			EXTEN	DED TO JU	JLY	15, 2021				
Form	990-T	i E	Exempt Organiz	ation Bus	ine	ss İncome	Tax R	eturn	OM	MB No 1545-0047
7 0.11.			(and p	proxy tax und	er se	ction 6033(e))		7068	1.	
_		For cal	lendar year 2019 or other tax year begi				AUG 31	, 2020		2019
			Go to www.irs.g						\ <u>'</u>	
	tment of the Treasury al Revenue Service	•	Do not enter SSN numbers on					501(c)(3).	Open 501(c)	to Public Inspection for (3) Organizations Only
<u> </u>	Check box if	<u> </u>	Name of organization (DE	mployer id	lentification number
A L	address changed		THE UNIVERSITY). ₎		mployees structions	' trust, see :)
		D-1-4	FOUNDATION	OF THAM	ם בו	M DCHOOL		į	74-6	6056794
	xempt under section 501(c b 23)	Print		ute no If a D O ha		activations.		Eυ		usiness activity code
<u> </u>		Туре	Number, street, and room or s			istructions.		_ (s	ee instruc	tions)
<u> </u>	408(e) 220(e)									
<u> </u>	∫408A	ļ	City or town, state or province AUSTIN, TX 78	, country, and ZIP o 3705	r toreig	n postal code		ar	00099	۵
	529(a) ok value of all assets	L							<u>, , , , , , , , , , , , , , , , , , , </u>	
C at e	and of year	1 2	F Group exemption number (S		noration	501(a) tr	uet [401(a) true	· -	Other trust
	237,010,2							401(a) tru		Uniter dust
		_	ation's unrelated trades or busine		1		=	(or first) unrela		
			VESTMENT PARTNI					e Parts I-V. If m		one,
		•	ace at the end of the previous se	ntence, complete Pa	arts I an	d II, complete a Sch	edule M for ea	ch additional tr	age or	
	siness, then complete									<u></u>
	•	-	poration a subsidiary in an affilia		nt-subs	diary controlled gro	nb.s		Yes	X No
			tifying number of the parent cor			 -	1 1	. F E11	1 22	2 1402
			SUSAN HARTENSTI					ber ▶ 512	<u>1-23</u> ,	
			de or Business Incom		т	(A) Income) Expenses		(C) Net
	Gross receipts or sale			•					1	
b	Less returns and allow			Balance -	1c					
2	Cost of goods sold (S		· ·		2_		_			
3	Gross profit. Subtract				3				\leftarrow	
	Capital gain net incon	•	•		4a		'	_/_	-	
			Part II, line 17) (attach Form 479	7)	4b		 			
C	Capital loss deduction				4c	= 0.00	1	~		<u> </u>
5	• •	•	ship or an S corporation (attach	statement)	5	-58,86	1 2 1	STMT 1		-58,861.
6	Rent income (Schedu				6					
7	Unrelated debt-finance		,		7					
8			and rents from a controlled organ		-					
9			on 501(c)(7), (9), or (17) organı	zation (Schedule G)		/		· -		
10	Exploited exempt acti	vity inco	me (Schedule I)		10/					
11	Advertising income (S		•		/11					
12	Other income (See in:		•		12			<u> </u>		
13	Total. Combine lines			/_	13	-58,86				<u>-58,861.</u>
Ра	rt II Deductio	ns No	ot Taken Elsewhere (Since the directly connected with the	See instructions for	or limita	ations on deduction	ns)			
14		ficers, di	rectors, and trustees (Schedule	K)	REU	EIVED	ပ္တ\	<u> </u>	4	
15	Salaries and wages			1 F		0024	ÖĮ		5	
16	Repairs and mainter	nance		151	FFB	2 2 7071	IRS-09		6	
17	Bad debts			1861	,)	1 1 =		7	
18	Interest (attach sche	edule) (s	ee instructions)	ا ا	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEN, UT	لـــ		8	
19	Taxes and licenses			1	O			<u> </u>	9	
20	Depreciation (attach		,	1	-	20			<u></u>	
21		aimed o	n/Schedule A and elsewhere on	return		21a		2	1b	
22	Depletion								2	
23	Contributions to def	/	·					_2	3	
24	Employee benefit of							2	4	
25	Excess exempt expe							7	5	
26	Excess readership c							<u> 2</u>	6	
2 7	Other deductions (a							<u> </u>	7	
28	Total deductions. A							_2	8	0.
27 28 29 29	/		income before net operating loss					2	9	-58,861.
30	/	perating	loss arısıng ın tax years beginni	ng on or after Janua	ary 1, 20]		
/	(see instructions)					SEE ST	PATEMEN	IT 2 3	0	0.
21	Unrelated business	taxable i	income. Subtract line 30 from lir	ne 29				3	1	-58,861.
92370	01 01-27-20 LHA F	or Pape	rwork Reduction Act Notice, se	e instructions.		_ -			F	orm 990-T (2019)

