1		Ä									
	Form	990-T	 E	Exempt Orgai	nization Bus	sine	ss Incor	me T	ax Retur	n L	OMB No 1545-0047
		(and proxy tax under section 6033(e))							4 1	0046	
	35		For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020								
	Depart	ment of the Treasury		➤ Go to www.		Open to Public Inspection for					
	Interna	l Revenue Service	nt of the Treasury								
	A _	Check box if Name of organization (Check box if name changed and see instructions)								(Emp	oyer identification number loyees' trust, see actions)
	B Ex	Exempt under section Print SOUTHERN ILLINOIS UNIVERSITY FOUNDATION									7-6024575
	X	X 501(cox 3) or Number, street, and room or suite no. If a P.O. box, see instructions.									ated business activity code instructions)
		408(e) 220(e) Type 1235 DOUGLAS DR.									,
] 408A530(a)] 529(a)		City or town, state or prov	523	000					
	C Boo	ok value of all assets		F Group exemption numb		▶					
		204,585,4	67.	G Check organization type	X 501(c) cor	poration	501((c) trust	401	(a) trust	Other trust
	H Ent	ter the number of the o	organiza	tion's unrelated trades or b	·	1	<u> </u>	Describe	the only (or first)	unrelated	
	trac	de or business here 🕨	► <u>PAI</u>	RTNERSHIP IN	VESTMENTS		If	only one,	complete Parts I-	V. If more	e than one,
	des	cribe the first in the b	lank spa	ce at the end of the previou	is sentence, complete Pa	arts I an	d II, complete a	Schedule	M for each additi	onal trade	or
		siness, then complete				<u> </u>					
		• • •		oration a subsidiary in an a		nt-subsi	diary controlled	group?	▶	Y6	es X No
				tifying number of the paren				Talanh	ana numbar N	610	453-4900
				de or Business Inc			(A) Incor		one number (B) Expens		(C) Net
	4 -45 55	Gross receipts or sale				T	(/// 1/1001		C) Expon	N	
		Less returns and allow			c Balance ▶					连流数	
	_	Cost of goods sold (S		A. line 7)					The second of th		
		Gross profit. Subtract		•		3					
		Capital gain net incom				4a	297,	830.	AN ESTATES	BANATA	297,830.
		• -	•	art II, line 17) (attach Form	4797)	4b			**************************************	/	
7	C	Capital loss deduction	for trus	sts		4c					
7/17	5	Income (loss) from a	ship or an S corporation (at	5	5 -146,034. STMT			2	-146,034.		
<u> </u>	6	Rent income (Schedu									
⊅	7	Unrelated debt-financ	ne (Schedule E)	7							
	8	Interest, annuities, roy	alties, a	nd rents from a controlled o	organization (Schedule F)	. 8					
<u> </u>	9	Investment income of	on 501(c)(7), (9), or (17) or	9		/		_			
-		Exploited exempt activ	•			10					
		Advertising income (S		•		11			(150) * · · 30	, ,,	
		Other income (See ins				12	151,	706		F	151,796.
		Total. Combine lines		gn 12 ot Taken Elsewher	9 (See notwestions for	13					151,/96.
	1 ₅ (4)			be directly connected wi				ictions)	·		· · · · · · · · · · · · · · · · · · ·
•	14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)					14	
	15	Salaries and wages					,			15	
	16	Repairs and mainten	ance							16	
	17	Bad debts								17	
	18	Interest (attach sche	dule) (s	ee instructions)						18	
	19	Taxes and licenses	C 40	-00)			1.	I		19 E-755	
	20	Depreciation (attach		· /	00 101			20			,
	21		ımea oı	n Schedule A and elsewhere	REC	EIV	/ED 『	!1a		21b	
	22	Depletion	arrad on	manacationalaac	1		اير			22	<u> </u>
	23 24	Contributions to defe Employee benefit pro		imperisation plans	MOA	24	2020			2 <u>3</u> 24	
	25	Excess exempt exper	-	Hedule I)		40	8			25	
	26	Excess readership co								26	<u> </u>
	27	Other deductions (af	_		L UGD	ĽΝ,	$UT_{\mathtt{SEE}}$	STAT	EMENT 3	27	7,187.
	28	Total deductions. A	,								7,187.
	29			ncome before net operating	loss deduction. Subtrac	t line 28	3 from line 13			28 29	144,609.
	30			oss arısıng ın tax years beç							,
	/	(see instructions)					SEE	STAT	EMENT 4	30	0.
	31	Unrelated business t	axable ıı	come. Subtract line 30 fro	m line 29					31	144,609.
	92370	1 01-27-20 LHA FO	r Paper	work Reduction Act Notice	, see instructions.					C17	Form 990-T (2019)

