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			_		TENDED TO				_			
۲.	Form	990-T	E	xempt Organ						۱ <u> </u>	OMB No	1545-0687
		وشتر			nd proxy tax un				1909		0	040
		V	For cal	endar year 2018 or other tax yea	-			ending AU	_	<u>9</u>	2	018
		nent of the Treasury		-	irs gov/Form990T for					-	Open to Pu	blic Inspection for
		Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								ganizations Only cation number
	A L.	Check box if address changed										, 566
	D Eve	THE ONLY ENDING THE DESIGNATION OF THE OWNER T									4-60	56794
		X 501(c Q3) or Number, street, and room or suite no. If a P O box, see instructions								E Unrela	ated busine	ss activity code
		408(e) 220(e)	Type Warmout, Street, and room of Suite no. If a 1 O box, See instructions (See in								istructions	,
		408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code								
		529(a)	AUSTIN, TX 78705 900									
	C Book	value of all assets		F Group exemption numb		<u> </u>						
		219,607,7		G Check organization type			n 5	501(c) trust	401(a)			Other trust
			•	tion's unrelated trades or b		_1		_	the only (or first) un		*	
				/ESTMENT PART		Dorto I o	ad II. somolet		complete Parts I-V			•
		cribe the first in the b iness, then complete		ce at the end of the previou	is sentence, complete	Paris I a	io ii, complet	le a Scriedule	W TOT Each addition	ai iraue	OI .	
				oration a subsidiary in an a	affiliated group or a pai	ent-subs	sidiary contro	lled oroup?	▶ [Ye	s X	No
				ifying number of the paren			, , , , , , , , , , , , , , , , , , ,	a g. cap	,		•	
		books are in care of		SUSAN HARTENS				Teleph	one number 🕨 5	12-	232-:	1493
	Par	t I Unrelated	d Trac	le or Business Inc	ome		(A) Ir	ncome	(B) Expenses	3	(C) Net
	1a (Gross receipts or sale	s									1
	b l	Less returns and allov	vances		c Balance	· <u>1c</u>						
		Cost of goods sold (S		•		2	<u> </u>					
		Gross profit Subtract				3	ļ ,	2 6 5 6	······································			2 656
		Capital gain net incon	•	-	4707)	4a	4	2,656.				2,656
		• , , ,		art II, line 17) (attach Form	14/9/)	4b 4c						
		Capital loss deduction		stip or an S corporation (at	tach statement\	5	-40	9,890.	STMT 1	1	مر	49,890.
		Rent income (Schedu		sinp of an o corporation (at	naon statement,	6	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	/	
		Unrelated debt-financ		ne (Schedule E)		7				/	,	
	8 1	Interest, annuities, roy	alties, a	nd rents from a controlled o	organization (Schedule I	8						
	9 I	Investment income of	f a sectio	on 501(c)(7), (9), or (17) or	rganization (Schedule (3) 9						
	10 l	Exploited exempt acti	vity inco	me (Schedule I)		10						
		Advertising income (S		•		11						
		Other income (See in:				12	4.	7,234.				47,234.
	13 Par	Total. Combine lines		gn 12 ot Taken Elsewher	e (See instructions	for limit						41,234.
	1 61	(Except for	contribi	utions, deductions must	be directly connect	ed with	the unrelate	eductions) ed business	income)			
	14	· · · · · · · · · · · · · · · · · · ·		rectors, and trustees (Sche			WED			14		
	15	Salaries and wages		,			1000	- 0		15		
	16	Repairs and mainten	ance		ي اوا		T 0000	၂ၓ္တု		16		
	17	Bad debts)[[8]	JN 1	5 2020	0.8		17		
	18	Interest (attach sche	dule) (s	ee instructions)	<i>X</i> L			1≝		18		
	19	Taxes and licenses			./ 00	GDE	N, UT	l l		19		···-
;	20			e instructions for limitation	rules)					20		
į	21	Depreciation (attach			4			21				
(22	· ·	aimed oi	n Schedule A and elsewher	e on return			22a		22b 23		
t	23 24	Depletion Contributions to defe	erred co	mneneation plans						24		
•	25	Employee benefit pro		inpulsation plans						25		
,	26	Excess exempt expe		chedule I)						26		
	27	Excess readership g								27		
	28	Other deductions (at							~~	28		
	29	Total deductions A	dd lines	14 through 28					28	29		0.
	30			ncome before net operating					30	30	_	47,234.
	31	<i>(</i>	-	loss arising in tax years be		uary 1, 2	018 (see inst	ructions)	31	31		47 224
	32 /			ncome Subtract line 31 fro						32		47,234. 990-T (2018)
	823701	1 01-09-19 LHA F	or Papei	work Reduction Act Notice	e, see instructions						LOLL	220-1 (2018)

