Form 990- 7	LACINPL ON	ganization Bu	ider sec	tion 6033(e))	av lietni	''	OMB No 1545-0687			
,		r tax year beginning JUL 1	., 201	8_ , and ending JU			2018			
Department of the T Internal Revenue Se		www.irs.gov/Form990T for umbers on this form as it m				0	Open to Public Inspection fo 501(c)(3) Organizations Only			
A Check b		Name of organization (Check box if name changed and see instructions.) D Emp (Emp								
address	ONIA PERSI	ry of Louisvi	LLE F	OUNDATION,			3-7078461			
B Exempt unde										
X 501(c)(_ Tuno I	Number, street, and room or suite no. If a P.O. box, see instructions. 215 CENTRAL AVENUE, NO. 212								
408(e) L	220(e) 215 CENT					-				
408A 529(a)	- '/ / ' /	or province, country, and ZIF LE , KY 40208		postai code		523	000			
C Book value of all		number (See instructions.)				<u> </u>	000			
at end of year	86,142. G Check organization			501(c) trust	401(a) trust	Other trust			
	er of the organization's unrelated trad		2		the only (or first) i					
trade or busine	ss here > <u>INVESTMENT</u>	IN PARTNERSHI	PS		complete Parts I-\		than one,			
describe the fir	st in the blank space at the end of the i	previous sentence, complete	Parts I and	II, complete a Schedule	e M for each addition	onal trade	e or			
	complete Parts III-V.									
•	year, was the corporation a subsidiary	- · · ·	rent-subsid	ary controlled group?	>	Ye	es 🗶 No			
	ne name and identifying number of the						050 8300			
	n care of KEITH SHEI related Trade or Busines:			(A) Income	(B) Expens		852-7300 (C) Net			
		3 Income	- - -	(A) income	(B) Expens		(C) NET			
1a Gross recei	and allowances	C Balance	10							
	ds sold (Schedule A, line 7)	C Dalatice	2							
	Subtract line 2 from line 1c		3		 -	-,				
-	net income (attach Schedule D)	, ,	4a	169,065.			169,065.			
	ss) (Form 4797, Part II, line 17) (attach	n Form 4797)	4b							
c Capital loss	deduction for trusts	·	4c							
c Capital loss 5 Income (los 6 Rent incom 7 Unrelated d	s) from a partnership or an S corporat	ion (attach statement)	5	1,393,786,	STMT	1	-1,392,786.			
6 Rent incom	e (Schedule C)		6	RECEN	ED					
7 Unrelated d	bt-financed income (Schedule E)			9 1111 42	2020					
•	uities, royalties, and rents from a conf	-		B JUL 06						
	ncome of a section 501(c)(7), (9), or	(17) organization (Schedule	·		P.S.					
	empt activity income (Schedule I)		10	OGDEN	UT					
-	ncome (Schedule J) e (See instructions; attach schedule)		11							
	bine lines 3 through 12			1,223,721.			-1,223,721.			
	ductions Not Taken Elsev	vhere (See instructions	for limitati	ons on deductions)			1,225,721.			
	ept for contributions, deductions				s income)					
14 Compensa	tion of officers, directors, and trustees	(Schedule K)				14				
15 Salaries ai	d wages					15				
16 Repairs ar	d maintenance					16				
17 Bad debts						17				
	tach schedule) (see instructions)					18				
19 Taxes and						19				
	contributions (See instructions for limit	tation rules)		1 1		20				
•	n (attach Form 4562)			21		ا ممر ا				
•	ciation claimed on Schedule A and els	ewnere on return		22a		22b				
23 Depletion 24 Contributi	ns to deferred compensation plans					23				
	ns to deterred compensation plans penefit programs					25				
· -	mpt expenses (Schedule I)					26				
	dership costs (Schedule J)					27				
	ctions (attach schedule)					28				
	ctions. Add lines 14 through 28					29	0.			
	usiness taxable income before net op	erating loss deduction. Subtr	ract line 29	rom line 13		30	-1,223,721.			
31 Deduction	for net operating loss arising in tax yea	ırs beginning on or after Jan	uary 1, 201	8 (see instructions)	٠.	31				
32 Unrelated	usiness taxable income. Subtract line	31 from line 30			31	132	-1,223,721.			

