### Extended to May 15, 2023

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30,

ΔΙ	For the	2021 calendar year, or tax year beginning J	UL 1, 2021 and	ending 1	UN 30, 2	022	•						
			, 2022 and	J <b>.</b>	1		cation number						
) <b>ت</b>	Check if applicable	: Name of organization			בווpioyer ול	Jenuiii(	Cautin number						
г	Addres	University of Illinois	Foundation										
H	Name		1 Junuari Dir		37-60	060	0.7						
$\vdash$	chang   Initial	5	vared to atreat address.\	Room/suite	<del> </del>								
H	return _Final	Number and street (or P.0. box if mail is not deli	E Telephone number 217 – 333 – 0810										
	—lreturn/ termin	1305 W Green Street											
	ated Amend	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts		614,191,478.						
H	return □Applic	Olbana, in Oloui	og U Moores T		H(a) Is this a g								
L	tion pendir	F Name and address of principal officer: O alli	es n. moore, Jr	•	for suborc								
	-	same as C above	<b>⊿</b> "	<u> </u>	H(b) Are all subord								
				or 527	┥,		list. See instructions						
		e: ▶ www.uif.uillinois.edu			H(c) Group exe								
		or garman or a constant of the	sociation Other	<b>L</b> Year	of formation: 19	35 N	1 State of legal domicile: IL						
Pa	art I	Summary	_,		<u> </u>								
Ď	1	Briefly describe the organization's mission or most	significant activities: The	Univer	sity of	III.	inois						
anc		Foundation's corporate mi	ssion is to adv	ance t	he inter	est	s and						
Governance	2	Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	23						
প্ত ড	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4	23						
es {		Total number of individuals employed in calendar y				$\overline{}$	175						
ΛįĘ		Total number of volunteers (estimate if necessary)				$\overline{}$	932						
Activities		Total unrelated business revenue from Part VIII, co					35,098.						
∢		Net unrelated business taxable income from Form			$\overline{}$	2,031,217.							
	T		, , := ::		Prior Year	1	Current Year						
ď	8	Contributions and grants (Part VIII, line 1h)		1 2	58,352,0	97.	259,134,775.						
Revenue	1				9,217,8		9,664,172.						
эхе	1	Investment income (Part VIII, column (A), lines 3, 4,			13,431,5		73,905,711.						
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			10,519,4		17,930,390.						
	1				91,520,9		360,635,048.						
	1	Total revenue - add lines 8 through 11 (must equal		2	70,366,3		238,542,475.						
	1	Grants and similar amounts paid (Part IX, column (	\		1,0,500,5	0.	730,342,473						
	1	Benefits paid to or for members (Part IX, column (A			27,357,2		27,411,391.						
Expenses	1	Salaries, other compensation, employee benefits (F			44,0		146,862.						
ĕ	1	Professional fundraising fees (Part IX, column (A), I	. 00 510 0	<u> </u>	44,0	22.	140,002.						
Exp	1	Total fundraising expenses (Part IX, column (D), line	, · ·		21 //0 1	17	21 6// 001						
_	1	Other expenses (Part IX, column (A), lines 11a-11d,			31,449,1								
	1	Total expenses. Add lines 13-17 (must equal Part I				<u> </u>	297,745,609.						
_ ഗ		Revenue less expenses. Subtract line 18 from line	12		62,304,1		62,889,439.						
Net Assets or Fund Balances				Be	ginning of Current		End of Year						
ssei 3alai	20	, , , , , , , , , , , , , , , , , , , ,			3,228,186		3,049,278,109.						
et nd E	21	Total liabilities (Part X, line 26)			71,410,3		75,439,367.						
		Net assets or fund balances. Subtract line 21 from	line 20		3,156,776	,412.	2,973,838,742.						
	art II	Signature Block											
	•	Ities of perjury, I declare that I have examined this return,			•		y knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wl	hich preparer	has any knowledg	e.							
		O'markon of all											
Sig	n	Signature of officer			Date								
Her	re	Christine C. Devocelle	, Treasurer & C	FO									
		Type or print name and title											
		Print/Type preparer's name	Preparer's signature		Date C	heck	PTIN						
Pai	d	Katherine Kurtzman			If	elf-employe							
Pre	parer	Firm's name Frnst & Young U.			Firm's E		34-6565596						
Use	Only	Firm's address 155 N Wacker Dri											
		Chicago, IL 6060			Phone r	10.31	2-879-2000						
Ma	v the IF	RS discuss this return with the preparer shown abo					X Yes No						

Pa	rt III Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	~~
	The University of Illinois Foundation is a nonprofit corporati	
	responsible for encouraging and administering private gifts ma	
	further the University of Illinois's mission. Although the Foundation	
	is a separate entity from the University of Illinois ("Univers	ıty"),
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 238,542,475. including grants of \$ 238,542,475.) (Revenue \$ 26	<u>,502,154.</u> )
	The University of Illinois Foundation makes distributions to t	he
	University of Illinois which uses these distributions in accor-	dance
	with donor intent for many purposes, including student support	, faculty
	support, and research.	<u> </u>
	The state of the s	
4b	(Code:) (Expenses \$	
710	(Code) (Expenses \$\text{	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70	(Code:) (Expenses \$	,
	Other program conject (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	1
1-	(Expenses \$\frac{1}{238,542,475}\$. (Revenue \$\frac{1}{238,542,475}\$.	1
<u>4e</u>	Total program service expenses ► 238,542,475.	Form <b>990</b> (2021)
		(2021)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		22
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<b>.</b>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "	-25	
120	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		7.7	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	· · · · · · · · · · · · · · · · · · ·			

Yee   No   Part IX, column   A), line 2? If "Yee," complete Schedule   Left's and III		rt IV   Checklist of Required Schedules (continued)	3007	P	age <sup>2</sup>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, counting Alie 29 If Yes, "complete Schedule, Part I and III a	ı u	officorrior of frequired contentions (continued)		Yes	No
23 Dd the organization answer "Vest To Part VII, Section A, line 3.4, or 5, about compensation of the organization's current and termer offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I was a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002" if "Yes," answer lines 24b through 24d and complete Schedule II, If "No." to a fore 25a and year exempt bonds or the list of the year of	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No." of to Dine 25a  5 Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? 24b  5 Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? 24c  5 Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? 24c  5 Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24c  5 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c  5 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X  5 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25b X  2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity fincluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X  2 Did the organization party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions:  a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 26b X  Did the organization receive more		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
Schedule J. Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No."; ye to line 25a 24b 1. Did the organization maintain an escrew account other than a refunding secrew at any time during the year to defease any tax exempt bonds?  d Did the organization maintain an escrew account other than a refunding secrew at any time during the year of defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization and the state that the organizations of the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part I 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. I' Tho," por to thim 22a.  24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d Did the organization are an an 'on behalf of' issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds?  25d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I  25a Scholo 501(x)(3), 901(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of these persons? Forms 990 or 990-E27 If "Yes," complete Schedule I. Part II  25d Did the organization part year, exception or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof; or family member of any of these persons? If "Yes," complete Schedule I. Part IV, instructions for applicable filing thresholds, conditions, and exceptions;  25d Was the organization party to a business transaction with not of the officery ingrates (see the Schedule I., Part IV, instructions for applicable filing thresholds, conditions, and exceptions;  25d A Carsin Controlled entity of one or more individuals and/or organization described in line 28a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
sate day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No.'', go to fine 25a  24b  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding secrow at any time during the year?  24c  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d  25a Section 50(16(3), 50(164), 40 50(16)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I., Part I  b Is the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I., Part I  b Is the organization has not been reported on any of the organization is prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule I., Part II  25b  X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former			23	X	
Schedule K. If 'No.' go to line 25s	24a	· · · · · · · · · · · · · · · · · · ·			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d					l
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-wempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   28a Section 501(x)(3), 501(x)(4), and 501(x)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "ves," complete Schedule I., Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 990 or 990527 If "ves," complete Schedule I., Part II   25b   X    25b   Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of namily member of any of these persons? If "Yes," complete Schedule I., Part II   27   X    26c   Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," the part III   27   X    27c   X   28b state organization a party to a business transaction with one of the following parties (see the Schedule I., Part II   27   X    28c   X   27c   X   28b   X    28c   X   28b   X		Schedule K. If "No," go to line 25a			X
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Saction 501(x)3, 501(x)4, and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-E27 // "Yes," complete Schedule L, Part I  25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II  27d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity family member of any of these persons? If "Yes," complete Schedule L, Part III  28d Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If Yes, "complete Schedule L, Part IV.  28a X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part II.  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part II.  31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part II.  31 Did the organization related to any tax exempt or transfer more than \$25			24b		<u> </u>
d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d    25a Section SOI(9)8, 501(9)4, and 501(9)20 reganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I    25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization froms 990 or 990-027 If "Yes," complete Schedule L, Part I    25b   X    27c   Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or formor officer, director, trustee, key employse, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II    27d   Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employse, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    28d   Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28d   Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28d   A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV    28d   A A 33% controlled entity of one or more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV    28d   A 35% controlled entity of one or more individuals and/or organizations escended in line 28a or 28b? If "Yes," complete Schedule L, Part IV    29d   Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M    31 Did the organization sell	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_				<del>                                     </del>
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 if "Yes," complete Schedule L, Part I			24d		<del>                                     </del>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I or Ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	25a				₩
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I  25b			25a		<u> </u>
Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II   26	D				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or framily member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  33 Did the organization related to any tax-exempt or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization related to any			054		l v
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II    26	26		250		
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  10 In			36		<u> </u>
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0	37				₩
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			37		┝┷
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	38	· · · · · · · · · · · · · · · · · · ·		v	
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0	Pai		38	Λ	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0	· a				X
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     383       b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0		Oneon il Ochequie O contains a response oi note to any line ili tilis Part v			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1.	Enter the number reported in box 3 of Form 1096. Enter .0. if not applicable.	3	res	INO
b Effect the fluid bet of 1 of the W 2 d included of the 1 a. Effect of infocuspinous including the 1 a. Effect of infocuspinous included the 1 a. Effect of infocuspinous including the 1 a. Effect			_		
		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

