A Check box if address changed B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) C Book value of all assets at end of year 134,921,327. B Check box if name changed and see instructions.) Name of organization (Check box if name changed and see instructions.) UNIVERSITY OF NORTHERN COLORADO FOUNDATION INC. Number, street, and room or suite no. If a P.O. box, see instructions. JUDY FARR CENTER, 1620 RESERVOIR RD. City or town, state or province, country, and ZIP or foreign postal code GREELEY, CO 80631 F Group exemption number (See instructions.) H Enter the number of the organization's unrelated trades or businesses. 1 Describe the	on.		2010			
Do not enter SSN numbers on this form as it may be made public if your organization (2019			
Do not enter SSN numbers on this form as it may be made public if your organization. A Check box if address changed B Exempt under section X 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) C Book value of all assets at end of year 134,921,327. H Enter the number of the organization's unrelated trades or businesses. Do not enter SSN numbers on this form as it may be made public if your organization. C Check box if name changed and see instructions.) UNIVERSITY OF NORTHERN COLORADO FOUNDATION INC. Number, street, and room or suite no. If a P.O. box, see instructions. JUDY FARR CENTER, 1620 RESERVOIR RD. City or town, state or province, country, and ZiP or foreign postal code GREELEY, CO 80631 F Group exemption number (See instructions.) H Enter the number of the organization's unrelated trades or businesses. 1 Describe the			to Public Inspection for (3) Organizations Only			
address changed B Exempt under section X 501(c) (3) 408(e) 220(e) 408A 530(a) 529(a) C Book value of all assets at end of year 134 , 921 , 327. H Enter the number of the organization's unrelated trades or based on the following section in the following section in the first of Northern Colorado FOUNDATION INC. Number, street, and room or suite no. If a P.O. box, see instructions. JUDY FARR CENTER, 1620 RESERVOIR RD. City or town, state or province, country, and ZiP or foreign postal code GREELEY, CO 80631 F Group exemption number (See instructions.) H Enter the number of the organization's unrelated trades or businesses. 1 Describe the	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).					
X 501(c/4)3 Or Type Number, street, and room or suite no. If a P.O. box, see instructions. JUDY FARR CENTER, 1620 RESERVOIR RD. 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code GREELEY, CO 80631 529(a) F Group exemption number (See instructions.) ► 134,921,327. G Check organization type X 501(c) corporation 501(c) trust H Enter the number of the organization's unrelated trades or businesses. 1 Describe the	, <u> </u>					
X 501(c(-)(3) Or Type Number, street, and room or suite no. If a P.O. box, see instructions. 408(e)		84-6	5044833			
408(e) 220(e) 30DF FARK CENTER, 1820 RESERVOIR RD. 408A	-	Unrelated by (See instruct	usiness activity code			
S29(a) GREELEY, CO 8 0 6 3 1 C Book value of all assats at end of year 134,921,327. G Check organization type ▶ X 501(c) corporation 501(c) trust H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the		(300 1131 001	iona y			
H Enter the number of the organization's unrelated trades or businesses. ■ 134,921,327. G Check organization type ■ X 501(c) corporation 501(c) trust Describe the		523000				
H Enter the number of the organization's unrelated trades or businesses. ■ 134,921,327. G Check organization type ■ X 501(c) corporation 501(c) trust Describe the						
TARGOT FROM DAGG BURGUGU FAMILETE	401(a) 1	trust	Other trust			
trade or business here INCOME FROM PASS-THROUGH ENTITIES	e only (or first) unr	elated	_			
. Il only one, co	omplete Parts I-V. It	f more than	one,			
trade or business here INCOME FROM PASS-THROUGH ENTITIES . If only one, co describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M business, then complete Parts III-V	for each additional	l trade or				
business, then complete Parts III-V.						
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶ □	Yes	X No			
If "Yes," enter the name and identifying number of the parent corporation.						
J The books are in care of RODNEY ESCH Telephon	e number > 97	0-351-20				
Part / Unrelated Trade or Business Income (A) Income	(B) Expenses		(C) Net			
1 ** Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D) 1 C 2 3 4 a 53,905.						
b Less returns and allowances c Balance						
2 Cost of goods sold (Schedule A, line 7)						
3 Gross profit. Subtract line 2 from line 1c		/				
			53,905.			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		/				
c Capital loss deduction for trusts						
5 Income (loss) from a partnership or an S corporation (attach statement) 5 -72,143.	STMT 1		-72,143.			
6 Rent income (Schedule C)	/					
7 Unrelated debt-financed income (Schedule E) 7	/					
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8						
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)						
10 Exploited exempt activity income (Schedule I) 11 Advantages record (Schedule I)						
11 Advertising income (Schedule J) 12 Other recent (See approximate as affect to be schedule)		-				
12 Other income (See instructions; attach schedule) 13 Total, Combine lines 3 through 12 14 -18, 238,			-18,238.			
13 Total. Combine lines 3 through 12 -18, 238. Part-II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)			-10,236.			
(Deductions must be directly connected with the unrelated business income)						
14 Compensation of officers, directors, and trustees (Schedule*K)	ī	14	8,417.			
15 Salaries and wages	ŀ	15	4,234.			
	Ī	16				
16 Repairs and maintenance 17 Bad debts RECEIVED	Ī	17				
	Ì	18				
18 Interest (attach schedule) (see instructions) 19 Taxes and licenses MAR 8 - 2021	Ì	19	233.			
20 Depreciation (attach Form 4562)	Ī					
21 Less depreciation claimed on Schedule A and elsewhere on returning DEN, UT 22 Depletion		21b				
22 Depletion	f	22				
23 Contributions to deferred compensation plans	<u> </u>	23				
24 Employee benefit programs	T T	24	1,433.			
25 Excess exempt expenses (Schedule I)	T T	25	<u> </u>			
26 Excess readership costs (Schedule J)	Ī	26				
27 Other deductions (attach schedule) SEE STATEMENT	2	27	76,290.			
28 Total deductions. Add lines 14 through 27	Ţ	28	90,607.			
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	Ţ	29	-108,845.			
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	ſ	11				
(see instructions) SEE STATEMENT	3	30	0.			
Unrelated business taxable income. Subtract line 30 from line 29		31	-108,845.			
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.		1 FO	rm 990-T (2019			