4	
4	
3.0	

Form 990-			<u>23-70</u>	784	61		Page
Part I	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	see instructions)		33			_0
34	Amounts paid for disallowed fringes			34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see insti	ructions) S.	rmt 2	35			0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum of					
	lines 33 and 34			<u>36</u>			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		3	8 3	1	1,0	00
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	e 36,		-	1		
	enter the smaller of zero or line 36			38			0
Part I	V Tax Computation						
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			► 39			_ 0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	t on line 38 from	:				
	Tax rate schedule or Schedule D (Form 1041)			► <u>40</u>			
41	Proxy tax See instructions			► <u>41</u>	<u> </u>		
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			44	<u> </u>		0
Part \		, , -			 -		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_			
b	Other credits (see instructions)	45b		_			
C	General business credit. Attach Form 3800	45c		_			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		┥			
e	Total credits. Add lines 45a through 45d			456	-		
46	Subtract line 45e from line 44	aaa 🗀 au		46	 -		_0
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	866 L Other	(attach schedule				
48	Total tax Add lines 46 and 47 (see instructions)			48	-		0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 50. 1		49			_0
50 a	Payments: A 2017 overpayment credited to 2018	50a		{			
D	2018 estimated tax payments	50b					
C	Tax deposited with Form 8868	50c					
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d					
e	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	50e 50f					
'_	Other credits, adjustments, and payments: Form 2439	501					
y	Form 4136 Other Total	50g			1		
51	Total payments Add lines 50a through 50g	309 1		51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	 		_
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			► 53	1		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			► 54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax) Re	efunded	► 55	1		
Part \							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature					Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizatio	on may have to fi	le				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreign country	1				
	here						X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or ti	ransferor to, a fo	reign trust?				X
	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 perjury, I declare that I have examined this return, including accompanying schedules and correct, and competer Declaration of peparer (other than taxpayer) is based on all information of which preparer	statements, and to	the best of my k	nowledge	and belief, it is	s true,	•
Sign	EXECUT	ÎVÊ DÎRÎ	ECTOR		IRS discuss th		
Here	Ken 1/21/20 & coo				er shown belo		with
	Signature of officer Date Title			instructio		es 🗌	No
	Print/Type preparer's name Preparer's signature Da	ate	Check	ıf P	TIN		
Paid			self- employe	ed			
Prepa	HER CHRISTINE N KOENIG Christine of Lacres G	8 JOSO		1	P01022	180	
Use C	Only Firm's name DEMING MALONE LIVESAY & OSTROFF	PSC	Firm's EIN		61-106	424	9
	9300 SHELBYVILLE RD STE 1100						
	Firm's address TOUTSVILLE, KY 40222-5187		Phone no	(50)	2 \ 4 2 6 -	966	n

823711 01-09-19

Form 990-T (2018) INC.						23-707	8461	F	Page 3
Schedule A - Cost of Goo	ds Sold. Enter	method of invent	ory	valuation N/A			···		
1 Inventory at beginning of year	1	0.	6				6		0.
2 Purchases	2		7	Cost of goods sold S	ubtract I	ine 6			
3 Cost of labor	3			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 (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or					
5 Total Add lines 1 through 4b	5			the organization?		, , , ,			
Schedule C - Rent Income (see instructions) 1 Description of property									
(1)							 · · ·		
(2)						<u> </u>	· ·		
(3)									
(4)							<u> </u>		
	2 Rent receiv	ed or accrued							
(a) From personal property (if the present for personal property is me 10% but not more than 50	ore than	of rent for pe	rsona	rsonal property (if the percent of property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directl columns 2(a) a	y connected with and 2(b) (attach s	the income ii	n
(1)									
(2)									
(3)									
_(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column	nn (A)	<u> </u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	ebt-Financed	I Income (see II	nstru	uctions)					
			ا :	Gross income from or allocable to debt-		3. Deductions directly co to debt-finan		illocable	
1 Description of debt-	-financed property			financed property	(a)	Straight line depreciation (attach schedule)		her deduction ch schedule)	s
(1)									
(2)									
(3)									
(4)							1		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property ischedule)	(6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column (cable deducti 8 x total of col (a) and 3(b))	

0. Form 990-T (2018)

0.

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Totals

%

%

%

%

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A)

0.

