EXTENDED TO MAY 15, 2019 Form 990-T **Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018. ► Go to www.irs.gov/Form990T for instructions and the latest information. 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). D Employer identification numbe Name of organization (Check box if name changed and see instructions.) Check box if (Employees' trust, see instructions.) address changed UNIVERSITY OF WEST FLORIDA Print FOUNDATION INC <u>59-6166292</u> **B** Exempt under section Unrelated business activity codes (See instructions.) or Number, street, and room or suite no. If a P.O. box, see instructions. X 501(c)(3) Type]408(e) ____220(e) 11000 UNIVERSITY PKWY BLDG 12 7408A ____530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) PENSACOLA, FL 32514-5732 C Book value of all assets F Group exemption number (See instructions.) 171, 323, 735. G Check organization type X 501(c) corporation Other trust 501(c) trust 401(a) trust H Describe the organization's primary unrelated business activity. ► SEE STATEMENT 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. Telephone number \triangleright 850-474-3380 J The books are in care of DANIEL LUCAS Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from partnerships and S corporations (attach statement) -762. STMT 2 -762. 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 Total, Combine lines 3 through 12 13 -762. -762.Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 Repairs and maintenance 16 16 Bad debts 17 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 28 Total deductions. Add lines 14 through 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -762. 30 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3 31 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 -762. 32 32 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

1,000.

33

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

33

34

line 32

Form 990-T (2017) FOUNDATION INC

Part I	I ax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and	d:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r):				
	(1) \$ (2) \$ (3) \$					
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
	Income tax on the amount on line 34			35c) .
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount					
	Tax rate schedule or Schedule D (Form 1041)			36		
37	Proxy tax. See instructions			- 37		
38	Alternative minimum tax			38		_
39	Tax on Non-Compliant Facility Income. See instructions			39		_
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		.,,	40) .
Part I						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
	Other credits (see instructions)	41b				
C	General business credit. Attach Form 3800	41c				
	Credit for prior year minimum tax (attach Form 8801 or 8827)			88 7 6		
е	Total credits. Add lines 41a through 41d			41e		_
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880			42	C) .
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 880	66 L Othe	(attach schedule)	43		_
44	Total tax. Add lines 42 and 43	,		44	C	
45 a	Payments: A 2016 overpayment credited to 2017	45a				
b	2017 estimated tax payments	45b				
C	Tax deposited with Form 8868	45c		Trans.		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
е	Backup withholding (see instructions)	45e				
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f				
g	Other credits and payments: Form 2439 Form 4136 Other Total ►					
	Form 4136 Other Total	45g				
46	Total payments. Add lines 45a through 45g			46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			47		
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed				0	١.
	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49		١.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded >	50		
Part V	Statements Regarding Certain Activities and Other Information	on (see insti	ructions)			
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	or other autho	ority		Yes No	0
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	may have to f	ile			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the f	oreign countr	y			
	here ▶ <u>CAYMAN ISLANDS</u>				X	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a	foreign trust?		X	
	If YES, see instructions for other forms the organization may have to file.					9.
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and scorrect, and correct, and correct perjury of preparer (other than taxpayer) is based on all information of which prepare CHIEF F	tatements, and t	o the best of my kr	owledge and be	elief, it is true,	
Sign	CHIEF F	INANCI	ĂL r	May the IRS die	cuss this return with	\neg
Here	OI I I CEIL			the preparer sho		
	Signature of officer Date Title			instructions)?	X Yes N	0
	Print/Type preparer's name Preparer's signature Date	е	Check	if PTIN		
Paid			self- employed	d l		
Prepa	rer MOLLY MURPHY, CPA MOLLY MURPHY, CPA 05	/01/19	88 20	P00	985783	
Use O	nly Firm's name ► SALTMARSH, CLEAVELAND & GUND		Firm's EIN	5 9-	2922169	
	900 NORTH 12TH AVENUE					
	Firm's address ► PENSACOLA, FL 32501		Phone no.		5-8300	_
				Fo	orm 990-T (201	7)

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation ► N/A		<u> </u>				
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır			6		
2 Purchases				Cost of goods sold. St						
3 Cost of labor				from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs				line 2				7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to			Yes	No
b Other costs (attach schedule)				property produced or a	acquired	for resale) apply	to			
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income ((see instructions)	From Real	Property an	d Pe	rsonal Property	Lease	ed With Rea	l Prope	erty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued								
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions column		nnected with to 2(b) (attach sch		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.	,				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		iter ▶			0.	(b) Total deducti Enter here and on p Part I, line 6, column	age 1,			0.
Schedule E - Unrelated Deb	t-Financed	i Income (see	instru	ctions)						
			2	. Gross income from		3. Deductions dire	ctly connect		ocable	
1. Description of debt-fina	anced property			or allocable to debt- financed property	(a)	Straight line deprecia (attach schedule)	ation	(b) Othe (attach	r deductions schedule)	i
(1)						İ				
(2)										
(3)										
(4)								··		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		(column 6 x	ble deduction total of column and 3(b))	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
			•			nter here and on page art I, line 7, column (and on page 7, column (B	
Totals				>			0.			0.
Total dividends-received deductions inc	luded in column	18		***************************************	,		>			0.

