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	こユンラく	֭֓֝֝֜֜֜֜֜֜֜֜֜֝֓֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜

	Exempt Organization Business Income Tax Return	OMB No 1545-0047
Form <b>990-T</b>	(and proxy tax under section 6033(e)) 2005  For calendar year 2019 or other tax year beginning 06/01 , 2019, and ending 05/31 , 20 20	2019
Department of the Treasury	► Go to www.irs.gov/Form9907 for instructions and the latest information.	_
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Check box if	Name of organization ( Check box if name changed and see instructions ) D Empl	oyer identification number
A Laddress changed  B Exempt under section	UNIVERSITY OF SAN FRANCISCO (Empt	oyees' trust, see instructions)
✓ 501( C ) (C)3 )	Print Number, street, and room or suite no. If a P.O. box, see instructions	94-1156628
408(e) 220(e)	Tune 2130 FULTON STREET E Unrel	ated business activity code
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code (See	nstructions)
529(a)	SAN FRANCISCO, CA 94117-1080	713940
C Book value of all assets at end of year	F Group exemption number (See instructions ) ▶	
1,277,161,356	G Check organization type ► 📝 501(c) corporation 🔲 501(c) trust 🔲 401(a)	trust
H Enter the number	of the organization's unrelated trades or businesses   3 Describe the or	ly (or first) unrelated
trade or business	here ▶ FITNESS AND RECREATIONAL SPORTS CENTERS If only one, complete Parts I-V If more	than one, describe the
first in the blank s	space at the end of the previous sentence, complete Parts I and II, complete a Schedule	M for each additional
trade or business,	then complete Parts III-V	
During the tax year	, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	.▶ ☐ Yes 🗹 No/
If "Yes," enter the	name and identifying number of the parent corporation ▶	
The books are in	care of ► CHARLES CROSS, VP, BUSINESS AND FINANCE Telephone number ►	(415) 422-6522
Part I Unrelated	d Trade or Business Income (A) Income (B) Expense	es je Net
1a Gross receipts	s or sales 0	
b Less returns a	nd allowances 0 c Balance ▶ 1c 0	
2 Cost of goods	sold (Schedule A, line 7)	
3 Gross profit. S	Subtract line 2 from line 1c	0
4a Capıtal gaın ne	et income (attach Schedule D) 4a 0	0
b Net gain (loss)	(Form 4797, Part II, line 17) (attach Form 4797) 4b .	0
c Capital loss de	eduction for trusts . 4c 0	0
5 Income (loss)	from a partnership or an S corporation (attach	
statement)		0
6 Rent income (	Schedule C) 0	0 0
7 Unrelated deb	t-financed income (Schedule E)	0 0
8 Interest, annuities	royalties, and rents from a controlled organization (Schedule F) 8 0	0 0
9 Investment incom	ne of a section 501(c)(7), (9), or (17) organization (Schedule 6)	0 0
10 Exploited exer	mpt activity income (Schedule I) .	0 0
11 Advertising inc	come (Schedule J)	0 0
12 Other income	(See instructions, attach schedule) . 12 1,709,968	1,709,968
	ne lines 3 through 12	0 1,709,968
	ns Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions	must be directly
	d with the unrelated business income.)	
•	of officers, directors, and trustees (Schedule K)	14 0
15 Salaries and w	APR 2 2 2021	15 789,096
16 Repairs and m	naintenance APR 2 2 2021 0	16 1,790
17 Bad debts		17 0
	h schedule) (see instructions) OGDEN LIT	18 0 19 0
19 Taxes and lice		19 0
	attach Form 4562)	21b 257,007
•	tion claimed on Schedule A and elsewhere on return	
22 Depletion	to deferred companyation plans	22 0 23 0
	to deferred compensation plans .	23 0 24 187,021
	ent programs  t expenses (Schedule I)	<b>25</b> 187,021
	,	<b>26</b> 0
	ship costs (Schedule J)	27 420,903
	ghs (attach schedule)	28 1,655,817
	ons. Add lines 14 through 27 iness taxable income before net operating loss deduction. Subtract line 28 from line 13	29 54,151
	net operating loss arising in tax years beginning on or after January 1, 2018 (see	54,151
instructions)	net operating loss arising in tax years beginning on or after bandary 1, 2010 (see	30 0
1 '	incon tayable income. Subtract line 20 from line 20	31 54,151
	Iness taxable income Subtract line 30 from line 29	Form <b>990-T</b> (2019)
For Paperwork Reduct niversity of San Francisco	tion Act Notice, see instructions. Cat No 11291J 1 4/7/2021 10:18:5	