(gambling) winnings to prize winners?

Form 990 (2021) University of Illinois Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X					
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х					
b	If "Yes," enter the name of the foreign country ► See Schedule 0							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a	X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b	Х					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		37					
	to file Form 8282?	7с	Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
f	3 , 3 , 11 , 1 , , , , ,							
g								
h o	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>							
0	sponsoring organizations maintaining donor advised funds. Bid a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9								
	a Did the sponsoring organization make any taxable distributions under section 4966?							
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
р	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans  That the arround of received as head.							
	Enter the amount of reserves on hand	14a		Х				
		14a 14b						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדי						
	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.			_				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		77	
	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Х	
	tion C. Disclosure	2777	~=	~~
17	List the states with which a copy of this Form 990 is required to be filed ►CA, IL, KY, MD, MA, HI, MI, MN, NH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finaı	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Christine C Devocelle - 217-333-0810			
	1305 W Green Street, Urbana, IL 61801		000	
132006	See Schedule O for full list of states	Form	990	(2021)

#### Form 990 (2021)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	lu a u	recto	ir/trus	lee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1033 (420)	and related
	below	Individual trustee	nstitutional trustee	L.	Key employee	Highest compensated employee	La .	13551125)		organizations
	line)	Indivi	Institi	Officer	Key e	Highe emplo	Form			
(1) James H. Moore, Jr.	40.00									
President & CEO	0.00			Х				630,366.	0.	52,449.
(2) Ellen J. Ellison	0.00									
Former Chief Investment Officer	0.00						Х	548,266.	0.	42,081.
(3) Edward B. Creedon-end 3/31/22	40.00									
Interim Chief Investment Officer	0.00			Х				377,583.	0.	106,785.
(4) Christine C. Devocelle	40.00									
Treasurer & COO	0.00			Х				322,672.	0.	52,449.
(5) Edward F. Ewald	40.00									
Executive Vice President	0.00				Х			303,692.	0.	63,731.
(6) Shari M. Fox	40.00									
Senior Vice President	0.00					Х		308,266.	0.	45,457.
(7) Jaime N. Davis	40.00									
Senior Director	0.00				Х			262,036.	0.	65,637.
(8) Margaret A. Cline	40.00									
Vice President	0.00					Х		197,784.	0.	56,397.
(9) Richard H. Darnell, Jr.	40.00									
Senior Vice President	0.00					Х		205,087.	0.	46,660.
(10) Jacquline N. Schweighart	40.00									
Secretary	0.00			Х				184,542.	0.	55,245.
(11) Michelle S. Bolger	40.00									
Assistant Treasurer	0.00			Х				182,123.	0.	54,059.
(12) Wesley W. Curtis-end 6/30/22	40.00									
General Counsel	0.00			Х				193,160.	0.	40,554.
(13) Tyler S. Fitch	40.00									
Vice President	0.00					Х		179,864.	0.	48,168.
(14) Michael A. Davis	40.00									
Chief Technology Officer	0.00				Х			187,126.	0.	40,042.
(15) William E. Reynen	40.00									
Director	0.00					Х		160,132.	0.	35,146.
(16) Kelly L. Bennett	40.00							100 000	_	
Assistant Treasurer	0.00			Х			<u> </u>	139,065.	0.	48,770.
(17) Travis W. Shore-start 4/1/22	40.00	1							_	_
Chief Investment Officer	0.00			Х				0.	0.	0. Form <b>990</b> (2021)

132007 12-09-21

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other					
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(18) Anthony G. DiTommaso	2.00								_			
Chair of the Board	0.00	Х		X				0.	0.	0.		
(19) Richard C. Osborne	2.00											
Chair Elect	0.00	Х		Х				0.	0.	0.		
(20) Kay M. Schwichtenberg	2.00								_			
Immediate Past Chair of the Board	0.00	Х		Х				0.	0.	0.		
(21) Shakeeb A. Alam	2.00							_	_	_		
Director	0.00	X						0.	0.	0.		
(22) Donald E. Bielinski Director	2.00	x						0.	0.	0.		
(23) Mark D. Coe	2.00							•		•		
Director	0.00	х						0.	0.	0.		
(24) Alan D. Feldman	2.00											
Director	0.00	х						0.	0.	0.		
(25) Laura L. Fraley	2.00											
Director	0.00	Х						0.	0.	0.		
(26) Alejandra Garza-start 9/30/21	2.00											
Director	0.00	Х						0.	0.	0.		
1b Subtotal							<b>▶</b>	4,381,764.	0.	853,630.		
c Total from continuation sheets to Part VII, Section A							<b></b>	0.	0.	0.		
d Total (add lines 1b and 1c)	<u>.</u>						<u> </u>	4,381,764.	0.	853,630.		
2 Total number of individuals (including but	not limited to th	IOSE	liste	d al	hove	2) w/h	no re	eceived more than \$100	000 of reportable			

compensation from the organization

3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Sunriver Management LLC, 2 Sound View	Investment	
Drive, 2nd Floor, Greenwich, CT 06830	management	1,488,992.
Council Capital Funds Management, LLC, 30	Investment	
Burton Hills Blvd, Suite 576, Nashville,	management	1,113,213.
Permian Investment Partners, 295 Madison	Investment	
Avenue, 34th Floor, New York, NY 10017	management	1,084,031.
EqCEF II, LLC, 411 NW Park Avenue, Suite	Investment	
401, Portland, OR 97209	management	960,282.
One Fin Capital Management, One Letterman	Investment	
Dr, Suite C3-400, San Francisco, CA 94129	management	902,659.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization > 36		