		UNIVERSITY OF NORTHERN COLORADO FOUNDATION INC.		84-60448	.33	Page 2
Part	III• .	Total Unrelated Business Taxable Income				
32	Total of	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	│ <u> </u>	32	-108,	845.
33	Amount	nts paid for disallowed fringes	_ [3	3.3		
34	Charital	ible contributions (see instructions for limitation rules) STMT 5 STMT 6		34		0.
35	Total ur	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	5[7	35	-108,	845.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	_	36		0.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	<i>-</i>	37	-108,	845.
38			7 I	38	1,	000.
		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	,			
- "11		he smaller of zero or line 37)	39	-108	845.
Part		Tax Computation	<u>~ · · · · · · · · · · · · · · · · · · ·</u>	,		
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		4ő]		0.
	•	Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from:	´ —	Ť		<u> </u>
71		ax rate schedule or Schedule D (Form 1041)				
40		tax. See instructions		42		
42 43	•	tive minimum tax (trusts only)		43		
		Noncompliant Facility Income. See instructions		44 44		
111	l .	Add lines 42, 43, and 44 to line 40 or 41, whichever applies				- 0.
		Tax and Payments		45		<u> </u>
			\neg			
	_	· · · · · · · · · · · · · · · · · · ·	\dashv			
		credits (see instructions) 46b	\dashv			
		Il business credit. Attach Form 3800	\dashv			
		for prior year minimum tax (attach Form 8801 or 8827)	⊢ :	1-		
		redits. Add lines 46a through 46d	_	6e .±		
47		ct line 46e from line 45		47		0.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		48		
49		ax. Add lines 47 and 48 (see instructions)		49		0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	_ ≟	50		<u> </u>
	•	ints: A 2018 overpayment credited to 2019	-			
b	2019 es	stimated tax payments 5/1b				
C	Tax dep	posited with Form 8868 <u>51c</u>	_			
ď	Foreign	n organizations: Tax paid or withheld at source (see instructions)	_			
		o withholding (see instructions)	_	ľ		
f	Credit f	for small employer health insurance premiums (attach Form 8941)	_			
g	Other c	credits, adjustments, and payments: Form 2439				
	Fo	orm 4136 Other Total ▶ <u>51g</u>		- , -		
52	Total p	payments. Add lines 51a through 51g		52		
53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached		53		
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶	54		
55	Overpa	ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	► Ľ:	55		
56	Enter th	he amount of line 55 you want; Credited to 2020 estimated tax	<u>▶</u> :	56		
Part	: VI :	Statements Regarding Certain Activities and Other Information (see instructions)		1		
57	At any 1	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a f	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file]]
	FINCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				ll
	here	>				x
58	Durina	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				х
	-	"see instructions for other forms the organization may have to file.				
59	•	he amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
	Ui	inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno	wledge	and belief, it is t	ue,	
Sign	cc	orrect, and complate. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here		2/25/21 PRESIDENT		he IRS discuss the eparer shown be		with
		Signature of officer Date Title		ctions)? X		No
		Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN		
	•	Frind type preparer s name Freparer s signature Date Check				
Paid		DORI J. EGGETT DORI J. EGGETT 02/24/21		P0064525	2	
-	arer	E A SUMPLE WORLD DIVIS		38-135		—
Use	Only	8181 E TUFTS AVE, SUITE 600		30 133		
		· · · · · · · · · · · · · · · · · · ·	302	-740-9400		
022711	01-27-20		503		990-T	(2010)