UNIVERSITY OF DUISVILLE FOUNDATION, Form 990-T (2018) INC 23-7078461 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1 Name of controlled organization 2 Employer identification 3. Net unrelated income Total of specified payments made 5 Part of column 4 that is included in the controlling Deductions directly connected with income (loss) (see instructions) ın column 5 number organization's gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 8. Net unrelated income (loss) Total of specified payments Part of column 9 that is included in the controlling organization's Taxable Income Deductions directly connected (see instructions) made with income in column 10 gross income (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, cotumn (A) line 8, column (B) **Totals** 0 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Deductions Total deductions 1. Description of income 2 Amount of income (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2)(3) (4)Enter here and on page Enter here and on page 1. Part I, line 9, column (A) Part I, line 9, column (B) Totals 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3 Expenses 7 Excess exempt 2 Gross from unrelated trade or Gross income directly connected 6 Expenses expenses (column 1 Description of unrelated business business (column 2 from activity that with production attributable to 6 minus column 5. exploited activity income from minus column 3) If a is not unrelated but not more than column 4) of unrelated column 5 gain, compute cots 5 business income through 7 (1) (2)(3) (4) Enter here and on Enter here and on Enter here and page 1, Part I. page 1, Part I. 10, col (A) 10, col (B) Totals 0. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Excess readership 4. Advertising gain 2. Gross 3 Direct or (loss) (col 2 minus 5. Circulation 6. Readership costs (column 6 minus advertising 1. Name of periodical income advertising costs col 3) If a gain, compute cols 5 through 7 costs column 5, but not more income than column 4) (1) (2)(3) (4)

Form 990-T (2018)

0.

0

0

Totals (carry to Part II, line (5))

Form 990-T (2018) INC

			<u>, , , </u>			
Part II	Income From Periodicals Reported on a Separate Basis (For each periodical liste	ed ın	Part	II, 1	fill i	n
	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, cot (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	. 0.	۱ ۴		•	0.

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)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	INCOME (LOSS) FRO	M PARTNERSHIPS	STATE	EMENT	1
DESCRIPTION				INCOME	
ADC CADIMAL DADMIEDO	מ עמגונומס מו דדט	NICTNECC INCOME			—
ABS CAPITAL PARTNERS (LOSS) ADVANCED CANCER THERA				-33,32	28.
INCOME (LOSS)				253,25	53.
ADVENT INTERNATIONAL	GPE VIII-B L.P IN	TEREST INCOME		2,63	
ADVENT INTERNATIONAL ALCION REAL ESTATE PA		· · · · · · · · · · · · · · · · · · ·		-3,46	56.
REAL ESTATE INCOME			-	112,85	58.
ALCION REAL ESTATE PA	RTNERS TAX-EXEMPT PA	RALLEL - ORDINARY			
BUSINESS INCOME (-17,97	12.
ALCION REAL ESTATE PA		RALLEL - NET			
RENTAL REAL ESTATE IN				-2,65	55.
ALCION REAL ESTATE PA	RTNERS TAX-EXEMPT PA	RALLEL - INTEREST			
INCOME				6,08	33.
ALCION REAL ESTATE PA	RTNERS TAX-EXEMPT PA	RALLEL - OTHER		- 00	
INCOME (LOSS)				-5,02	
CAMPUS ONE LLC - NET		NCOME		303,35	
CAMPUS ONE LLC - OTHE		G UTT ODDINADY		-56,60	, 0.
COMMONFUND CAPITAL PR	IVATE EQUITY PARTNER	S VII, - ORDINARY		10 71	. 1
BUSINESS INCOME (COMMONFUND CAPITAL PR	COMME COLLEGE SHALL	C UTT NEW		10,71	. ⊥ •
RENTAL REAL ESTATE IN		S VII, - NET			5.
COMMONFUND CAPITAL PR		C VITT _ TNMEDECM			٥.
INCOME	IVAIE EQUIII IAMINEM	S VII, - INTEREST		2,63	₹5
COMMONFUND CAPITAL PR	TVATE ECULTV PARTNER	S VII - DIVIDEND		2,03	, , ,
INCOME	TVIII DQUIII IIM(II(DI	S VII, BIVIBBIO		34	15.
COMMONFUND CAPITAL PR	IVATE EOUITY PARTNER	S VII		•	
ROYALTIES		,		6	51.
COMMONFUND CAPITAL PR	IVATE EOUITY PARTNER	S VII, - OTHER		•	
INCOME (LOSS)				2,23	30.
COMMONFUND CAPITAL PR	IVATE EQUITY PARTNER	S VI, L -		•	
ORDINARY BUSINESS INC	OME			17,54	2.
COMMONFUND CAPITAL PR	IVATE EQUITY PARTNER	S VI, L - NET			
RENTAL REAL ESTATE IN				-	-9.
COMMONFUND CAPITAL PR	IVATE EQUITY PARTNER	S VI, L -			
INTEREST INCOME				1,81	.7.
COMMONFUND CAPITAL PR	IVATE EQUITY PARTNER	S VI, L - OTHER			
INCOME (LOSS)				-42	13.
COMMONFUND CAPITAL PR		S V, LP -			
ORDINARY BUSINESS INC		G 11		29	6.
COMMONFUND CAPITAL PR	IVATE EQUITY PARTNER	S V, LP - OTHER			4
INCOME (LOSS)	AMILIDE DADMNEDC VIII	I D OMITED		_	-1.
COMMONFUND CAPITAL VE INCOME (LOSS)	NIUKE PARTNERS VII,	L.F UTREK			7.
COMMONFUND CAPITAL VE	TOTAL DADMNEDC 17T T	D _ ODDINARY		_	. / •
BUSINESS INCOME (LOS	NIONE FARINERS VI, L	·F· - ORDINAKI		-47	12
COMMONFUND CAPITAL VE	MTIRE PARTNERS VI I	.P OTHER		-4/	4.
INCOME (LOSS)	TIME TIME VI, II	OIIIIN		21	.5.
				<i>4</i> 1	

