					20	96/2	12004300			
Form 990-T	Exempt Organization (and proxy ta					n, L	OMB No 1545-0047			
roiii OOO I	, , , , , , , , , , , , , , , , , , , ,			•	,, _p	4 0	@@ 40			
	For calendar year 2019 or other tax year begin					 .	ZW 19			
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form996 Do not enter SSN numbers on this form					,,, l-	Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if	Name of organization (Check t	ox if nar	ne changed and see	instruction	5)		yer identification number			
address changed		Name of organization (Check box if name changed and see instructions (Employees' trust, see instructions)								
B Exempt under section	UNIVERSITY OF ILLIN	UNIVERSITY OF ILLINOIS FOUNDATION								
X 501(C 1/3)	Print Number, street, and room or suite no	lf a P O	box, see instruction	Y 18	2021 9	37-60	006007			
408(e) 220(e			194				ited business activity code			
408A530(a) 1305 WEST GREEN STE		1/ 0/	-DEA		(000 111	structions)			
529(a)	City or town, state or province, count	ry, and Z	IP or foleign postal		¥, U1					
C Book value of all assets at end of year	URBANA, IL 61801					52590	00			
·	F Group exemption number (See instruc	<u> </u>		1	 		/			
2568738108.	G Check organization type ► X 50			501(c)		401(a)				
	f the organization's unrelated trades or busin re ►INVESTMENT ACTIVITIES	esses		nnlu ono		-	(or first) unrelated			
	ace at the end of the previous sentence, co	molete		-	•		than one, describe the			
•	nen complete Parts III-V	m picto	r and randin, con	inpicto a o	chedole in for each	auditio	(G)			
	was the corporation a subsidiary in an affi	liated g	roup or a parent-si	ubsidiary o	controlled group?		▶ Yes X No			
	ame and identifying number of the parent co	_	on >	·	•					
J The books are in ca	e of CHRISTINE C. DEVOCELLE			Telephon	e number > 217	-333-	0810			
Part I Unrelated	Trade or Business Income		(A) Incom	ne	(B) Expens	es	(C) Net			
1a Gross receipts or					•					
b Less returns and allow					· · · · · · · · · · · · · · · · · · ·					
· •	old (Schedule A, line 7)				-	•				
·	otract line 2 from line 1c		1,474	575			1,474,575.			
	income (attach Schedule D)	4a	1,4/4	, 5/5.			1,474,373.			
	orm 4797, Part II, line 17) (attach Form 4797) uction for trusts	4b 4c		-	· /					
	partnership or an S corporation (attach statement)		-10,402	,481.	ATCH 1		-10,402,481.			
	hedule C)	<u> </u>		,	7.0					
•	nanced income (Schedule E)	<u> </u>					_			
i	valties, and rents from a controlled organization (Schedule F									
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G	9								
10 Exploited exemp	t activity income (Schedule I)	10								
11 Advertising inco	me (Schedule J)	11								
	ee instructions, attach schedule)		0.007	006			0.007.006			
	ines 3 through 12		-8,927		 	14	-8,927,906.			
	ons Not Taken Elsewhere (See inside with the unrelated business incor		ons for limitation	ons on a	ieductions.) (D	eauctic	ons must be directly			
	f officers, directors, and trustees (Schedule K	_ <u>-</u> _				. 14				
16 Repairs and mai	ntenance	• • •	12	(P)	<i>f</i> 1	16				
17 Bad debts	ntenance			سبدا		. 17				
18 Interest (attach	schedule) (see instructions)					. 18				
19 Taxes and licens	es			. ,	. ATCH Z	. 19	96,200.			
20 . Depreciation (at	ach Form 4562)		2	0						
	n claimed on Schedule A and elsewhere on i					21b				
22 Depletion	<i>. [</i>					. 22				
	deferred compensation plans									
24 Employee benef	It programs					. 24				
25 Excess exempt 6	expenses (Schedule I)	• • •		• • • •		. 25				
26 Excess readersh 27 Other deduction	p costs (Schedule J)	• • •		• • • •		. 26	890,912.			
	s (attach schedule)						987,112.			
	ess taxable income before net operating						-9,915,018.			
/	et operating loss arising in tax years beginn					-				
	ess taxable income Subtract line 30 from lin						-9,915,018.			
	tion Act Notice, see instructions.						Form 990-T (2019)			

