMAINING 31,397. 433. 613. 2,569.	AVAILABLE THIS YEAR 31,3 4 6 2,5	97. 33. 13.
TAX YEAR 12/31/08 12/31/10 12/31/11 12/31/15	LOSS SUSTAINED 33,502. 433. 613. 2,569. 6,208.	LOSS PREVIOUSLY APPLIED 2,105. 0. 0. 0. 0.	LOSS REMAINING 31,397. 433. 613. 2,569. 6,208.	AVAILABLE THIS YEAR 31,3 4 6 2,5 6,2	97. 33. 13. 69.
TAX YEAR 12/31/08 12/31/10 12/31/11 12/31/15 12/31/16	LOSS SUSTAINED 33,502. 433. 613. 2,569. 6,208. 19,444.	LOSS PREVIOUSLY APPLIED 2,105. 0. 0. 0. 0.	LOSS REMAINING 31,397. 433. 613. 2,569. 6,208. 19,444.	AVAILABLE THIS YEAR 31,3 4 6 2,5 6,2 19,4	97. 333. 13. 69. 08.
TAX YEAR 12/31/08 12/31/10 12/31/11 12/31/15	LOSS SUSTAINED 33,502. 433. 613. 2,569. 6,208.	LOSS PREVIOUSLY APPLIED 2,105. 0. 0. 0. 0.	LOSS REMAINING 31,397. 433. 613. 2,569. 6,208.	AVAILABLE THIS YEAR 31,3 4 6 2,5 6,2	97. 333. 13. 69. 08.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCE AVERAGE ACQUISITION DEBT	OINCOME	STATEMENT 4
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
ARROWHEAD CAPITAL FUND III - WHEEL PRO LINE OF CREDIT	2	OUTSTANDING DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		100. 100. 100. 100. 100. 100. 100. 100.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		1,200.
AVERAGE AQUISITION DEBT		100.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED IN AVERAGE ADJUSTED BASIS	COME S	STATEMENT 5
DESCRIPTION O	F DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
ARROWHEAD CAP	ITAL FUND III - WHEEL PRO LINE OF CREDIT	2	AMOUNT
	TED BASIS OF PROPERTY FIRST DAY OF YEAR TED BASIS OF PROPERTY LAST DAY OF YEAR		303. 303.
AVERAGE ADJUS	TED BASIS OF PROPERTY FOR THE YEAR		303.
TOTAL TO FORM	990-T, SCHEDULE E, COLUMN 5		