Part I		otal Unrelated Business Taxable Income						
32	Total o	f unrelated business taxable income computed from all unrelated trades or business	esses (s	see	l.			
	instruct	tions)		ŀ	32		5	4,151
33	Amoun	ts paid for disallowed fringes		`.	33			
34		ble contributions (see instructions for limitation rules)			34			C
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Su						
		n the sum of lines 32 and 33			35.		5	4,151
36		ion for net operating loss arising in tax years beginning before January 1,						
	instruct	tions)		6	36		5	4,151
37		f unrelated business taxable income before specific deduction. Subtract line 36 from		_	37			0
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38			
39		ted business taxable income. Subtract line 38 from line 37 If line 38 is greater that			55			
		ne smaller of zero or line 37			39			0
Part	V T	ax Computation		-	1 39			<u>`</u>
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		<b></b>	40			
41		<b>Taxable at Trust Rates.</b> See instructions for tax computation. Income			40			
7.		ount on line 39 from: Tax rate schedule or Schedule D (Form 1041)			44			
42					41			
43		tax. See instructions			42			
43 44	Towar	tive minimum tax (trusts only)	•	•	43			
	Tax on	Noncompliant Facility Income. See instructions	•	•	44			
45 Port	Total. /	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	•	45			0
					т г			
46a	_	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 46a			<b>∤  </b>			
b		redits (see instructions)			1			
C		I business credit. Attach Form 3800 (see instructions)			-			
d		for prior year minimum tax (attach Form 8801 or 8827)						_
e		redits. Add lines 46a through 46d			46e			0
47		ct line 46e from line 45			47			0
48		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach			48			0
49		ax. Add lines 47 and 48 (see instructions)			49			0
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.		•	50	-		
51a		nts: A 2018 overpayment credited to 2019						
b		stimated tax payments		0				
C		posited with Form 8868						
d		organizations: Tax paid or withheld at source (see instructions) 51d			] [			
е		withholding (see instructions)			]			
f		or small employer health insurance premiums (attach Form 8941)			1 1			
g		redits, adjustments, and payments:						
	☐ Forn			0				
52	_	ayments. Add lines 51a through 51g			52			0
53		ed tax penalty (see instructions). Check if Form 2220 is attached	. ▶ [		53			
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54			0
55		l <b>yment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55			0
56			funded	<u> </u>	56			0
Part \	/I St	tatements Regarding Certain Activities and Other Information (see instruction)	iions)					
57		time during the 2019 calendar year, did the organization have an interest in or a signa					Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organi		•				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name	of the	fore	ıgn cou	ntry		
		CH, RP, TH				L	✓	
58	During the	he tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	or to, a fo	oreig	n trust?			<b>\</b>
	If "Yes,	" see instructions for other forms the organization may have to file.				ſ		
59		e amount of tax-exempt interest received or accrued during the tax year ▶ \$				0		
O:	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a brect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any	nd to the	best o	of my know	vledge a	ınd bel	ef, it is
Sign		notes, and complete Decide about of preparer (other than taxpayer) is based on all information of which preparer has any	, knowledg		lay the IR	S discus	s this	retum
Here	I	14 E Company VP, BUSINESS AND FINANCE	CE_	v	vith the pr see instruc	eparer s	shown	below
	<b>G</b> ignatu	re of officer Date / Title		Ľ			71.69	
Paid		Print/Type preparer's name Preparer's signature Date		Checl	k 🗌 ıf	PTI	N	
Prepa	arer [	GWEN SPENCER 4./			mployed	PO	0641	463
Use C		Firm's name PRICEWATERHOUSECOOPERS LLP	F	ırm's	EIN►	13-4	00832	<u>'4</u>
<u> </u>	JIIIY	Firm's address ▶ 101 SEAPORT BOULEVARD, BOSTON, MA 02210-2150		hone		617) 5	30-50	00

