Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

Department	of	the	Treasu	ņ
Internal Rev	en	ue S	ervice	

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 20 23 Go to www.irs.gov/Form990T for instructions and the latest information.

A Check box if address changed. Exempt under section Government Frint or Solice Chack box if name changed and see instructions. D Employer identification num
B Exempt under section Find or Number, street, and room or suite no. If a P.O. box, see instructions. Solic C O O O O O O O O O
B Exempt under section Sol1 (C) (3) 408(e) 220(e) 408A 530(a) 529A 529A C Book value of all assets at end of year Check organization type Sol1(c) corporation Sol1(c) trust 401(a) trust Other trust State college/university Check if filling only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filling only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filling only to Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation 4 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes ✓ If "Yes," enter the name and identifying number of the parent corporation L The books are in care of (SEE STATEMENT) Telephone number (217) 333-0810 Part Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 3,749,6 2 Reserved 2 3 3,749,6 3 Add lines 1 and 2 3 3,749,6 4 Charitable contributions (see instructions for limitation rules) 5 3,734,6 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 3,734,6 6 Deduction for net operating loss. See instructions 7 3,734,6 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000 1 1,000 1,0
Type 30.3 St. MIRKET S KOAD City or town, state or province, country, and ZIP or foreign postal code 529(a) 529A C Book value of all assets at end of year F Check box if an amended return. G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filling a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T) 4 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes F 'Yes," enter the name and identifying number of the parent corporation Total Ourrelated Business Taxable Income Total Ourrelated Business Taxable Income 1 Total Ourrelated Business Taxable Income 1 Total Ourrelated Business taxable income computed from all unrelated trades or businesses (see instructions) 1
408A
Span Span Span C Book value of all assets at end of year
G Check organization type Sol1(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation
H Check if filing only to
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation J Enter the number of attached Schedules A (Form 990-T)
J Enter the number of attached Schedules A (Form 990-T) 4 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
Value Val
If "Yes," enter the name and identifying number of the parent corporation L The books are in care of (SEE STATEMENT) Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2 Reserved 3 Add lines 1 and 2 4 Charitable contributions (see instructions for limitation rules) 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 6 Deduction for net operating loss. See instructions 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 1 3,749,6 2 2 3 3,749,6 4 15,6 5 3,734,7 6 3,734,7 8 Specific deduction (generally \$1,000, but see instructions for exceptions)
The books are in care of (SEE STATEMENT) Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)
Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)
Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)
instructions)
2 Reserved
Add lines 1 and 2
Charitable contributions (see instructions for limitation rules)
Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3
6 Deduction for net operating loss. See instructions
 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5
Subtract line 6 from line 5 7 3,734,7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)
O Twiste Costion 100A deduction Costinativisticas
9 Trusts. Section 199A deduction. See instructions
10 Total deductions. Add lines 8 and 9
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,
enter zero
Part II Tax Computation
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041)
3 Proxy tax. See instructions
4 Other tax amounts. See instructions
5 Alternative minimum tax (trusts only)
6 Tax on noncompliant facility income. See instructions
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Form 990-T (2022)

	m						9
Part	•	٠.	T				
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			0			
b	Other credits (see instructions)	1b		0			
C	General business credit. Attach Form 3800 (see instructions)	1c		0			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			4		
е	Total credits. Add lines 1a through 1d			. <u>1e</u>			0
2	Subtract line 1e from Part II, line 7			. 2		78	3,967
3	Other amounts due. Check if from: Form 4255 Form 8611 Form						
_	_						0
4	Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax pr	revious	sly deferred und				
	section 1294. Enter tax amount here			<u>0</u> . 4		78	3,967
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	- 1		. 5			0
6a	Payments: A 2021 overpayment credited to 2022	6a	15	9,250			
b	2022 estimated tax payments. Check if section 643(g) election applies	6b	53	6,000			
С	Tax deposited with Form 8868	6с		0			
d	Foreign organizations: Tax paid or withheld at source (see instructions) .	6d		0			
е	Backup withholding (see instructions)	6e		0			
f	Credit for small employer health insurance premiums (attach Form 8941) .	6f		0			
g	Other credits, adjustments, and payments: Form 2439 0	.					
	☐ Form 4136 0 ☐ Other 0 Total			0			
7	Total payments. Add lines 6a through 6g			. 7		69	5,250
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached .			□ 8			0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount	owed		. 9		8	8,717
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amo	unt ov	erpaid	. 10			0
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax		0 Refun	ded 11			0
Part l	V Statements Regarding Certain Activities and Other Informa	tion (s	ee instructions)			
1	At any time during the 2022 calendar year, did the organization have an inter-	erest ir	or a signature	or other a	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	," ente	the name of the	ne foreign	country		
	here BE, BR, CA, CH, CJ, CO, DA, EZ, GR, HU, IC, ID, IS, JA, KS, MX, MY, PL, F	RS, TU,	UK			~	
2	During the tax year, did the organization receive a distribution from, or was it the	grantor	of, or transferor	to, a forei	gn trust?		~
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax				0		
4	Enter available pre-2018 NOL carryovers here \$ 0. Do not shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sho	include	any post-201	7 NOL ca	ryover		
		wn hei	e by any dedu	ction rep	orted on		
	Part I, line 6.						
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available p		=				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, lir	ne 17 fo	or the tax year.	See instru	ctions.		
	Business Activity Code	Avai	able post-2017	' NOL car	ryover		
	901101	\$		35	,417,612		
	310000	\$			37,182		
	320000	\$			785,880		
		\$					
	Did the organization change its method of accounting? (see instructions) .						~
b	If 6a is "Yes," has the organization described the change on Form 990, 9	90-EZ,	990-PF, or Fo	rm 1128?	If "No,"		
	explain in Part V						
Part '	V Supplemental Information						
Provid	e the explanation required by Part IV, line 6b. Also, provide any other addition	nal info	ormation. See ii	nstruction	s.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying				•		ge and
Sign	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	all infori	nation of which pre	parer has ar	y knowledge) .	
	Δι · ~ Ο			May	the IRS discu	uss this	return
Here	(Wrustine Clark) 05/14/2024 CFO				the preparer		
	Signature of officer Date Title			(see	instructions)?	Ľ Yes	⊔NO
Paid	Print/Type preparer's name Preparer's signature	`	Date	Check] if PTIN		
	JULIE SPARKS THE LEARNING THE FOREST)	05/13/2024	self-emplo		012684	01
Prepa	Firm's page FRNST & YOUNG US LIP		•	Firm's EIN	34-€	56559	6
Use (Firm's address 221 EAST 4TH STREET , CINCINNATI, OH 45202			Phone no.	(513) 6	12-140	00

