	Form	990-T			cun	der section 6033((e)) 190(4	OMB No 1545-0687
•		·	For cale	ndar year 2018 or other tax year begin	ıning _	07/01 , 2018, and end	ing <u> 06730</u> , ;	19	(2018/
		tment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and the latest	information.	ļ	Open to Public Inspection for
	$\overline{}$	al Revenue Service	▶ Do	not enter SSN numbers on this form		501(c)(3) Organizations Only over identification number			
	A [2	Check box if address changed		Name of organization (Check b		oyees' trust, see instructions)			
	_	empt under section	Print	Number, street, and room or suite no	If a D O	hay conjustavene		05-2	250801
	X	/ - // /	or	Number, street, and room or suite no	паго	DOX, SEE INSTRUCTIONS			lated business activity code
		408(e) 220(e)	1 y pe	 10889 WILSHIRE BLVD	SII	Tጥድ 1500			nstructions)
		408A530(a)	1 .			·	_		
	C Bo	529(a) City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90024							00
		end of year	F Gro	up exemption number (See instruct		<u> </u>		0.00	
		3780005104.		ck organization type X 501			c) trust	401(a)	trust Other trust
				nization's unrelated trades or busine					(or first) unrelated
				ITED PARTNERSHIP INV				-	e than one, describe the
				end of the previous sentence, co			•		
		ade or business, the			•	1			
				corporation a subsidiary in an affil	ıated g	roup or a parent-subsidiary	controlled group?		Yes X No
				identifying number of the parent co	rporati				
		ne books are in care				Telephoi	ne number 🕨 31	0-794	-3193
	Pai	t I Unrelated	Trade o	or Business Income		(A) Income	(B) Exper	ses	(C) Net
	1 a	Gross receipts or s	sales						
	b	Less returns and allowa	ances	c Balance ▶			-		
	2	Cost of goods sol	ld (Sched	ule A, line 7)	2_		ļ		
	3				3	221 213			221 211
_	4a	, -	-	ttach Schedule D)	4a	231,311.			231,311.
2020	b	- · · · · ·	rm 4797, Part II, line 17) (attach Form 4797)						·
	c	•		rusts	4c	-8,470,361.	ATCH 1		-8,470,361.
က	5			r an S corporation (attach statement)		0,470,301.	AICH	.	0,470,301.
e 3	6 7	•	•	come (Schedule E)	7				+
8	8			ints from a controlled organization (Schedule F	- - -	_	-		
9	9			1(c)(7), (9), or (17) organization (Schedule G)	<u> </u>				
	_			ncome (Schedule I)	10				
I	11	•	-	lule J)	11				
5	12			tions, attach schedule)	12	573,135.	ATCH 2		573,135.
Ø	13	Total Combine li	nes 3 thre	ough 12 ,	13	-7,665,915.	-		-7,665,915.
"	Pai	t II Deduction	ns Not	Taken Elsewhere (See inst	ructio	ons for limitations on o		Except :	for contributions,
4				be directly connected with t					
	14	Compensation of	officers,	directors, and trustees (Schedule K)		<u></u>		14	
•	15	Salaries and wage	es	directors, and trustees (Schedule K,		······RFC	EIVED.	15	334,467.
	16						FINED.	. 16	
	17	Bad debts						3 17	
	18			(see instructions),			.5. 2020		8,012.
.•	19	Taxes and license	s	See instructions for limitation rules)				19	0,012.
	20	Charitable contrib	outions (S	see instructions for limitation rules)		· · · · · · · · · · · · · · · · · · ·	N LIT	. 20	
	21			on Schedule A and elsewhere on r				-	
3	22							22b	
i	23 24			compensation plans					9,687.
-	25	Employee henefit	neversed (S				25	10,300.
	26			Schedule I),					· · · · · · · · · · · · · · · · · · ·
,	27			chedule J)				ľ	
_	28			chedule)					1,410,561.
3	29			s 14 through 28				7 0 25	1,852,272.
3	30			le income before net operating				•	-9,518,187.
p	31			g loss arising in tax years beginning			e instructions)	24	
	32			e income Subtract line 31 from line			•	3\ \frac{3}{32}	-9,518,187.
•				lotice, see instructions					Form 990-T (2018)
•	0X2/4	13565LB 15417	78		V 1	8-8.3F	2999793	1	PAGE
								ال	J