Form 9	90-T (2019)								ı	Page <b>3</b>
Sche	dule A-Cost of Goods Sold.	Ent	er method of in	nven	tory va	aluation >				
1	Inventory at beginning of year		1	0	6	Inventory a	at end of year	6		0
2	Purchases		2	0	7	Cost of g	oods sold. Subtract line			
3	Cost of labor		3	0		6 from line	5. Enter here and in Part			
4a	Additional section 263A costs					I, line 2		7		0
	(attach schedule)	4	a	0	8		les of section 263A (with		Yes	No
b	Other costs (attach schedule)	4	b	0			roduced or acquired for re	esale) apply		
5	Total. Add lines 1 through 4b			0		to the orga				
Sche	dule C-Rent Income (From	Rea	l Property and	Pe	rsonal	Property I	Leased With Real Prop	erty)		
	nstructions)									
1 Desc	nption of property									
(1)										
(2)										
(3)										
(4)										
	2. Rent re	ceive	d or accrued				_			
	om personal property (if the percentage of in personal property is more than 10% but no more than 50%)		(b) From real ar percentage of rent 50% or if the rent	for pe	rsonal pr	operty exceeds	3(a) Deductions directly of in columns 2(a) and 3			ne
(1)									· ···	
(2)										_
(3)										_
(4)		$\Box$ $\Gamma$								
Total		0	Total				(b) Total deductions.			_
	tal income. Add totals of columns 2(a) and on page 1, Part I, line 6, column (A)		2(b) Enter				Enter here and on page 1  Part I, line 6, column (B)			0
	dule E-Unrelated Debt-Fina		d Income (see	ınstr	uctions	3)				
						come from or	Deductions directly conn     debt-finance		ocable to	0
	Description of debt-financed	prope	erty	allo		debt-financed perty	(a) Straight line depreciation (attach schedule)	(b) Other de		is .
(1)				<del>                                     </del>				·		
(2)	- " " - " - " - " - " - " - " - " - " -			<u> </u>					***	
(3)				† –		<del></del>				
(4)				† –						
2	acquisition debt on or debt-financed debt	ofora t-fi∩a	adjusted basis allocable to nced property n schedule)		4 di	olumn vided ilumn 5	7. Gross income reportable (column 2 x column 6)	8. Allocable of (column 6 × total 3(a) and	al of col	
(1)						%				
(2)						%				
(3)				T		%				
(4)						%				
_							Enter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		
Totals						▶	0			0
Total	tividends-received deductions includ	ded	n column 8							

Form 990-T (2019)

Sched	lule F-Interest, Ann	uities, Royalties,				janizations (se	e instruc	tions)	
			Exempt	Controlled	Organizations				
	Name of controlled organization	2. Employer identification number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's great transfer in the corganization of the corganization of the corganization of the column included in the co	controlling	conn	eductions directly ected with income in column 5
(1)			<del>                                     </del>		<del> </del>	<del>                                     </del>		<b>†</b>	·
(2)			1		1			1	
(3)									
(4)			T-						
Nonex	empt Controlled Organia	zations							
	7. Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specified yments made	10. Part of column included in the conganization's great transfer or the conganization of the conganization of the column in the	controlling	conne	eductions directly cted with income in column 10
(1)		<u> </u>						ļ	
(2)	<del></del>								
(3)								<u> </u>	
(4)		ļ				<u> </u>			
						Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals	<u>,</u>			<u> </u>	<u>, , , ▶</u>		0		0
Sched	lule G-Investment	Income of a Sec	tion 501			zation (see inst	tructions		
	1. Description of income	2. Amount o	of income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach schedi		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)									
(2)					·				
(3)									
(4)									
		Enter here and Part I, line 9,		·					re and on page 1, ne 9, column (B).
Totals	tula I. Evalaitad Ev	. P		0	A decoding to be				0
	Description of exploited activ	2. Gross unrelated	ome con	Expenses directly nected with aduction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	<b>6.</b> Exp	enses lable to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del></del>				-		<del>                                     </del>		
(2)									
(3)									
(4)	_ <del>_</del>								
Totals		Enter here an page 1, Par line 10, col	ti, pag	here and on ge 1, Part I, 10, col (B)			<del></del>		Enter here and on page 1, Part II, line 25
	lule J-Advertising I	ncome (see instru	ctions)		<u> </u>				<del></del>
Part	Income From P	eriodicals Repo	rted on a	Consoli	dated Basis				
_	1. Name of penodical	2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-					<u> </u>
(2)									
(3)									
(4)									
	carry to Part II, line (5))	•	0	0	0				0
	<del></del>							F	om <b>990-T</b> (2019)