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990T for instri Do not enter SSN numbers on this form as it may be					o Public Inspection for 3) Organizations Only
	me of the organizati				B Employer id	GO 1(O)	
	ERSITY OF ILLINOIS					37-60060	
		activity code (see instructions)	9011	01	D Sequence:	1	of ⁴
E De	scribe the unrelate	ed trade or business INVESTMENT ACTIVITI	<u> S</u>				
Pa	rt I Unrelated	d Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a	Gross receipts of	or sales0					
b	Less returns and a		1c	0			
2	Cost of goods s	old (Part III, line 8)	2	0			
3		btract line 2 from line 1c	3	0			0
4a		t income (attach Schedule D (Form 1041 or					
	• • • • • • • • • • • • • • • • • • • •	e instructions	4a	71,675			71,675
b) (Form 4797) (attach Form 4797). See					
	instructions .		4b	2,788,829)		2,788,829
С		uction for trusts	4c	C)		0
5		om a partnership or an S corporation (attach					
	•		5	8,218,678	3		8,218,678
6	•	art IV)	6	C		0	0
7		financed income (Part V)	7	C)	0	0
8		es, royalties, and rents from a controlled					
^		rt VI)	8	0		0	0
9		ome of section 501(c)(7), (9), or (17) art VII)	9	0		0	0
10	Exploited exemp	ot activity income (Part VIII)	10	0	1	0	0
11		me (Part IX)	11	0	г	0	0
12	Other income (se	e instructions; attach statement)	12	0			0
13	Total. Combine	lines 3 through 12	13	11,079,182		0	11,079,182
Par		ns Not Taken Elsewhere See instruction onnected with the unrelated business income		limitations on de	ductions. De	eductions	must be
1		of officers, directors, and trustees (Part X)				1	0
2	Salaries and wa	•				2	0
3		intenance				3	0
4	Bad debts .					4	0
5		statement). See instructions				5	0
6		ses				6	10,000
7		tach Form 4562). See instructions				0	
8	Less depreciation	on claimed in Part III and elsewhere on return		8a	(0 8b	0
9	Depletion					9	0
10	Contributions to	deferred compensation plans				10	0
11		iit programs				11	0
12	Excess exempt	expenses (Part VIII)				12	0
13	Excess readersh	nip costs (Part IX)				13	0
14		s (attach statement)				14	46,842
15 16		ns. Add lines 1 through 14				15	56,842

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Unrelated business taxable income. Subtract line 17 from line 16 . . .

Schedule A (Form 990-T) 2022

11,022,340

8,817,872

2,204,468

16

17

18

17

18

Schedule A (Form 990-T) 2022 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year				1 0
2	Purchases				2 0
3	Cost of labor				3 0
4	Additional section 263A costs (attach statement)				4 0
5	Other costs (attach statement)				5 0
6	Total. Add lines 1 through 5			<u> </u>	6 0
7	Inventory at end of year				7 0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to proper				
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-us	se. See instructio	ons.
	A 🗌				
	B				
	C				
	D 🗌		_		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
h	From real and personal property (if the				
b	percentage of rent for personal property (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
	- '				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_	Tatal deductions Add line 4 columns A through	D Enter hore and a	n Dort Lline 6 colu	mn (D)	0
5	Total deductions. Add line 4 columns A through		ii Fart i, line o, colu	ПП (Б)	
Par	Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add	lress, city, state, ZIP	code). Check if a d	ual-use. See inst	tructions.
	<u>A</u> <u> </u>				
	B				
	D 📙	Α	В	С	
2	Gross income from or allocable to debt-financed	Α	В		
_	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .	İ			
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	ıd on Part I. line 7-c	column (A)	0
		-5.1 5/1 =11101 11010 all	J		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Schedule A (Form 990-T) 2022

Par	t VI Interest, Annuit	ies, Royaltie	es, and Rents	s fro		,	ction	s)
		ntrolled Organizations						
Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)								
(2)								
(3)								
(4)								
<u>\''</u>			Nonexem	ot Co	ntrolled Organizatior	ıs		
	7. Taxable income	inco	t unrelated 9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10	
(1)								
(2)								
(3)								
(4)								
Tota Par), or (17) Organiza 3. Deductions directly connected	Enter here and on Part I, line 8, column (A) ation (see instructions) 4. Set-asides (attach statement))	er here and on Part I, line 8, column (B) O Total deductions and set-asides
					(attach statement)	,	(ac	ld columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
Tota			0					0
Part			ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited	·					2	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)							
3	Expenses directly connelline 10, column (B)	Enter here and on Part I,	3					
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from acti						5	
6	Expenses attributable to	-					6	
7	•							
•	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12							

Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page **4**

Par	Advertising Income					
1	Name(s) of periodical(s). Check box if re	eporting t	two or more periodi	cals on a consoli	dated basis.	
	A 🗆		·			
	В 🗌					
	C 🗆					
	D 🗌					
nter	amounts for each periodical listed above	in the co				
2	Cross advertising income		A	В	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here a	nd on Pa	ırt I, line 11, column	(A)		·
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Pa	rt I, line 11, column	(B)		
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any coline 4 showing a loss or zero, do not colines 5 through 7, and enter zero on line	a gain, olumn in omplete				
5	Readership costs					
6 7	Circulation income	ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Ent Part II, line 13					
Par	Compensation of Officers, Di	rectors	, and Trustees (s	ee instructions)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
1)					%	
[nta	I. Enter here and on Part II, line 1 .					
Pari	Supplemental Information (se	e instru	ctions)	<u> </u>		C
GII	Cappionioniai information (co	o inotra	0110110)			

