31

Department of the Treasury Internal Revenue Service

Check box if address changed

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

So to www irs gov/Form9907 for instructions and the latest information
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Name of organization ( Check box if name changed and see instructions )

Print or Type

1235 DOUGLAS DR.

Douglas 3 3 4 0 3 2 0 0

OMB No 1545-0687

20 18

Employer identification number (Employees' trust, see instructions)

37-6024575

E Unrelated business activity code (See instructions)

B Ex	empt under section	SOUTHERN ILLINOIS UNIVERSITY FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions  37-6024575							
Х	501( C ( 3 )		Number, street, and room or suite no. If a P.O. box, see instructions						
	408(e) 220(e)	or Type	E Unrelated business activity code						
	408A 530(a)	1235 DOUGLAS DR.	1235 DOUGLAS DR. (See instructions )						
	529(a)	City or town, state or province, country	, and Z	IP or foreign postal code					
	ok value of all assets	CARBONDALE, IL 6290	1			52300	0		
at	end of year	Group exemption number (See instructi	ons ) l	<b>&gt;</b>			1		
2	04,760,688.	G Check organization type ► X 501	(c) co	rporation 501(c	) trust	401(a) t	rust Other trust		
H E	nter the number of th	ne organization's unrelated trades or busine	sses	<b>▶</b> 1	Describe	the only (	(or first) unrelated		
	ade or business here	i			complete Parts I-	V If more	than one, describe the		
fı	rst in the blank space	e at the end of the previous sentence, cor	nplete	Parts I and II, complete a S	chedule M for eac	ch addition:	al		
tr	ade or business, then	n complete Parts III-V							
ıD	uring the tax year, w	as the corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary of	controlled group?		▶ Yes X No		
		ne and identifying number of the parent cor		on <b>&gt;</b>					
		of ▶CYNTHIA M. CIGANOVICH		Telephon	ne number ▶ (6	18') 453	-4900		
Pai	t I Unrelated T	rade or Business Income	•	(A) Income	(B) Expen	ses	(C) Net		
1 a	Gross receipts or sa	les					THE PROPERTY OF		
b	Less returns and allowanc	c Balance ►	1c						
2	Cost of goods sold	(Schedule A, line 7)	2		<b>微级策</b> 心 层管		THE STANFACTOR		
3		act line 2 from line 1c	3						
4a		come (attach Schedule D)	4a	19,758.	TANK BURNEY	经界次表	19,758.		
b		n 4797, Part II, line 17) (atlach Form 4797)	4b	-3,098.	KISAYA YAK	<u>"#88873</u>	-3,098.		
С		ion for trusts	4c						
5	·	Inership or an S corporation (attach statement)	5	-164,435.	YATCH 2	1200000	-164,435.		
6		dule C)	6						
7		inced income (Schedule E)	7						
8		es and rents from a controlled organization (Schedule F)	8	i					
9	· · · · · · · · · · · · · · · · · · ·	ection 501(c)(7), (9) or (17) organization (Schedule G)							
10		ctivity income (Schedule I)	10						
11		(Schedule J)	11	,					
12	<del>-</del>	instructions, attach schedule)	12		MANA NAME	342784			
13	•	es 3 through 12	13	-147-775.			-147,775.		
		s Not Taken Elsewhere (See instr	uctio	ns for timulations on o	leductions ) (E	xcept fo	or contributions,		
		must be directly connected with				·			
14		fficers, directors, and trustees (Schedule K)	HE			14			
15				ON 55 5019 18		. 15	,		
16	Repairs and mainter	nance	N			16			
17		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	۱ ۱		<b>1</b>	. 17			
18	Interest (attach sch	nedule) (see instructions)	س. ۱			18			
19	Taxes and licenses		$\mathcal{O}$	المستعليان		19			
20		tions (See instructions for limitation rules)-							
21		h Form 4562)				****			
22		claimed on Schedule A and elsewhere on re				22b	^		
23						23			
24		ferred compensation plans							
25		rograms							
26		enses (Schedule I)				- 1			
27		costs (Schedule J)				1 1			
28		attach schedule)					24,409.		
29		Add lines 14 through 28					24,409.		
30		s taxable income before net operating				1 1	-172,184.		