Form 99	o-т (go (a) THE UNIVERSITY OF TEXAS LAW SCHOOL FOUND । ध्री ।\Total Unrelated Business Taxable Income	ATION		74-6	056794 Page 2
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see i	instructions)		32	-58,861.
33	Amounts paid for disallowed fringes		ŧ	33	
34	Charitable contributions (see instructions for limitation rules)			34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line	24 from the sum of l	lines 22 and 22		-58,861.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruct	tions)	STMT 3	36	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	iiolis) L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	37	-58,861.
37	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		8'	38	1,000.
38	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37	7	0		1,000.
39	•	,	- 11		-58,861.
Dor	enter the smaller of zero or line 37 IV Tax Computation			39	-30,001.
				- 	0.
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	1 00 (40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	i line 39 from;	_	 	
	Tax rate schedule or Schedule D (Form 1041)			41	
42	Proxy tax. See instructions		•	42	
43	Alternative minimum tax (trusts only)			43	
44	Tax on Noncompliant Facility Income. See instructions			44	
45_	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
Par					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		-l	
b	Other credits (see instructions)	46b		4	
C	General business credit. Attach Form 3800	46c		1. 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		 	
е	Total credits. Add lines 46a through 46d			46e	
47	Subtract line 46e from line 45			47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)			49	<u> </u>
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50	0.
51 a	Payments: A 2018 overpayment credited to 2019	518] '	
t	2019 estimated tax payments	51b	· · · · · · · · · · · · · · · · · · ·	1 1	
C	Tax deposited with Form 8868	51c			
. (Foreign organizations: Tax paid or withheld at source (see instructions)	51d_]	
•	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f_], [
ç	Other credits, adjustments, and payments: Form 2439		-	}	
	Form 4136 Other Total ▶	51g_			
52	Total payments. Add lines 51a through 51g			52	
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 amount owed		•	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		•	55	
_ 56_	Enter the amount of line 55 you want. Credited to 2020 estimated tax	Ref	unded >	56	
Par	t VI Statements Regarding Certain Activities and Other Informatio	n (see instruc	ctions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fol	reign country] , "
	here >				X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tran	nsferor to, a foreig	in trust?		x
	If "Yes," see instructions for other forms the organization may have to file.	,	,		
59	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 sta	atements, and to the	best of my knowle	dge and belief	, it is true,
Sign		r has any knowledge			
Here	Susa Hart 12/5/21 DEXECUTI	VE DIRE		-	cuss this return with own below (see
	Signature of officer Date Title			structions)?	X Yes No
	Print/Type preparer's name Preparer's Manature Da	ate		f PTIN	
Pai			self- employed	.	
	parer SEAN HOLCOMB	L/28/21	omployed	P01	249221
	Only Firm's name MAXWELL LOCKE & RITTER LLP	_,,	Firm's EIN ▶		2900215
USE	401 CONGRESS AVENUE, SUITE 110	0	I IIII S LIIV		
	Firm's address AUSTIN, TX 78701-9682	-	Phone no. 5	12-37	0-3200
923711	01-27-20				orm 990-T (2019)
				r	onn (2019)

THE UNIVERSITY OF TEXAS LAW SCHOOL

Form 990-T (2019) FOUNDATION

74-6056794

Page 3

Schedule A - Cost	of Goods So	ld. Enter	method of inve	entory v	aluation N/	A				
1 Inventory at beginning	of year	1		6	Inventory at end of y	/ear		6		
2 Purchases	[2		7	Cost of goods sold.	Subtract I	ine 6			
3 Cost of labor	į	3			from line 5. Enter he	re and in F	Part I,			
4a Additional section 263	A costs			}	line 2			7		
(attach schedule)		48		8	Do the rules of secti	on 263A (v	with respect to		Yes	No
b Other costs (attach sc	hedule)	4b			property produced of	r acquired	for resale) apply to			
5 Total. Add lines 1 thre	ough 4b	5			the organization?					<u> </u>
Schedule C - Rent (see instructions)	Income (Fro	m Real	Property an	d Per	sonal Property	Lease	d With Real Prop	erty)		
1. Description of property										_
(1)										
(2)										
(3)										
(4)										
	2.		ed or accrued				0/->5			
' rent for personal property is more than of rent for pe				r personal	onal property (if the perce property exceeds 50% or ed on profit or income)	ntage (f	3(a) Deductions directly columns 2(a) ai	nd 2(b) (at	tach schedule)	n
(1)										
(2)										
(3)										
(4)										
Total		0.	Total			0.				
(c) Total income. Add totals here and on page 1, Part I, I Schedule E - Unrel	line 6, column (A)	. ,	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Scriedule E - Oliver	ated Debt-1	manceu	income (se		. Gross income from	T	3. Deductions directly conto debt-finance	nected w	ith or allocable	
1. Descr	iption of debt-financed	d property		'	or ellocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	J. San J. Spa	(b) Other deduction (attach schedule	ns)
(1)	 				 -					
(2)										
(3)										
(4)										
4. Amount of average acc debt on or allocable to debt property (attach sched	f-financed	of or a debt-fina	e edjusted basis allocable to inced property h schedule)	•	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deduction 6 x total of c 3(a) and 3(b))	olumns
(1)				_	%	,				
(2)					%			+-		
(3)					%					
										