Pan	6	4

33 34	Total of unrelated business taxable income computed from all uninstructions)		· ·	322	0.0		
33 34			1	232	0 0		
33 34				32	-9,9	15,0	018.
34							
	Charitable contributions (see instructions for limitation rules)						
	Total unrelated business taxable income before pre-2018 NOLs and			 			
			<i>(</i> ~	35	-9,9	15.0	118
	34 from the sum of lines 32 and 33		/	- : 1		10,0	
	Deduction for net operating loss arising in tax years beginning	_					
	instructions)		· · · · · · · · /·}	36		1	210
37	Total of unrelated business taxable income before specific deduction. Subtra	act line 36 fror	n line 35 (/)	37	-9,9		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions for exceptions and the second se	ions)		38		1,(000.
36/	Unrelated business taxable income. Subtract line 38 from line 37	If line 38 is	s greater than line 3√7,	111			
\overline{Z}	enter the smaller of zero or line 37		<u> </u>	39	-9 <u>,</u> 9	15,0)18.
Par	t IV Tax Computation			·			
40 4	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)			40	-		
	Trusts Taxable at Trust Rates. See instructions for tax						
• •	the amount on line 39 from Tax rate schedule or Schedule	-					
42	Proxy tax. See instructions	•					
	Alternative minimum tax (trusts only).						
11	Tax on Noncompliant Facility Income See instructions			-			
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		 	. 45			
	Tax and Payments						
46a,	$m{\digamma}$ oreign tax credit (corporations attach Form 1118, trusts attach Form 1116),	<u>46</u>	а	-			
b	Other credits (see instructions)	46	b	_			
С	General business credit Attach Form 3800 (see instructions)	46	c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46	d				
	Total credits. Add lines 46a through 46d			46e			
	Subtract line 46e from line 45				·		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697		Other (attach schedule)	48			
	_						0
49	Total tax. Add lines 47 and 48 (see instructions)						
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colur						
51 a	Payments A 2018 overpayment credited to 2019	· · \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a 590,030	⊣			
	2019 estimated tax payments			⊣ ∣			
	Tax deposited with Form 8868			_			
d	Foreign organizations Tax paid or withheld at source (see instructions)	<u> 5</u> †	d	_			
е	Backup withholding (see instructions)	5	е				
f	Credit for small employer health insurance premiums (attach Form 8941)	5	f				
	Other credits, adjustments, and payments Form 2439			7			
	Form 4136 Other		ر ا				
52	Total payments. Add lines 51a through 51g			52	5	90,0	030.
53						,,,	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached			53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amoun			54		ōΛ (020
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, ente		1			90,0	J30.
_	Enter the amount of line 55 you want Credited to 2020 estimated tax \triangleright 590, 0		Refunded >				
" Par	t VI Statements Regarding Certain Activities and Ot	her Inforn	nation (see instructio	ns) I			
57	At any time during the 2019 calendar year, did the organization has	ave an inter	est in or a signature o	or other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign c	ountry? If "Y	es," the organization r	nay hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts	If "Yes," e	enter the name of the	foreign	n country	i	
	here ▶SEE ATTACHMENT 4					Х	
58	During the tax year, did the organization receive a distribution from, or was	it the grantor	of or transferor to a for	eian tais	+2		Х
30	•	it the grantor	or, or transferor to, a for	eigii uus	" 	-	<u> </u>
	If "Yes," see instructions for other forms the organization may have to file	. .					
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax ye		los and sistemants and to the	host of -	au kaandadaa -	ad 5-5	
۵.	Under penalties of penury, I declare that I have examined this return, including according true, correct, and complete Declaration of preparer (other than taxpayer) is based on all infor			nest Of It	y knowledge a	nu deli	ici, II I
Sigr	1 \ \(\lambda \) \(\lambda \	1		lay the	IRS discuss	this r	return
Here	e V Christine (32 191014	<u>uro</u>	w	rith the	preparer sho	own b	
	Signature of officer Date	Title	(!	see instructi	ions)?X Yes	s	No
	Print/Type preparer's name Preparer's signature		Date	ck .	PTIN		
			05/40/0004	-employed	P0126	5840	1
Paid	POLICE I SPAKES	DALAM Dr.					
Paid Prep	DOLLE E SPARAS	parks-					
Prep	Only Firm's name ERNST & YOUNG U.S. LLP	СТИИДПТ	Firm	's EIN ▶	34-6565	596	5
Prep	parer Firm's name ERNST & YOUNG U.S. LLP	CINNATI,	Firm	's EIN ▶		596 400	;