See Part VII, Section A Continuation sheets

Form 990 University	ty of 1	LΙΙ	lno	118	3 I	<u>''Ol</u>	inc	ation	37-600	6007
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)	(C)						(D)	(F)	
Name and title	Average			Pos		1		Reportable	<b>(E)</b> Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per	<u> </u>				П	<u>, , , , , , , , , , , , , , , , , , , </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m:		organization	(W-2/1099-MISC)	from the
	hours for	ndividual trustee or director	يو			Highest compensated employee		(W-2/1099-MISC)		organization
	related	stee	ruste		a.	bens				and related
	organizations	lal tru	Institutional trustee		Key employee	com				organizations
	below	Jivid	stituti	Officer	yem	jhest	Former			
	line)	Ĕ	Ë	₽	ş.	Ξ̈́	Ы			
(27) Karen M. Golz	2.00	l								
Director	0.00	Х						0.	0.	0.
(28) Mary Kay Haben	2.00									
Director	0.00	Х						0.	0.	0.
(29) Cynthia M. Helle-start 9/30/21	2.00									
Director	0.00	Х						0.	0.	0.
(30) Stuart L. Levenick	2.00									
Director	0.00	х						0.	0.	0.
(31) Leon J. Loichle	2.00									
Director	0.00	х						0.	0.	0.
(32) Jean M. Manning	2.00								•	
Director	0.00	x						0.	0.	0.
(33) A. Helen McGrath	2.00								•	
Director	0.00	Х						0.	0.	0.
(34) Sam Mendenhall	2.00							0.	•	•
	0.00	Х						0.	0.	0.
Director	2.00	Δ						0.	0.	0.
(35) Saul J. Morse	0.00	х						0.	0.	0.
Director	2.00	Δ						0.	0.	0.
(36) Deborah A. Paul		٠,						0.	0	0
Director	0.00	Х						0.	0.	0.
(37) Mary Ellen Penicook	2.00	,,								•
Director	0.00	Х						0.	0.	0.
(38) Jose L. Santillan	2.00	l								
Director	0.00	X						0.	0.	0.
(39) Khawar M. Siddique	2.00							_	_	_
Director	0.00	Х						0.	0.	0.
(40) Paul T. Tucker	2.00									
Director	0.00	Х						0.	0.	0.
		l								
		l	<u> </u>	<b>I</b>		<u> </u>				
Total to Dout VIII. Continue A. Born de										
Total to Part VII, Section A, line 1c										

		Check if Schodula Coontains a response of	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response of	r note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido		business revenue	from tax under
							sections 512 - 514
nts	1 a	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues 1b					
S, C	(	Fundraising events 1c					
a it		d Related organizations 1d	3,993.				
a,e		Government grants (contributions) 1e					
Sign		All other contributions, gifts, grants, and					
ig E	'		259,130,782.				
흥탕							
o p		Noncash contributions included in lines 1a-1f	64,574,040.	050 124 555			
<u>a</u>	<u> </u>	Total. Add lines 1a-1f	·····	259,134,775.			
			Business Code				
e c	2 8	University Contract & Budget	813211	9,440,509.	9,440,509.		
Program Service Revenue	ŀ	Annual Funds	813211	223,663.	223,663.		
S Z	(	>					
eve	(	<u> </u>					
Pg R	•						
Pr		All other program service revenue					
		Total. Add lines 2a-2f		9,664,172.			
-	3	Investment income (including dividends, interes		-,,			
	3	the state of the s		20,387,639.		35,098.	20,352,541.
		other similar amounts)		20,307,039.		33,030.	20,332,341.
	4	Income from investment of tax-exempt bond pr	T				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 1,606,940.					
	ŀ	Less: rental expenses 6b 514,532.					
	(	Rental income or (loss) 6c 1,092,408.					
	(	Net rental income or (loss)		1,092,408.			1,092,408.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 305,798,613.	761,357.				
	ŀ	Less: cost or other basis					
e e		and sales expenses <b>7b</b> 252,148,634.	893,264.				
en		Gain or (loss) 7c 53,649,979.	-131,907.				
Revenue				53,518,072.			53,518,072.
er		d Net gain or (loss)	·····	33,310,072.			33,310,072.
Oth	8 8	a Gross income from fundraising events (not					
٥		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	ŀ	Less: direct expenses 8b					
	(	Net income or (loss) from fundraising events .	<b>&gt;</b>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	,				
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
sn		Paris - Paris -	Business Code	10 000 005	10 000 005		
e e	11 a	Athletic Receipts	813211	12,082,085.	12,082,085.		
lan	ŀ	Non-Gift Revenue (Sales, Auctions	813211	4,359,997.	4,359,997.		
Miscellaneous Revenue	•						
Risi	(	d All other revenue	813211	395,900.	395,900.		
	•	Total. Add lines 11a-11d	<b>&gt;</b>	16,837,982.			
	12	Total revenue. See instructions		360,635,048.	26,502,154.	35,098.	74,963,021.

132009 12-09-21

	on 501(c)(3) and 501(c)(4) organizations must com	-			
	Check if Schedule O contains a respon	<del></del>			(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	( <b>C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 $\dots$	238,520,075.	238,520,075.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,400.	22,400.		
2	, , , , , , , , , , , , , , , , , , , ,	22/1001	22,1001		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,202,192.		3,238,377.	963,815
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	17,172,971.		6,193,387.	10,979,584
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,188,109.		584,185.	603,924
9	Other employee benefits	3,883,336.		1,900,366.	
10	Payroll taxes	964,783.		538,957.	425,826
11	Fees for services (nonemployees):				
а	Management				
	Legal	120,034.		120,034.	
	Accounting	430,499.		430,499.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	146,862.			146,862
f	Investment management fees	19,513,129.		19,513,129.	
	Other. (If line 11g amount exceeds 10% of line 25,	2 ((1 002		E01 400	0 070 000
	column (A), amount, list line 11g expenses on Sch 0.)	3,661,283.		781,483.	2,879,800
12	Advertising and promotion	130,373.		1 001 166	130,373
13	Office expenses	1,293,601.		1,001,466.	292,135
14	Information technology	1,888,998.		1,568,126.	320,872
15	Royalties	001 111		000 000	0 0 0 0 0 0
16	Occupancy	931,141.		922,268.	8,873
17	Travel	505,698.		112,037.	393,661
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	055 624		41 041	012 602
19	Conferences, conventions, and meetings	855,634.		41,941.	813,693
20	Interest	96,859.		96,857.	2
21	Payments to affiliates	1 000 660		1 000 660	
22	Depreciation, depletion, and amortization	1,298,660.		1,298,660.	
23	Insurance	38,304.		38,304.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Marketing & communicati	290,069.		93,948.	196,121
b	Online research tools	263,755.		103,083.	160,672
С	Membership & dues	219,727.		28,326.	191,401
d		-		-	<del>-</del>
	All other expenses	107,117.		86,847.	20,270
25		297,745,609.	238,542,475.	38,692,280.	20,510,854
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	i			

art X	Balance Sheet					
	Check if Schedule O contains a response or note	e to an	y line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments			9,449,620.	2	9,005,932
3	Pledges and grants receivable, net			234,000,000.	3	233,000,000
4	Accounts receivable, net			2,754,977.	4	4,288,009
5	Loans and other receivables from any current or	forme	officer, director,			
	trustee, key employee, creator or founder, substa	antial o	contributor, or 35%			
	controlled entity or family member of any of thes	e pers	ons		5	
6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
	under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
3 7	Notes and loans receivable, net			62,990.	7	59,365
8	Inventories for sale or use				8	
t 9	<b>5</b>			1,872,106.	9	1,659,801
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	166,641,965.			
b	Less: accumulated depreciation		15,075,476.		10c	151,566,489
11	Investments - publicly traded securities	518,827,434.	11	463,856,693		
12	Investments - other securities. See Part IV, line 1	2,272,507,279.	12	2,112,106,32		
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	71,385,256.	15	73,735,491		
16	Total assets. Add lines 1 through 15 (must equa			3,228,186,729.	16	3,049,278,10
17	Accounts payable and accrued expenses	9,364,273.	17	15,992,976		
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
g 22	Loans and other payables to any current or form	er offic	er, director,			
22	trustee, key employee, creator or founder, substa	antial o	contributor, or 35%			
<u>}</u>	controlled entity or family member of any of thes	e pers	ons		22	
23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
24	Unsecured notes and loans payable to unrelated	third	oarties	7,776,979.	24	9,812,805
25	Other liabilities (including federal income tax, pay	/ables	to related third			
	parties, and other liabilities not included on lines	17-24)	. Complete Part X			
	of Schedule D			54,269,065.	25	, , ,
26	Total liabilities. Add lines 17 through 25			71,410,317.	26	75,439,367
,	Organizations that follow FASB ASC 958, chee	ck her	e 🕨 🗓			
<u> </u>	and complete lines 27, 28, 32, and 33.					
27				73,198,936.	27	75,389,600
28	Net assets with donor restrictions			3,083,577,476.	28	2,898,449,14
<b>.</b>	Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 📖			
;	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipment fund				30	
	Retained earnings, endowment, accumulated income, or other funds			l	31	l
31	Retained earnings, endowment, accumulated inc					
27 28 29 30 31 32				3,156,776,412. 3,228,186,729.	32	2,973,838,74 3,049,278,10