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Internal Heveride Corvice		 			001(0)(0) Organiza	Idono Only
A Name of the organizati	on		В	Employer ide	ntificatio	n numbe	er
UNIVERSITY OF ILLINOI	S FOUNDATION			3	7-600600	7	
C Unrelated business	activity code (see instructions)	 520000	D	Sequence:	2	of	4

	related business activity code (see instructions)	5200	100	D Sequ	ience:	of 4
E De	scribe the unrelated trade or business FINANCIAL INVESTMEN	T ACT	IVITIES			
Par			(A) Income	(B)	Expenses	(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances 0 c Balance	1c	C			
2	Cost of goods sold (Part III, line 8)	2	C			
3	Gross profit. Subtract line 2 from line 1c	3	C			0
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions	4a	1,143,924			1,143,924
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b	(0
С	Capital loss deduction for trusts	4c	()		0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	323,032	2		323,032
6	Rent income (Part IV)	6	()	0	0
7	Unrelated debt-financed income (Part V)	7	()	0	0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8	C)	0	0
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9	C)	0	0
10	Exploited exempt activity income (Part VIII)	10	C)	0	0
11	Advertising income (Part IX)	11	C)	0	0
12	Other income (see instructions; attach statement)	12	C			0
13	Total. Combine lines 3 through 12	13	1,466,956	;	0	1,466,956
Par	t II Deductions Not Taken Elsewhere See instruction	s for	limitations on de	duction	s. Deduction	s must be
	directly connected with the unrelated business inco					
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages				2	0
3	Repairs and maintenance					0
4	Bad debts					0
5	Interest (attach statement). See instructions					0
6	Taxes and licenses					0
7	Depreciation (attach Form 4562). See instructions				0	
8	Less depreciation claimed in Part III and elsewhere on return.				0 8b	0
9	Depletion				9	0
10	Contributions to deferred compensation plans				. 10	0
11	Employee benefit programs				11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14	Other deductions (attach statement)				14	46,841
	Total deductions. Add lines 1 through 14				15	46,841
						70,071
15 16	Unrelated business income before net operating loss deductio	n. Sub	otract line 15 from	Part I, lir	ne 13,	
15	Unrelated business income before net operating loss deductio column (C)	n. Sub				1 420 115
15 16	Unrelated business income before net operating loss deductio column (C)	n. Sub 			· · 16	1,420,115
15	Unrelated business income before net operating loss deductio column (C)	n. Sub 			16 17	1,420,115 0 1,420,115

Schedule A (Form 990-T) 2022 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year				1 0
2	Purchases				2 0
3	Cost of labor				3 0
4	Additional section 263A costs (attach statement)				4 0
5	Other costs (attach statement)				5 0
6	Total. Add lines 1 through 5			<u> </u>	6 0
7	Inventory at end of year				7 0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to proper				
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-us	se. See instructio	ons.
	A 🗌				
	B				
	C				
	D 🗌		_		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
h	From real and personal property (if the				
b	percentage of rent for personal property (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
	- '				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_	Tatal deductions Add line 4 columns A through	D Enter hore and a	n Dort Lline 6 colu	mn (D)	0
5	Total deductions. Add line 4 columns A through		ii Fart i, line o, colu	ПП (Б)	
Par	Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add	lress, city, state, ZIP	code). Check if a d	ual-use. See inst	tructions.
	<u>A</u> <u> </u>				
	B				
	D 📙	Α	В	С	
2	Gross income from or allocable to debt-financed	Α	В		
_	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .	İ			
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	ıd on Part I. line 7-c	column (A)	0
		-5.1 5/1 =11101 11010 all	J		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Schedule A (Form 990-T) 2022 Page **3**

Scried	ule A (Form 990-1) 2022							Page 3
Pa	rt VI Interest, Annuit	ies, Royaltie	es, and Rents	s fro	m Controlled Org	janizations (see instru	ctions	s)
					Exempt Co	ontrolled Organizations		
1. Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
		l	Nonexemp	ot Co	ntrolled Organization	าร		
	7. Taxable income	inco	t unrelated me (loss) astructions)	9	Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	als					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	I columns 6 and 11. or here and on Part I, ine 8, column (B)
Par	t VII Investment Inco	ome of a Se	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions)		
	1. Description of income		ınt of income	c	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
T.		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
	als	· · · · · · · · · · · · · · · · · · ·	0	u Th	on Advertising In	aama (aaa inatuustians		0
			ilcome, Othe	r in	an Auverusing in	come (see instructions)	
1	Description of exploited		n trada ar busir		Enter here and an D	Oort L line 10 column (A)		
2						Part I, line 10, column (A)	2	
3	line 10, column (B)	•				Enter here and on Part I,	3	
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from acti						5	
6	Expenses attributable to	-					6	
7		es. Subtract li				than the amount on line	7	

Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page **4**

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if re	porting t	wo or more periodi	cals on a consol	idated basis.	
	A 🗆		·			
	В 🗌					
	C 🔲					
	D					
nter	amounts for each periodical listed above	in the co	rresponding colum	n. B	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here ar	nd on Pa	rt I, line 11, column	(A)		0
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here an	nd on Pa	rt I, line 11, column	(B)		0
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co- line 4 showing a loss or zero, do not co- lines 5 through 7, and enter zero on line	a gain, olumn in omplete				
5 6 7	Readership costs	ss than is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	as a gain on				
а	Add line 8, columns A through D. Enter Part II, line 13					
Par	Compensation of Officers, Di	rectors	, and Trustees (s	see instructions	s)	
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
1)					%	
2)					%	
3)					%	
4)					%	
Tota	I. Enter here and on Part II, line 1 .					0
Pari	Supplemental Information (se	e instru	ctions)			0
	(0.00)					

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

UNIVE	RSITY OF ILLINOIS FOUNDATION				3	37-6006	3007	
C Un	related business activity code (see instructions)	3200	000	D	Sequence:	3	of	4
E De	scribe the unrelated trade or business PLASTICS PRODUCT MA	ANUF/	ACTURING					
Pai			(A) Income		(B) Expense	s	(C) N	let
1a	Gross receipts or sales 0							
b	Less returns and allowances 0 c Balance	1c		0				
2	Cost of goods sold (Part III, line 8)	2		0				
3	Gross profit. Subtract line 2 from line 1c	3		0				0
4a	1 5 ' ' '							
	Form 1120)). See instructions	4a		0				0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4.						_
		4b		0				0
с 5	Capital loss deduction for trusts	4c		0				0
Ū	statement)	5						0
6	Rent income (Part IV)	6		0		0		0
7	Unrelated debt-financed income (Part V)	7		0		0		0
8	Interest, annuities, royalties, and rents from a controlled	•		+				
	organization (Part VI)	8		0		0		0
9	Investment income of section 501(c)(7), (9), or (17)			Ť				
	organizations (Part VII)	9		0		0		0
10	Exploited exempt activity income (Part VIII)	10		0		0		0
11	Advertising income (Part IX)	11		0		0		0
12	Other income (see instructions; attach statement)	12		0				0
13	Total. Combine lines 3 through 12	13		0		0		0
Par	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco		limitations on d	edu	uctions. Dec	luctio	ns must b	е
1	Compensation of officers, directors, and trustees (Part X)					1		0
2	Salaries and wages					2		0
3	Repairs and maintenance					3		0
4	Bad debts					4		0
5	Interest (attach statement). See instructions					5		0
6	Taxes and licenses					6		0
7	Depreciation (attach Form 4562). See instructions				0	OL		0
8 9	Less depreciation claimed in Part III and elsewhere on return. Depletion				0	8b 9		0
10	Depletion					10		0
11	Employee benefit programs					11		0
12	Excess exempt expenses (Part VIII)					12		0
13	Excess readership costs (Part IX)					13		0
14	Other deductions (attach statement)					14		0
15	Total deductions. Add lines 1 through 14					15		0
16	Unrelated business income before net operating loss deduction							
	column (C)					16		0
17	·					17		0
18	Unrelated business taxable income. Subtract line 17 from lin					18		0
Ear Da	nanwork Paduction Act Notice see instructions	Ca	t No. 740360			Schod	ule A /Form C	200_T\ 2024

