	- B							•			
Forn	990-T	Ex	empt Organization) (and proxy tax						rn	ОМВ М	lo 1545-0687
		For calendar year 2018 or other tax year beginning, 2018, and ending, 20							:0	2	@18
Depa	rtment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions ar	nd the la	atest inf	formation.		ک	910
Intern	nal Revenue Service	Do	not enter SSN numbers on this form a	ıs ıt ma	y be made publ	lic if you	r organı	zation is a 501(c	:)(3).	Open to Pu 501 (c)(3) (ublic Inspection for 2000 Organizations Only
A _	Check box if address changed		Name of organization (Check be	ox if nai	me changed and	see instn	uctions)				cation number e instructions)
BEX	empt under section		THE <u>RICH</u> ARD H. DRIE	HAUS	FOUNDATI	ION					
X	501(C <u>)©3</u>)	or l									_
	408(e) 220(e)	Type Control Control									ss activity code
	408A530(a)	25 EAST ERIE STREET City or town, state or province, country, and ZIP or foreign postal code									
	529(a)		City or town, state or province, country	y, and Z	IP or foreign pos	tal code					
	ook value of all assets end of year		CHICAGO, IL 60611						52300	00	
		$\overline{}$	up exemption number (See instruct							 ,	
			ck organization type 🕨 X 501			5	01(c) tr	rust	401(a)	trust	Other trust
		_	nization's unrelated trades or busine	sses	▶ <u>1</u>				•	(or first) ur	
	rade or business her					•		mplete Parts I			describe the
	•		end of the previous sentence, cor	nplete	Parts I and II,	complete	e a Sch	edule M for ead	ch addition	ıal	
_	rade or business, th										T., IVI.,
			corporation a subsidiary in an affili			it-subsid	lary con	itrolled group?		▶ ∟	Yes X No
	r "Yes," enter the na		Identifying number of the parent col	poration	on ▶	Tala	nhono	number > 31	2-932-	8675	
			or Business Income		(A) inc		phone		•	1	(C) Net
			Di Busilless Ilicolile		(A) inc	Joine		(B) Expen	ses Tari		d seemoolid
1a b	•		c Balance ▶	1c							
2				2			1.7°				
3	Gross profit Sub	tract line	ule A, line 7)	3			2			a throat a sales and	26 873-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
4a			ttach Schedule D)	4a		4,04	3. 嶽		Ted es	1	4,043.
b	· -		Part II, line 17) (attach Form 4797)	4b			35				
c	=		rusts	4c				L yi ni Ti		1	
5	•		an S corporation (attach statement)	5	1.	46,64	5.	ATCH 2			146,645.
6				6	-		Lorento		***************************************	1	
7			come (Schedule E)	7							•
8			nts from a controlled organization (Schedule F)	8				REC	EIVE	D	
9			(c)(7), (9), or (17) organization (Schedule G)							70	1
10	Exploited exempt	activity in	ncome (Schedule I)	10			1 2	3 NOV	9 5 20	10 S	
11	· ·		ule J)	11			16	31 100	20 20	3 6	
12	Other income (Se	e instruc	tions, attach schedule)	12			345				
13	Total. Combine lii	nes 3 thro	ough 12	13	1.	50,68	8.	OGD	EN. I	JT	150,688.
Pa	rt II Deduction	ns Not	Taken Elsewhere (See instr	uctio	ns for limita	ations o	on dec	ductions) (t	xcept fo	or contrib	utions,
			be directly connected with the						- , ·	 	
14			directors, and trustees (Schedule K)							<u> </u>	
15	-								- 1	 	
16										 	
17										 	
18	,		see instructions)							 	16 022
19										+	16,933.
20			See instructions for limitation rules)				• • • •	• • • • • •	. 20	 	
21			4562)					·· ·			
22	~ ·		on Schedule A and elsewhere on re						22b	 	
23	7 7 8									ļ	
24			compensation plans							-	
25	,									 	
26	• • •		Schedule I)							 	
27			chedule J)							 	
28			chedule)							 	16,933.
29			s 14 through 28							 	133,755.
30 34			le income before net operating								
31	~	-	g loss arising in tax years beginning income. Subtract line 31 from line							40代数者定義	133,755.
32 For			lotice, see instructions.	JU .	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	· · · · · ·	. 32	For	m 990-T (2018)
										. 511	/