' Form 990-T (2019) FOUNDATION INC.

Schedule A - Cost of Goods	s Sold. Enter	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)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b	-	property produced or a					
5 Total. Add lines 1 through 4b	5		the organization?		,,	Ī		
Schedule C - Rent Income ((see instructions)	(From Real	Property and	Personal Property L	.ease	d With Real Prope	erty)		
. Description of property								_
(1)						<u>-</u>		_
(2)								—
(3)								_
(4)								_
(4)	2 Rent receiv	ed or accrued			1			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of	(b) From real a	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	3(a) Deductions directly o columns 2(a) and	onnected with the inc I 2(b) (attach schedule	ome in	
(1)								_
(2)								
(3)								_
(4)	**	1	 					_
Total	0.	Total		0.				_
c) Total income. Add totals of columns nere and on page 1, Part I, line 6, column	, , , , ,	iter -		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	instructions)					
			Gross income from or allocable to debt-	Ĺ.,	3. Deductions directly conne to debt-finance	d property		
1. Description of debt-fit	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec (attach sch		
(1)							-	_
(2)								
(3)								Т
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt on or allocable to debt-financed of or allocable to		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Altocable (column 6 x tota 3(a) and	al of colum	
(1)			%					_
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, co		
Totals			•		0.			0
Total dividends-received deductions in	actuded in column	n 8				Ì		0

Form **990-T** (2019)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	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)					<u></u>	ì
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.
						Form 990-T (2019)

Form **990-1** (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 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)	Î						
(3)	•		-				-
(4)			-				
Totals from Part I	▶	0.	0.			<u> </u>	(
		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
Totals, Part II (lines 1-5)	•	0.	0.				

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to urrelated business
(1) RODNEY ESCH	PRESIDENT	5.00%	8,417.
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	8,417.