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2		74		
3	Revenue less expenses. Subtract line 2 from line 1	3		,88		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,156			
5	Net unrealized gains (losses) on investments	5	-246	,81	4,1	38.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		98	7,0	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,973	,83	8,7	42.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization University of Illinois Foundation 37-6006007 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

800	talls to qualify under the tests	s listed below, pież	ise complete Fart				
	etion A. Public Support	( ) 0047	(1) 0040	( ) 2040	( n 0000	( ) 0004	(0 T + 1
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	312 205 478	310 117 475	270 511 /00	258 352 007	250 134 775	1418321324.
•	include any "unusual grants.")	312,203,478.	318,117,475.	270,511,499.	258,352,097.	259,134,775.	1410321324.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	312,205,478.	318,117,475.	270,511,499.	258,352,097.	259,134,775.	1418321324.
	The portion of total contributions	,,	,,				
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						240,932,680.
6	Public support. Subtract line 5 from line 4.						1177388644.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	312,205,478.	318,117,475.	270,511,499.	258,352,097.	259,134,775.	1418321324.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	19,373,448.	18,423,460.	16,229,326.	19,693,179.	21,994,579.	95,713,992.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1514035316.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12 121	,616,624.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2021 (					14	77.76 %
	Public support percentage from 2020					15	76.50 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the d						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		•	•	•	VI how the organiz	ation
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the				-		<b>▶</b> □
40	organization meets the facts-and-circ		-	•			<b>\</b>
18	<b>Private foundation.</b> If the organization	on did not check a	<u>00x on line 13, 16</u>	a, 160, 17a, or 17l	o, cneck this box a	ina see instruction	s 🟲 📖

Schedule A (Form 990) 2021

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504( )(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				<b>P</b>
						Laci	0.4
	Public support percentage for 2021 (					15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

За

	dule A (Form 990) 2021 University of Illinois F			37-6006007 Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting					
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must c	omple	ete Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				

8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C - Distributable Amount	Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Recoveries of prior-year distributions

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ıed)	
Secti	on D	- Distributions		·		Current Year
1	Amou	unts paid to supported organizations to accomplish exe		1		
2	Amou	unts paid to perform activity that directly furthers exemp	ot purposes of supported			
	orgar	nizations, in excess of income from activity		2		
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amou	unts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Othe	r distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distri	butions to attentive supported organizations to which the	ne organization is responsiv	е		
	(provi	ide details in Part VI). See instructions.			8	
9_	Distri	butable amount for 2021 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
Secti	on E -	- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distri	butable amount for 2021 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2021 (reason-				
	able	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2021				
a	From	2016				
b	From	2017				
c	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2021 distributable amount				
i_	Carry	over from 2016 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distri	butions for 2021 from Section D,				
	line 7	: \$				
a	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2021 distributable amount				
c	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5		aining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than:	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
		VI. See instructions.				
7	Exce	ss distributions carryover to 2022. Add lines 3j				
	and 4					
_8_		kdown of line 7:				
		ss from 2017				
		ss from 2018				
		ss from 2019				
d	Exces	ss from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

University of Illinois Foundation

**Employer identification number** 37-6006007

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Denoi danico idinac	(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ad funde
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. P	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located ►	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simila	ar Asse	<b>ts</b> (continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	I ☐ Loan or exc	hange program					
b	Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's c	ollection?		L	Yes	└── No	
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes" o	n Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	<u> </u>							
1a	Is the organization an agent, trustee, custod		•				7		
	on Form 990, Part X?					L	Yes	└── No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance				1f		1.,		
	Did the organization include an amount on F				•		Yes	∐ No	
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	aare hack	(e) Four y	pare hack	
	Destruite a of consultation of	` '		2,141,968,910.	+				
	Beginning of year balance	· · ·	<del>' ' ' '</del>	<del>  ' ' '                               </del>	<del></del>			789,922.	
	Contributions	92,809,763. -240,112,903.		<del>  ' ' '                               </del>	<u> </u>	54,472.		116 182	
	Net investment earnings, gains, and losses	-240,112,903.	390,310,179.	-70,212,587.	7,0	57,669.	30,4	116,182.	
	Grants or scholarships								
е	Other expenditures for facilities	1 612 344	1 376 181	2,668,976.	5.8	12,150.	c	986,996.	
	and programs	44,022,257.			<u> </u>	52,226.		509,011.	
	Administrative expenses  End of year balance			2,112,155,909.	<del></del>		<u> </u>		
9 2	Provide the estimated percentage of the cur				2,141,5	00,040.	2,005,0	20,073.	
	Board designated or quasi-endowment	18.2400	% Column (	ajj rielu as.					
	Permanent endowment   80.5400	%							
	1 0000								
·	The percentages on lines 2a, 2b, and 2c sho	, -							
3a	Are there endowment funds not in the posses	-	ation that are held a	and administered for	the organiz	ation			
-	by:	ocion or the organiz	ation that are more	ara aariii ilotoroa ioi	tilo organiz	ation	Y	es No	
	(i) Unrelated organizations							X	
	(ii) Related organizations						<del>\ \\</del>	X	
b	If "Yes" on line 3a(ii), are the related organiza							X	
4	Describe in Part XIII the intended uses of the							<u> </u>	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a.	See Form 990, Part >	۲, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	t or other (c)	Accumulate	d	(d) Book	value	
	· ·	basis (investr		(other) de	epreciation				
1a	Land	101,837,						,835.	
	Buildings	4 554		8,787.	572,09			,140.	
	Leasehold improvements				940,96			,101.	
d	Equipment		10,71	3,830. 7,	562,41	L7.	3,151	,413.	
<u>e</u>	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		<b>▶</b> 15	1,566	,489.	
						Schedule	D (Form	990) 2021	

Schedule D (	(Form 990)	) 2021	University	of	Illinois	Foundation	
Part VII	Investn	nents - Ot	her Securities.				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12

		115. 330 1 3111 333, 1 411 7, 1115 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	633,601,621.	End-of-Year Market Value
(3) Other		
(A) Alternative investments -		
(B) non-exchange traded	1,345,427,369.	End-of-Year Market Value
(C) Real estate trusts &		
(D) partnerships	114,465,329.	End-of-Year Market Value
(E) Private equity at cost	18,611,906.	Cost
(F) Other investments	104.	End-of-Year Market Value
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,112,106,329.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>b</b>

#### Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Annuities payable	47,474,939.
(3)	Remainder interest due to others	2,158,647.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	49,633,586.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	93,497,128.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-246,814,138.		
b	Donated services and use of facilities	2b	-246,814,138. 1,572,234.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	987,029.		
	Add lines 2a through 2d			2e	-244,254,875.
3	Subtract line 2e from line 1			3	337,752,003.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,883,045.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	22,883,045.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	360,635,048.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	276,434,798.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,572,234.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,572,234.
3	Subtract line 2e from line 1			3	274,862,564.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,883,045.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	22,883,045.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	297,745,609.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			4; Parl	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional in	formation.		
Pai	ct V, line 4:				
The	e University of Illinois Foundation's endow	men	t funds are	int	ended for
	. h. the Maineraite of Tilineia When each		d 6		
use	e by the University of Illinois. When each	ı en	dowment fund	LIS	
est	ablished it is set up with a purpose code	bas	ed on donor	int	ent.
Exa	amples of these codes include scholarships,	pr	ofessorships	, r	esearch,
fac	cilities, etc.				
Pai	ct X, Line 2:				
Mar	nagement has evaluated its material tax pos	iti	ons, which i	nc1	ude such
mat	ters as the tax exempt status of each enti	tv	and various	pos	itions

uncertain tax benefits identified and recorded as a liability. Schedule D (Form 990) 2021 132054 10-28-21

relative to potential sources of UBI. As of June 30, 2022, there were no

Schedule D (Form 990) 2021 University of Illinois Foundation    Part XIII   Supplemental Information (continued)	37-6006007 Page 5
Part XIII   Supplemental Information (continued)	
Part XI, Line 2d - Other Adjustments:	
Actuarial adjustment	
Actualial adjustment	

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### Statement of Activities Outside the United States

lacktriangle Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public Inspection