FOI 111 9 9 0 -		FOUNDATION	<u> </u>	70/34	
[Part]	MB/ T	otal Unrelated Business Taxable Income			
33	Total	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	33	-47,234.
34	Amou	nts paid for disallowed fringes		3A	
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	MT 2	35	0.
36	Total	f unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
		3 and 34	_	36	-47,234.
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	2 4	21	1,000.
38		ted business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	O		
00		he smaller of zero or line 36	11 24	28	-47,234.
IPartii		ax Computation	11 ~	T T	
39		zations Taxable as Corporations Multiply line 38 by 21% (0 21)		39	0.
40	_	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		03,	
40		· ·	_	40	
44		ax rate schedule or Schedule D (Form 1041)		41	
41		tax See instructions		42	
42		ative minimum tax (trusts only)		43	-
43		Noncompliant Facility Income See instructions		44	0.
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies ax and Payments		1 44 1	
					
	-	n tax credit (corporations attach Form 1118; trusts attach Form 1116)		- 	
b		credits (see instructions) 45b			
C		al business credit Attach Form 3800			
d		for prior year minimum tax (attach Form 8801 or 8827)			
е		redits Add lines 45a through 45d		45e	
46		ct line 45e from line 44		46	0.
47			ittach schedule)	47	
48		ax. Add lines 46 and 47 (see instructions)		48	0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Paym	nts A 2017 overpayment credited to 2018			
		stimated tax payments 506			
		posited with Form 8868 50c			
d	Foreig	n organizations. Tax paid or withheld at source (see instructions).			
е	Backu	o withholding (see instructions) 50/e			
f	Credit	for small employer health insurance premiums (attach Form 8941) 50f		_}	
9	Other	credits, adjustments, and payments: Form 2439		7	
		orm 4136 Other Total ▶ 50g			
51	Total	payments. Add lines 50a through 50g		51	
52	Estim	ited 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	
54		ayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>	54	
55			unded 🕨	55	
(Parti)	VII S	tatements Regarding Certain Activities and Other Information (see instruc	tions)		
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	1		Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCE	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	here	>			X
57	Durin	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?		X
	If "Yes	," see instructions for other forms the organization may have to file			
58	Enter	he amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
. .	Un	fer penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the t lect, and complete. Declaration of prepager (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowle	edge and bel	ief it is true
Sign	"			Asy the IRS	discuss this return with
Here		Sizofzozo EXECUTIVE DIREC	CTOR 1		shown below (see
		Signature of officer Date Title	- "	nstructions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date	Check	If PTIN	
Paid			self- employed		
Prepa	arer	SEAN HOLCOMB \(\lambda \sum \lambda \			1249221
Use (Firm's name ► MAXWELL LOCKE & RITTER LLP	Firm's EIN	74	-2900215
	,	401 CONGRESS AVENUE, SUITE 1100			
		Firm's address ► AUSTIN, TX 78701-9682	Phone no	<u> 512-3</u>	70-3200
					AAA T

THE UNIVERSITY OF TEXAS LAW SCHOOL

Form 990-T (2018) FOUNDATION

74-6056794

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	r	6		
2 Purchases	2		7 Cost of goods sold St	ubtract line 6			
3 Cost of labor	3		from line 5 Enter here	and in Part I,			
4a Additional section 263A costs			line 2		7	<u> </u>	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		property produced or a	ecquired for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Personal Property L	eased With Real Prop	oerty) ——–	· · · · · · · · · · · · · · · · · · ·	
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receive	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percental personal property exceeds 50% or if ent is based on profit or income)	ge 3(a) Deductions directions 2(a) a	ly connec and 2(b) (ted with the income in attach schedule)	1
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	•		0 . (b) Total deductions Enter here and on page 1 Part I line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instructions)	Г			
			2 Gross income from	3 Deductions directly co to debt-finer			
1 Description of debt-fin	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schadule)		(b) Other deduction (attach schedule)	ns
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	ions Iumns
(1)			%				
(2)			%				
(3)			%			·	
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals			•				0.
Total dividends-received deductions or	ncluded in column	18					0.

Form **990-T** (2018)

- Intorody F	Amanies, noya			Controlled Or				- (556 113	Structions	<u>"</u>
. 1 Name of controlled organizate	identif	-	3 Net unre	elated income instructions)	4 Tota	at of specified nents made	includ	t of column 4 led in the contraction's gross i	olling	6 Deductions directly connected with income in column 5
(1)							<u> </u>			
(2)										<u> </u>
(3)										
(4)							†			
Nonexempt Controlled Organiz	zations					***	' -			-
7. Taxable Income	Net unrelated incor (see instruction		9 Total o	of specified payin made	nents	10 Part of column the controllingross	mn 9 tha ing organ s income	nization's	11. Ded with	luctions directly connected income in column 10
(1)										-
(2)					Ì					
(3)										
(4)										
						Add colun Enter here and line 8, c		9 1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, one 8, column (B)
Totals					•			0.		0.
Schedule G - Investme (see instr		Section 50	01(c)(7)), (9), or (1	17) Org	anization				
1 Desc	ription of income			2. Amount of	ncome	3 Deduction directly connected (attach scheduler)	ected	4 Set- (attach s		5 Total deductions and set-asides (col 3 plus col 4)
(1)										ļ <u></u>
(2)								ļ		
(3)										
(4)								L		<u> </u>
				Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Totals			▶		0.					0.
Schedule I - Exploited (see instru		Income,	Other	Than Adv	ertisin	g Income				
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expendirectly con- with produ- of unrelabusiness in	nected iction ited	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5 but not more then column 4)
(1)										
(2)										
(3)										
(4)										
Totals -	Enter here and on page 1 Part I, line 10 col (A)	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1 Part II, line 26
Schedule J - Advertision		instructions)			··· ·· ·			 		.1
	Periodicals Rep			olidated	Basis					
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus iin, compute	5. Circula income		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)										
(3)				1		-				
Totals (carry to Part II, line (5))	>	0.	0							0.
Total (carry to t art in mio (o))	···· ·						-		1	Form 990-T (2018

