_
2020
$\sim$
$\sim$
•
7-
,
0
_
1-
OCI
$\subseteq$
$\circ$
NED
m
₩.
Z
ブ
~
Q.
( Š
~
^
SCAN
S

v .		
Form 990-T Exempt Organization Business Income Tax Return	า	OMB No 1545-0687
(and proxy tax under section 6033(e))	'Na	2010
For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019	$\omega$	2018
Department of the Treasury 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
A Check box if address changed Name of organization ( Check box if name changed and see instructions.)	(Emp	loyer identification number ployees' trust, see uctions )
B Exempt under Section Print LA JOLLA COUNTRY DAY SCHOOL		95-1875978
X 501(c) 3 ) Or Number, street, and room or suite no. If a P.O. box, see instructions.		lated business activity code instructions)
408(e) 220(e) Type 9490 GENESEE AVENUE	վ՝	
	5230	00
C Book value of all essets at end of year F Group exemption number (See instructions.)		1
	a) trust	Other trust
H Enter the number of the organization's unrelated trades or businesses.  1 Describe the only (or first) utrade or business here  INVESTMENT IN PASS-THROUGHS  If only one, complete Parts I-V		
trade or business here INVESTMENT IN PASS-THROUGHS  If only one, complete Parts I-V describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition		•
business, then complete Parts III-V.	iiai iiaui	5 UI
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Пү	es X No
If "Yes," enter the name and identifying number of the parent corporation.		
	(858)	453-3440
Part I Unrelated Trade or Business Income (A) Income (B) Expense	s	(C) Net
1a Gross receipts or sales		
b Less returns and allowances c Balance		
2 Cost of goods sold (Schedule A, line 7)		<u> </u>
3 Gross profit. Subtract line 2 from line 1c  4 Capital gain not promo (attach Schodula D)		
4a Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  4b		_
c Capital loss deduction for trusts		
5 Income (loss) from a partnership or an S corporation (attach statement) 5 -18,956. STMT 1		-18,956.
6 Rent income (Schedule C) 6		
7 Unrelated debt-financed income (Schedule E) 7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	·	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		
10 Exploited exempt activity income (Schedule I)		<u> </u>
11 Advertising income (Schedule J)  12 Other reason (Schedule J)		
12 Other income (See instructions; attach schedule)  12		-18,956.
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)		
(Except for contributions, deductions must be directly connected with the threlated business income.)		
14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
Compensation of officers, directors, and trustees (Schedule K)  Salaries and wages  Repairs and maintenance  Bad debts  RECEIVED  NAR 17 2020	16	
Compensation of officers, directors, and trustees (Schedule K)  Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach schedule) (see instructions)  Taxes and licenses  Charitable contributions (See instructions for limitation rules)  OGDEN, UT  OGDEN, UT	17	
17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses	18	<del></del>
19 Taxes and licenses Charitable contributions (See instructions for limitation rules)	19	
20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562)	20	
22 Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23 Depletion	23	·
24 Contributions to deferred compensation plans	24	<u> </u>
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 2	28	1,600.
29 Total deductions. Add lines 14 through 28		1,600.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-20,556.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 31 from line 30	37	-20,556.
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.	1 1	Form <b>990-T</b> (2018)