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year . 1

2 Purchases 2

3 Cost of labor 3

5 Total. Add lines 1 through 4b . 5

(attach schedule) 4a b Other costs (attach schedule) . 4b

4a Additional section 263A costs

S FOUNDAT	ION		37-6006007	Dava 2
ry valuation 1				Page 3
		nr	6	
		ld. Subtract line	'	
	•	here and in Part		
I, line 2		nere and in run	7	
		section 263A	with respect to	Yes No
		or acquired for	·	100 100
				_X ·
nal Property	Leased V	Vith Real Prope	erty)	
personal property personal property based on profit or	exceeds		directly connected with 2(a) and 2(b) (attach sch	
		(b) Total deducti Enter here and c Part I, line 6, colu	n page 1,	
ons)				1- 1-
ncome from or	3 [onnected with or allocab iced property	ie to
o debt-financed operty		nt line depreciation ch schedule)	(b) Other dedu (attach sched	
Column divided column 5		income reportable n 2 x column 6)	8 Allocable dec (column 6 x total of 3(a) and 3(of columns
%				

(see instructions)						
Description of property						
1)						
(2)						
(3)			<u>.</u>			
(4)						
	2. Rent recei	ved or accrue	ed			
(a) From personal property (if the for personal property is more the more than 50%)	han 10% but not	percenta	om real and personal property age of rent for personal property if the rent is based on profit or	exceeds		firectly connected with the income (a) and 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total		Total			(b) Tabel ded	
(c) Total income Add totals of c here and on page 1, Part I, line 6				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶		
Schedule E - Unrelated D			e instructions)			
			2 Gross income from or	3 [nnected with or allocable to ced property
1 Description of de	bt-financed property		allocable to debt-financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)	-					
(2)	•					
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
2)			%			
(3)			%			
(4)			%			
			•		re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			>			
Total dividends-received deduct	tions included in c	olumn 8	 <u></u>		<u></u>	Form 990-T (20

Schedule F - Interest, Ann	unices, ivoyantes	1		ntrolled Org			410113 (38)	- manucu		
Name of controlled organization	2. Employer identification numb	nber 3. Net unrelated income 4 Total of specified included in the		in the contr	column 4 that is not the controlling n's gross income in co					
(1)										
(2)										
(3)			_							
(4)					<u></u>					
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	- N		Total of specific ayments made	ed	incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10
(1)					-					
(2)									ļ	
(3)										
(4)										
Totals		tion 501	 (c)(7),	(9), or (17		Ent Pa	id columns 5 a er here and on rt I, line 8, colu	page 1, mn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		3. Deduction durectly cortain (attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)	Enter here and					1.				Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		her Th	an Advert	sing Ir	ncome	(see instru	ictions)		Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connecte product unrela business	tly ed with ion of ited	4. Net incor from unrelat or business 2 minus col If a gain, c cols 5 thre	ed trade (column umn 3) ompute	from	ross income activity that of unrelated ness income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		•								
(2)	1			-						
(3)								l		
(4)				İ						
•	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 25
Totals ▶ Schedule J- Advertising Ir	come (see instr	uctions)		L						<u> </u>
Part I Income From Per			`oneol	idated Rad	eie.					<u></u>
income rioni Per	louicais Report	cu on a v	2011301	Takeu Das	,,,,	ſ				1
1 Name of periodical	2 Gross advertising income	3 Dir advertisin		4. Adver gain or (los 2 minus or a gain, co	ss) (col ol 3) If mpute		Circulation	6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
						<u> </u>		-		, , , , , , , , , , , , , , , , , , , ,
(1)						<u> </u>		ļ		
(2)				•		<u> </u>		ļ		
(3)						<u> </u>	··· ·			
(4)						<u> </u>		ļ		
Totals (carry to Part II, line (5))										- 000 T (001