UNIVERSITY OF WEST FLORIDA Form 990-T (2017) FOUNDATION INC 59-6166292 Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification 3. Net unrelated income Total of specified payments made 1. Name of controlled organization 5. Part of column 4 that is 6. Deductions directly (loss) (see instructions) included in the controlling organization's gross income connected with income in column 5 number (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 9. Total of specified payments (see instructions) (1) (2) _(3) (4) Add columns 5 and 10. Add columns 6 and 11. Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A). line 8, column (B). **Totals** 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions Set-asides 1. Description of income 2. Amount of income directly connected and set-asides (attach schedule) (attach schedule) (col. 3 plus col. 4) (1) (2) (3) (4) Enter here and on page Part I, line 9, column (A). Enter here and on page 1, Part I, line 9, column (B). Totals 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Description exploited activ	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business 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	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	 0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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)						1
(4)]
				:		
Totals (carry to Part II, line (5))	0.	0.				0.
						- 000 T

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

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)				i		
(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

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 (2017)

FORM 990-T	DESCRIPTION OF	F ORGANIZATION'S BUSINESS ACTIVIT	PRIMARY UNRELATED	STATEMENT	1
INVESTMEN	TS IN PARTNERSHIPS	& RENTAL REAL ES	TATE		
TO FORM 99	0-T, PAGE 1				
FORM 990-T		SS) FROM PARTNERS CORPORATIONS	HIPS	STATEMENT	2
DESCRIPTIO	N			AMOUNT	
HARBERT US	- REAL ESTATE FUND :	IV LP RENTAL INCO	ME	19,4	77.
		IV LP RENTAL EXPE		-19,4	
	REAL ESTATE FUND		-	46,3	
	GAINS EXCLUDED UNI			-46,2	
	REAL ESTATE FUND			-9:	2. 14.
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 5		-70	62.
FORM 990-T	NIEM	ODEDAMING LOCG D	ARDII CONT. ONI	CM2 MEMERIM	
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	3
		LOSS			
		PREVIOUSLY	LOSS	AVAILABLE	
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR	
06/30/10	8,840.	6,607.	2,233.	2,23	<u> </u>
06/30/11	5,278.	0.	5,278.	5,278	
06/30/12	530.	0.	530.	530	
06/30/13	10,950.	0.	10,950.	10,950	
06/30/16	3,315.	0.	3,315.	3,31	
06/30/17	3,499.	0.	3,499.	3,49	y.
NOL CARRYO	VER AVAILABLE THIS	YEAR	25,805.	25,80	5.

Form 8621 Information Return by a Shareholder of a Passive Foreign OMB No. 1545-1002 Investment Company or Qualified Electing Fund