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AT .	990-1 (2	- الأنويير المراجع الم				Page Z
Pa	t III	Total Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruc	tions), , , , , , , , , , , , , , , , , , ,	33		133,	755.
34	Amoun	ts paid for disallowed fringes . , . ,	34		2,	525.
35	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see				
		tions)	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
30		33 and 34	36		136.	280.
			\vdash			000.
37	•	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			000.
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			1 7 6	200
		ne smaller of zero or line 36	38		135,	280.
Pai	rt IV	Tax Computation				
39	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		28,	409.
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on	44			
	the am	ount on line 38 from L. Tax rate schedule or	40			
41	Proxy	tax See instructions	41			
42		itive minimum tax (trusts only)	42			
43		Noncompliant Facility Income. See instructions	43			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies			28.	409.
_	t V	Tax and Payments			<u>`</u>	
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	3.			
45 a	_	credits (see instructions)	1 1			
		· · · · · · · · · · · · · · · · · · ·	ş.			
		al business credit Attach Form 3800 (see instructions)				
		for prior year minimum tax (attach Form 8801 or 8827)	. 1			
-		redits. Add lines 45a through 45d	45e		20	400
46		ct line 45e from line 44	46		28,	409.
47	Other to	ixes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47			
48	Total t	ax Add lines 46 and 47 (see instructions)	48		28,	409.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payme	nts A 2017 overpayment credited to 2018	يعفيا			
b	2018 e	stimated tax payments				
С	Tax de	posited with Form 8868	⊷i			
d	Foreign	organizations Tax paid or withheld at source (see instructions)	- 21			
		withholding (see instructions)	٠.			
		for small employer health insurance premiums (attach Form 8941) 50f	1			
		redits, adjustments, and payments Form 2439	•'			
		orm 4136 Other Total ▶ 50g				
51		ayments. Add lines 50a through 50g	51		57.	244.
52	•	ted tax penalty (see instructions) Check if Form 2220 is attached	52			
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
		expense of the local of lines 48, 49, and 52, enter amount overgaid	_		28	835.
54	•	20, 025	54		20,	
55		e amount of line 54 you want	55			
Par					T V	
56	-	time during the 2018 calendar year, did the organization have an interest in or a signature or		•	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	-	i
	here >	·			<u> </u>	X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trus	i?		X
	If "Yes,"	' see instructions for other forms the organization may have to file				
58	Enter t	he amount of tax-exempt interest received or accrued during the tax year ▶ \$				1:
		inder penalties of penury, I declare that I have examined this return, including accompanying schedules and statements and to the buye, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge	and bel	ref it is
Sign	n ⊾"	Ma	v the	IRS discuss	thic	return
Her				preparer si		
			instructi			No
		Print/Type preparer's name Preparer's signature Date Check		PTIN		
Paid	ı	KATHY KIRCHSCHLAGER	mployed	P005	2386	4
•	parer	nathran Carpeta and Nathran Circhalleser	EIN >	36-289		
Use	Only	Firm's address ▶ 1751 LAKE COOK ROAD, SUITE 400, DEERFIELD, IL 60015 Phone		47-205-		
_		Pione	710	Form 9		
JSA					J J - 1	(4010)

Form 990-T (2018)							Page 3	
Schedule A - Cost of G	oods Sold. Er	ter metho	d of invento	ry valuation	>			
1 Inventory at beginning of	year . 1			6 Inventory	at end of yea	ar	. 6	
2 Purchases	2					ld. Subtract line	1	
3 Cost of labor	3			6 from	line 5 En	nter here and in		
4a Additional section 263A c	osts			Part I, line	2		. 7	
(attach schedule)	4a		ŀ			section 263A (with respect to Yes No	
b Other costs (attach schedu				property	produced	or acquired fo	or resale) apply	
5 Total. Add lines 1 through	4b · 5			to the orga	anization?			
Schedule C - Rent Income	e (From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Prope	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)	•							
(4)								
	2 Rent recei	ved or accru	ed					
(a) From personal property (if the for personal property is more to more tnan 50%)	age of rent for				directly connected with the income 2(a) and 2(b) (attach schedule)			
(1)			·		<u></u>			
(2)			<u>-</u> -					
(3)								
(4)				· .=				
Total		Total					·	
(c) Total income. Add totals of c		-				(b) Total deduction Enter here and of Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D	ebt-Financed li	ncome (se	ee instructio	ns)				
1 Description of del	nt-financed property			come from or debt-financed		debt-finan	onnected with or allocable to ced property	
			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)		_						
(3)								
(4)			ļ					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted of or allocable to debt-financed property (attach schedule)		ole to property	4 d	olumn Ivided Ilumn 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)		<u> </u>		%				
(3)				%				
(4)				%				
						e and on page 1, le 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)	
Totals							Form 990-T (2018)	