For Paperwork Reduction Act Notice, see instructions

8X2740 1000 1238EI K927 11/7/2019 10:51:31 AM V 18-7.5F

Unrelated business taxable income Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form 990-T (2018)

-172,184.

·	990-T (2018)			ge ∠
Par	t III Total Unrelated Business Taxable Income	,		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	ınstructions)	33	-172,18	
34	Amounts paid for disallowed fringes	34	7,5	50.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions),	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		···	
30	of lines 33 and 34	36	-171,43	34
			1,00	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	.37	1,00	<del></del>
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	1	171 40	
	enter the smaller of zero or line 36	38	-171,43	54.
Par	t IV Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	·		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income See instructions			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			—
		44		—
Par		1		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1 1		
	Other credits (see instructions)	1.		
С	General business credit Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47		
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	49		_
	Payments A 2017 overpayment credited to 2018			
	2018 estimated tax payments	1		
		1		
	Tax deposited with Form 8868	1		
	Foreign organizations Tax paid or withheld at source (see instructions)	-		
е	Backup withholding (see instructions)	1 1		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1		
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g			
51	Total payments Add lines 50a through 50g	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		
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 ▶  Refunded ▶	55		_
Par			_	
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		uthority Yes I	No
56	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			
			l f	- 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign		
	here >		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 trust?	X	<del>`</del>
	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 statements, and to the	est of my	knowledge and belief,	ıt ıs
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	u the ID	C discuss this rate	
Her		•	S discuss this retu reparer shown bel	
				No
	Print/Type preparer's name Preparer's signature Date	7	PTIN	لبسي
Paid			P01041237	
Pren		mployed	44-0160260	—
	Firm's name DICD, DDF			—
	Firm's address ► 211 N. BROADWAY, SUITE 600, ST. LOUIS, MO 63102-2733 Phone	eno 314	1-231-5544	

Form **990-T** (2018)

Form 990-T (2018)

Total dividends-received deductions included in column 8.

Page 4

1 Name of controlled organization	2 Employer Identification number 3 Ne		•		4 Total		ed 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)										<u> </u>	
3)							<del> </del>				
(4)	<u>.</u> .						<del></del>				
Nonexempt Controlled Organia	rations				L						
7 Taxable Income	8 Net unrelated in (loss) (see instruc			of specific		ıncl	Part of column	ntrolling		Deductions directly nected with income in column 10	
/4)	(1000) (000		F-J			orga	nization's gros	siliwille		COMMINI TO	
1)											
2)		-									
4)	·- <u>-</u>									-	
Totals					▶	Ent Pai	d columns 5 a er here and on t I line 8, colu	page 1, mn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals	come of a Sec	tion 501(c	)(7), (9),	or (17	) Orga	nizatio	n (see inst	tructions)			
1 Description of income	2 Amount of		d	3 Deductive columns attach scl	tions inected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)			· · · · · ·	4113617 001						, , , , , , , , , , , , , , , , , , ,	
(2)				-	_					***************************************	
(3) (4)				•							
Totals ▶ Schedule I–Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Than	Advert	ising In	come	(see instru	ctions)		Enter here and on page Part I, line 9, column (B	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business incompletes.	with 2 of If	Net incorom unrela business minus co f a gain, cools 5 thre	ted tradé (column lumn 3) ompute	5 Gross income from activity that is not unrelated business income 6 Expenses attributable column 5		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)					-		<del></del>				
(2)											
(3)											
(4)								-			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	rt I,					l		Enter here and on page 1, Part II, line 26	
Totals ▶									•	1	
Schedule J- Advertising In				–			-				
Part I Income From Per	iodicals Report	ed on a Co	<u>nsolidat</u>	ted Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising o	costs 2	4 Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7		•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)						-				,	
(2)			$\overline{}$							<b>⊣</b> •	
(3)	-							<del> </del>		_	
(4)										1	
	-							<del>                                     </del>		_	
Totals (carry to Part II, line (5))										Form 990-T (201	

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

1 Name of periodical	2 Gross advertising income  3 Direct advertising costs		4 Advertising gain or (toss) (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 ▶					• .		
	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) ▶				,			

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

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		▶	

Form 990-T (2018)

ATTACHMENT 1

## ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

PARTNERSHIP INVESTMENTS THAT MEET THE DE MINIMIS TEST UNDER NOTICE 2018-67.