Form 990-T (2019)

FORM 990-T INCOME (LOSS)	FROM PARTNERSHIPS STATEM	MENT 1
DESCRIPTION		NCOME
ANTERO MIDSTREAM PARTNERS, LP - ORDIN	ARY BUSINESS INCOME	
(LOSS) BUCKEYE PARTNERS, LP - ORDINARY BUSIN	ESS INCOME (LOSS)	33: -1,39:
OCP MIDSTREAM PARTNERS, LP - ORDINARY (LOSS)	BUSINESS INCOME	-3,92
DOMINION MIDSTREAM PARTNERS, LP - ORD	INARY BUSINESS INCOME	-4:
ENERGY TRANSFER EQUITY, L.P ORDINA	RY BUSINESS INCOME	
(LOSS) ENERGY TRANSFER EQUITY, L.P NET RE	NTAL REAL ESTATE	-39,90
INCOME	am Tyronym	1
ENERGY TRANSFER EQUITY, L.P INTERE ENTERPRISE PRODUCT PARTNERS, LP - ORD		96
(LOSS) EOM MIDSTREAM PARTNERS, LP - ORDINARY	BUSINESS INCOME	-58,44
(LOSS)		-26,68
RONWOOD PARTNERS L.P ORDINARY BUS		239,79
BUSINESS INCOME (LOSS) MAGELLAN MIDSTREAM PARTNERS, LP - ORD	TNADY BUSTNESS TNCOME	35,17
LOSS)	INAKI BODINEDD INCOME	-43,60
IPLX LP - ORDINARY BUSINESS INCOME (L	oss)	-43,33
HILLIPS 66 - ORDINARY BUSINESS INCOM		-40,23
PORTFOLIO ADVISORS REAL ESTATE FUND I	II, L.P ORDINARY	
BUSINESS INCOME (LO PORTFOLIO ADVISORS REAL ESTATE FUND I	II, L.P NET RENTAL	5,95
REAL ESTATE INCOM		-6,86
PORTFOLIO ADVISORS REAL ESTATE FUND I INCOME (LOSS)	II, L.P OTHER	- 8
PORTFOLIO ADVISORS REAL ESTATE FUND I BUSINESS INCOME (LOS	V, L.P ORDINARY	-2,78
PORTFOLIO ADVISORS REAL ESTATE FUND I	V. L.P NET RENTAL	-2,70
REAL ESTATE INCOME	·,	-7,97
PORTFOLIO ADVISORS REAL ESTATE FUND I	V, L.P INTEREST	
NCOME PORTFOLIO ADVISORS REAL ESTATE FUND I	V I. D - DIVIDEND	35
NCOME	V, H.F. DIVIDEND	2
PORTFOLIO ADVISORS REAL ESTATE FUND I	V, L.P OTHER	0.0
NCOME (LOSS) SHELL MIDSTREAM PARTNERS, LP - ORDINA	DV BUSTNESS TNOOME	-85
LOSS)	KI BUSINESS INCOME	-13,58
VESTERN GAS PARTNERS - ORDINARY BUSIN	ESS INCOME (LOSS)	-5,53
ESTERN GAS PARTNERS - ORDINARY BUSIN	ESS INCOME (LOSS)	-38,47
P PRIVATE DEBT PARTNERSHIP FUND III,	LP - ORDINARY	_
BUSINESS INCOME (LOSS)	ID NEW DENMAI DEAT	-6,11
P PRIVATE DEBT PARTNERSHIP FUND III, STATE INCOME	LP - NET KENTAL KEAL	
STATE INCOME PRIVATE DEBT PARTNERSHIP FUND III,	LP - OTHER INCOME	
(LOSS)		20,41
ANDEAVOR LOGISTICS LP - ORDINARY BUSI		-14,10
VP PRIVATE DEBT CO-INVESTMENTS FUND I BUSINESS INCOME (LOSS)	II Ph - OKDINWKA	1,51
DODINEDS INCOME (FOSS)		1,3.