UNIVERSITY OF LOUISVILLE FOUNDATION, INC	23-7078461
COMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P ORDINARY BUSINESS INCOME (L	-1.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, L.P OTHER INCOME (LOSS)	-20.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - INTEREST INCOME	212.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - DIVIDEND INCOME	40.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS)	17.
CROW HOLDINGS REALTY PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	-5,689.
CROW HOLDINGS REALTY PARTNERS V, LP - NET RENTAL REAL ESTATE INCOME	-6,134.
CROW HOLDINGS REALTY PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-22,427.
CROW HOLDINGS REALTY PARTNERS IV, LP - NET RENTAL REAL ESTATE INCOME	-17,187.
CROW HOLDINGS REALTY PARTNERS IV, LP - INTEREST INCOME ENCAP ENERGY CAPITAL FUND VIII, LP - ORDINARY BUSINESS	175.
INCOME (LOSS) ENCAP ENERGY CAPITAL FUND VIII, LP - OTHER INCOME (LOSS) ENDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS	132,252. -189,201.
INCOME (LOSS) ENDOWMENT VENTURE PARTNERS V, LP - OTHER INCOME (LOSS)	-6. 47 .
ENDOWMENT PRIVATE EQUITY PARTNERS IV, LP - ORDINARY BUSINESS INCOME (LOSS) ENDOWMENT PRIVATE EQUITY PARTNERS IV, LP - OTHER INCOME	-678.
(LOSS) HARVEST MLP INCOME FUND LLC - ORDINARY BUSINESS INCOME	-2.
(LOSS) HIGHFIELDS CAPITAL IV LP - ORDINARY BUSINESS INCOME (LOSS)	885, 434. -279.
HIGHFIELDS CAPITAL IV LP - NET RENTAL REAL ESTATE INCOME HIGHFIELDS CAPITAL IV LP - OTHER INCOME (LOSS)	-468. -1.
MERCED PARTNERS IV, L.P ORDINARY BUSINESS INCOME (LOSS) MERCED PARTNERS IV, L.P OTHER INCOME (LOSS)	4,285. -1,261.
MONROE GL TE (ALTERNATIVE), LP - ORDINARY BUSINESS INCOME (LOSS) RIDGEWOOD ENERGY OIL & GAS FUND III, LP - OTHER INCOME	15,690.
(LOSS) ROUNDSHIELD FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-180,223. 13,532.
SENTINEL CAPITAL PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	-39,651.
SENTINEL CAPITAL PARTNERS V, LP - OTHER INCOME (LOSS) TAILWATER ENERGY FUND II, LP - INTEREST INCOME	-19,970. 88.
TAILWATER ENERGY FUND II, LP - OTHER INCOME (LOSS) TAILWATER ENERGY FUND III, LP - INTEREST INCOME	-764,904. 332.
TAILWATER ENERGY FUND III, LP - OTHER INCOME (LOSS) VARDE INVESTMENT PARTNERS, L.P ORDINARY BUSINESS INCOME	-1,531,854.
(LOSS) VARDE INVESTMENT PARTNERS, L.P NET RENTAL REAL ESTATE	-8,981.

28.

5,201. 692.