Name of the organization

**Employer identification number** 

University of I	llinois	Foundati	on		37-60060	07
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the orgar	nization answered	"Yes" on
Form 990, Part I\	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	. —
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? L	」Yes        No
<u>-</u>	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance ou	itside the
United States.						
3 Activities per Region. (Ti	he following Part (b) Number of	(c) Number of	an be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Region	offices	`émployees,	(by type) (such as, fundraising, pro-	` '	gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to	•	e specific type	for and
		contractors	recipients located in the region)		e(s) in the region	investments in the region
		in the region				
East Asia and the						
Pacific	0	0	Fundraising			1,027.
			-			, -
Europe (Including						
Iceland & Greenland)	0	1	Fundraising			42,911.
Europe (Including						
<pre>Iceland &amp; Greenland)</pre>						
- Albania, Andorra,						
Austria, Belgium	0	0	Investment oversight			5,767.
Central America and			Legal domicile of endowment			
the Caribbean	0	0	investments			379,713,526.
Date Baile and the						
East Asia and the Pacific	0	,	Legal domicile of endowment			22 251 555
Pacific	0	0	investments			22,251,555.
Europe (Including			Legal domicile of endowment			
Iceland & Greenland)	0	0	investments			33,705,391.
	<u> </u>					-5,.55,332.
Middle East and			Legal domicile of endowment			
North Africa	0	0	investments			8,186,125.
						<del>                                     </del>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

Schedule F (Form 990) 2021

37,699,093.

481,605,395.

1,066,176.

482,671,571.

North America

and 3b)

3 a Subtotal .....

**b** Total from continuation

sheets to Part I .........
c Totals (add lines 3a

Legal domicile of endowment

0

investments

Part I Continuation	n of Activitie	s per Regio	1.(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
			Legal domicile of endowment		
Sub-Saharan Africa	0		investments		1,066,176.
Totals					1 066 176

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (b) IRS code section (g) Amount of (h) Description (i) Method of (e) Amount (f) Manner of (d) Purpose of (a) Name of organization of noncash (c) Region valuation (book, FMV, noncash and EIN (if applicable) grant of cash grant cash disbursement assistance assistance appraisal, other) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

37-6006007

Schedule F (Form 990) 2021

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2021

37-6006007

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

## Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

University of Illinois Foundation

Employer identification number

University of Illinois Foundation 37-6006007 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Marts & Lundy - 160 Chubb Yes No Х 0 Avenue, Suite 303, Lyndhurst, Fundraising counsel 104,012 -104,012. Grenzebach Glier & Associates 0. 200 South Michigan Avenue Fundraising counsel Х 42,850 -42,850. 146,862, -146 862 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

See Part IV for continuations

Schedule G (Form 990) 2021

_				nois Foundati		-6006007 Page 2
Pa	rt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and gro				
		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)		F	(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	_	2000. Commiscations				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa		Net income summary. Subtract line 10 from lin				
ГС	11 L 1	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	riswered tes on For	m 990, Part IV, line 19, or	reported more than	
		313.000 OH FOHH 990-EZ. IIIIE 0a.				
enne		\$13,000 OH FORM 990-EZ, lifte 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1		(a) Bingo		(c) Other gaming	1
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	1
	1 2		(a) Bingo		(c) Other gaming	1
Expenses	2	Gross revenue	(a) Bingo		(c) Other gaming	1
		Gross revenue	(a) Bingo		(c) Other gaming	1
Expenses	3	Gross revenue  Cash prizes  Noncash prizes	(a) Bingo		(c) Other gaming	1
Expenses	3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo  Yes %	bingo/progressive bingo	(c) Other gaming  Yes%  No	col. (a) through col. (c))
Expenses	3 4 5 6	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor		bingo/progressive bingo  Yes%  No	Yes %	col. (a) through col. (c))
Expenses	3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		bingo/progressive bingo  Yes%	Yes %	col. (a) through col. (c))
Expenses	3 4 5 6	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No 5 in column (d)	bingo/progressive bingo  Yes%  No	Yes% No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7 th	Yes% No 5 in column (d)	bingo/progressive bingo  Yes%  No	Yes% No	col. (a) through col. (c))
<b>6</b> Direct Expenses	3 4 5 6 7 8 Ent	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No 5 in column (d) from line 1, column (d)	bingo/progressive bingo  Yes%  No	Yes% No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 Enrist	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7 the state(s) in which the organization conductions are summary.	Yes% No 5 in column (d) from line 1, column (d)	bingo/progressive bingo  Yes%  No	Yes% No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 Enrist	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7 the state(s) in which the organization conduction acide organization licensed to conduct gaming acides.	Yes% No 5 in column (d) from line 1, column (d)	bingo/progressive bingo  Yes%  No	Yes% No	col. (a) through col. (c))

Schedule G (Form 990) 2021

**b** If "Yes," explain: \_

132082 10-21-21

Sch	edule G (Form 990) 2021 University of Illinois Foundation 37-6	006007	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Division of the contract of th		
	Director/officer Employee Independent contractor		
47	Mandatan, diatributiona		
	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
<b>L</b>	retain the state gaming license?	165	NO
D	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linos Ω	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ii iii, iii ies 5,	30, 100,
-	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraiser	·s:	
	nedate of fact if time to, time of feet nighted fact fundialises		
(i	) Name of Fundraiser: Marts & Lundy		
<u>`</u>	, <u>-</u>		
(i	) Address of Fundraiser:		
<u>`-</u>	, indicase of fundialists.		
16	0 Chubb Avenue, Suite 303, Lyndhurst, NJ 07071		
	The state of sales of a state of the order		
(i	) Name of Fundraiser: Grenzebach Glier & Associates		
<u>, -</u>	,		
(i	) Address of Fundraiser:		
$\frac{1}{20}$			
		ule G (Form	990) 2021

#### SCHEDULE I (Form 990)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

#### University of Illinois Foundation

Employer identification number

Universit	:A OT III]	inois Founda	ation			l	3/-600600/
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the selec	etion
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to recipient that received more than	_				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
University of Illinois						Artwork,	
506 S. Wright St., 108 Henry						Books,	
Administration Building - Urbana,						Equipment, and	Support for the
IL 61801	37-6000511	501 (c) 3	227,355,660.	9,106,133.	FMV/Appraisal	Other Similar	University of Illinois
University of Illinois Alumni Association - 601 S. Lincoln Avenue - Urbana, IL 61801	37-6006004	501 (c) 3	1,804,712.	0.			Support on behalf of the University of Illinois
Orthopterists Society							
2417 Fields South Drive							Support on behalf of the
Champaign, IL 61822	38-2214605	501 (c) 3	182,000.	0.			University of Illinois
Carle Development Foundation 611 W. Park St., 7th Floor Urbana, IL 61801	37-1159978	501 (c) 3	30,000.	0.			Support on behalf of the University of Illinois
Cunningham Children's Home 1301 North Cunningham Avenue Urbana, IL 61803	37-0662521	501 (c) 3	5,220.	0.			Support on behalf of the University of Illinois
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				<b>&gt;</b> 5.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

See Part IV for Column (g) descriptions

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Fellowship	2	20,400.	0.		
		,			
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	ne 2; Part III, column	ı (b); and any other a	dditional information.	
Part II, line 1, Column (g):					
Name of Organization or Governmen	t: Univer	sity of Il	linois		
(g) Description of Non-cash Assis	tance: Ar	twork, Boo	ks, Equipm	ent, and	
Other Similar Items					
Form 990 Schedule I Part I					
The University of Illinois Founda	tion does	not admin	ister the	other	
assistance. The funds are transf	erred to	the Univer	sity of Il	linois or	
organizations on their behalf whi	ch admini	ster the f	unds.		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