	990-T (2018)			
Par				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses			0 510
	instructions)		33	- 9,518
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018	(see		
	instructions), ,		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum		
	of lines 33 and 34	مد.	36	-9,518
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	, 59	37	1
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	-9,518
Par	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶	3,9	
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)	▶	<i>4</i> 0	
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			
Par				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		1	
	Other credits (see instructions)	\neg	1	
	General business credit Attach Form 3800 (see instructions)		\	
ن	Credit for prior year minimum tax (attach Form 8801 or 8827)			
a	Total credits Add lines 45a through 45d	\dashv	45e	
			46	
46	Subtract line 45e from line 44		47	
47		- 1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
48	Total tax. Add lines 46 and 47 (see instructions)		48	_
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
50 a	Payments A 2017 overpayment credited to 2016			
b	2018 estimated tax payments		1	
С	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g			4.0
51	Total payments. Add lines 50a through 50g	اخت	51	40
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶	\square	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		_53_	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>	254	40
<u>36</u>	Enter the amount of line 54 you want		55	
Par				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signatu			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n ma	y have	to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the	foreign	country
	here ▶			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a forei	gn trust?.	
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the b	est of my	knowledge and
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	140	y the ID	S discuss this
Her			•	eparer shown
	Signature of officer Date Title) ² X Yes
	Print/Tyge preparer's name Preparer's signature Date		T	PTIN
Paid		Check self-ei	mployed	P009778
Pre	PRICE TO THE PRICE OF THE PRICE			3-400832
	Firm's name First CEWATER (1000 ECO) ERO EEE	rimi s		
_56	Firm's address > 2001 MARKET STREET, SUITE 1800, PHILADELPHIA, PA 19103	Phone	no 267	-330-30

Form **990-T** (2018)

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	UCLA F	OUNDATIO	N			95-2250	801	
Form 990-T (2018)							F	Page 3
Schedule A - Cost of Go	ods Sold. Er	ter method	of inventory valuation	>				
1 Inventory at beginning of y					ar	6		
2 Purchases	2				ld. Subtract line			
3 Cost of labor	3		6 from	line 5 En	ter here and in			
4a Additional section 263A co	sts		Part I, line	2		. 7		
(attach schedule)	4a		8 Do the	rules of	section 263A (v	with respect	to Yes	No
b Other costs (attach schedu				•	or acquired fo			
5 Total Add lines 1 through			to the org	anization? .	<u></u>			Х
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Property	Leased V	Vith Real Prope	erty)		
(see instructions)								
1 Description of property								
(1)								
(2)			· ·					
(3)								
(4)								
<u> </u>	2 Rent recei	ved or accrue	ed					
for personal property is more than 10% but not percentage		om real and personal property age of rent for personal property of the rent is based on profit or	r personal property exceeds in columns 2(a) and 2(b) (attach schedule				ome	
(1)								
(2)						-		
(3)								
(4)								
Total		Total			-			
(c) Total income Add totals of co	olumns 2(a) and 2(b) Enter			(b) Total deduction Enter here and or			
here and on page 1, Part I, line 6.		•			Part I, line 6, colu			
Schedule E - Unrelated De			e instructions)					
			2 Gross income from or	3 [eductions directly co	nnected with or a ced property	allocable to	
1 Description of deb	t-financed property		allocable to debt-financed	(a) Straigh	nt line depreciation		er deductions	
			property		ch schedule)		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 sche	ble to property	6 Column 4 divided by column 5		income reportable 1 2 x column 6)	(column 6 x	ole deductions total of colum and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					e and on page 1, e 7, column (A)		and on page 7, column (8	

Form **990-T** (2018)

Total dividends-received deductions included in column 8

▶

Form 990-T (2018)	UCLA FOU									250801 Page 4	
Schedule F-Interest, Annu	uities, Royalties						tions (see	e instructio	ons)		
		Exem	pt Co	ntrolled Org	ganızatı	ons					
Name of controlled organization	2 Employer identification numb	iei į		ated income nstructions)		of specific	included	of column 4 th I in the contro tion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)	•										
(2)											
(3)											
(4)										<u></u>	
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific payments made		ınclu	art of column ided in the co iization's gros	ntrolling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)											
(4)											
V						Ente	d columns 5 a er here and on t I, line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
Totals	· · · · · · · · · · · · · · · · · · ·			(0) (47	· · · · <u>P</u>		- (
Schedule G-Investment In	ncome of a Sec	tion 501(c	;)(/) <u>,</u>	(9), Or (17 3 Deduc		nizatio	n (see ins	tructions)		5 Total deductions	
1 Description of income	2 Amount of	income		directly cor (attach sch	nected		4 Set-asides (attach schedule)				
(1)	_		<u> </u>								
(2)	ļ		<u> </u>						_		
(3)			<u> </u>								
(4)											
	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)	
Totals ▶											
Schedule I-Exploited Exe	empt Activity In	come, Oth	er Th	an Adverti	ising Ir	come	(see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	with n of d	4 Net inconfrom unrelated or business 2 minus collected for collected for the collec	ed tradé (column umn 3) ompute	from a	oss income activity that t unrelated ess income	6 Expe attributa colum	ible to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		-							·		
(2)							-				
(3)								1			
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rtI,					Enter here and on page 1, Part II, line 26			
Totals				1							
Schedule J-Advertising Ir											
Part I Income From Per	iodicals Report	ed on a Co	onsol	idated Bas	Sis						
1 Name of periodical	2 Gross advertising income	3 Directadvertising of		4 Advertigain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute		irculation icome	6 Reado		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	1			1							
(2)	1			1						7 ;	
(3)				1						7	
(4)	T			1] i	
Totals (carry to Part II, line (5))]	<u> </u>						<u> </u>		Form 990-T (2018)	