Schedule A (Form 990-T) 2022 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year				1 0
2	Purchases				2 0
3	Cost of labor				3 0
4	Additional section 263A costs (attach statement)				4 0
5	Other costs (attach statement)				5 0
6	Total. Add lines 1 through 5			<u> </u>	6 0
7	Inventory at end of year				7 0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to proper				
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-us	se. See instructio	ons.
	A 🗌				
	B				
	C				
	D 🗌		_		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
h	From real and personal property (if the				
b	percentage of rent for personal property (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
	- '				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_	Tatal deductions Add line 4 columns A through	D Enter here and a	n Dort Lline 6 colu	mn (D)	0
5	Total deductions. Add line 4 columns A through		ii Fart i, line o, colu	ПП (Б)	
Par	Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add	lress, city, state, ZIP	code). Check if a d	ual-use. See inst	tructions.
	<u>A</u> <u> </u>				
	B				
	D 📙	Α	В	С	
2	Gross income from or allocable to debt-financed	Α	В		
_	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .	İ			
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	ıd on Part I. line 7-c	column (A)	0
		-5.1 5/1 =11101 11010 all	J		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Sched	ule A (Form 990-T) 2022							Page 3
Par	t VI Interest, Annuit	ties, Royaltie	es, and Rent	s fro	m Controlled Org	janizations (see instru	ctions	s)
					Exempt Co	ntrolled Organizations		
	Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instruction)	s)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
		•	Nonexemp	ot Co	ntrolled Organization	ns		
	7. Taxable income	inco	t unrelated ome (loss) ostructions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Tota						0		0
Par	Investment Inc	ome of a Se	ction 501(c)(/), (9 -), or (17) Organiza	ation (see instructions)	1	
	1. Description of income	2. Amou	unt of income		3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, ine 9, column (B)
Tota			0		A 1	,	Ļ	0
Par	<u> </u>		ncome, Othe	r Th	an Advertising In	come (see instructions	5)	
1	Description of exploited				<u> </u>			
2						art I, line 10, column (A)	2	
3	line 10, column (B)						3	
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from act	ivity that is not	unrelated bus	iness	income		5	
6	Expenses attributable t	o income ente	red on line 5				6	
7	Excess exempt expens		ne 5 from line	6, but	t do not enter more t	than the amount on line	7	

Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page **4**

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if rep	orting two or more periodic	als on a consolidat	ted basis.	
	A 🗌				
	В 🗌				
	C				
-	D	. 41	_		
nter	amounts for each periodical listed above in	the corresponding column	ո. B	С	D
2	Gross advertising income	A	В		
	-	<u> </u>	(4)	<u> </u>	
а 3	Add columns A through D. Enter here and Direct advertising costs by periodical .	on Part I, line 11, column	(A)		0
a	Add columns A through D. Enter here and		(R)		0
а	Add columns A through b. Enter here and	John Fart I, line 11, Column	(В)		0
4	Advertising gain (loss). Subtract line 3 fro 2. For any column in line 4 showing a complete lines 5 through 8. For any coluline 4 showing a loss or zero, do not cor lines 5 through 7, and enter zero on line 8	gain, umn in mplete			
5	Readership costs				
6 7	Circulation income	s than is less			
8	Excess readership costs allowed deduction. For each column showing a g line 4, enter the lesser of line 4 or line 7.	ain on 			
а	Add line 8, columns A through D. Enter Part II, line 13				
Par	t X Compensation of Officers, Dire				
	1. Name	2. Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				0
	Supplemental Information (see				<u> </u>
	(33)				

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number 37-6006007 UNIVERSITY OF ILLINOIS FOUNDATION 4 310000 **C** Unrelated business activity code (see instructions) **D** Sequence: E Describe the unrelated trade or business DAIRY PRODUCT MANUFACTURING Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales Less returns and allowances 0 c Balance b 1c 0 Cost of goods sold (Part III, line 8) 2 2 0 Gross profit. Subtract line 2 from line 1c. 3 3 0 0 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a 0 0 Net gain (loss) (Form 4797) (attach Form 4797). See 4b 0 0 Capital loss deduction for trusts 4c С 0 0 5 Income (loss) from a partnership or an S corporation (attach statement) 5 672,341 672,341 Rent income (Part IV) 6 6 0 0 0 7 7 Unrelated debt-financed income (Part V) 0 0 0 8 Interest, annuities, royalties, and rents from a controlled 8 0 0 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 0 0 0 10 Exploited exempt activity income (Part VIII) 10 0 0 0 11 Advertising income (Part IX) 11 0 0 0 12 12 Other income (see instructions; attach statement) 0 0 Total. Combine lines 3 through 12 . . _ . . . 13 13 672.341 672,341 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income. Compensation of officers, directors, and trustees (Part X) 1 0 2 2 0 3 3 0 4 4 0 5 5 Interest (attach statement). See instructions 0 6 6 0 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return . . . 0 8b 0 9 9 0 10 Contributions to deferred compensation plans 10 0 11 Employee benefit programs 11 0 12 12 Excess exempt expenses (Part VIII) 0 13 Excess readership costs (Part IX) 13 0 14 14 46,841 Total deductions. Add lines 1 through 14 15 15 46,841 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 74036O

Unrelated business taxable income. Subtract line 17 from line 16 . . .