VARDE INVESTMENT PARTNERS, L.P. - INTEREST INCOME VARDE INVESTMENT PARTNERS, L.P. - DIVIDEND INCOME

INCOME

UNIVERSITY OF LOUISVILL FOUNDATION, INC	23-7078461
VARDE INVESTMENT PARTNERS, L.P OTHER INCOME (LOSS)	-23,684.
THE VARDE FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-114.
THE VARDE FUND VIII, LP - ORDINARY BUSINESS INCOME (LOSS)	-60.
W CAPITAL PARTNERS III, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-6,214.
W CAPITAL PARTNERS III, L.P OTHER INCOME (LOSS) SENTINEL CAPITAL PARTNERS VI, LP - ORDINARY BUSINESS	4.
INCOME (LOSS)	4,062.
SENTINEL CAPITAL PARTNERS VI, LP - OTHER INCOME (LOSS)	-4,228.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,392,786.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/07	138,654.	25,335.	113,319.	113,319.
06/30/09	1,959,723.	0.	1,959,723.	1,959,723.
06/30/10	2,395,375.	0.	2,395,375.	2,395,375.
06/30/11	3,899,294.	0.	3,899,294.	3,899,294.
06/30/12	4,027,261.	0.	4,027,261.	4,027,261.
06/30/13	2,873,533.	0.	2,873,533.	2,873,533.
06/30/14	688,504.	0.	688,504.	688,504.
06/30/15	2,601,034.	0.	2,601,034.	2,601,034.
06/30/16	3,250,149.	0.	3,250,149.	3,250,149.
06/30/17	2,173,140.	0.	2,173,140.	2,173,140.
06/30/18	2,376,089.	0.	2,376,089.	2,376,089.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	26,357,421.	26,357,421.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for

Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\underline{JUL}1$, $\underline{2018}$, and ending $\underline{JUN}30$, $\underline{2019}$

Department of the Treasury Internal Revenue Service (99) Name of the organization

INC.

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

UNIVERSITY OF LOUISVILLE FOUNDATION,

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

ENTITY

1

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

23-7078461

	Unrelated business activity code (see instructions) ► 71391 Describe the unrelated trade or business ► GOLF COUR								
Pa		<u></u>	(A) Income	(B) Expenses	(C) Net				
1 a b 2	Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7) C Balance ▶	1c 2							
3 4 a b	Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	3 4a 4b							
5	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)	4c 5							
6 7	Rent income (Schedule C) Unrelated debt-financed income (Schedule E)	6 7							
8	interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17)	8							
10	organization (Schedule G) Exploited exempt activity income (Schedule I)	9							
11 12 <u>13</u>	Advertising income (Schedule J) Other income (See instructions, attach schedule) STMT 3 Total. Combine lines 3 through 12	11 12 13	2,651,644. 2,651,644.		2,651,644. 2,651,644.				
Pai	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.)								

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1,063,323.
16	Repairs and maintenance	16	272,109.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions) SEE STATEMENT 4	18	4,941.
19	Taxes and licenses	19	2,952.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 250, 446	<u>.</u>	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	250,446.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	308,900.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 5	28	1,448,715.
29	Total deductions. Add lines 14 through 28	29	3,351,386.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-699,742.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
<u>32</u>	Unrelated business taxable income Subtract line 31 from line 30	32	-699,742.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER INCOME	STATEMENT 3	
DESCRIPTION		AMOUNT	
MEMBERSHIP FEES		1.260.197.	
FOOD AND BEVERAGE			
MERCHANDISE		219,712.	
MISCELLANEOUS		589,440.	
TOTAL TO SCHEDULE M, PAR	AMOUNT 1,260,197. 582,295. 219,712.		
FORM 990-T (M)	INTEREST PAID	STATEMENT 4	
DESCRIPTION		AMOUNT	
INTEREST		4 041	
INIENEGI		4,941.	
TOTAL TO SCHEDULE M, PAR	r II, LINE 18	4,941.	
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5	
DESCRIPTION		AMOUNT	
UTILITIES		175,253.	
CATERING			
OFFICE EXPENSES		48,583.	
OTHER			
SUPPLIES			
EQUIPMENT LEASE EQUIPMENT			
PROFESSIONAL SERVICES			
COST OF MERCHANDISE			
TOTAL TO SCHEDULE M, PAR	r II, LINE 28	1,448,715.	

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123 18

Name

Employer identification number

UNIVERSITY OF LOUISVILLE FOUNDATION, INC.