Form **990-T** (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of penodical	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 ▶			我務等的部門	語語を提供付款	产品、深口。	
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26

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			,

Form 990-T (2019)

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

PARTNERSHIP NAME	NET INCOME OR (LOSS)
ARCLIGHT ENERGY PARTNERS FUND VI, L.P.	(4,087,348)
BLUE ROAD CAPITAL LP	(662 , 697)
BLUE ROAD VANGUARD AIV, LP	(277,177)
BRC VANGUARD CO-INVEST, LP	(224,009)
HEDGEFORUM THIRD POINT, LLC	(2,651)
JUNIPER CAPITAL II, L.P.	(2,130,898)
JUNIPER CAPITAL III, L.P.	(2,388,259)
MAKENA CAPITAL ASSOCIATES U.S., L.P.	(290,310)
NEW HERITAGE CAPITAL FUND III SPV, L.P.	(162,427)
NEW HERITAGE CAPITAL FUND III, L.P.	(70,119)
NORTHWOOD REAL ESTATE PARTNERS LP	38,290
NW EUROPE NO.2 LIMITED PARTNERSHIP	53,209
PERMIAN FUND LP	(50)
REDWOOD DRAWDOWN DOMESTIC FUND II, L.P.	20,208
ROCK SPRINGS CAPITAL FUND LP	(1,732)
ROSE GROVE PARTNERS I, LP	17,179
SUNRIVER FUND, LP	(16,296)
VIA Seed Technology Partners Explorer Fund LP	(665)
VIA Seed Technology Partners II LP	1
ZEI FUND VI CO-INVEST DB, LP	(78,084)
ZELL EQUITY INTERNATIONAL FUND VI, LP	(138,646)

-10,402,481.

FORM 990T - PART I - LINE 19 - TAXES AND LICENSES

STATE TAXES PAID

96,200

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

SEC 59(E)(2) EXPENDITURE AMORTIZATION FROM PY ACCOUNTING FEE

766,073. 124,839.

PART II - LINE 27 - OTHER DEDUCTIONS

890,912.

FORM 990T - PART VI- LINE 57 - FOREIGN COUNTRIES WHICH FILER HAS INTEREST IN BANK ACCOUNT

BRAZIL

CANADA

CHINA

COLOMBIA

CROATIA

CZECH REPUBLIC

DENMARK

FRANCE

GREECE

HUNGARY

IRELAND

ISRAEL

JAPAN

MALAYSIA

MEXICO

POLAND

RUSSIA

SOUTH KOREA

TURKEY

UNITED KINGDOM

UNIVERSITY OF ILLINOIS FOUNDATION

EIN:37-6006007

Tax year ended: 6/30/2020

NET OPERATING LOSS SCHEDULE

	AMOUNT	AMOUNT USED IN PREVIOUS	AMOUNT USED IN CURRENT	NOL	EXPIRATION
YEAR ENDING	GENERATED	YEAR	YEAR	CARRYFORWARD	DATE
6/30/2017	512,004	-	_	512,004	6/30/2036
6/30/2018	3,820,323	* -	-	3,820,323	6/30/2037
6/30/2019	10,855,739	_	-	10,855,739	N/A
6/30/2020	9,915,018			9,915,018	_ N/A
TOTAL	25,053,057	-	_	25,103,084	

^{*}Amount was adjusted from what was filed on the 2017 Form 990-T by \$22,193due to the repeal of IRC Section 512(a)(7).