Schedule A (Form 990-T) 2022

625,500

500,400

125,100

17

18

16

17

Schedule A (Form 990-T) 2022 Page 2

Part	Cost of Goods Sold Enter me	thod of inventory val	uation		
1	Inventory at beginning of year				1 0
2	Purchases				2 0
3	Cost of labor				3 0
4	Additional section 263A costs (attach statement)				4 0
5	Other costs (attach statement)				5 0
6	Total. Add lines 1 through 5			<u> </u>	6 0
7	Inventory at end of year				7 0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to proper				
Part	N Rent Income (From Real Property an				
1	Description of property (property street address,	city, state, ZIP code). Check if a dual-us	se. See instructio	ons.
	A 🗌				
	B				
	C				
	D 🗌		_		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
h	From real and personal property (if the				
b	percentage of rent for personal property (ii the				
	50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property.				
_	Add lines 2a and 2b, columns A through D				
	- '				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A)	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
E	Tatal deductions Add line 4 columns A through	D Enter here and a	n Dort Lline 6 colu	mn (D)	0
5	Total deductions. Add line 4 columns A through		ii Fart i, line o, colu	ПП (Б)	
Par	Unrelated Debt-Financed Income (se				
1	Description of debt-financed property (street add	lress, city, state, ZIP	code). Check if a d	ual-use. See inst	tructions.
	<u>A</u> <u> </u>				
	B				
	D 📙	Α	В	С	
2	Gross income from or allocable to debt-financed	Α	В		
_	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement) .	İ			
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%		% %
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A throu	ugh D). Enter here an	ıd on Part I. line 7-c	column (A)	0
		-5.1 5/1 =11101 11010 all	J		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, lir	ne 7, column (B)	0
11	Total dividends — received deductions include	ed in line 10			0

Schedule A (Form 990-T) 2022 Page 3

	VI Interest Amerit	iaa Dawalii	a and Dank	- 4	Controlled Over		-4:	rage U
Part	interest, Annuit	ies, Royaitie	es, and Rents	s iro		janizations (see instruentrolled Organizations	Ctions	5)
	1. Name of controlled	2. Employer	3. Net unrela	ted	4. Total of specified	5. Part of column 4	6.	Deductions directly
	organization	identification number	income (los (see instruction	ss)	payments made	that is included in the controlling organization's gross income		connected with acome in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Co	ntrolled Organizatior	าร	•	
	7. Taxable income	inco	t unrelated ome (loss) ostructions)	9	. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota	ls					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Ente	d columns 6 and 11. er here and on Part I, line 8, column (B)
Part	VII Investment Inco	ome of a Se	ction 501(c)(7), (9), or (17) Organiza	ation (see instructions))	
	1. Description of income		unt of income	(3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.	Total deductions and set-asides Id columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. e and on Part I, column (A)				Ente	amounts in column 5. er here and on Part I, line 9, column (B)
Tota			0					0
Part	VIII Exploited Exem	pt Activity I	ncome, Othe	r Th	an Advertising In	come (see instructions	s)	
1	Description of exploited	d activity:						
2	Gross unrelated busines	ss income fror	n trade or busi	ness.	Enter here and on P	Part I, line 10, column (A)	2	
3	Expenses directly conneline 10, column (B)	•				Enter here and on Part I,	3	
4	Net income (loss) from lines 5 through 7					e 2. If a gain, complete	4	
5	Gross income from acti	vity that is not	unrelated bus	iness	income		5	
6	Expenses attributable to	o income ente	red on line 5				6	
7	Excess exempt expens		ne 5 from line	6, but	t do not enter more	than the amount on line	7	

Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page **4**

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if rep	orting two or more periodic	als on a consolidat	ted basis.	
	A 🗌				
	В 🗌				
	C				
-	D	. 41	_		
nter	amounts for each periodical listed above in	the corresponding column	ո. B	С	D
2	Gross advertising income	A	В		
	-	<u> </u>	(4)	<u> </u>	
а 3	Add columns A through D. Enter here and Direct advertising costs by periodical .	on Part I, line 11, column	(A)		0
a	Add columns A through D. Enter here and		(R)		0
а	Add columns A through b. Enter here and	John Fart I, line 11, Column	(В)		0
4	Advertising gain (loss). Subtract line 3 fro 2. For any column in line 4 showing a complete lines 5 through 8. For any coluline 4 showing a loss or zero, do not cor lines 5 through 7, and enter zero on line 8	gain, umn in mplete			
5	Readership costs				
6 7	Circulation income	s than is less			
8	Excess readership costs allowed deduction. For each column showing a g line 4, enter the lesser of line 4 or line 7.	ain on 			
а	Add line 8, columns A through D. Enter Part II, line 13				
Par	t X Compensation of Officers, Dire				
	1. Name	2. Title		3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Tota	II. Enter here and on Part II, line 1				0
	Supplemental Information (see				0
	(55)				

Form 990T	Additional Information
Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	CHRISTINE C. DEVOCELLE, 303 ST. MARY'S ROAD, CHAMPAIGN, IL 61820

Form	990T	Part I	I. Line 4
------	------	--------	-----------

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2018	2,609	2,609			0	
2019	4,931	4,931			0	
2020	10,599	10,599			0	
2021	11,628	11,628			0	
2022	15,505		15,505		0	
Totals	45,272	29,767	15,505	0	0	

Form 990T Part III, Line 6b	Estimated Tax Payments	
1	Date	Amount
11/13/2023		536,000
	Totals	536,000