University of Illinois Foundation

Employer identification number 37-6006007

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) James H. Moore, Jr.	(i)	524,556.	105,000.	810.	21,850.	30,599.	682,815.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Ellen J. Ellison	(i)	259,906.	47,055.	241,305.	21,660.	20,421.	590,347.	47,055.
Former Chief Investment Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Edward B. Creedon-end 3/31/22	(i)	334,550.	43,033.	0.	90,979.	15,806.	484,368.	18,033.
Interim Chief Investment Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Christine C. Devocelle	(i)	293,574.	25,000.	4,098.	21,850.	30,599.	375,121.	0.
Treasurer & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Edward F. Ewald	(i)	298,460.	0.	5,232.	37,215.	26,516.	367,423.	0.
Executive Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Shari M. Fox	(i)	305,766.	2,500.	0.	22,610.	22,847.	353,723.	0.
Senior Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Jaime N. Davis	(i)	237,036.	25,000.	0.	43,732.	21,905.	327,673.	0.
Senior Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Margaret A. Cline	(i)	197,784.	0.	0.	25,798.	30,599.	254,181.	0.
Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Richard H. Darnell, Jr.	(i)	205,087.	0.	0.	16,061.	30,599.	251,747.	0.
Senior Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Jacquline N. Schweighart	(i)	181,127.	0.	3,415.	24,646.	30,599.	239,787.	0.
Secretary	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Michelle S. Bolger	(i)	182,123.	0.	0.	23,460.	30,599.	236,182.	0.
Assistant Treasurer	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Wesley W. Curtis-end 6/30/22	(i)	193,160.	0.	0.	24,207.	16,347.	233,714.	0.
General Counsel	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Tyler S. Fitch	(i)	179,864.	0.	0.	23,233.	24,935.	228,032.	0.
Vice President	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Michael A. Davis	(i)	187,126.	0.	0.	14,737.	25,305.	227,168.	0.
Chief Technology Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) William E. Reynen	(i)	160,132.	0.	0.	20,669.	14,477.	195,278.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Kelly L. Bennett	(i)	136,450.	2,615.	0.	18,171.	30,599.	187,835.	0.
Assistant Treasurer	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2021

#### Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II, Also complete this part for any additional information.

#### Part I, Line 1a:

Travel for companions:

James H. Moore, Jr. - to assist with business purpose of trip - not treated

as taxable income

#### Social Club Dues:

James H. Moore, Jr. - % of personal use treated as taxable compensation

Richard H. Darnell, Jr. - % of personal use treated as taxable compensation

Christine C. Devocelle -% of personal use treated as taxable compensation

Edward F. Ewald - % of personal use treated as taxable compensation

Shari M. Fox - % of personal use treated as taxable compensation

Jacquline N. Schweighart - % of personal use treated as taxable

compensation

#### Part I, Line 3:

The Executive Committee shall have a Compensation Subcommittee that approves key elements of an overall compensation program which may include performance based compensation. The Compensation Subcommittee shall include at least three members of the Executive Committee and be chaired by the

Schedule J (Form 990) 2021

#### Part III | Supplemental Information

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II, Also complete this part for any additional information.

Immediate Past Chair of the Board of Directors. The President of the Foundation and the President of the University of Illinois shall serve as ex officio non-voting members of the Compensation Subcommittee and shall not count toward a quorum.

The Compensation Sub-committee (committee) uses comparability data that is prepared by or commented upon by a competent professional. The data reflects similar organizations and/or entities from which the Foundation may attract executive talent and provides compensation levels paid by similarly situated organizations for functionally comparable positions. The President of the Foundation may assume the task of collecting the data and using it, along with a Foundation philosophy/strategy regarding compensation to make recommendations to be approved by the committee for compensation packages of any disqualified person except him/herself. The committee should review the information presented, consider the recommendation of the President and debate the issues of compensation for each individual openly and should, thereafter, make a decision by voting. The committee reviews compensation of all disqualified persons including all employees who have substantial influence over the affairs of the

#### Part III Supplemental Information

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

organization. Substantial influence is defined as having ultimate
responsibility for implementing the decisions of the governing body or for
supervising the management, administration, or operation of the
organization. These positions include the President/CEO, Senior Vice
President(s), employed Secretary and Assistant Secretaries, Treasurer,
Chief Investment Officer, Controller, employed Assistant Treasurer(s), and
any person who manages a discreet segment or activity of the organization
that represents a substantial portion of the activities, assets, income or
expenses of the organization. This process in undertaken for each position
on an annual basis.

#### Part I, Line 4a:

Ellen J. Ellison - \$240,623 paid in 5 installments

#### Part I, Line 7:

Edward Creedon and Jaime Davis receive a portion of their compensation
based on qualitative and quantitative performance goals that require a
level of discretion by management.

Fart III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Additional Supplemental Information
The Vice Chancellors for Institutional Advancement at each university
within the University of Illinois system (Chicago, Springfield, and
Urbana-Champaign) share a reporting line to the Chancellor at each
university as well as the University of Illinois Foundation President.
They provide services similar to University of Illinois Foundation key
employees, however they are paid directly by the University of Illinois
which is not a related organization per IRS definition. The Univeristy
of Illinois Foundation's compensation subcommittee does review the
compensation of the Vice Chancellors.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization University of Illinois Foundation **Employer identification number** 37-6006007

Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed		rted on /III, line 1g		(d) Method of de oncash contribu	tion a	moun	
1	Art - Works of art	X	79	766	5,080.	FMV	methods	va	ry	by
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X		22	2,879.	FMV	methods	va	ry	by
5	Clothing and household goods									
6	Cars and other vehicles	X	2	6	5,175.	FMV	methods	va	ry	by
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	326	37,132	2,907.	FMV	methods	va	ry	by
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution - Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential	X	1				methods			
16	Real estate - Commercial	X	1				methods			
17	Real estate - Other	X	13	8,397	7,525.	FMV	methods	va	ry	by
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other $\blacktriangleright$ ( Beneficial in )	X	4				methods			
26	Other (Equipment)	X	67				methods			
27	Other ► (Other)	X	85	1,051	L,628.	FMV	methods	va	ry	by
28	Other ()									
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	contributions						
	for which the organization completed Form 82	283, Part V, [	Donee Acknowledg	jement	29				349	<u> </u>
									Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, Iir	nes 1 throu	gh 28,	that it			1
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't requi	ired to be ι	ised fo	•			
	exempt purposes for the entire holding period	?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstanda	ard contrib	utions?		31		X
32a	Does the organization hire or use third parties contributions?		•					32a	Х	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in	column (c) fo	r a type of propert	y for which colum	ın (a) is che	ecked,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule M, Part I, Column (b):
Numbers represent the number of contributions
Schedule M, Line 32b:
The Foundation engages 3rd parties to sell non-cash contributions. We
use the services of real estate agents to sell gifts of property and
brokerage firms to sell securities gifts.
Schedule M, Line 33:
The values reported on Schedule M vary from the non-cash contributions
reported on Form 990 Part VIII line G due to changes in pledges
receivable and deferred/trust gifts. The contribution revenue for a
pledge and irrevocable deferred/trust gift is recorded in the year the
documentation is executed. In the year the pledge or deferred gift is
realized, the contribution will show up in Schedule M only if it was
fulfilled with a non-cash item (i.e. securities) but will be offset
with a reduction in pledges receivable or actuarial adjustment revenue,
which is not displayed on Schedule M.

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

University of Illinois Foundation

Employer identification number 37-6006007

Form 990, Part I, Line 1, Description of Organization Mission:

welfare of the University of Illinois. As stated in its Articles of
Incorporation, the role of the Foundation is procuring private support
on behalf of the University. The Foundation functions as the
independent official fundraising and private gift-receiving
organization for the University of Illinois. The Foundation works
hand-in-hand with the President of the University of Illinois System
and the Chancellor for each university to identify strategic private
support priorities, create suitable fundraising strategies and tactics,
and implement and evaluate appropriate development programs. In its
role of developing private gifts, the Foundation leads the effort to
plan and mount special fundraising initiatives, as well as annual
giving programs and major capital campaigns, working in collaboration
with a network of University development professionals.

Form 990, Part I, Line 6

This number represents the number of Foundation Members. Foundation

Members have an ongoing engagement with the University characterized by

extraordinary financial support, advocacy and involvement.

Form 990, Part III, Line 1, Description of Organization Mission:
the Foundation's sole reason for existence is to serve the University.