Department	of the Treasury	_	Attachment Sequence No. 69
Name of st		Identifying number (see instructions)	
	RSITY OF WEST FLORIDA		
FOUND	ATION INC	59-6166292	
Number, st	reet, and room or suite no. (If a P.O. box, see instructions.)	Shareholder tax year: calendar year or ot	ther tax year beginning
	UNIVERSITY PKWY BLDG 12		UN 30, 2018.
City or tow	n, state, and ZIP code or country		
PENSA	COLA, FL 32514-5732	!	
Check type	of shareholder filing the return: Individual X Corporation Partnersh	ip S Corporation Nongrantor	Trust Estate
	y Excepted Specified Foreign Financial Assets are Reported on this Form (see instructions)		
-	ssive foreign investment company (PFIC) or qualified electing fund (QEF)	Employer identification number (if any)	
	OLIO ADVISORS PRIVATE EQUITY FUND V		
	HORE), L.P.	98-0534589	
Address (E	nter number, street, city or town, and country.)	Reference ID number (see instructions)	
0 01 0	WINGS HIGHWAY SOUTH	7 (0510 055 1 1	
	KINGS HIGHWAY SOUTH	Tax year of PFIC or QEF; calendar year	or other , 2017 and
DAKIE	N, CT 06820	l ' ' ' === aa	
Part I	Summary of Annual Information (See instructions.)	ending DEC 31,	2017.
	following information with respect to all shares of the PFIC held by the shareholder:		
	cription of each class of shares held by the shareholder:		
ı Desi	Check if shares jointly owned with spouse.		
2 Date	shares acquired during the taxable year, if applicable:		
E Duit	onarco acquires curing the taxable year, it applicable.		
3 Num	iber of shares held at the end of the taxable year:		
4 Valu	e of shares held at the end of the taxable year (check the appropriate box, if applicable):		
(a)	\$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000	(d) \$150,001-200,000	
(e)	If more than \$200,000, list value:		
5 Туре	of PFIC and amount of any excess distribution or gain treated as an excess distribution ur	nder section 1291, inclusion under section	
1293	3, or inclusion or deduction under section 1296:		
(a)	Section 1291 \$		
(b)	Section 1293 (Qualified Electing Fund) \$:	
(c)	Section 1296 (Mark to Market) \$		
Dow II	Floations (Consingtructions)		
Part II		2 OFF Complete lines for through 70 of	Do-d !!!
A	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as		
В []	Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the QEF until this election is terminated. Complete lines 8a through 9c of Part III to Note: If any portion of line 6a or line 7a of Part III is includible under section 951, 1294(c) and 1294(f) and the related regulations for events that terminate this election 951.	o calculate the tax that may be deferred. , you maynot make this election. Also, s	
с <u></u>	Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-mark 1296(e). Complete Part IV.	ket the PFIC stock that is marketable within th	e meaning of section
D \square	Deemed Sale Election . I, a shareholder on the first day of a PFIC's first tax year as a QEF PFIC. <i>Enter gain or loss on line 15f of Part V</i> .	, elect to recognize gain on the deemed sale	of my interest in the
E 🗌	Deemed Dividend Election . I, a shareholder on the first day of a PFIC's first tax year as a amount equal to my share of the post-1986 earnings and profits of the CFC as an excess excess distribution is greater than zero, also complete line 16 of Part V.		• •
F 🗀	Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC distribution the gain recognized on the deemed sale of my interest in the PFIC on the last gain on line 15f of Part V.		
G 🗌	Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Edistribution is greater than zero, also complete line 16, Part V.	e) PFIC. My holding period in the stock of the	Section 1297(e)
н 🗀	Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former elect to make a deemed dividend election with respect to the former PFIC. My holding per defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e complete line 16. Part V	iod in the stock of the former PFIC includes t	the termination date, as

•	,			
	n 8621 (Rev. 12-2016)		7- 16	Page 2
P	art III Income From a Qualified Electing Fund (QEF). All QEF sh Election B, also complete lines 8a through 9c. (See instructions.)	arenoiders complete lines 6a through	/c. II yc	ou are making
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a	Τ	
	Enter the portion of line 6a that is included in income under section 951 or that may be	04 1	1	
•	excluded under section 1293(g)	6b		
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income		6c	
	Enter your pro rata share of the total net capital gain of the QEF	1 1	"	
	Enter the portion of line 7a that is included in income under section 951 or that may be	10	1	
٥	excluded under section 1293(g)	7b		
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amou		1	
٠	used for your income tax return. (See instructions.)	:	7c	
	Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for	the current tax year.		
8 a	Add lines 6c and 7c		8a]
b	Enter the total amount of cash and the fair market value of other property distributed			
-	or deemed distributed to you during the tax year of the QEF. (See instructions.)	8b		
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares		1	
Ī	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c		
d	Add lines 8b and 8c		8d	
e		ckets)	8e	
Ī	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includi	1		
	you may make Election B with respect to the amount on line 8e.			
9 a	Enter the total tax for the tax year (See instructions.)	92		
	Enter the total tax for the tax year determined without regard to the amount entered		1	
_	on line 8e	9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is	•		
	Election B		9c	
P	art IV Gain or (Loss) From Mark-to-Market Election (See in	nstructions.)		
10a	Enter the fair market value of your PFIC stock at the end of the tax year		10a	
b	Enter your adjusted basis in the stock at the end of the tax year		10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this am	ount as ordinary income		
	on your tax return. If a loss, go to line 11		10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))		11	
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Inc			
	loss on your tax return		12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the			
			13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition		13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as of	ordinary income on your		
	tax return. If a loss, go to line 14		13c	
	5		مدا	I

14a Enter any unreversed inclusions (as defined in section 1296(d))

b Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c

c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax

return according to the rules generally applicable for losses provided elsewhere in the Code and regulations

Note: See instructions in case of multiple sales or dispositions.