UNIVERSITY OF ILLINOIS FOUNDATION

EIN:37-6006007

Tax year ended: 6/30/2020

ATTACHMENT 6

Charitable Contribution Carryforward Schedule

		AMOUNT USED IN	AMOUNT USED IN		
	AMOUNT	PREVIOUS	CURRENT		EXPERATION
YEAR ENDING	GENERATED	YEAR	YEAR	CARRYFORWARD	DATE
6/30/2019	2,609			2,609	12/31/2022
6/30/2020	4,931	-	-	4,931	12/31/2023
TOTAL	7,540			7,540	

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

2019

Employer identification number UNIVERSITY OF ILLINOIS FOUNDATION 37-6006007 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost column (d) and combine 8949, Part I, line 2, This form may be easier to complete if you round off cents to (sales pnce) (or other basis) the result with column (g) column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 361,929. 361,929. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 361,929. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) Subtract column (e) from the lines below or loss from Form(s) Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 683,813. 683,813. 11 Enter gain from Form 4797, line 7 or 9 11 428,833. 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 1,112,646. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 361,929. 16 1,112,646.17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 1,474,575. Note: If losses exceed gains, see Capital Losses in the instructions

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

9E1801 1 000

6445PB 1143 5/5/2021

7:50:54 AM V 19-8.3F

61494358-OTH1

PAGE 28

Schedule D (Form 1120) 2019

Form 8949

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachmen

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.

UNIVERSITY OF ILLINOIS FOUNDATION

Social security number or taxpayer identification number 37-6006007

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

(B) Short-term transactions r (C) Short-term transactions r			-	wasn't report	ed to the IRS		
(a) Description of property	(b)	(c) Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a co See the sepa		
(Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
MAKENA CAPITAL ASSOCIATES U.S., L	VAR	VAR	3,734			_	3,734
REDWOOD DRAWDOWN DOMESTIC FUND II	VAR	VAR	-19,883				-19,883
ROCK SPRINGS CAPITAL FUND LP_90-1	VAR	VAR	50,719.				50,719
ROSE GROVE PARTNERS I, LP_20-5609	VAR	VAR	37,847				37,847
SUNRIVER FUND, LP_37-1790589	VAR	VAR	289,512				289,512
						-	·
		-					
2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), line	lude on your e 2 (if Box B	361,929				361,929

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 (2019)

Form 8949 (2019) Attachment Sequence No 12A Page 2

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

Social security number or taxpayer identification number

UNIVERSITY OF ILLINOIS FOUNDATION

37-6006007

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 I	Note above)
(E) Long-term transactions	reported on Form(s)	1099-B showing basis was	n't reported to the IRS	•

X	(F) Long-term	transactions	not reported t	to you on	Form 1099-B
---	---------------	--------------	----------------	-----------	-------------

(a) Description of property	(Mo. day vr.)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	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) from column (d) and
(Example 100 sh XYZ Ćo)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
HEDGEFORUM THIRD POINT, LLC_26-06	VAR	VAR	1,558				1,558
MAKENA CAPITAL ASSOCIATES U.S , L	VAR	VAR	215,867				215,867
ROSE GROVE PARTNERS I, LP_20-5609	VAR	VAR	-12,466				-12,466
SUNRIVER FUND, LP_37-1790589	VAR	VAR	478,854.				478,854.
							•
							-
2 Totals Add the amounts in columns	(d), (e), (g), and	(h) (subtract					
negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incli is checked), line	ude on your 9 (if Box E	683,813.				683,813

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

6445PB 1143 5/5/2021