Form 990, Part V, Line 4b, List of Foreign Countries:

Colombia, United Kingdom, Indonesia, Canada,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

 Schedule O (Form 990) 2021
 Page 2

Name of the organization

University of Illinois Foundation

Belgium, Japan, Cayman Islands, South Korea,

Russia, Brazil, China, Czech Republic,

Greece, Hungary, Israel, Malaysia,

Mexico, Turkey, Poland, Denmark

Form 990, Part VI, Section A, line 1a:

The Board of Directors shall elect from its own body an Executive Committee of five (5) or more Governing Directors which shall have and exercise all of the powers of the Board of Directors while the Board of Directors is not in meeting. The Chair of the Board of Directors shall serve as chair and shall be an ex officio voting member of the Executive Committee and count The Immediate Past Board Chair and the Chair-Elect of the toward a quorum. Board shall be ex officio voting members of the Executive Committee and count toward a quorum. The Chair-Elect of the Board shall serve as vice-chair of the Executive Committee. The President of the Foundation shall be an ex officio non-voting member of the Executive Committee and shall not count toward a quorum. Unless otherwise provided by resolution of the Board of Directors, a majority of the voting members of the Executive Committee shall constitute a quorum, and the act of a majority of the voting members of the Executive Committee shall be the act of the Executive Committee. Each member of the Executive Committee shall continue as such until a successor is appointed, unless such member shall be sooner removed from such Executive Committee, or unless such member shall cease to qualify as a member thereof. The Board of Directors may appoint Life Directors to the Executive Committee without a vote and without counting toward a quorum. However, the majority of the membership of the Executive Committee shall always be comprised of Governing Directors. The Executive Committee may meet through the use of a conference telephone or other

Schedule O (Form 990) 2021

**Employer identification number** 37-6006007

communication equipment by means of which all Committee members participating in the meeting can communicate with each other. Action taken by the Executive Committee shall be made a matter of record and the Secretary of the Foundation shall serve ex officio as Secretary of the Executive Committee. A written report of the action taken by the Executive Committee shall be made at the next meeting of the Board of Directors.

Form 990, Part VI, Section A, line 4:

Article IV

Section 1(d) - amended to remove Chair of the University of Illinois Alumni Alliance as an ex officio director of the board of directors

Section 12(e) - amended to update the name of the Development Committee to the Engagement Committee

Section 12(h) - amended to add the senior volunteer leader (or other volunteer member designated by the senior volunteer leader) of the alumni organization of each university of the University of Illinois System as an ex officio member of the Engagement Committee

Form 990, Part VI, Section A, line 6:

Foundation Members have an ongoing engagement with the University characterized by extraordinary financial support, advocacy and involvement.

Foundation Members shall be elected by the Board of Directors as hereinafter provided. Foundation Members shall be encouraged to attend the Foundation's annual meeting and shall be eligible to serve on Board

committees without voting privileges and without counting toward a quorum.

The Membership and Governance Committee shall at least annually report to
the Chair of the Board of Directors of the Foundation the names of its
nominees to be Foundation Members. Foundation Members shall be elected by
majority vote of the Board of Directors.

No person shall be eligible for election for membership until he or she has been nominated according to the process outlined above.

Each Foundation Member shall be entitled to one vote on each matter, if any, submitted to a vote of the members or required by law to be voted on by the members.

Each Foundation Member shall serve until such individual resigns or is removed as a member by majority vote of the Board of Directors for any reason. In addition, any Foundation Member who fails to meet the requirements of membership as outlined by the Foundation Membership Program, as it may exist and be amended from time to time, is deemed to have resigned as a Foundation Member, absent good cause shown and approved by a majority vote of the Board of Directors. For good cause to be shown, the Membership and Governance Committee shall first review the matter and make a recommendation to the Board of Directors as to whether good cause has been shown.

Any Foundation Member may resign by filing a written resignation with the Secretary.

Membership in the Foundation is not transferable or assignable.

Schedule O (Form 990) 2021 Page 2

Name of the organization
University of Illinois Foundation

| Employer identification number 37-6006007

Members have no rights to receive distributions of income or assets from the organization.

Form 990, Part VI, Section A, line 7a:

Election of Governing Directors

The Board of Directors shall meet at least annually to elect Governing Directors, each of whom shall serve for a term of three (3) years. No Governing Director shall serve more than four (4) three year terms.

Notwithstanding the foregoing, a Governing Director's term may be extended beyond four (4) three-year terms if the Governing Director is serving as the Board Chair, Board Chair-Elect, or Immediate Past Board Chair at the time their term would otherwise expire. In addition, the Board of Directors may, in special circumstances, by majority vote permit Governing Directors to have a leave of absence and a temporary suspension of the accrual of their term.

The Membership and Governance Committee shall nominate persons for election to the Board of Directors as Governing Directors. Nominees are not required to be members of the Foundation and shall be presented by the Membership and Governance Committee to the Board of Directors prior to the Board meeting at which the nominees will be considered for election as Governing Directors. The Membership and Governance Committee shall also evaluate Governing Directors whose three-year terms have expired, and provide orientation for new Governing Directors.

Form 990, Part VI, Section B, line 11b:

University of Illinois Foundation

The form is sent to accounting firm Ernst & Young for their review of the information. After review, the information is shared with the Board of Directors and the form is reviewed and discussed in detail with the Audit Committee of the Board of Directors. After this review, Ernst & Young signs as paid preparer and the form is filed.

Form 990, Part VI, Section B, Line 12c:

The Foundation adopted and abides by a conflicts of interest policy to protect the Foundation's interest when it is contemplating entering into a transaction, arrangement, or operating practice that might benefit the private interest of a director as defined in the bylaws, or an officer, member of a Board of Directors committee, or key employee of the Foundation. The conflicts of interest policy is intended to supplement, but not replace any applicable state and federal laws governing conflicts of interest applicable to nonprofit and tax-exempt organizations.

The conflict of interest disclosure form is sent out each year to every member of the Board of Directors, including officers, Board committee members, and key employees. After the forms are completed, any reported items are summarized by the General Counsel and sent to every member of the Audit Committee for review. The members of the Audit Committee determine if any conflicts exist. Any questions or further research required is done by legal counsel who reviews the summary sent to the Audit Committee and then confers with the Audit Committee chair. A summary of the review and its conclusions is then given at the next Audit Committee meeting. Directors or Officers who have declared a conflict of interest, or who have been found to have a conflict of interest, shall refrain from participating in consideration of proposed transactions unless the Board or Foundation

University of Illinois Foundation

President requests information or interpretation for special reasons. Should a conflict of interest matter require an Executive Committee or Board vote to resolve, those concerned shall not be present at the time of the vote.

Form 990, Part VI, Section B, Line 15:

The Compensation Sub-committee (committee) uses comparability data that is prepared by or commented upon by a competent professional. The data reflects similar organizations and/or entities from which the Foundation may attract executive talent and provides compensation levels paid by similarly situated organizations for functionally comparable positions. The President of the Foundation may assume the task of collecting the data and using it, along with a Foundation philosophy/strategy regarding compensation, to make recommendations to be approved by the committee for compensation packages of any disqualified person except him/herself. The committee should review the information presented, consider the recommendation of the President and debate the issues of compensation for each individual openly and should, thereafter, make a decision by voting. The committee reviews compensation of all disqualified persons including all employees who have substantial influence over the affairs of the organization. Substantial influence is defined as having ultimate responsibility for implementing the decisions of the governing body or for supervising the management, administration, or operation of the organization. These positions include the President/CEO, Senior Vice President(s), employed Secretary and Assistant Secretaries, Treasurer, Chief Investment Officer, Controller, employed Assistant Treasurer(s), and any person who manages a discreet segment or activity of the organization that represents a substantial portion of the activities, assets, income, or 132212 11-11-21 Schedule O (Form 990) 2021

#### **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

37-6006007

University of Illinois Foundation

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
University of Illinois Foundation UK Limited 20 Old Bailey	To provide support for Education and the				University of Illinois
London, London, UNITED KINGDOM	University of Illinois	UNITED KINGDOM	3,993.	6,500.	   Foundation
UIF Plymouth Court, LLC	To operate for the benefit			·	
1305 West Green Street	of the University of				University of Illinois
Urbana, IL 61801	Illinois Foundation	Illinois	0.	32,800,000.	Foundation

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Leiby S Hall Scholarship Trust - 37-6357798					University of		
PO Box 1488	To provide undergraduate			Line 12d,	Illinois		l
Decatur, IL 62525	scholarships	Illinois	501(c)(3)	III-O	Foundation	X	i
	To provide scholarships				University of		
Mary Ellen Defenbaugh Charitable Trust -	for the University of			Line 12d,	Illinois		ł
37-1410645, PO Box 529, Mattoon, IL 61938	Illinois Medical School	Illinois	501(c)(3)	III-O	Foundation	Х	l
	To provide scholarships				university of		
Margaret Bloom Trust 1045000013 -	for the University of			Line 12d,	Illinois		l
37-6224584, PO Box 260, Champaign, IL 61824	Illinois	Illinois	501(c)(3)	III-O	Foundation	X	ĺ
Justine O Saelhof & Clarence C Saelhof					University of		
Foundation - 36-6813867, PO Box 1802,	To provide support to the				Illinois		1
Providence, RI 02901	University of Illinois	Illinois	501(c)(3)	PF	Foundation	Х	<u> </u>