Form 990-T (2019) Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 4. Advertising gain or (loss) (col 2 minus col 3) If 2. Gross 6. Readership 5 Circulation 3. Direct advertising minus column 5, but 1 Name of periodical advertising costs income costs a gain, compute cols 5 through 7 not more than ıncome column 4) (1) (2) (3) (4) 0 0 Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 26 page 1, Part I, line 11, col (A) 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4 Compensation attributable to unrelated business (1) % (2) % (3) %

Form **990-T** (2019)

ō

%

(4)

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

#### **SCHEDULE M** (Form 990-T)

#### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 06/01 , 2019, and ending 05/31

► Go to www.irs.gov/Form9907 for instructions and the latest information.

501(c)(3) Organizations Or

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Name of the organization Employer identification number UNIVERSITY OF SAN FRANCISCO 94-1156628 Unrelated Business Activity Code (see instructions) ▶ 900003 Describe the unrelated trade or business ▶ PASSIVE INCOME ACTIVITIES WITH CONTROLLED ORGANIZATIONS Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales O 0 b Less returns and allowances Balance ▶ 1c 0 2 Cost of goods sold (Schedule A, line 7) 2 3 0 Gross profit Subtract line 2 from line 1c n 91.059 91.059 Capital gain net income (attach Schedule D) 4a 19.536 19 536 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b n Capital loss deduction for trusts 4c Λ Income (loss) from a partnership or an S corporation (attach statement) . . 5 (273, 232)(273, 232)0 6 Rent income (Schedule C) 6 0 0 0 7 0 n Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 0 0 0 Investment income of a section 501(c)(7), (9), or (17) 9 ٥ 0 n organization (Schedule G) 0 0 10 0 10 Exploited exempt activity income (Schedule I) 0 0 0 Advertising income (Schedule J) 11 11 0 O 12 Other income (See instructions, attach schedule) 12 13 Total. Combine lines 3 through 12 13 (162,637) Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income ) 14 Compensation of officers, directors, and trustees (Schedule K) 15 O 15 Salanes and wages . 16 Repairs and maintenance 16 Ω O 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20 267 21 Less depreciation claimed on Schedule A and elsewhere on return. 21a 21b 267 22 22 Λ 23 Λ 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 0 25 Excess exempt expenses (Schedule I) 25 0 O 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 267 28 Total deductions. Add lines 14 through 27 28 (162,904) 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see 30 0 30 . . . . . Unrelated business taxable income Subtract line 30 from line 29 (162,904)

#### **SCHEDULE M** (Form 990-T)

#### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning 06/01 , 2019, and ending 05/31

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Internal Revenue Service 501(c)(3) Organizations Only Name of the organization Employer identification number 94-1156628 UNIVERSITY OF SAN FRANCISCO Unrelated Business Activity Code (see instructions) ▶ 111210 Describe the unrelated trade or business ► VEGETABLE AND MELON FARMING (B) Expenses (C) Net Part I Unrelated Trade or Business Income (A) Income Gross receipts or sales 1,857,549 b Less returns and allowances C Balance ▶ 1c 2 2 Cost of goods sold (Schedule A, line 7) n 1.857.549 3 1.857.549 3 Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) 4a 0 4a 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b n 4c 0 n Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach 0 statement) 5 0 0 0 6 0 6 Rent income (Schedule C) 7 0 0 0 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 n 0 0 Investment income of a section 501(c)(7), (9), or (17) 9 n ٥ 0 organization (Schedule G) q 0 0 10 0 Exploited exempt activity income (Schedule I) 10 0 0 0 11 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) . 12 0 0 12 13 Total. Combine lines 3 through 12 13 1.857.549 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 883.645 15 15 Salanes and wages 139.409 16 16 Repairs and maintenance 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) 9.951 19 19 Taxes and licenses. Depreciation (attach Form 4562) 20 110 671 20 21a 21b 110,671 21 Less depreciation claimed on Schedule A and elsewhere on return . 22 22 Contributions to deferred compensation plans 23 23 24 0 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 1,238,074 27 Other deductions (attach schedule) 28 2,381,750 28 Total deductions. Add lines 14 through 27 (524,201) Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see n 30 instructions) (524,201) Unrelated business taxable income Subtract line 30 from line 29

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
INCOME/LOSS FROM PARTNERSHIPS		
(1) NET INCOME/LOSS FROM ALTERNATIVE INVESTMENTS		-273,232
	Total	-273,232