<u>23-7078461</u>

Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below	(d)	(e) Cost	(g) Adjustments to ga		(h) Gain or (loss) Subtract
This form may be easier to complete if you	in 19, 3)	column (e) from column (d) and combine the result with column (g)			
round off cents to 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, leave this line blank and go to line 1b				,	
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked		-	 		<u> </u>
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					8,839.
Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	<u></u>	4	0,033.
5 Short-term capital gain or (loss) from like-kini		•		5	
6 Unused capital loss carryover (attach compute				6	1
7 Net short-term capital gain or (loss). Combine	•	ı h		7	8,839.
Part II Long-Term Capital Gai				<i>'</i>	0,032.
See instructions for how to figure the amounts	113 dila 20000 1000	instructions.)	T	_	•
to enter on the lines below This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 894 Part II, line 2, column (19,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(Seles price)	(or other basis)	Fartif, inte 2, column (3) 	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					•
8b Totals for all transactions reported on					:
Form(s) 8949 with Box D checked			 		
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked			<u> </u>		
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked			<u> </u>		90,240.
11 Enter gain from Form 4797, line 7 or 9				11	69,986.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions	14				
15 Net long-term capital gain or (loss). Combine	15	160,226.			
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin	ie 7) over net long-term capita	al loss (line 15)		16_	8,839.
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over ne	t short-term capital loss (line	e 7)	17	_160,226.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns.	İ	18	169,065.
Note: If losses exceed gains, see Capital loss	es in the instructions.				
JWA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120		s	chedule D (Form 1120) 2018

Form **8949**

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► 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.

OMB No 1545-0074

Attachment 40A

Name(s) shown on return

UNIVERSITY OF LOUISVILLE FOUNDATION,

Social security number or taxpayer identification no.

<u>23-7078461</u>

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

oroker and may even tell you willon							
Part I Short-Term. Transact transactions, see page 2	ions involving capi	tal assets you held	1 year or less are	generally short-term (s	ee instructi	ons) For long-term	
Note: You may aggregate all codes are required. Enter the	ll short-term transa e totals directly on	ctions reported on Schedule D, line 1	Form(s) 1099 B sh a, you aren't requir	owing basis was repo	rted to the	IRS and for which no n Form 8949 (see ins	adjustments or tructions)
You must check Box A, B, or C below.	Check only one b	ox. If more than one b	ox applies for your shi	ort-term transactions, com	plete a separ	ate Form 8949, page 1, 1	
If you have more short-term transactions than w	ill fit on this page for o	ne or more of the box	es, complete as many	forms with the same box of	checked as yo	ou need	
(A) Short-term transactions re		•		•	e Note ab	ove)	
(B) Short-term transactions re		•	Ŧ	eported to the IRS			
X (C) Short-term transactions no	t reported to you	u on Form 1099-	В				
1 (a)	(b)	(c)	_ (d)	(e)	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
Description of property	Date acquired (Mo , day, yr)	Date sold or	Proceeds (sales price)	Cost or other basis See the			Gain or (loss).
(Example 100 sh XYZ Co)		disposed of	(Sales price)	Note below and	column (f). See instructions		
		(Mo , day, yr)		see Column (e) in	(f)	(g)	
	ļ			the instructions	Code(s)	Amount of adjustment	
ALCION REAL ESTATE							
PARTNERS FUND							
III-A,							2,874.
COMMONFUND CAPITAL							
PRIVATE EQUITY							
PARTNE							<6.
VARDE INVESTMENT							
PARTNERS, L.P.			_				5.971.
							<u> </u>
							
				- -	 -		
				 -		 ·	
		<u> </u>	-			- , -	
				 	-		
				 			
	_			 			
				 	_		
				 			
				 			
				 			
	- · · ·			 			
							·
						_	
2 Totals. Add the amounts in colum	nns (d), (e), (a), a	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo		•					
above is checked) or line 3 (if Br	•	`		1			8 839.

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

823011 11-28-18 LHA 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 page 1 UNIVERSITY OF LOUISVILLE FOUNDATION,

Social security number or taxpayer identification no.

<u>23-7078461</u>

INC 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 Adjustment, if any, to gain or (h) (d) (e) loss. If you enter an amount Proceeds Description of property Cost or other Gain or (loss). Date acquired Date sold or in column (g), enter a code in column (f) See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) see Column (e) ın combine the result Amount of Code(s) the instructions with column (a) adjustment ALCION REAL ESTATE PARTNERS FUND

6,571. III-A, COMMONFUND CAPITAL PRIVATE EQUITY PARTNE 5,659. COMMONFUND CAPITAL PRIVATE EQUITY 5,431. PARTNE COMMONFUND CAPITAL INTERNATIONAL 30. PARTNER ENDOWMENT PRIVATE EQUITY PARTNERS IV, LP HARVEST MLP INCOME 65,486. FUND LLC ROUNDSHIELD FUND I <1,935.> LP VARDE INVESTMENT PARTNERS, L.P. 9,000.