60

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part VII for Continuations

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr	g) 512(b)(13) rolled zation?
J		Toroigir oddria y)		501(c)(3))	<b>1</b>	Yes	No
The Academy on Capitalism and Limited					University of		
Government Foundation - 94-3463771, 907 W	To support scholarly				Illinois		
Marketview Dr, Ste 10-331, Champaign, IL	research and teaching	Illinois	501(c)(3)	Line 5	Foundation	Х	
Number Theory Foundation - 74-2913961	To promote research and				University of		
HB-6188, Mathematics Department, Dartmouth C	sponsor conference			Line 12d,	Illinois		
Hanover, NH 03755	attendance	Illinois	501(c)(3)	III-O	Foundation	Х	
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partne	(k) I or Percentage ing ownership
									,		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr ent	b)(13) rolled
		country)						Yes	No
ECRU Corporation - 62-1019111			University of						1
1305 West Green Street			Illinois						l
Urbana, IL 61801	Investment & Leasing	IL	Foundation	C CORP	25,077.	664,288.	100.00%		X
Herman J Adelmann Univ of Illinois Medical	Hold investments for								
School Trust R64207005 - 36-62308, 10 S	which the income								l
Dearborn, Chicago, IL 60603	benefits the	IL	N/A	TRUST	59,654.	2,875,922.	100.00%		X
WM & Isabella Kane Mem Scholarship TR -	Hold investments for								
36-6230865, 110 N Wacker Drive, Chicago, IL	which the income								1
60606	benefits the	IL	N/A	TRUST	11,184.	527,590.	100.00%		X
									1
									<u> </u>
									ĺ

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
С	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
University of Illinois Foundation UK (1) Limited	В	39.686.	Fair value
University of Illinois Foundation UK (2) Limited	С		Fair value
(3) Leiby S Hall Scholarship Trust	S	307,610.	Investment returns
(4) Margaret Bloom Trust 1045000013	S	524,160.	Investment returns
Justine O Saelhof & Clarence C Saelhof (5) Foundation	S	184,679.	Investment returns
Herman J Adelmann Univ of Illinois Medical (6) School Trust R64207005	S	124,920.	Investment returns

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) WM & Isabella Kane Mem Scholarship TR	S	22,707.	Investment returns
(8)			
(9)			
(10)			
<u>(11)</u>			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	all s sec. c)(3) s.?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr	ral or Peging ov	(k) ercentage wnership
	_	,	3334313 612 611)	Yes	No			Yes	No	(( 6)111 1000)	Yes	NO	
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	- - -												
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## Form **8453-TE**

# **Tax Exempt Entity Declaration and Signature**

for Electronic Filing , or tax year beginning JUL 1 For calendar year 2021, or tax year beginning

, 20 22 JUN 30 and ending

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP ► Go to www.irs.gov/Form8453TE for the latest information.

2021

Form **8453-TE** (2021)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of		f T11inoi	a Founda	+ + 0 =		27	6006007
Dart	University of		s Founda	LUIOII		3/-	6006007
Part I	Type of Return and Return I	nformation					
dollars an	box for the type of return being filed with Form 84sd cents. For all other forms, enter whole dollars on the being filed with this form was blank, then leave the return, then enter -0- on the applicable line below.	ly. If you check the b ine 1b, 2b, 3b, 4b, 5	ox on line 1a, 2a b, 6b, 7b, 8b, 9b	, 3a, 4a, 5a, 6a , or 10b, whiche	, 7a, 8a, 9a, or 10	a below,	and the amount on that line
1a Fo	rm 990 check here	enue, if any (Form 9	990. Part VIII. co	lumn (A), line	2)	1b	360,635,048.
2a Fo		enue, if any (Form 9				2b	<u> </u>
3a Fo		(Form 1120-POL, li				3b	
4a Fo		d on investment inco				4b	
5a Fo		due (Form 8868, lin				5b	
6a Fo		(Form 990-T, Part I				6b	
7a Fo		(Form 4720, Part II				7b	
		ssets at end of tax ye				8b	
		Form 5330, Part II,				9b	
		of credit payment req				10b	
			120002 (1 01111 00	55 51 , r arr m			
Part I	Declaration of Officer or Per	son Subject to	Тах				
11a L	I authorize the U.S. Treasury and its designate entry to the financial institution account indica institution to debit the entry to this account. To business days prior to the payment (settlemer taxes to receive confidential information neces  If a copy of this return is being filed with a state executed the electronic disclosure consent consent consent (settlemer taxes).	ted in the tax prepara to revoke a payment, I of the tax of tax of the tax of	tion software for p must contact the ze the financial ins ies and resolve is: ing charities as pa urn allowing discle	payment of the fe U.S. Treasury Fi stitutions involve sues related to th rt of the IRS Fed	deral taxes owed on ancial Agent at 1-d in the processing payment.  /State program, I o	on this re 888-353- g of the e certify tha	turn, and the financial 4537 no later than 2 lectronic payment of
(name of and that I correct, a service pr	nalties of perjury, I declare that X I am an office entity) have examined a copy of the 2021 electronic return d complete. I further declare that the amount in Pa ovider, transmitter, or electronic return originator (I on of the transmission, (b) the reason for any delay	n and accompanying s rt I above is the amou ERO) to send the retu	schedules and sta unt shown on the o	tements, and, to copy of the elect to receive from t	, (E the best of my kno ronic return. I con: he IRS (a) an ackn	IN) owledge a sent to all	ow my intermediate
Sign	Christine CDr.	processing and rea	o	4/17/23		gure	r & CFO
Here	Signature of officer or person subject to tax		l	ate	Title, if a		I & CPO
Part I		turn Originato				•	
responsible form before the perior of perior of the period of the perior of the perior of the perior of the period of the period of the perior of the period	hat I have reviewed the above return and that the ele for reviewing the return and only declare that this re I submit the return. I will give a copy of all forms in Pub. 4163, Modernized e-File (MeF) Informa I declare that I have examined the above return and lete. This Paid Preparer declaration is based on all	ntries on Form 8453- s form accurately refle and information to be tion for Authorized IR I accompanying sche	IE are complete are cots the data on the effect with the IRS S e-file Providers dules and statements.	nd correct to the e return. The end to the officer of for Business Re ents, and, to the	best of my knowle ity officer or perso person subject to turns. If I am also	edge. If I a on subject tax, and the Paid F	to tax will have signed this have followed all other penalties
ERO's	ERO's signature Con		Date 4/17/23	Check if also paid preparer	Check if self-employed		SSN or PTIN
Use Only		y of Illi	nois Fou	indation	•	EIN 3	7-6006007
O.n.y	if self-employed), address, and ZIP code					Phone r	10.
	Urbana, I	L 61801-2	962				
	nalties of perjury, I declare that I have examined the edge and belief, they are true, correct, and complet						knowledge.
•	Print/Type preparer's name	Preparer's signat		ı		heck if	PTIN
Paid		Kather	ine Kurt	taman "	1/17/23 S	elf- 🗆	P01236691
Prepar Use O	Firm's name Frnst & Your			1		mployed L irm's EIN	04 6565506
	Firm's address ► 155 N Wacker			<u>IL 6060</u>			312-879-2000
LHA Fo	r Privacy Act and Paperwork Reduction Act Notice			0000	-	110110 110	Form <b>8453-TE</b> (2021)

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Department of the Treasury Internal Revenue Service Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2022
Notice date	December 5, 2022
Employer ID number	37-6006007
To contact us	Phone 877-829-5500

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UNIVERSITY OF ILLINOIS FOUNDATION % CHRISTINE C DEVOCELLE 1305 WEST GREEN ST URBANA IL 61801-2900



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Important information about your June 30, 2022, Form 990

# We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2022, Form 990, Return of Organization Exempt From Income Tax. Your new due date is May 15, 2023.

## What you need to do

File your June 30, 2022, Form 990 by May 15, 2023. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

#### Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.