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INVESTMENT ACTIVITIES			
(1) PARTNERSHIP 001	5,269,98	37	5,269,987
(2) PARTNERSHIP 002	534,59	94	534,594
(3) PARTNERSHIP 003	7,05	55	7,055
(4) PARTNERSHIP 004	6,58	35	6,585
(5) PARTNERSHIP 005	22,27	79	22,279
(6) PARTNERSHIP 006	(20,23	8)	(20,238)
(7) PARTNERSHIP 007	1,459,52	27	1,459,527
(8) PARTNERSHIP 008	(885,69	1)	(885,691)
(9) PARTNERSHIP 009	(535,22	0)	(535,220)
(10) PARTNERSHIP 010	365,63	36	365,636
(11) PARTNERSHIP 011	1,288,14	18	1,288,148
(12) PARTNERSHIP 012	18,62	28	18,628
(13) PARTNERSHIP 013	14,07	71	14,071
(14) PARTNERSHIP 014	75,02	25	75,025
(15) PARTNERSHIP 015	458,06	60	458,060
(16) PARTNERSHIP 016	150,54	16	150,546
(17) PARTNERSHIP 017	(5,45	0)	(5,450)
(18) PARTNERSHIP 018	1,66	67	1,667
(19) PARTNERSHIP 019	187,21	2	187,212
(20) PARTNERSHIP 020	40	03	403
(21) PARTNERSHIP 021	(77,60	0)	(77,600)
(22) PARTNERSHIP 022	(116,54	6)	(116,546)
	Total 8,218,67	78 0	8,218,678
FINANCIAL INVESTMENT ACTIVITIES			
(1) PARTNERSHIP 023	323,03	32	323,032
	Total 323,03	32 0	323,032
DAIRY PRODUCT MANUFACTURING			
(1) PARTNERSHIP 024	672,34	11	672,341
	Total 672,34	11 0	672,341

Schedule A - Part II, Line 6	Taxes and Licenses	
	Description	Amount

INVESTMENT ACTIVITIES

(1) TAXES AND LICENSES

10,000

Sched	J I 🗢 \Lambda	- Part II.	1 :
		- 22:10	. Line 14

Other Deductions

Description	Amount
INVESTMENT ACTIVITIES	
(1) ACCOUNTING FEE	46,842
FINANCIAL INVESTMENT ACTIVITIES	
(1) ACCOUNTING FEE	46,841
DAIRY PRODUCT MANUFACTURING	
(1) ACCOUNTING FEE	46,841

Schedule A - Part II, Line 17

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining			
INVESTMENT ACTIVITI	ES							
2018	10,839,018			8,817,872	2,021,146			
2019	9,915,018				9,915,018			
2020	8,341,821				8,341,821			
2021	6,321,755				6,321,755			
Totals	35,417,612	0	0	8,817,872	26,599,740			
FINANCIAL INVESTMEN	NT ACTIVITIES							
2018	16,721		16,721		0			
Totals	16,721	0	16,721	0	0			
PLASTICS PRODUCT N	IANUFACTURING							
2021	37,182				37,182			
Totals	37,182	0	0	0	37,182			
DAIRY PRODUCT MANUFACTURING								
2021	785,880			500,400	285,480			
Totals	785,880	0	0	500,400	285,480			

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Employer identification number UNIVERSITY OF ILLINOIS FOUNDATION 37-6006007 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked 0 2 Totals for all transactions reported on Form(s) 8949 0 with **Box B** checked 3 Totals for all transactions reported on Form(s) 8949 0 with Box C checked 410.162 0 410.162 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 **6** Unused capital loss carryover (attach computation) 6 0) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 410,162 Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (q) whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked 0 9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked 0 10 Totals for all transactions reported on Form(s) 8949 0 with **Box F** checked 805.437 0 805,437 2,788,829 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 3,594,266 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 410.162 3,594,266 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18 4,004,428 **Note:** If losses exceed gains, see Capital Losses in the instructions.

Form **8949**

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2022

Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

UNIVERSITY OF ILLINOIS FOUNDATION

Social security number or taxpayer identification number 37-6006007

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transaction☐ (B) Short-term transaction☐ (C) Short-term transaction☐	s reported on	Form(s) 1099	9-B showing bas	•			?)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sep	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
PARTNERSHIP 014			3,565			0	3,565
PARTNERSHIP 013			24,472			0	24,472
PARTNERSHIP 017			1,878			0	1,878
PARTNERSHIP 018			(115,076)			0	(115,076)
PARTNERSHIP 010			2,716			0	2,716
PARTNERSHIP 023			491,759			0	491,759
FORM 6781, PART I			848			0	848
2 Totals. Add the amounts in column negative amounts). Enter each to Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	tal here and inc e is checked), lir	lude on your ne 2 (if Box B	410,162	0		0	410,162

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2022) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side UNIVERSITY OF ILLINOIS FOUNDATION

Social security number or taxpayer identification number 37-6006007

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- ✓ (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	Date acquired Date sold or Pro		(d) Proceeds	(d) (e) Cost or other basis roceeds See the Note below	Adjustment, i If you enter an enter a co	(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
PARTNERSHIP 014			3,566			0	3,566
PARTNERSHIP 013			(7,601)			0	(7,601)
PARTNERSHIP 017			14,840			0	14,840
PARTNERSHIP 018			(2,718)			0	(2,718)
PARTNERSHIP 010			85,625			0	85,625
PARTNERSHIP 001			,				
PARTNERSHIP 023			58,289			0	58,289
FORM 6781, PART I			652,165			0	652,165
			1,271			0	1,271
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 8b (if Box D above	al here and inc	lude on your					
above is checked), or line 10 (if Box			805,437	0		0	805,437

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2022)

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment Sequence No. 27

Name	(s) shown on return					Identifying r	umbe	r
UNIV	ERSITY OF ILLINOIS FO	JNDATION					37-60	06007
1a	Enter the gross procee substitute statement) the		• .	•	Form(s) 1099-B o	r 1099-S (or	1a	
b	Enter the total amount MACRS assets	of gain that you are	including on line	s 2, 10, and 24 du	e to the partial dis	spositions of	1b	
С	Enter the total amount of assets	of loss that you are i	ncluding on lines 2	2 and 10 due to the	partial disposition	s of MACRS	1c	
Par		inges of Propert					sions	From Other
	Than Casualty	or Theft-Most	Property Held	More Than 1 Y	•	,	1	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	TNERSHIP 004	VARIOUS	VARIOUS	(1,918)				(1,918)
	TNERSHIP 015	VARIOUS	VARIOUS	64,680				64,680
	TNERSHIP 002	VARIOUS	VARIOUS	12,056				12,056
(SEE	STATEMENT)							
3	Gain, if any, from Form						3	
4	Section 1231 gain from		•				4	
5	Section 1231 gain or (los	·	-				5	
6	Gain, if any, from line 32		•				6	
7	Combine lines 2 through	_					7	2,788,829
	Partnerships and S colline 10, or Form 1120-S,				ons for Form 1065,	Schedule K,		
	Individuals, partners, § from line 7 on line 11 b 1231 losses, or they we Schedule D filed with you	elow and skip lines & re recaptured in an ea	3 and 9. If line 7 is arlier year, enter th	s a gain and you did e gain from line 7 as	dn't have any prior	year section		
8	Nonrecaptured net secti	ion 1231 losses from	prior years. See in	structions			8	
9	Subtract line 8 from line line 9 is more than zero,							
	capital gain on the Sche						9	
Part	•	s and Losses (se						
10	Ordinary gains and losse	es not included on lin	es 11 through 16 (i	include property hel	d 1 year or less):			
								, <u> </u>
11	Loss, if any, from line 7						11	()
12	Gain, if any, from line 7						12	
13	Gain, if any, from line 31						13	0
14	Net gain or (loss) from F	•					14	
15	Ordinary gain from insta		•				15	
16	Ordinary gain or (loss) fr	-					16	
17	Combine lines 10 through						17	0
18	For all except individual a and b below. For indiv	·			ine of your return a	nd skip lines		
а			· · · · · · · · · · · · · · · · · · ·	. , . , .				
	from income-producing p		` ''	,		•	10-	
	employee.) Identify as fro	•					18a	
b	Redetermine the gain of (Form 1040), Part I, line	` '	•	• .			18b	
For Pa	aperwork Reduction Act				Cat. No. 13086l	<u> </u>	100	Form 4797 (2022)