Form 990T Part I, Line 12	Other Income		
			Amount
	Description		Amount
ATHLETICS/FITNESS CENTER			
(1) PROGRAM SERVICE REVENUE			1,709,968
		Total for Part I, Line 12	1,709,968

9

Form 990T Part II, Line 19	Taxes and Licenses	
	Description	Amount
STAR ROUTE FARMS LLC		
(1) LICENSE FEES		9,95

Form 990T Part II, Line 27	Other Deductions		
	Description		Amount
ATHLETICS/FITNESS CENTER			
(1) OCCUPANCY			215,429
(2) OFFICE EXPENSE			205,474
		Total	420,903
STAR ROUTE FARMS LLC		<del></del>	
(3) OCCUPANCY			135 <u>,</u> 590
(4) OFFICE EXPENSE			576,913
(5) PROFESSIONAL SERVICES			525,571
		Total	1 238 074

## Form 990T Part II, Line 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining							
INCOME/LOSS FROM PARTNERSHIPS												
2018	98,123			0	98,123							
Totals	98,123	0	0	0	98,123							
STAR ROUTE FARMS L	LC											
2018	509,466			0	509,466							
Totals	509,466	0	0	0	509,466							

## Form 990T Part III, Line 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2003	465,657		33,295	54,151	378,211	2023
2004	755,848				755,848	2024
2005	1,253,684				1,253,684	2025
2006	1,498,923				1,498,923	2026
2007	1,352,679				1,352,679	2027
2008	1,191,834				1,191,834	2028
2009	389,416				389,4 <u>16</u>	2029
2016	57,505		_		57,505	2036
2017	873,030				873,030	2037
Totals	7,838,576	0	33,295	54,151	7,751,130	

#### **SCHEDULE D** (Form 1120)

#### **Capital Gains and Losses**

OMB No 1545-0123

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.

2019

Department of the Treasure Internal Revenue Service

► Go to www.irs.gov/Form1120 for instructions and the latest information. Employer identification number Name UNIVERSITY OF SAN FRANCISCO 94-1156628 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ► ☐ Yes ☐ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) 8949, Part I, line 2, Subtract column (e) from Cost Proceeds column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 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, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 0 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 6,047 6.047 0 O with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 0) 6 Unused capital loss carryover (attach computation) 6 6,047 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (a) 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, rf you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 0 with Box D checked Totals for all transactions reported on Form(s) 8949 0 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 85.012 0 n 85,012 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 19.536 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 104,548 Summary of Parts I and II

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

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

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

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

Cat No 11460M

Schedule D (Form 1120) 2019

6.047

104,548

110.595

16

17

18

# **8949**

## Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

2019 Attachment

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification number

UNIVERSITY OF SAN FRANCISCO 94-1156628 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g), enter a code in column (f) Gain or (loss) (d) Proceeds Cost or other basis See the separate instructions Subtract column (e) Date sold or See the Note below Date acquired Description of property disposed of (sales price) and see Column (e from column (d) and (Mo, day, yr) (Example 100 sh XYZ Co) in the separate (Mo, day, yr) (see instructions) combine the result Code(s) from with column (g) instructions Amount of instructions adjustment FROM SCHEDULE K-1 6,047 6,047

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶ 6.047 6,047

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (q) to correct the basis. See Column (q) in the separate instructions for how to figure the amount of the adjustment.

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

Social security number or taxpayer identification number 94-1156628

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

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

nore o	f the boxes, complete as m	nany forms w	th the same	box checked as	you need			-
	<ul><li>D) Long-term transactions</li><li>E) Long-term transactions</li><li>F) Long-term transactions</li></ul>	reported on I	Form(s) 1099	-B showing bas				e)
1	(a)	description of property Date acquired discountry	(c) Date sold or	Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a c	f any, to gain or loss amount in column (g), ode in column (f) parate instructions	(h) Gain or (loss). Subtract column (from column (d) at combine the result with column (g)
	Description of property (Example 100 sh XYZ Co)		disposed of (Mo , day, yr)		and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	
FROM:	SCHEDULE K-1							
				85,012				85,01

!				I II SU UCUOTIS	adjustment	ł
FROM SCHEDULE K-1						
		85,012				85,012
		`				
2 Totals. Add the amounts in columns (d), negative amounts) Enter each total he Schedule D, line 8b (if Box D above is cabove is checked), or line 10 (if Box F a	r	0		0	85,012	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