Part	II Total Unrelated Business Taxa	ble Income							
33	Total of unrelated business taxable income compu	ted from all unrelated trades or businesses	s (see instru	ctions)	33	3	-20	,556.	
34	Amounts paid for disallowed fringes	4							
35	Deduction for net operating loss arising in tax year	35	5		0.				
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	lines 33 and 34	36	5	-20	,556.				
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)		25	. —		1,	,000.	
38	Unrelated business taxable income Subtract line		line 36.	y	ΥП				
	enter the smaller of zero or line 36	39	ا ( ا	3	-20	,556.			
Part I	V Tax Computation				•				
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		<u> </u>	▶ 39	•		0.	
40	Trusts Taxable at Trust Rates. See instructions for		unt on line 3	38 from:					
	Tax rate schedule or Schedule D (Fo	•		•	► 40	5			
41	Proxy tax. See instructions	,			<b>4</b> 1				
42	Alternative minimum tax (trusts only)			•	42				
43	Tax on Noncompliant Facility Income. See instru	ctions			43				
44	<b>Total</b> . Add lines 41, 42, and 43 to line 39 or 40, wh				44			0.	
Part \									
<u> </u>	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a						
Ь	Other credits (see instructions)	•	45b						
c	General business credit. Attach Form 3800		45c		_				
d	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d		$\neg$				
	Total credits. Add lines 45a through 45d				45	e			
46	Subtract line 45e from line 44				46			0.	
47		Form 8611 Form 8697 Form	n 8866	Other (attach schedule					
48	Total tax. Add lines 46 and 47 (see instructions)			<b>_</b>	48			0.	
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B. Part II. column (k), line 2			49			0.	
	Payments: A 2017 overpayment credited to 2018	(N), 1110 E	50a		<u> </u>				
	2018 estimated tax payments		50b						
	Tax deposited with Form 8868		50c						
	Foreign organizations. Tax paid or withheld at sour	ce (see instructions)	50d		_				
	Backup withholding (see instructions)	oo (ooo monacaana)	50e		1				
	Credit for small employer health insurance premiur	ms (attach Form 8941)	50f		7				
		orm 2439	00.		┪				
9		Other Total	▶ 50g						
51	Total payments. Add lines 50a through 50g		008		51	_			
52	Estimated tax penalty (see instructions) Check if F	orm 2220 is attached			52				
53	Tax due. If line 51 is less than the total of lines 48,			<b>b</b>	53				
54	Overpayment If line 51 is larger than the total of I		1	5	54	7			
55	Enter the amount of line 54 you want: Credited to		_	Refunded	- 55				
Part \			tion (se	e instructions)					
56	At any time during the 2018 calendar year, did the			authority			Yes	No	
	over a financial account (bank, securities, or other)	•		· ·					
	FinCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If "Yes," enter the name of	the foreign	country					
	here							х	
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor	to, a foreign trust?				х	
	If "Yes," see instructions for other forms the organi								
58	Enter the amount of tax-exempt interest received o	r accrued during the tax year >\$							
	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of preparer (other than				rledge ar	nd belief it is tru	е,		
Sign		21-1-29	para nasany	Kilowisuge	May the	IRS discuss this	a return v	with	
Here	I MA AI	3/13/20 CFO				arer shown belo		<b>*</b> 101	
	Signature of officer	Datě Tıtle			ınstructı	ons)? X Y	es	No	
	Print/Type preparer's name	Preparer's signature	Date	Check	ıf F	PTIN			
Paid				self- employe	d				
Prepa	rer KATY BROWN	KATY BROWN	03/10/20	<u> </u>		P00650274			
Use C	nly Firm's name ► ARMANINO LLP			Firm's EIN	<u> </u>	94-6214	841		
	12657 ALCOSTA I	•							
	Firm's address SAN RAMON, CA	94583-4600		Phone no.	925-				
823711 01	09-19					Form 9	90-T	(2018)	

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation	N/A				<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at	end of yea	Γ		6		
2 Purchases	2		7 Cost of good	ls sold. Su	ıbtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,			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
<ul><li>Other costs (attach schedule)</li></ul>	46		property pro	duced or a	cquired	for resale) apply to		<u> </u>	
5 Total. Add lines 1 through 4b	5		the organizat						
Schedule C - Rent Income ( (see instructions)	(From Real I	Property and	Personal Pro	perty L	ease	d With Real Prop	erty		
1. Description of property									
(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%)	centage of than	of rent for p	nd personal property (if t ersonal property exceed it is based on profit or inc	s 50% or 11	<b>3</b> e	3(a) Deductions directly columns 2(a) an	conne d 2(b) (	cted with the income in attach schedule)	
(1)			-						
(2)								-	
(3)								•	
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)						
			2. Gross income			3. Deductions directly conr to debt-finance			
1. Description of debt-fin	nanced property		or allocable to debt- financed property				(b) Other deductions (attach schedule)	5	
(1)							†		
(2)							1		
(3)	<del> </del>						1		
(4)			1						
Amount of average acquisition debt on or allocable to debt-financed property (ettach schedule)	of or all debt-finan	adjusted basis llocable to iced property schedule)	6. Column 4 divi by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	<del>_</del>					iter here and on page 1, art I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals	,			▶		0			0.
Total dividends-received deductions in	cluded in column	8				<b>&gt;</b>	$oxed{\Box}$		0.
								Form <b>990-T</b> (	(2018)

1. Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7. Taxable Income	identif	nployer fication nber	3. Net unr		<b>4</b> . Tot	tal of specified ments made	include	t of column 4	that is	6. Deductions directly connected with income
(1) (2) (3) (4) Nonexempt Controlled Organiz	identif	fication					include	t of column 4	that is	6. Deductions directly connected with income
(2) (3) (4) Nonexempt Controlled Organiz									in column 5	
(2) (3) (4) Nonexempt Controlled Organiz			1							<del></del>
(3) (4) Nonexempt Controlled Organiz			1				<u> </u>			<del> </del>
(4) Nonexempt Controlled Organiz							<u> </u>	-		
Nonexempt Controlled Organiz			<u> </u>				<u> </u>			
<del></del>	zations		<u> </u>	· <del></del>			<u> </u>			
I. Taxable income	8. Net unrelated incor	ne (loss)	O Total	of specified payr	nonte	10 Part of colu	mp Q that	re included	11 Do	ductions describe connected
	(see instruction		9. 102	made	ierits	in the controll	ing organi s income	ization's		ductions directly connected income in column 10
(1)										
(2)										<del></del>
(3)									_	
(4)										
(4)	<del></del>									
						Add colun Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals								0.		0
Schedule G - Investmer	nt Income of a !	Section	501(c)(7	(9) or (	17) Ord	anization		- •		
(see instri			(0)(1	,, (~), ~· (	, ວ. ຬ	,				
				<u> </u>		3. Deductio	ns I	4 0 :		5. Total deductions
1. Descri	ription of income			2. Amount of	income	directly conne (attach sched	cted	4. Set- (attach s		and set-asides (col 3 plus col 4)
(1)						(Brazon Bonico	.0.0,	-		(cor o plas cor 4)
(2)				[						+
							$\dashv$			+
(3)										+
(4)	·		-	F-4 b d -	1					F-4 b d
			_	Enter here and o Part I, line 9, col	umn (A)					Enter here and on page Part I, line 9, column (B)
<sub>Totals</sub> Schedule I - Exploited E	Evampt Activity	Income	Other	Than Adv	0.	a Income				0
(see instruc		Income	s, Ouier	man Auv	ei tisiii	y mcome				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of uni	penses connected oduction elated s income	4. Net incom from unrelated business (col minus column gain, compute through	trade or jumn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										<del>                                     </del>
(2)							İ			
(3)					- I		1			<del>                                     </del>
(4)					-		-+			1
(4)	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)				J			Enter here and on page 1, Part II, line 26
Totals 🕒	0.		0.							0
Schedule J - Advertisin										
Part I Income From P	Periodicals Rep	orted or	n a Cons	solidated	Basis					
Name of periodical	2. Gross advertising income		3. Direct sertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										<del></del>
(2)				$\neg$						
(3)				┑						
(4)				┪					$\neg \neg$	
<u>··-</u>				<del>                                     </del>	<u></u>	<del>                                     </del>		_		
Fotals (carry to Part II, line (5))	<b>&gt;</b>	0.	0							Form <b>990-T</b> (201

## | Part | 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)	<b>•</b>	0.	0.				0

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

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

Form 990-T (2018)

FORM 990-T	STATEMENT 1	
DESCRIPTION		NET INCOME OR (LOSS)
COMMONFUND CAPITAL INCOME (LOSS)	20.	
BUSINESS INCOME (LO	VENTURE PARTNERS IX, L.P ORDINARY S PRIVATE EQUITY PARTNERS VII, - ORDINARY	-540.
BUSINESS INCOME ( SOUTHWEST VALUE PAR	2,280.	
BUSINESS INCOME (LO	SS)	-20,716.
TOTAL INCLUDED ON FO	ORM 990-T, PAGE 1, LINE 5	-18,956.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
990T TAX PREPARATION	N FEES	1,600.

FORM 990-T	NE	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	2,299.	0.	2,299.	2,299.
NOL CARRYOV	ER AVAILABLE THIS	S YEAR	2,299.	2,299.