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14a

14b

14c

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (See inst	ruction	ıs.)
Complete a separate Part V for each excess distribution and disposition (see instructions).		-
15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the		
holding period of the stock began in the current tax year, see instructions	15a	
b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not		
included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years		
preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	15b	
c Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)	15c	
d Multiply line 15c by 125% (1.25)	15d	
e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock.		
If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not		
complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also,		
see instructions for rules for reporting a nonexcess distribution on your income tax return	15e	
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain,		
complete line 16. If a loss, show it in brackets and do not complete line 16	15f	
16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition.		
Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day		
in your holding period. Add all amounts that are allocated to days in each tax year.	ı İ	
b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years		
before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax		
return as other income	16b	
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period		
(other than the current tax year and pre-PFIC years). (See instructions.)	16c	
d Foreign tax credit. (See instructions.)	16d	
e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)	16e	
f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621.		
Enter the aggregate amount of interest here. (See instructions.)	16f	

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	rior Year Section Darate column for each			ation of Section	1294 Elections	
Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.						
17 Tax year of outstanding	(i)	(ii)	(iii)	(iv)	(v)	(vi)
election						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the						
current tax year. 25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19				;		
26 Interest accrued after partial termination of election.						

Form 8621 (Rev. 12-2016)

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

beginning JAN 1 , 2017, and ending DEC 31 , 2016

OMB No. 1545-1668
2017

Attachment Sequence No. 118

Department of the Treasury Internal Revenue Service

Name of person filing this return Filer's identifying number UNIVERSITY OF WEST FLORIDA 59-6166292 FOUNDATION INC Filer's address (if you are not filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 | X | 2 Filer's tax yea В 2017, and ending JUN 30, 2018 JUL Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: EIN Name Address Check if any excepted specified foreign financial assets are reported on this form (see instructions) Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identifying number Category 1 Category 2 Constructive owner 2(a) EIN (if any) G1 Name and address of foreign partnership 98-0534589 2(b) Reference ID number PORTFOLIO ADVISORS PRIVATE EQUITY FUND V (OFFSHORE). L.P. 3 Country under whose laws organized 9 OLD KINGS HIGHWAY 06820 DARIEN, CT 5 Principal place of business 6 Principal business activity code number 7 Principal business activity 8a Functional currency Exchange rate (see instr.) 4 Date of organization US DOLLAR 523900 INVESTMENTS H Provide the following information for the foreign partnership's tax year: 2 Check if the foreign partnership must file: 1 Name, address, and identifying number of agent (if any) in the United States Form 8804 ☐ Form 1065 or 1065-B PORTFOLIO ADVISORS, 98-0534589 Form 1042 9 OLD KINGS HIGHWAY Service Center where Form 1065 or 1065-B is filed: DARIEN, CT 06820 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any Were any special allocations made by the foreign partnership? Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return How is this partnership classified under the law of the country in which it is organized? 7 Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. No If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Does this partnership meet both of the following requirements? • The partnership's total receipts for the tax year were less than \$250,000 and Yes _l No The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," do not complete Schedules L, M-1, and M-2. Sign Here Only If You Are Filing This Form Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge. Separately and Not With Your Tax Signature of general partner or limited liability company member Date Return. Print/Type preparer's name Preparer's signature Check **Paid** self-employed Preparer MOLLY MURPHY, 05/01/19 P00985783 CPA MOLLY MURPHY, CPA Use CLEAVELAND & GUND Firm's name ►SALTMARSH, 59-2922169 Firm's EIN Only Firm's address ▶900 NORTH 12TH AVENUE Phone no 850-435-8300 PENSACOLA, FL 32501