ATTACHMENT 2

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

	0 704
AMBERBROOK VII, LP .	-2,534.
NGP NATIONAL RESOURCES XI, LP	-234,698.
NORTHGATE IV, LP	20,580.
RCP FUND IX, LP	-18,971.
RIVERCREST CAPITAL PARTNERS, LP	208.
SIGULER GUFF DISTRESSED OPP FUND III, LP	30.
WCP REAL ESTATE FUND IV, LP	70,950.
INCOME (LOSS) FROM PARTNERSHIPS	-164,435.

ATTACHMENT	3	

FORM 9907	' –	PART	II	_	LINE	28	-	$\mathtt{TOTAL}$	OTHER	DEDUCTIONS
-----------	-----	------	----	---	------	----	---	------------------	-------	------------

INVESTMENT MANAGEMENT FEES INVESTMENT CONSULTANT FEES `ACCOUNTING FEES

16,505. 5,991.

1,913.

PART II - LINE 28 - OTHER DEDUCTIONS

24,409.

# SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 6/30/2019

#### **NET OPERATING LOSS CARRYFORWARD:**

Year Generated	Original NOL	NOL Previously Utilized	Amount Utilized	Amount Remaining
6/30/2011	17.187	7,829	-	9,358
6/30/2012	15,986	, -	-	15,986
6/30/2014	26,876	-	-	26,876
6/30/2015	119,418	-	-	119,418
6/30/2016	160,920			160,920
6/30/2017	153,144			153,144
6/30/2018	265,733			265,733
6/30/2019	171,434			171,434
Total	930,698	7,829		922,869
Total Carried Forward to Next Year			_	922,869

#### SCHEDULE D (Form 1120)

**Capital Gains and Losses** 

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

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

2018

Employer identification number 37-6024575 SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 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 Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales pnce) (or other basis) column (g) the result with column (g) 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 Totals for all transactions reported on Form(s) 8949 3 Totals for all transactions reported on Form(s) 8949 11. 73. 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 6 Unused capital loss carryover (attach computation) . . . 73. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. 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 Subtract column (e) from or loss from Form(s) the lines below Cost Proceeds 8949, Part II, line 2. column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales pnce) the result with column (a) whole dollars 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 . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 with Box E checked . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 19,685. 19,685. Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 19,685. Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part | Summary of Parts I and II 73. Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 19,685. 17 19,758. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital losses in the instructions

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

Schedule D (Form 1120) 2018

# Form 8.949

## 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 12A

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

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION

37-6024575

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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

**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.

X (C) Short-term transactions	not reported	to you on For	m 1099-B				•	
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a co	Adjustment, if any, to gain or loss f you enter an amount in column (g), enter a code in column (f) See the separate instructions		
(Example 100 sh XYZ Co)	(Mo , day, yr )		(sales pnce) (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)	
AMBERBROOK VII, LP	VARIOUS	06/30/2019	66				66	
NGP NATURAL RESOURCES XI, LP	VARIOUS	06/30/2019		11			-11	
NORTHGATE IV, LP	VARIOUS	06/30/2019	18				18	
							,	
2 Totals Add the amounts in columns negative amounts) Enter each tota	here and incl	lude on your						
Schedule D, line 1b (if Box A above			84	11			73	

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)

089872

Form 8949 (2018)	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	
SOUTHERN ILLINOIS UNIVERSITY FOUNDATION	37-6024575	

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 <b>Note</b> above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
 (E) Land A. Lander and A. Lander B. Lander B. (2000)

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

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales pnce) (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
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AMBERBROOK VII, LP	VARIOUS	06/30/2019	530				530
NGP NATURAL RESOURCES XI, LP	VARIOUS	06/30/2019	318				318
NORTHGATE IV, LP	VARIOUS	06/30/2019	297				297
RCP FUND I, LP	VARIOUS	06/30/2019	17,846				17,846
WCP REAL ESTATE FUND IV, LP	VARIOUS	06/30/2019	694				694
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)			19,685				19,685
above is checked), or line 10 (if Bo		<u> </u>					

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

Form 8949 (2018)

JSA 8X2616 1 000