# Form **4562**

## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

2019

Attachment Sequence No 179

	nent of the Treasury	<b>&gt;</b> C- 4-		ich to your tax		tact information		Attachment Sequence No 179		
Internal Revenue Service (99) Go to www.irs.gov/F Name(s) shown on return			www.irs.gov/Form456	ss or activity to w	Identifying number					
	ERSITY OF SAN FRA	NCISCO	71394	=	mon ma form re	inico		94-1156628		
Par			rtain Property Un	<u> </u>	179		<u> —</u>			
rai			ed property, compl			omplete Part I.				
1	Maximum amount (s						1	1,020,000		
	•		•	e instructions	;)		2	0		
		f section 179 property placed in service (see instructions) ost of section 179 property before reduction in limitation (see instructions)								
	Reduction in limitati	4	0							
						er -0 If marned filing				
	separately, see insti		•				5	1,020,000		
6	(a) De	escription of proper	ty	(b) Cost (busi	ness use only)	(c) Elected cost		·		
		<del></del>								
7	Listed property Ent	er the amount	from line 29		7		0	<u></u>		
8	Total elected cost of	of section 179 p	property Add amoun	ts in column (	c), lines 6 an	7	8	0		
9	Tentative deduction	n. Enter the <b>sm</b>	aller of line 5 or line	8			9	0		
	Carryover of disallo	10	0							
11	Business income limit	r line 5 See instructions	11	0						
			dd lines 9 and 10, bi			ie <u>11</u>	12	0		
13	Carryover of disallo	wed deduction	to 2020 Add lines 9	and 10, less	line 12 📐	13	0			
			for listed property li							
						ide listed property. See	<u>ınstr</u> ı	uctions.)		
14				y (other than	listed propi	erty) placed in service	14	o		
	during the tax year. See instructions									
	15 Property subject to section 168(f)(1) election									
	Other depreciation			<del></del>		<del>,</del>	16	0		
Par	MACRS De	preciation (D	on't include listed		e instructio	ns.)				
				Section A			T.=	250.04		
		•	ced in service in tax		_		17	252,914		
18			issets placed in serv	ice during th	e tax year ini	o one or more general				
	asset accounts, che		od in Conside Durin	a 2010 Tax V	oar Heina th	e General Depreciation	Syct			
(a) (	Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Conventi	1		epreciation deduction		
		service	only-see instructions)	period			$+\!-\!-$			
<u>19a</u>							+-			
b				-			+-			
<u>c</u>							+			
	10-year property			-		-	<del> </del>			
	15-year property	-	_	+			<del> </del>			
	20-year property			25 yrs		5/L	+			
	25-year property Residential rental			275 yrs	ММ	5/L	+-			
• • • • • • • • • • • • • • • • • • • •				275 yrs	MM	5/L	+-			
	property  Nonresidential real	06/01/2019	159,630	39 yrs	MM	5/L	+-	4,093		
•	property	00/01/2015	105,000	003.5	MM	5/L	+	4,000		
		-Assets Place	d in Service During	2019 Tax Ye		Alternative Depreciation	on Sv:	stem		
20a	Class life	ABBERT ILEGE	a in octation burning	T		5/L	1	200111		
	12-year			12 yrs		5/L	+-			
	30-year			30 yrs	ММ	5/L	+			
	40-year			40 yrs	MM	5/L	+			
	t IV Summary (	See instruction	ons.)	1 - 3.0	1	1 5,2		<del></del>		
_	Listed property Ent						21	0		
				, lines 19 and	20 ın colum	g), and line 21 Enter				
			of your return. Partne				22	257,007		
23	For assets shown a	bove and plac	ed in service during	the current ye	ear, enter the		Т			
	portion of the basis	attributable to	section 263A costs	_		23 0	,			