Form 990-T (2018) Schedule F-Interest, Annu	vitina Davaltina	and Da	nto E-	om Contro	llod O		otiono (sec		2001	Page 4
Schedule F-Interest, Anni	lities, Royalties			ontrolled Org			ations (see	Instruction	ons)	
Name of controlled organization	2 Employer identification number		Net unre	lated income instructions)	ated income 4. Total of		ied included	5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)									_	
(4)					_					
Nonexempt Controlled Organiz				T-1-1 -6 6-		10	Part of column	9 that is	11	. Deductions directly
7. Taxable Income	8. Net unrelated ii (loss) (see instruc	I .		Total of specific payments made		incl	uded in the co nization's gros	ntrolling		nected with income in column 10
(1)	.									
(2)										
(3)										
		· •				Ent	id columns 5 a er here and on rt I, line 8, colu	page 1,	Ent	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Totals			(-)(7)	(0) (47	<u>▶</u>	-1	/ ·		L	
Schedule G -Investment In 1. Description of income	2 Amount of		(6)(7),	3 Deduc directly con	tions nected	nizaud	4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3
(1)				(attach sch	equie)		<u> </u>		\dashv	plus col 4)
(2)										
(3)	-					1				
(4)				•						
Totals ▶	Enter here and Part I, line 9, c	olumn (A)								Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited Exe	mpt Activity In	come, O	ther Th	<u>nan Adverti</u>	sing Ir	come	(see instru	ctions)		
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe direc connecte product unrela business	ctly ed with sion of ated	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)					17 1		472 4 2 FT			
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In										
Part I Income From Peri	odicals Report	ed on a	Conso	lidated Bas	is	r				
1 Name of periodical	2. Gross advertising income	3 Dir advertisin		4. Adverting an or (lost 2 minus con a gain, con cols 5 thro	s) (col I 3) If npute		Circulation ncome	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		· -		177.00				_		
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

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, bu not more than column 4)
(1)						
(2)						
3)						
4)						
otals from Part I ▶						
	Foter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	naminani ili domini ndini antanima	radimin igiminterialine raanoonol		Enter here and on page 1, Part II, line 27
otals, Part II (lines 1-5) ▶						
Schedule K - Compensation	n of Officers, D	irectors, and Ti	rustees (see instr	uctions)		
1. Name	2. Title				ition attributable to ed business	
1)				%		
2)				%	·	
3)				%		
4)				%		

Form 990-T (2018)

3 00 00 3	~ 7 7 7			-
ATTA	(· H	IVI H	' NI'I'	- 1
α	ι	. 1 - 1 - 1	TAT.	

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PARTNERSHIPS IN WHICH THE FOUNDATION INVESTS, MAY AT TIMES EARN UNRELATED BUSINESS TAXABLE INCOME.

ATTACHMENT 1

V 18-7.6F 02192.02

1.

ATTACHMENT 2

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

DRIEHAUS INCOME FUND I, LLC DRIEHAUS DOMESTIC HIGH-YIELD FUND

107,334.

6,604.

DRIEHAUS ULTRA SELECT FUND, LP

~

32,707.

INCOME (LOSS) FROM PARTNERSHIPS

146,645.

ŞCHEDULE D (Form 1120)

Name

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.

Employer identification number

THE	RICHARD H. DRIEHAUS FOUNDATION					36-3261347
Part	Short-Term Capital Gains and Losses	s (See instructions)			
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine 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.				- 3-	
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	-31,606.				-31,606.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchai	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss) Combine lines 1		· · · · · · · · · · · · · · · · · ·		7	-31,606.
Part		(See instructions	· · · · · · · · · · · · · · · · · · ·	1		1000 0
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part II, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 a	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 Bb.					
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					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	35,649.				35,649.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	'		12	
13	Long-term capital gain or (loss) from like-kind exchan	nges from Form 8824			13	
14	Capital gain distributions (see instructions)		• • • • • • • • • • • • • • • • • • • •		14	
15 Part	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h		15	35,649.
للتناسي			· · · · · · · · · · · · · · · · · · ·			
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	l loss (line 15)		16	
17 18	Net capital gain Enter excess of net long-term capit Add lines 16 and 17 Enter here and on Form 1120,				17	4,043.
	Note: If losses exceed gains, see Capital losses in the	. •				

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

Schedule 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.

OMB No 1545-0074

Attachment Sequence No

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

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

Social security number or taxpayer identification number

THE RICHARD H. DRIEHAUS FOUNDATION

36-3261347

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis			e Note above)	
1 (a)	(b)	(c)	(d)	(6) Cost or other basis See the Note below	Adjustment, if any, to gain or loss. If you enter an amount in column (g) enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT-TERM FROM K-1	VARIOUS	VARIOUS	-31,606.				-31,606
	-						
				_			
	<u> </u>		¥		- , .		
2 Totals Add the amounts in columns negative amounts) Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C al	al here and inc e is checked), line	lude on your e 2 (if Box B	-31,606		-		-31,606

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)

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

35.649

Form **8949** (2018)

35,649

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JSA

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) ▶