(4)						,				
(4)						E	inter here and on page 1, Part I, line 7, column (A)		nter here and on pa Part I, line 7, column	
(4) Totals						E		F		

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

0.

0

0

Form 990-T (2019)

(4)

orm 990-T (2019) FOUNDATIO					74-605679	4 Page 5
Part II Income From Perio columns 2 through 7 on a			rate Basis (For ea	ch periodical liste	d in Part II, fill in	
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)			<u> </u>	-		
(3)			-			
(4)						
otals from Part I	0.	0.		•	· · · · · · · · · · · · · · · · · · ·	0.
	Enter here and on page 1, Part I line 11, col (A)	Enter here and on page 1, Pert I, line 11, col (B)		; ;	4 1 2	Enter here and on page 1, Part II, line 26
otals, Part II (lines 1-5)	0.	0.		,	- ```	0.
Schedule K - Compensation	n of Officers, E	Directors, and	Trustees (see in	structions)		•
1. Name			2. Title	3. Perce time devo busine	ted to 4. Comp	rensation attributable related business
(1)					%	
(3)						

Form 990-T (2019)

0.

%

▼

923732 01-27-20

(3)

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

FORM 990-T	INCOME (LOSS) FROM PA	ARTNERSHIPS	STATEMENT 1		
DESCRIPTION			NET INCOME OR (LOSS)		
THE TIFF KEYSTONE FUND	LP - ORDINARY BUSINESS	SINCOME	64,767.		
THE TIFF KEYSTONE FUND THE TIFF KEYSTONE FUND	-1,794. -3,961.				
THE TIFF KEYSTONE FUND		4,728. 11.			
THE TIFF KEYSTONE FUND THE TIFF KEYSTONE FUND THE TIFF KEYSTONE FUND	587. -104,514. 539.				
WHEELOCK STREET REAL E ESTATE INCOME	STATE FUND VI, LP - NET	RENTAL REAL	-19,224.		
TOTAL INCLUDED ON FORM	990-T, PAGE 1, LINE 5		-58,861.		
FORM 990-T	NET OPERATING LOSS I	DEDUCTION	STATEMENT 2		
TAX YEAR LOSS SUSTA	LOSS PREVIOUSLY INED APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
08/31/19 47,	234. 0.	47,234.	47,234.		
NOL CARRYOVER AVAILABLE	E THIS YEAR	47,234.	4. 47,234.		

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/15 08/31/16 08/31/17 08/31/18	27,309. 16,484. 55,200. 18,144.	0. 0. 0.	27,309. 16,484. 55,200. 18,144.	27,309. 16,484. 55,200. 18,144.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	117,137.	117,137.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

2010 2010

Name

THE UNIVERSITY OF TEXAS LAW SCHOOL FOUNDATION

Employer identification number

74-6056794 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.) See instructions for how to figure the amounts to enter on the lines below. (d) (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) 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 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 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below. (d) (g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) 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 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 -15,909 11 Enter gain from Form 4797, line 7 or 9 11 12 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 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h -15,177. 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17

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

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

18

0.

THE UNIVERSITY OF TEXAS LAW SCHOOL FOUNDATION

Social security number or taxpayer identification no.

74-6056794

Before you check Box D, E, or F below, see			
statement will have the same information as	Form 1099-B Either will show w	rhether your basis (usually your cos	it) was reported to the IRS by your
brok <u>er and may even tell you which box to c</u>	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 Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (d) (e)

Description of property (Example, 100 sh XYZ Co)	Date acquired (Mo , day, yr.)	Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	Cost or other basis See the Note below and see Column (e) in the instructions	l in column	où enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
THE TIFF KEYSTONE							
FUND LP							<15,909.>
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	.1						
2 Totals. Add the amounts in colu							
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D ab							45.000
above is checked), or line 10 (if	Box F above is c	necked)		.l	L	L	<15,909.>

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