		0-T (2019)			ON		37-60)245/5 Page 2
	Parl	/ 1 %	Total Unrelated Business Taxal					
	32	Total of	funrelated business taxable income computed	from all unrelated trades or businesses (see instructions)		32	144,609.
	`33	Amoun	ts paid for disallowed fringes				33	
	34	Charital	ble contributions (see instructions for limitatio	n rules)			34	0.
	35	Total ur	nrelated business taxable income before pre-20	118 NOLs and specific deduction Subtrac	t line 34 from the sum o	f lines 32 and 33	35	144,609.
	36	Deducti	ion for net operating loss arising in tax years b	eginning before January 1, 2018 (see inst	tructions)	STMT 5/	36	144,609.
	37		f unrelated business taxable income before spe	· · · · · · · · · · · · · · · · · · ·	,		37	<u>-</u>
	38		c deduction (Generally \$1,000, but see line 38	,	. 00	8	38	1,000.
	39	•	ted business taxable income. Subtract line 38	·	27	V	1 7	
	35		ne smaller of zero or line 37	o from time or. If time oo is greater than in	ie 57,		39	0.
ı	Dan		Tax Computation				1 33 1	
			·····	20 5 040/ (0.04)				0.
l	/ 40	•	zations Taxable as Corporations. Multiply line	· · · · ·		₽	40	
	41		Taxable at Trust Rates. See instructions for to	•	it on line 39 from	_	7 m. 2 m. 2 m. 2	
			ax rate schedule or Schedule D (Form	1041)		•		
	42	•	ax. See instructions			Þ	 	
	43		tive minimum tax (trusts only)				48	
	44		Noncompliant Facility Income. See instruction				44	
			Add lines 42, 43, and 44 to line 40 or 41, which	never applies			45	0.
	Parl	t.V	Tax and Payments		1			
	/ 46a	Foreign	tax credit (corporations attach Form 1118; tru	ists attach Form 1116)	46a			
7	b	Other c	redits (see instructions)		46b			
	c	General	business credit. Attach Form 3800		46c			
	d	Credit f	or prior year minimum tax (attach Form 8801	or 8827)	46d			
	e		redits. Add lines 46a through 46d	•			46e	
	47		ct line 46e from line 45				47	0.
	48			Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule)		
	49		x. Add lines 47 and 48 (see instructions)			(action) seriodaloj	49	0.
	50		et 965 tax liability paid from Form 965-A or Fo	rm 965-B. Part II. column (k) Juna 2			50	0.
			nts. A 2018 overpayment credited to 2019	ini 300-b, i art ii, columni (k), iiile 3			$\mathcal{I}_{i}J_{i,i}$	<u>.</u>
		-	• •		51b			
			stimated tax payments					
			posited with Form 8868		<u>61c</u>			
		-	organizations: Tax paid or withheld at source	(see instructions)	51d		2 25 5	
			withholding (see instructions)		51e		4.91	
			or small employer health insurance premiums	(attach Form 8941)	51f		_ ://tsl	_
	g	Other c	redits, adjustments, and payments. 🔃 Fo	orm 2439				•
		Fc	orm 4136 0	ther ' Total	► \$1g			
	52	Total pa	ayments. Add lines 51a through 51g		•		52	
	53	Estimat	ed tax penalty (see instructions). Check if Forr	m 2220 is attached 🕨 🔃			53	
	54	Tax due	e. If line 52 is less than the total of lines 49, 50), and 53, enter amount owed		▶	- 54	
	55	Overpa	yment. If line 52 is larger than the total of line	s 49, 50, and 53, enter amount overpaid		>	- 55	
[]	58^ -		ne amount of line 55 you want. Credited to 202			funded	56	
-	Part	ĮVI) S	Statements Regarding Certain	Activities and Other Informa	ation (see instru	ictions)	J	
	57	At any t	time during the 2019 calendar year, did the org	ganization have an interest in or a signatur	re or other authority			Yes No
		-	inancial account (bank, securities, or other) in	•	•			ESTATE OF THE STATE OF THE STAT
			Form 114, Report of Foreign Bank and Financ	• • •	•			
			>		,			X
	58		the tax year, did the organization receive a dist	tribution from, or was it the grantor of or	transferor to a fore	ian trust?		X
	-	-	see instructions for other forms the organizat	· · · · · · · · · · · · · · · · · · ·		· 9 · · · · · · · ·		2-3-1 - 1 - 1 T
	59	•	ne amount of tax-exempt interest received or a	•				\$3. J. J.
		T			nd statements, and to the	best of my know	ledge and belief, i	t is true
	Sign	co	nder penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre	PPARET has any knowledg	Ť. -		
	Here	.	Conthe Miller L	11/10/2020 OFFIC			•	uss this return with
			Separature of officer	Date Title			the preparer show instructions)?	1
			<i>()</i>	Preparer's signature	Date			7 100 140
			Print/Type preparer's name	Preparer's signature	Date	Check		
	Paid		TILL M POVIE CDA	TILL M POVIE OF	11/02/20	self- employe		246734
	•	parer	JILL M. BOYLE, CPA	JILL M. BOYLE, CPA	HT/02/20	Te »		
	Use	Only	Firm's name SIKICH LLP	TOP OAKS DR SEE	100	Firm's EIN	<u> </u>	3168081
			l e e e e e e e e e e e e e e e e e e e	ITE OAKS DR., STE.	102	Dhans	217 70	2262
		04	Firm's address > SPRINGFIEL	D, ID 02/04		Phone no.	<u>217-793</u>	
	923711	01-27-20					Fo	rm 990-T (2019)