UNIVERSITY OF NORTHERN COLOR	RADO FOUNDATI		84-6044833
BP MIDSTREAM PARTNERS LP - C ENLINK MIDSTREAM PARTNERS LE			-2,946.
(LOSS)	ADDINADU DUGIN	EGG TNGOVE	-2,284.
NOBLE MIDSTREAM PARTNERS, LE	- OKDINAKI BUSIN	ESS INCOME	-1,748.
EQM MIDSTREAM PARTNERS, LP	ORDINARY BUSINES	S INCOME	
(LOSS) MAGELLAN MIDSTREAM PARTNERS,	I.P - ORDINARY RII	SINESS INCOME.	-2,292.
(LOSS)	ORDINAMI BO	DINEDD INCOME	-1,242.
PLAINS ALL AMERICAN PIPELINE	E, L.P ORDINARY	BUSINESS	5 525
INCOME (LOSS) CHENIERE ENERGY PARTNERS, L.	P ORDINARY BUS	INESS INCOME	-5,535.
(LOSS)			-2,065.
NUSTAR ENERGY, L.P ORDINA	ARY BUSINESS INCOM	E (LOSS)	-4,631.
TOTAL INCLUDED ON FORM 990-7	, PAGE 1, LINE 5		-72,143.
FORM 990-T	OTHER DEDUCTI	ons	STATEMENT 2
FORM 990-T DESCRIPTION	OTHER DEDUCTI	ONS	STATEMENT 2 AMOUNT
	OTHER DEDUCTI	ONS	
DESCRIPTION INVESTMENT MANAGEMENT FEES		ONS	AMOUNT 73,290.
DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES TOTAL TO FORM 990-T, PAGE 1,			AMOUNT 73,290. 3,000.
DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES TOTAL TO FORM 990-T, PAGE 1,	LINE 27 OPERATING LOSS D		73,290. 3,000. 76,290.
DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES TOTAL TO FORM 990-T, PAGE 1,	, LINE 27		73,290. 3,000. 76,290.
DESCRIPTION INVESTMENT MANAGEMENT FEES TAX PREPARATION FEES TOTAL TO FORM 990-T, PAGE 1,	LOSS PREVIOUSLY	EDUCTION LOSS	AMOUNT 73,290. 3,000. 76,290. STATEMENT 3 AVAILABLE

FORM 990-T	NET O	PERATING L	OSS DE	DUCTION		STATEMENT	4
TAX YEAR LOSS SU	STAINED	LOSS PREVIOUSL APPLIED		LOSS REMAININ	3	AVAILABLE THIS YEAR	
06/30/17	430,513.	283	,939.	140	5,574.	146,5	74.
06/30/18	115,726.		0.	11!	5,726.	115,7	26.
NOL CARRYOVER AVAIL	ABLE THIS Y	EAR	-	263	2,300.	262,3	100.
FORM 990-T		CONTRIBU	TIONS			STATEMENT	5
DESCRIPTION/KIND OF	PROPERTY	METHOD U	SED TO	DETERMINE	FMV	AMOUNT	
							
VARIOUS		N/A					94.

FORM 990-T	CONTRIBUTI	ONS SUMMARY		STATEMENT	6
	CONTRIBUTIONS SUBJECT TO 1 CONTRIBUTIONS SUBJECT TO				
CARRYOVER	OF PRIOR YEARS UNUSED CONT	RIBUTIONS -		-	
FOR TAX		1,266,622 0,624,420			
	YEAR 2017 YEAR 2018	44			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS		21,891,086 94		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTE	D	21,891,180	_	
	NTRIBUTIONS 0% CONTRIBUTIONS		21,891,180	_	
TOTAL EXC	ESS CONTRIBUTIONS		21,891,180		
ALLOWABLE	CONTRIBUTIONS DEDUCTION				0
TOTAL CON	TRIBUTION DEDUCTION				0

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

м	2	m	0

UNIVERSITY OF NORTHERN COLORADO

FOUNDATION INC.