Form 4	1562 (2019)															Page 2
Par		d Proper tainment,		lude auto			ertain	other	vehicle	s, ce	rtaın a	aircraft	, and	prope	rty us	ed for
	Note:	For any ve	hicle for v	which you	are us	ing the						lease e	expens	e, comp	olete <b>o</b> n	ı <b>ly</b> 24a,
		columns (a)				_						for pas	senger	autome	obiles )	
24a	Do you have o														☐ Yes	□ No
	(a) of property (list ehicles first)	(b) Date placed in service	(c) Business/ investment u percentage	se Costoro	d) ther basi		(e) for depreness/inver use only	stment	(f) Recovery period	Me	(g) ethod/ evention		(h) prediction eduction	Ele	(i) ected sect cost	
25	Special der		llowance	for qualifie			erty pla	iced in								
26	the tax yea				•			e See	Instructi	ons	25			0		
	Troperty us	T TOTE WILL	1	%	, Duoiii											-
			<del></del>	%												
	D			<u>%</u>						_l		L	·	_		
27	Property us	ea 50% or		ианнео вс %	ısıness	use		1		5/L -		1		<del></del>		
		<u> </u>	+	%						5/L -		+				
				%							5/L-					1
	Add amoun								21, pag	e 1	28	<u> </u>		0		!
_29	Add amoun	ts in colum	n (i), line 2						e of Vel	nicles	•			29		0
Comp	plete this sec	tion for vehi	cles used 1	-							ner," or i	related p	person	lf you pr	ovided v	vehicles
to yo	ur employees	, first answe	er the ques	tions in Sec	ction C	to see if	you me	et an e	xception	to com	pleting	this sec	tion for	those ve	hicles	
30	Total business/investment miles driven during the year (don't include commuting miles)		(a) Vehicle 1			<b>(b)</b> Vehicle 2		(c) Vehicle 3		(d) /ehicle 4 V		(e) (f) ehicle 5 Vehicle				
31	Total commu		•	•					<del> </del>		•					
	! Total other personal (noncommuting) miles driven															
33	Total miles driven during the year. Add lines 30 through 32				0			0	<del></del>				0 0			
34	Was the vel		•	sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during off-duty hours?  15 Was the vehicle used primarily by a more than 5% owner or related person?															
36								<u> </u>							<del>                                     </del>	
		Section	n C-Que	stions for												
more	ver these que than 5% ov	vners or rel	ated perso	ons See in	structi	ons										
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by vour employees? Yes										No					
38	8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
	Do you trea									•		•				
40	Do you prouse of the v							tain inf	formatio	n from	your e	mploye	es abo	ut the		
41	Do you mee	•		_	•										ļ	L
Par	Note: If you	ur answer to	0 37, 38, 3	39, 40, or 4	I IS T	es, oo	n t con	ipiete s	section t	o tor tri	e cove	rea veri	icies			'
	(a) Description of costs (b) Date amortization begins		(c) Amortizable amount		mount	(d) Code section		non	(e) Amortization period or Amortization		Amortiza	(f) ortization for this year				
42	Amortizatio	n of costs t	hat begins	s dunng yo	our 201	9 tax ye	ar (see	instruc	ctions).		<u>-</u> -					
						·					+					
43	Amortizatio	n of costs t	hat began	before vo	ur 2019	9 tax ve	ar .						43			0
	Total. Add		_					e to rep	ort	<u> </u>			44			0
														F	om <b>456</b>	<b>52</b> (2019)

## Form 4562

Department of the Treasury

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information

OMB No 1545-0172

2019

Attachment Sequence No 179

Internal Revenue Service (99) Business or activity to which this form relates identifying number Name(s) shown on return UNIVERSITY OF SAN FRANCISCO 94-1156628 111210 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 1 Maximum amount (see instructions) 2 0 Total cost of section 179 property placed in service (see instructions) 1,020,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 0 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 1,020,000 (b) Cost (business use only) (c) Flected cost (a) Description of property 6 7 O 7 Listed property Enter the amount from line 29 8 0 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 0 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 0 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 0 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 0 Note: Don't use Part II or Part III below for listed property Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions ٥ 14 15 0 15 Property subject to section 168(f)(1) election . 16 0 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 109.436 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction olaced in (business/investment use only-see instructions) 3-year property HY S/L 850 8,500 5-year property 5 yrs 5,390 7 yrs HY S/I 385 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 275 yrs ММ S/L h Residential rental 275 yrs ММ S/L property 39 yrs ММ S/L i Nonresidential real ММ S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 9/1 20a Class life S/L 12 yrs b 12-year S/L ММ c 30-year 30 yrs 40 yrs ММ 5/1 d 40-year Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 0 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 110.671 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

43 Amortization of costs that began before your 2019 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

43

44

0

0

Form **4562** (2019)