Form 4797 (2022) Page **2**

19	(a) Description of section 1245, 1250, 1252, 1254, or 125	5 prope	erty:			(b) Date acque (mo., day,)		(c) Date sold (mo., day, yr.)
Α								
В								
С								
D								
	These columns relate to the properties on lines 19A through 19D).	Property A	Property	в	Property	C	Property D
20	Gross sales price (Note: See line 1a before completing.) .	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
•	Table and O March Page 00 for a Page 00							
24	Total gain. Subtract line 23 from line 20	24						
25	If section 1245 property: Depreciation allowed or allowable from line 22	05-						
a	Enter the smaller of line 24 or 25a	25a 25b						
b	If section 1250 property: If straight line depreciation was used.	230						
26	enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions .	26a						
	Applicable percentage multiplied by the smaller of line							
-	24 or line 26a. See instructions.	26b						
С	Subtract line 26a from line 24. If residential rental property							
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
g	Add lines 26b, 26e, and 26f	26g						
27	If section 1252 property: Skip this section if you didn't							
	dispose of farmland or if this form is being completed							
_	for a partnership. Soil, water, and land clearing expenses	27a						
a b	Line 27a multiplied by applicable percentage. See instructions	27b						
C	Enter the smaller of line 24 or 27b	27c						
28	If section 1254 property:	210						
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits,							
	mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
29	If section 1255 property:							
а	Applicable percentage of payments excluded from							
	income under section 126. See instructions	29a						
b Sun	Enter the smaller of line 24 or 29a. See instructions	29b	through D throug	 h line 20h l	oefor	agoing to lin	20	
Jui	mary of rare in dams. Complete property cold	IIIIS A	inough D inou	gir iii ic 200 i	JCIOI	e going to in		
30	Total gains for all properties. Add property columns A thro	nuah D	line 24				30	
31	Add property columns A through D, lines 25b, 26g, 27c, 2	0 /					31	
32	Subtract line 31 from line 30. Enter the portion from cast							
-							32	
Pai	Recapture Amounts Under Sections 17 (see instructions)	79 and	I 280F(b)(2) Wh	en Busines	ss Us	se Drops to	50%	or Less
	. ,					(a) Section 179	on	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	vears.		33			
34					34			
35	Recapture amount. Subtract line 34 from line 33. See the				35		0	(

Form **4797** (2022)

Part I, Line 2	Sales or Exchanges of Property
----------------	--------------------------------

(a) Description of property	(b) Date acquired (mo. day. yr.)	(c) Date sold (mo. day. yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sums of (d) and (e)
(1) PARTNERSHIP 003	VARIOUS	VARIOUS	(1,916)			(1,916)
(2) PARTNERSHIP 010	VARIOUS	VARIOUS	236,142			236,142
(3) PARTNERSHIP 001	VARIOUS	VARIOUS	2,479,785			2,479,785

Form **6781**

Gains and Losses From Section 1256
Contracts and Straddles

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form6781 for the latest information.

Attach to your tax return.

2022 Attachment Sequence No. 82

OMB No. 1545-0644

Name(s) shown on tax return Identifying number UNIVERSITY OF ILLINOIS FOUNDATION 37-6006007 Check all applicable boxes. A ☐ Mixed straddle election C ☐ Mixed straddle account election See instructions. **B** Straddle-by-straddle identification election **D** ☐ Net section 1256 contracts loss election **Section 1256 Contracts Marked to Market** Part I (a) Identification of account (b) (Loss) (c) Gain 1 PARTNERSHIP 013 3.190 **PARTNERSHIP 010** 2 Add the amounts on line 1 in columns (b) and (c) 3 Net gain or (loss). Combine line 2, columns (b) and (c) 3 2.119 4 Form 1099-B adjustments. See instructions and attach statement . . . 4 5 Combine lines 3 and 4 5 2.119 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to 6 0 be carried back. Enter the loss as a positive number. If you didn't check box D, enter -0- 6 2,119 7 7 Short-term capital gain or (loss). Multiply line 7 by 40% (0.40). Enter here and include on line 4 of 8 8 848 Long-term capital gain or (loss). Multiply line 7 by 60% (0.60). Enter here and include on line 11 of 1,271 Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Part II Section A-Losses From Straddles (f) Loss. (a) Description of property (c) Date (d) Gross (h) Recognized loss. (e) Cost or (g) If column (e) is Unrecognized entered into closed out sales price other basis If column (f) is more than (d), or acquired or sold plus expense gain on more than (g), enter difference. of sale offsetting enter difference. Otherwise. positions Otherwise, enter -0-. enter -0-. 10 Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule 11a Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule 11b Section B—Gains From Straddles (f) Gain. (a) Description of property (b) Date (c) Date (d) Gross (e) Cost or If column (d) is entered into closed out sales price other basis more than (e). or acquired or sold plus expense enter difference. of sale Otherwise, enter -0-. 12 Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D 13a Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo entry only (see instructions) Part III (e) Unrecognized (a) Description of property (b) Date (c) Fair market (d) Cost or gain. If column (c) other basis acquired value on last is more than (d), business day as adjusted enter difference. of tax year Otherwise, enter -0-. 14

(Rev. December 2022) Department of the Treasury

Limitation on Business Interest Expense Under Section 163(j) Attach to your tax return.