Employer identification number

84-6044833

Did the corporation dispose of any investmen	Yes X No									
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss										
Part I Short-Term Capital Gains and Losses (See instructions.)										
See instructions for how to figure the amounts to enter on the lines below.	(d) (e) (g) Adjustments to ga		(g) Adjustments to gair or loss from Form(s) 894	ı 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										
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			<u> </u>		18,646.					
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	•		ļ	5						
6 Unused capital loss carryover (attach computa	ation)			6	1					
7 Net short-term capital gain or (loss). Combin			·	7	18,646.					
Part II Long-Term Capital Gai	ns and Losses (See	instructions.)	- r							
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)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Pært II, line 2, column (g	9,	(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					6 770					
Form(s) 8949 with Box F checked		<u></u>			6,778.					
11 Enter gain from Form 4797, line 7 or 9		_		11	28,481.					
12 Long-term capital gain from installment sales		/		12						
13 Long-term capital gain or (loss) from like-kind	a exchanges from Form 8824			13						
14 Capital gain distributions	n lunan On Abanaunh 4.4 un natuum	- L		14	35,259.					
Part III Summary of Parts I and	15	35,255.								
16 Enter excess of net short-term capital gain (lin		al loss (line 15)		16	18,646.					
17 Net capital gain. Enter excess of net long-term	<u>16</u> 17	35,259.								
18 Add lines 16 and 17. Enter here and on Form	18	53,905.								
Note: If losses exceed gains, see Capital Los	10	1 33,,,,,,								
Hote. II 105505 CACCEU Yallis, 500 Capital Los	355 11 110 1134 4640113.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

Department of the Treasury 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

Attachment Sequence No. 12A

UNIVERSITY OF NORTHERN COLORADO

Social security number or taxpayer identification no.

FOUNDATION INC.						84-6	044833
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	tion as Form 10	you received an 99-B Either will	y Form(s) 1099-B show whether you	or substitute staten ir basis (usually you	nent(s) fron r cost) was	n your broker A su reported to the IF	bstitute IS by your
Part Short-Term. Transacti		al assets you held	1 year or less are ge	enerally short-term (see	nstruction	s) For long-term	
transactions, see page 2 Note: You may aggregate all codes are required. Enter the							
You must check Box A, B, or C below. O	Check only one bo	X. If more than one is	oox applies for your sho s, complete as many for	rt-term transactions, comp ms with the same box che	olete a separat icked as you n	e Form 8949, page 1, for	each applicable box
(A) Short-term transactions rep	oorted on Form(s	s) 1099-B showin	ig basis was repo	rted to the IRS (see	Note ab	ove)	
(B) Short-term transactions rep	oorted on Form(s	s) 1099-B showin	ng basis wasn't r	eported to the IRS			
X (C) Short-term transactions no	t reported to you	on Form 1099-	В	· · · · · · · · · · · · · · · · · · ·	r 		
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other	Adjustment, if any, to gain or loss. If you enter an amount		Gain or (loss). Subtract column (e) from column (d) &
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo , day, yr)	(sales price)	basis See the Note below and see Column (e) in the instructions	in column (g), enter a code in column (f). See instructions.		
					IRONWOOD PARTNERS L.P.		
PORTFOLIO ADVISORS REAL							
ESTATE FUND IV,							<27.>
WP PRIVATE DEBT PARTNERSHIP							
FUND III, LP				<u> </u>			<99.>
WP PRIVATE DEBT							
CO-INVESTMENTS FUND III							24.
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2 Totals. Add the amounts in colun	nns (d) (e) (c) a	nd (h) (subtract	<u> </u>				
negative amounts) Enter each tot							

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.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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

Form 8949 (2019)

18,646.

Attachment Sequence No 12A Form 8949 (2019) 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. UNIVERSITY OF NORTHERN COLORADO 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, 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 X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (a) (d) (e) (h) **Proceeds** Cost or other Date acquired Gain or (loss). Description of property Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (f) (g) Amount of combine the result see Column (e) In Code(s) with column (g) the instructions adjustment IRONWOOD PARTNERS L.P. 2.434. PORTFOLIO ADVISORS REAL ESTATE FUND III <3.> PORTFOLIO ADVISORS REAL 4,308. ESTATE FUND IV WP PRIVATE DEBT PARTNERSHIE FUND III, LP З. WP PRIVATE DEBT CO-INVESTMENTS FUND III 36. 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

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)

6,778.

above is checked), or line 10 (if Box F above is checked)