$\overline{}$	rm 8865 (2017) UNIVERSITY OF WES							59	-6166	292	Page 2
Sc	chedule A Constructive Ownership of Partnership										
	address, and U.S. taxpayer identifying n	iumber (if any) of	the per		_			e instri	ictions.		
	a Owns a direct interest			<u> </u>	Ow	ns a construc	tive interest			Check if	Check if
	Name			Address			Identifying	number	(if any)	foreign	direct
V	ARIOUS FOREIGN	PARTNERS	нтр	S-SEE	Δጥጥ	ACHED	98-053	-0534589			partner
<u> </u>			CT	06820		11011111	30 033	430			
								•			-
Sc	chedule A-1 Certain Partners of Foreign Partnershi	p (see instruction	ıs)				1				r _
	Name			Address			Identi	fying nu	mber (if any)		Check if foreign
_											person
					-						
_	es the partnership have any other foreign person as a dire							L_	Yes		No
Sc	Affiliation Schedule. List all partnership	os (foreign or dor	nestic)	in which the 1	foreign	partnership o	wns a direct inte	erest or			
	indirectly owns a 10% interest.						<u> </u>		l		Check i
	Name			Address			EIN (if any)		Total o income		foreign partner- ship
											- J
_											
	chedule B Income Statement - Trade or Business ution: Include only trade or business income and expense		ough 2	2 halow Soo t	the inct	runtions for m	ore information				
Cau	Mion, include only trade of business income and expense	es on mes la uni	Jugii Za	Z DEIUW. JEE	ille illst	TUCLIONS TOF IT	iore imormation	<u>. </u>	<u> </u>		
	1 a Gross receipts or sales				1a						
	b Less returns and allowances		•••••		1b			1c			
	2 Cost of goods sold							2			
це	3 Gross profit. Subtract line 2 from line 1c							3			
come								4			
드	o not tarm prom (1000) (anaon contocolor (1 orm 10							5			
	6 Net gain (loss) from Form 4797, Part II, line 17 (at	•						7			
	7 Other income (loss) (attach statement)		• • • • • • • • • •				•••••••	 			
	8 Total income (loss). Combine lines 3 through 7.							8			
	9 Salaries and wages (other than to partners) (less e							9			
	10 Guaranteed payments to partners							10			
ls)	11 Repairs and maintenance							11			
nitation	12 Bad debts							12	<u> </u>		
for lin	13 Rent							13			
ctions	14 Taxes and licenses 15 Interest							15			
(see instructions for limitations)	15 Interest 16 a Depreciation (if required, attach Form 4562)						i	"		-	
e (se	b Less depreciation reported elsewhere on return							16c			
Deductions	17 Depletion (Do not deduct oil and gas depletion.)							17			
fuct	18 Retirement plans, etc.							18			
Dec	19 Employee benefit programs							19			
	20 Other deductions (attach statement)		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			20			
	21 Total deductions. Add the amounts shown in the	far right column f	or lines	s 9 through 20)		I	21			
_	- Total Beastrons, 7,00 the dinounts shown in the	rigitt oolullill i	J. 11100	Jugii 20				<u> </u>			
	22 Ordinary business income (loss) from trade or bu	usiness activities.	<u>Subt</u> ra	ct line 21 fror	n line 8	<u> </u>	<u></u>	22			

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

| 2017

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Filer's identifying number Name of transferor UNIVERSITY OF WEST FLORIDA 59-6166292 FOUNDATION INC Name of foreign partnership PORTFOLIO ADVISORS PRIVATE EQUITY EIN (if any) Reference ID number (see instr) (OFFSHORE). L.P. 98-0534589 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? See instructions Yes No b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? No Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No Transfers Reportable Under Section 6038B Part I (d) (e) (a) Date of Section 704(c) Cost or other Gain Type of property transfer items value on date basis allocation recognized on transferred of transfer transfer Cash Stock, notes receivable and payable. and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer % Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation recapture (g) Type of property Date of Date of Gain Depreciation original disposition recognized by disposition to partner apture allocated recognized by partnership to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit

	icts, for which an extension request must be sent to the IR					
filing o	f this form, visit www.irs.gov/efile, click on Charities & Non-	Profits, an	nd click on e-file for Charities and No	n-Profits.		
Auto	matic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).			
All corp	porations required to file an income tax return other than Fe	orm 990·T	(including 1120-C filers), partnershi	os, REMIC	Cs, and trusts	
must u	se Form 7004 to request an extension of time to file incom	e tax retu	rns.			
·					Enter filer's identifying number	
Туре	-			ľ	Employer identification number (EIN) or	
print File by the due date for filing your return. See instructions	UNIVERSITY OF WEST FLORIDA		, ,			
	FOUNDATION INC				59-6166292	
				Social security number (SSN)		
				<u> </u>		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
PENSACOLA, FL 32514-5732 Enter the Return Code for the return that this application is for (file			parate application for each return)			0 7
Application		Return	Application			
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			. 09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			
	DANIEL LUCAS					
	books are in the care of 11000 UNIVERSIT	ry PA				32514
	phone No. ► 850-474-3380		Fax No. ▶			. \Box
	e organization does not have an office or place of business					.▶ 📖
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)						
box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.						
	I request an automatic 6-month extension of time until <u>MAY 15, 2019</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for:					
,,	or the organization hamed above. The extension is for the t	organizan	on's return for.			
1	calendar year or					
► X tax year beginningJUL_1, _2017, and ending _JUN_30, _2018						
	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return					
	Change in accounting period					
3a li	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
ņ	nonrefundable credits. See instructions.			3a	\$	0.
b li	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
e	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.
c E	Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.
Cautio	n: If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-E0	O for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)