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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 ▶		-	ANT CONTRACT	AN SAME TO	CERTIFIED	
Totals, Part II (lines 1-5) ▶	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

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

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

Form 990-T (2018)

1

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► 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

UCLA FOUNDATION

Employer identification number 95-2250801

Part	Short-Term Capital Gains and Losses	(See instructions)			
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part I, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	column (g)	-,	the result with column (g)
1 a	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.					
1 b	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					-233,743.
4	Short-term capital gain from installment sales from I	Term 6353 line 36 or 3	7		4	
•	Short-term capital gain from installment sales from	Onn 0252, and 20 or 5	"			
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
7				<u> </u>	7	· -233,743.
Part		(See instructions)	1		10.0.0
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to or loss from Form	•	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	8949, Part II, line		column (d) and combine
- 0 -	whole dollars Totals for all long-term transactions reported on Form		(5) 5), (5)	column (g)	2.00	the result with column (g)
,	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.					,
8 b	Totals for all transactions reported on Form(s) 8949		_			
	with Box D checked					
9	Totals for all transactions reported on Form(s) 8949			i		
	with Box E checked		,			
10	Totals for all transactions reported on Form(s) 8949				٠	
	with Box F checked			Ļ		201,019.
11	Enter gain from Form 4797, line 7 or 9				11	264,035.
			_			
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 3	′		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	ıh		15	465,054.
Part		<u></u>				· · · · · · · · · · · · · · · · · · ·
	,					
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	al loss (line 15)		16	
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over a	et short-term canital los	s (line 7)	17	231,311.
18	Add lines 16 and 17 Enter here and on Form 1120,				18	231,311.
10	Note. If losses exceed gains, see Capital losses in the	· -	propor line on other reti			1
F D	perwork Reduction Act Notice see the Instruction					chedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets

► Go to www irs.gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return UCLA FOUNDATION Social security number or taxpayer identification number

95-2250801

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 transaction (B) Short-term transaction	is reported on F	orm(s) 1099	-B showing basis			e Note above)	
1 (a) Description of property	(b) Date acquired	(c)	(d) Proceeds	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if a lf you enter an a enter a co See the sepa	Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales pnce) (see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP #36	VAR	VAR					3,614
PARTNERSHIP #65	VAR	VAR					1
PARTNERSHIP #83	VAR	VAR					-171,199
PARTNERSHIP #85	VAR	VAR				<u> </u>	1,662
PARTNERSHIP #116	VAR	VAR					616
PARTNERSHIP #146	VAR	VAR					-85,193
PARTNERSHIP #160	VAR	VAR					699
PARTNERSHIP #65	VAR	VAR					1
PARTNERSHIP #84	VAR	VAR					11,771
PARTNERSHIP #98	VAR	VAR					3,865
PARTNERSHIP #108	VAR	VAR			_		420
2 Totals Add the amounts in columnegative amounts) Enter each to	otal here and inc	lude on your					ŕ
Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box C	•	·					-233,743

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 (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number 95-2250801