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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

90,240.

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

4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tay return

Attach to your tax return.

2018

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

UNIVERSITY OF LOUISVII					SCHEDU		23-7078461
Part I Election To Expense Certain Proper	y Under Section 1	79 Note: If you h	nave any listed	property,	complete Part	V before y	
1 Maximum amount (see instructions)						1	1,000,000.
2 Total cost of section 179 property place	d ın service (see	instructions)				2	
3 Threshold cost of section 179 property	3	2,030,000.					
4 Reduction in limitation Subtract line 3 f	4						
5 Dollar limitation for tax year Subtract line 4 from line	5						
6 (a) Description of pro	perty	(b) Cost (business i	ise only)	(c) Elected	cost	
							ı
							i
7 Listed property Enter the amount from	line 29			7			
8 Total elected cost of section 179 proper	ty Add amounts	s in column (c), l	ines 6 and 7			_8_	
9 Tentative deduction. Enter the smaller	of line 5 or line 8					9	
10 Carryover of disallowed deduction from	line 13 of your 2	017 Form 4562				10	
11 Business income limitation. Enter the sr	naller of busines:	s income (not le:	ss than zero) o	r line 5		11	
12 Section 179 expense deduction Add lin	es 9 and 10, but	don't enter mo	re than line 11			12	
13 Carryover of disallowed deduction to 20	19 Add lines 9 a	and 10, less line	12	13			·
Note: Don't use Part II or Part III below for I	sted property In	istead, use Part					
Part II Special Depreciation Allowar	ce and Other D	epreciation (Do	on't include lis	ted proper	ty)		
14 Special depreciation allowance for quali	fied property (otl	ner than listed p	roperty) place	d in service	during		
the tax year						14	<u> </u>
15 Property subject to section 168(f)(1) ele-	ction					15	
16 Other depreciation (including ACRS)	16	250,446.					
Part III MACRS Depreciation (Don't	nclude listed pro	perty See instr	uctions.)				
		Secti	on A				
17 MACRS deductions for assets placed in	service in tax ye	ears beginning b	efore 2018			17	
18 If you are electing to group any assets placed in servi	ce during the tax year	into one or more gen	eral asset accounts	s, check here	<u> </u>	<u> </u>	
Section B - Assets	Placed in Service	e During 2018	Tax Year Usir	ng the Gen	eral Deprecia	tion Syste	<u>m</u>
(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inves only - see inst	tment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						<u> </u>	
b 5-year property	ļ						
c 7-year property]						
d 10-year property	ļ						
e 15-year property							
f 20-year property							
g 25-year property				25 yrs		S/L	
- Beardenteltel assessmen	/			27 5 yrs.	MM	S/L	
h Residential rental property	/			27 5 yrs	MM	S/L_	
. Non-selection of a management	/			39 yrs	MM	S/L	
i Nonresidential real property	/				MM	S/L	
Section C - Assets P	aced in Service	During 2018 Ta	ax Year Using	the Alterr	native Deprec	ation Sys	tem
20a Class life						S/L	
b 12-year				12 yrs		S/L_	
c 30-year	/	,		30 yrs_	MM	S/L	
d 40-year	/_			40 yrs_	MM	S/L	
Part IV Summary (See instructions)			-				
21 Listed property Enter amount from line	28			_		21	
22 Total. Add amounts from line 12, lines 1		es 19 and 20 in	column (a), ar	nd line 21			
Enter here and on the appropriate lines	of your return Pa	artnerships and	S corporation		r	22	250,446.
23 For assets shown above and placed in sportion of the basis attributable to section.	=	e current year, e	enter trie	23			