Schedule A - Cost of Goods Sold. Ente	er method of inven	tory valuation N/A				
1 Inventory at beginning of year 1		6 Inventory at end of year	ar	6		
2 Purchases 2		7 Cost of goods sold. Subtract line 6				
3 Cost of labor 3		from line 5. Enter here				
4a Additional section 263A costs		line 2		7		
(attach schedule)		8 Do the rules of section	263A (with respect to	Yes No		
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to			
5 Total Add lines 1 through 4b 5	·-	the organization?				
Schedule C - Rent Income (From Real (see instructions)	Property and	Personal Property L	eased With Real Pro	perty)		
1. Description of property						
(1)	·					
(2)			·			
(3)						
(4)				·		
2. Rentrece	ived or accrued		'			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)) `of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	ge 3(a) Deductions direc columns 2(a)	etly connected with the income in and 2(b) (attach schedule)		
(1)						
(2)						
(3)						
(4)						
Total 0.	Total		0.			
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	<u> </u>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			
Schedule E - Unrelated Debt-Finance	Income (see	instructions)				
		2. Gross income from		onnected with or allocable anced properly		
Description of debt-financed property		or 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 5. Average debt on or allocable to debt-financed of or property (attach schedule) debt-fire	ge adjusted basis allocabte to nanced property ch schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals		•		o. o.		
Total dividends-received deductions included in colum	ın 8		<u> </u>	D .		

923731 01-27-20

(4)

0.

0.

0.

Form 990-T (2019)

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

Form 990-T (2019) SOUTHERN ILLINOIS UNIVERSITY FOUNDATION 37-6024575 Page 5 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) 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 2. Gross 3 Direct ₹5. Circulation 6. Readership advertising 1. Name of periodical advertising costs income costs (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, col (B) Enter here and Totals, Part II (lines 1-5) 0 0 0. Schedule K - Compensation of Officers, Directors, and Trustees 3. Percent of time devoted to 4. Compensation attributable to unrelated business 2 Title business (1) (2) % (3) % (4) %

Form 990-T (2019)

0.

Total. Enter here and on page 1, Part II, line 14

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

Name

Employer identification number

SOUTHERN ILLINOIS (JNIVERSITY FOU	JNDATION		37-	6024575
Did the corporation dispose of any investmer	nt(s) in a qualified opportur	nity fund during the tax v			Yes X No
If "Yes," attach Form 8949 and see its instruc					
Part Short-Term Capital Gai					
See instructions for how to figure the amounts	(4)	(0)	(-)		(1)
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 gai or loss from Form(s) 894 Part I, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked		•			<u> </u>
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			·		-67.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ition)		·	6	()
7 Net short-term capital gain or (loss). Combine			<u></u>	7	-67.
Part II Long-Term Capital Gai	ns and Losses (See	instructions)			<u> </u>
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(0) Adjustments to gain	n	(h) Gain or (loss) Subtract
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 gain or loss from Form(s) 8949, Part II, line 2, column (g)		column (e) from column (d) and 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					
10 Totals for all transactions reported on	•				
Form(s) 8949 with Box F checked					
11 Enter gain from Form 4797, line 7 or 9				11_	298,680.
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	t exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combine		n h		15	297,897.
Part III Summary of Parts I and	<u> </u>				
16 Enter excess of net short-term capital gain (lin				16	
17 Net capital gain. Enter excess of net long-term			ne 7)	17	297,830.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	, l	18	<u>297,830.</u>
Note. If losses exceed gains, see Capital Los	ses in the instructions.		,		· ·
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		S	chedule D (Form 1120) 2019