UCLA FOUNDATION

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

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 - (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if a if you enter an ar enter a cod See the separ	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP #8	VAR	VAR		_			-116,455
PARTNERSHIP #10	VAR	VAR					3
PARTNERSHIP #36	VAR	VAR					-3,717
PARTNERSHIP #65	VAR	VAR					-4
PARTNERSHIP #83	VAR	VAR					209,663
PARTNERSHIP #116	VAR	VAR					-4,727
PARTNERSHIP #128	VAR	VAR					37,865
PARTNERSHIP #135	VAR	VAR					36,489
PARTNERSHIP #171	VAR	VAR					8,556
PARTNERSHIP #172	VAR	VAR					9,260
PARTNERSHIP #65	VAR	VAR					2
PARTNERSHIP #84	VAR	VAR					17,656
PARTNERSHIP #98	VAR	VAR					5,797
PARTNERSHIP #108	VAR	VAR					631
2 Totals Add the amounts in column negative amounts) Enter each to							
Schedule D, line 8b (if Box D aborabove is checked), or line 10 (if E	ve is checked), line	9 (If Box E					201,019

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 (2018)

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> 3565LB 4178 V 18-8.3F 2999793 PAGE 16

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PARTNERSHIP	#3	-150,500.
PARTNERSHIP	#4	-55,110.
PARTNERSHIP	#6	-274,496.
PARTNERSHIP	#7	20,003.
	#10	-71,773.
PARTNERSHIP		-2,345,537.
	#27	-204,996.
	#34	8.
	#36	-29,765.
PARTNERSHIP	#37	1,764,371.
PARTNERSHIP	#44	-522,235.
PARTNERSHIP		1,762.
PARTNERSHIP		-17.
PARTNERSHIP		28,125.
	#72	-515,674.
PARTNERSHIP		-115,412.
PARTNERSHIP		236,714.
PARTNERSHIP		293.
PARTNERSHIP		-114,705.
PARTNERSHIP		-116.
	#92	-27,873.
	#93	-9,147.
PARTNERSHIP	#94	-16.
	#95	-2,233.
PARTNERSHIP		27
PARTNERSHIP		11,531.
PARTNERSHIP		-342.
PARTNERSHIP		-37.
	#113	130,600.
PARTNERSHIP		38,106.
PARTNERSHIP		-48,158.
	#130	-1,757.
	#135	18,901.
	#138	-182.
	#145	-7,090.
	#146	-492,610.
	#147	10,871.
PARTNERSHIP	H	-798 .
PARTNERSHIP		-33,586.
PARTNERSHIP		-280,958.
PARTNERSHIP		-558,584.
PARTNERSHIP		-1,873,381.
PARTNERSHIP		-2,991,903.
PARTNERSHIP		-506.
PARTNERSHIP		-1,866.
PARTNERSHIP		-271.
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ATTACHMENT 1 (CONT'D)

PARTNERSHIP #187

15.

INCOME (LOSS) FROM PARTNERSHIPS

-8,470,361.

	ATTACHMENT 2
PART I - LINE 12 - OTHER INCOME	
CDU FUND MGMT SERVICE FEES	567,712.
UIP FUND MGMT SERVICE FEES	5,423.
PART I - LINE 12 - OTHER INCOME	573,135.

1,410,561.

ATTACHMENT 3

FORM 90T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

MANAGEMENT	4,607.
LEGAL	14,113.
PROFESSIONAL SERVICES	6,171.
OFFICE EXPENSES	4,984.
INFORMATION TECHNOLOGY	4,422.
OCCUPANCY	19,112.
TRAVEL	13,626.
CONFERENCES, CONVENTIONS AND MEETINGS	1,352.
INSURANCE	3,868.
RESEARCH SOFTWARE LICENSE	15,280.
MISC FILING FEES	397.
PROFESSIONAL DEVELOPMENT	938.
TAX PREPARATION FEES	30,585.
INVESTMENT MANAGEMENT FEES	1,286,764.
ADVERTISING & PROMOTION	4,342.

PAGE 9

95-2250801

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FORM 990-T, PART II, LINE 31 - NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING ON OR AFTER JANUARY 1, 2018

FISCAL YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED	TAX YEAR UTILIZED	CARRYOVER
6/30/2019	9,518,187	ι		9,518,187
NET OPERATING LO	9,518,187			

ATTACHMENT 5

FORM 990-T, PART III, LINE 35 - NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

FISCAL YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED	TAX YEAR UTILIZED	CARRYOVER
6/30/2007	399,148	(123,949)	2011	275,199
6/30/2008	-			-
6/30/2009	286,767			286,767
6/30/2010	-			-
6/30/2011	1,675,402			1,675,402
6/30/2012	-			-
6/30/2013	941,504			941,504
6/30/2014	3,537,736			3,537,736
6/30/2015	5,228,346			5,228,346
6/30/2016	409,388			409,388
6/30/2017	3,209,226			3,209,226
6/30/2018	7,374,033			7,374,033
IET OPERATING LOSS	CARRYOVER TO 6/30/	2020		22,937,601