Fo	rm 4562 (2018)														Page 2
	art V Listed Proper				her vehi	cles, cer	taın aırc	raft, ar	nd propert	y used f	or				· • <u>a</u> ·
	entertainment, Note: For any				standa	rd milea	ne rate (or dedi	icting leas	e evner	nee com	nlete or	slv 24a		
	24b, columns	(a) through (c) of Section A	, all of S	Section E	3, and S	ection C	if app	licable_	e expe		ipiete (i			
	Section A -	Depreciation	on and Other	Informa	tion (C	aution: 9	See the	nstruc	tions for li	mits for	passen	ger auto	mobiles))	
<u>24</u>	a Do you have evidence to s	support the bu	siness/investm	ent use cl	laimed?_	<u> </u>	es	No	24b if "Y	es," is t	he evide	nce writ	ten?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	1 0	(d) Cost or ther basis	/hu	(e) sis for depr isiness/inve use onl	estment	(f) Recovery period	Me	(g) thod/ vention	Depr	(h) eciation uction	Elec section	(i) cted on 179 ost
25	Special depreciation alle	owance for q	ualified listed	property	y placed	ın servi	ce durin	g the ta	ax year an	ıd					
	used more than 50% in	a qualified b	usiness use					_			25				
26	Property used more tha	in 50% in a q	ualified busin	ess use											
		<u> </u>		%											
		<u> </u>		%											
_	<u> </u>	<u> </u>		%		l_				<u>L</u>		<u>l</u>		<u> </u>	
27	Property used 50% or le	ess in a quali	fied business	use											
		<u> </u>		%					<u> </u>	S/L·		<u> </u>]	
		<u> </u>		%						S/L ·		<u></u>]	
_		<u> </u>		%						S/L·		<u> </u>			
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and o	n line 21	, page 1				28				
<u>29</u>	Add amounts in column	(i), line 26 E	nter here and	on line	7, page	1							29_	<u> </u>	
			5	Section	B - Info	rmation	on Use	of Vel	nicles						
Co	implete this section for ve	hicles used l	by a sole prop	orietor, p	artner, d	or other	"more th	an 5%	owner," o	or relate	d persor	n If you	provided	l vehicles	3
to	your employees, first ans	wer the ques	stions in Secti	on C to	see if yo	u meet a	an exce	otion to	o completi	ng this :	section f	or those	vehicles	3	
										·					
				(a)	(b)	ļ	(c)	(d)	(e)		(f)	
30	30 Total business/investment miles driven during the year (don't include commuting miles)			uring the Vehicle Vehicle Ve		Ve	<u>Vehicle</u>		/ehicle	Vehicle		Vehicle		Vehicle	
									<u> </u>		ļ				
31	31 Total commuting miles driven during the year					<u> </u>		ļ				ļ			
32	Total other personal (no	ncommuting) miles	Ì		1		Ì				Ì		ĺ	
	driven					<u> </u>		ļ				<u> </u>			
33	Total miles driven during	g the year													
	Add lines 30 through 32)		ļ	,	<u> </u>								ļ <u></u> ,	
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?			ļ	ļ	ļ	ļ	<u> </u>			ļ	ļ			
35	Was the vehicle used pi	rımarıly by a ı	more			}	}		1	!	{		[
	than 5% owner or relate	ed person?			ļ			ļ			<u> </u>	ļ			
36	Is another vehicle availa	ble for perso	nal	ļ	ļ	l	Į.	ļ		Į.	ļ	ļ	ļ	ļļ	
	use?			<u> </u>	Щ		L	L		L	<u> </u>	<u> </u>			
Δn	swer these questions to o		- Questions 1	-	-					-			ren't		
	ore than 5% owners or rel			,,oop.,o.		·p·otg	0001.0.1	5 101 1	01110100 00		p.oyoo	o u			
_	Do you maintain a writte			ohibits a	all perso	nal use o	of vehicle	es inc	ludina cor	nmutina	. by you	r		Yes	No
•	employees?		.		p 0.00			JO,	g	9	, 0, ,00	•		7.00	''-
38	Do you maintain a writte	en policy stat	ement that or	ohibits r	personal	use of v	ehicles.	excep	t commut	ına, by ı	our				<u> </u>
-	employees? See the ins		•	•						•	,				
39	Do you treat all use of ve			•		, .	001010								<u> </u>
	Do you provide more that	•				ınformat	tion from	vour e	emplovees	s about				_	
	the use of the vehicles,							, your v	omployee.	doud				1	
41	Do you meet the require					monstra	ition use	?						1	
• •	Note: If your answer to								overed vel	nicles				<u> </u>	
P	art VI Amortization	<u> </u>	<u> </u>	. <u></u>	. compi		.J., J., J.								
	(a)			(b)		(c)		T -	(d)		(e)			(f)	
	Description of	f costs	Date	amortization begins	}	Amortizat amount	ole t		Code section		Amortiza penod or per		Ar fo	nortization ir this year	
42	Amortization of costs th	at begins dui	ring your 2018		ar						, <u>,,</u> poi				
					†										

Form **4562** (2018)

43 44

43 Amortization of costs that began before your 2018 tax year

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