92 105 1 12-16-19

FOOTNOTES

STATEMENT 1

SOUTHERN ILLINOIS UNIVERSITY FOUNDATION IS AGGREGATING THE BELOW QUALIFYING PARTNERSHIP INTERESTS UNDER ISSUED PROPOSED REGULATIONS FOR SECTION 512(A)(6) BECAUSE IT HOLDS LESS THAN 2% OF THE PROFITS AND LESS THAN 2% OF THE CAPITAL INTEREST.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
MSOUTH EQUITY PARTNERS IV, LP - ORDINARY BUSINESS INCOME	
(LOSS) NGP NATURAL RESOURCES XI, LP - ORDINARY BUSINESS INCOME	-237
(LOSS)	-74,818
NGP NATURAL RESOURCES XI, LP - OTHER NET RENTAL INCOME (LOSS)	88
NGP NATURAL RESOURCES XI, LP - INTEREST INCOME	318
NGP NATURAL RESOURCES XI, LP - DIVIDEND INCOME	8
NGP NATURAL RESOURCES XI, LP - ROYALTIES	7,235
NGP NATURAL RESOURCES XI, LP - OTHER PORTFOLIO INCOME	7,233
(LOSS)	77
NGP NATURAL RESOURCES XI, LP - OTHER INCOME (LOSS)	10
RCP FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS)	-29,841
RIVERCREST CAPITAL PARTNERS LP - ORDINARY BUSINESS INCOME	
(LOSS)	823
SIGULER GUFF DISTRESSED - ORDINARY BUSINESS INCOME (LOSS)	-4
SIGULER GUFF DISTRESSED - DIVIDEND INCOME	1
WCP REAL ESTATE FUND IV, LP - ORDINARY BUSINESS INCOME	25.522
(LOSS)	-36,689
WCP REAL ESTATE FUND IV, LP - NET RENTAL REAL ESTATE INCOME	15 012
WCP REAL ESTATE FUND IV, LP - INTEREST INCOME	-17,013
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)	2 200
NORTHGATE IV, DF - ORDINARI BUSINESS INCOME (LOSS) NORTHGATE IV, LP - NET RENTAL REAL ESTATE INCOME	2,309 560
NORTHGATE IV, LP - INTEREST INCOME	836
NORTHGATE IV, LP - DIVIDEND INCOME	156
NORTHGATE IV, LP - OTHER PORTFOLIO INCOME (LOSS)	-6
NORTHGATE IV, LP - OTHER INCOME (LOSS)	-0 78
HARVEST MLP INCOME FUND II LLC - ORDINARY BUSINESS INCOME	70
(LOSS)	73
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-146,034
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
INVESTMENT CONSULTANT FEES	5,137
ACCOUNTING FEES	2,050
TOTAL TO FORM 990-T, PAGE 1, LINE 27	7,187

FQRM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19	171,434.	0.	171,434.	171,434.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	171,434.	171,434.	

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/11	17,187.	7,829.	9,358.	9,358.
06/30/12	15,986.	0.	15,986.	15,986.
06/30/14	26,876.	0.	26,876.	26,876.
06/30/15	119,418.	0.	119,418.	119,418.
06/30/16	160,920.	0.	160,920.	160,920.
06/30/17	153,144.	0.	153,144.	153,144.
06/30/18	265,733.	0.	265,733.	265,733.
NOL CARRYO	VER AVAILABLE THIS	YEAR	751,435.	751,435.

Department of the Treasu 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

Name(s) shown on return

Social security number or taxpayer identification no.

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 Part I | 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 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 X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (h) loss. If you enter an amount Proceeds Cost or other Description of property Date acquired Date sold or Gain or (loss). 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) (g) Amount of combine the result see *Column (e*) ın Code(s) with column (g) the instructions adjustment NGP NATURAL RESOURCES XI, LP-NGP NATURAL <75. NORTHGATE IV LP-NORTHGATE IV, LP 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 1b (If Box A above is checked), line 2 (If Box B <67.>

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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

SOUTHERN ILLIN	OIS UNIV	ERSITY FO	OUNDATION			37-6	024575			
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.										
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										
Note: Too may aggregate all long-term transactions reported of Formis, 1999-9 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	Sheck only one bo fit on this page for one	 If more than one be or more of the boxes. 	ox applies for your long- , complete as many form	term transactions, compli is with the same box chec	ete a separate i ked as you ne	Form 8949, page 2, for e ed	each applicable box			
(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	3							
1 (a)	(b)	(c)	_ (d)	(e)	Adjustment	t, if any, to gain or u enter an amount	(h)			
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column ((g), enter a code in	Gain or (loss). Subtract column (e)			
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(saics price)	Note below and	<u> </u>	See instructions	from column (d) &			
		(Mo , day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)			
NGP NATURAL						adjustinent				
RESOURCES XI,										
LP-NGP NATURAL							<939.>			
NORTHGATE IV,										
LP-NORTHGATE IV,										
LP							156.			
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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)

<783.>

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)