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

. 1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				-		
(3)						
(4)						
Totals from Part I	O.	0.				0.
	Enter here and on page 1 Part I line 11, col (A)	Enter here end 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)	0.	٥.				0.

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

1. Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2018)

FORM 990-T	990-T INCOME (LOSS) FROM PARTNERSHIPS		
DESCRIPTION		NET INCOME OR (LOSS)	
THE TIFF KEYSTONE FUND	LP - ORDINARY BUSINESS INCOME		
(LOSS)		-4,100.	
THE TIFF KEYSTONE FUND	LP - NET RENTAL REAL ESTATE INCOME	-1,083.	
THE TIFF KEYSTONE FUND	LP - OTHER NET RENTAL INCOME (LOSS)	-21,586.	
THE TIFF KEYSTONE FUND	LP - INTEREST INCOME	395.	
THE TIFF KEYSTONE FUND	LP - DIVIDEND INCOME	305.	
THE TIFF KEYSTONE FUND	LP - ROYALTIES	72.	
THE TIFF KEYSTONE FUND	LP - OTHER PORTFOLIO INCOME (LOSS)	-23,205.	
THE TIFF KEYSTONE FUND	LP - OTHER INCOME (LOSS)	-688.	
TOTAL INCLUDED ON FORM	990-T, PAGE 1, LINE 5	-49,890.	

	PATEMENT 2
08/31/15 27.309. 0. 27.309.	AILABLE IIS YEAR
	27,309.
08/31/16 16,484. 0. 16,484.	16,484.
08/31/17 55,200. 0. 55,200.	55,200.
08/31/18	18,144.
NOL CARRYOVER AVAILABLE THIS YEAR 117,137.	117,137.

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

THE UNIVERSITY OF TEXAS LAW SCHOOL

Employer identification number

FOUNDATION				74-	6056794
Part I Short-Term Capital Gai	ns and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g) 	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			 		
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					
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	ation)			6	(
7 Net short-term capital gain or (loss) Combine				7	
Part II Long-Term Capital Gai	ns and Losses (See	nstructions)			
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)	(6) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	n 19 3)	(h) Gain or (loss) Subtract 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					390.
11 Enter gain from Form 4797, line 7 or 9				11	2,266.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss) Combine		n h		15	2,656.
Part III Summary of Parts I and	111			,	
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	
			_,	1	2 656

Note: If losses exceed gains, see Capital losses in the instructions

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.

2,656.

2,656.

JWA

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.

THE UNIVERSITY	OF TEXAS	S LAW SCH	HOOL			taxpayer ide	ntification no.
FOUNDATION						74-6	056794
Before you check Box D, E, or F bek statement will have the same informa- broker and may even tell you which I	box to check						
Part II Long-Term. Transaction see page 1 Note: You may aggregate all	I long term transact	ions reported on F	orm(s) 1099 B show	ng basis was reported	d to the IRS a	and for which no adj	ustments or
You must check Box D, E, or F below.	totals directly on S	Schedule D, line 8a	, you aren't required	to report these trans-	actions on Fo	orm 8949 (see instru Form 8949, page 2, for e	ctions)
If you have more long-term transactions than will	fit on this page for one	or more of the boxes.	complete as many form	is with the same box chec	ked as you nee	ed	acii appiidasio sex
(D) Long-term transactions rep	oorted on Form(s) 1099 B showin	g basis was repor	ted to the IRS (see	Note above	ve)	
(E) Long-term transactions rep	oorted on Form(s	1099-B showing	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-B		·	I		
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	t, if any, to gain or u enter an amount (g), enter a code in	(h) Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the Note below and	column (f)	See instructions	Subtract column (e) 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)
THE TIFF KEYSTONE							
FUND LP			_				390.
		-					
							
	 						
	-						
		_					
					 		
	ļ- · · · · · · · · · · · · · · · · · · ·			<u> </u>			
		-		<u> </u>			·
	<u> </u>			 			
	—			-			
2 Totals. Add the amounts in colu	mns (d) (e) (n) a	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 8b (if Box D ab		-					
above is checked), or line 10 (if	•						390.