OMB No. 1545-0123

	nal Revenue Service Go to www.irs.gov/Form8990 for instructions and the latest information.			
	ayer name(s) shown on tax return		ntification numb	er
$\frac{\text{OIN}}{\mathbf{A}}$	IVERSITY OF ILLINOIS FOUNDATION If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:	3 /	-6006007	
^	Name of foreign entity			
	Employer identification number, if any			
	Reference ID number			
В	Is the foreign entity a CFC group member? See instructions		Yes	No
С	Is this Form 8990 filed by the specified group parent for an entire CFC group? See instructions		Yes	No
D	Has a CFC or a CFC group made a safe harbor election? If yes, see instructions for which lines of Form 8			<u> </u>
	to complete		Yes	No
Pa	art I Computation of Allowable Business Interest Expense			
	rt I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be complet	ed be	fore Part I wl	hen the
tax	payer is a partner or shareholder of a pass-through entity subject to section 163(j).			
Sec	ction I - Business Interest Expense			
1	Current year business interest expense (not including floor plan			
	financing interest expense), before the section 163(j) limitation 1 2,703			
2	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	years. (Does not apply to a partnership)			
3	Partner's excess business interest expense treated as paid or			
	accrued in current year (Schedule A, line 44, column (h))			
4	· · · · · · · · · · · · · · · · · · ·			
5	3 1111111111111111111111111111111111111	5		13,237
Sec	ction II - Adjusted Taxable Income			
	Tentative Taxable Income			
6	Tentative taxable income. See instructions	6	3,	749,683
	Additions (adjustments to be made if amounts are taken into account on line 6)			
7	Any item of loss or deduction that is not properly allocable to a			
	trade or business of the taxpayer. See instructions			
8	Any business interest expense not from a pass-through entity. See			
	instructions			
9	, , ,			
10	, · · · · · · · · · · · · · · · · · · ·			
	section 199A			
11				
12	, , , , , , , , , , , , , , , , , , , ,			
	See instructions 12			
13				
14	, , , , , , , , , , , , , , , , , , , ,			
4 5	44, column (f)) Total current year S corporation shareholder's excess taxable			
15	income (Schedule B, line 46, column (c))			
16		16		
	Reductions (adjustments to be made if amounts are taken into account on line 6	<u> </u>		
47				
17	Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions			
18				
10				
19				
19	See instructions			
20				
21		21	(4.0	03,357)
22		22		
	Paperwork Reduction Act Notice, see the instructions.		Form 8990 (I	Rev. 12-2022)

For Paperwork Reduction Act Notice, see the instructions.

JSA 2X4100 2.000

Form 8990 (Rev. 12-2022) Page **2**

Sect	ion III - Business Interest Income							
23	Current year business interest income. See instructions							
24	Excess business interest income from pass-through entities (total of							
	Schedule A, line 44, column (g), and Schedule B, line 46, column (d))							
25	Total. Add lines 23 and 24	25						
Sect	ion IV - 163(j) Limitation Calculations							
	Limitation on Business Interest Expense							
26	Multiply the adjusted taxable income from line 22 by the applicable percentage.							
	See instructions 26							
27	Business interest income (line 25)							
28	Floor plan financing interest expense (line 4)							
29	Total. Add lines 26, 27, and 28	29						
	Allowable Business Interest Expense							
30	Total current year business interest expense deduction. See instructions	30						
	Carryforward							
31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0)	31	13,237					
Part								
	II is only completed by a partnership that is subject to section 163(j). The partnership items below are an are not carried forward by the partnership. See the instructions for more information.	llocate	ed to the partners					
	Excess Business Interest Expense							
32	Excess business interest expense. Enter amount from line 31	32						
	Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through	า 37.)						
33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)	33	13,237					
34	Subtract line 33 from line 26. (If zero or less, enter -0)	34						
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0)	35						
36	Excess taxable income. Multiply line 35 by line 22.	36						
	Excess Business Interest Income							
37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or							
	less, enter -0).	37						
Part	S Corporation Pass-Through Items							
	III is only completed by S corporations that are subject to section 163(j). The S corporation items be eholders. See the instructions for more information.	elow a	are allocated to the					
Excess Taxable Income								
38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)	38	13,237					
39	Subtract line 38 from line 26. (If zero or less, enter -0)	39						
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0)	40						
41	Excess taxable income. Multiply line 40 by line 22.	41						
	Excess Business Interest Income							
42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or							
	less, enter -0).	42						

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			Section 163(j) E						
_An	y taxpayer that owns an	interest in a partne	ership subject to sec	tion 163(j) should d	complete Schedule	A before completin	g Part I.		
(a) Name of partnership			Excess Business Interest Expense			(f) Current year	(g) Current year	(h) Excess business	(i) Current year
		(b) EIN	(c) Current year (see instructions)	(d) Prior year carryforward (see instructions)	Prior year rryforward (e) Total	excess taxable income	excess business interest income	interest expense treated as paid or accrued (see instructions)	excess business interest expense carryforward (see instructions)
	PARTNERSHIP 002	FOREIGNUS	2,703	10,534	13,237	0	0	0	13,237
43	1AKINDIGIII 002	TOREIGNOD	2,103	10,331	13,231	0	0	0	13,23
44	Total								
SC	HEDULE B Summa	ary of S Corpora	tion Shareholder	r's Excess Taxab	ole Income and E	xcess Business	Interest Income	•	

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation	(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45				
46	Total			

(Rev. December 2020)

Name

Tax on Base Erosion Payments of Taxpayers With Substantial Gross Receipts

20 22	, and ending	06/30	. 20 23

Employer identification number

For tax year beginning 07/01 Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8991 for instructions and the latest information. ➤ See instructions.

OMB No. 1545-0123

UNIVE	RSITY OF ILLINOIS FOUNDATION	37-6006007			
Par					
If the	box if this form is being filed by a taxpayer with which another taxpayer has been aggregated und above box is checked, attach a statement listing the names and EINs of all sepanination of "1 person" under Regs. section 1.59A-2(c).	-			
		(a)	(b)		(c)
		First Preceding Tax Year	Secon Precedi Tax Ye	ng	Third Preceding Tax Year
1 a	Gross receipts of the taxpayer. See instructions	621,225,310	922,366	,843	1,011,026,492
b	Gross receipts from partnerships	-7,033,832	-9,087	,060	-10,402,481
С	Gross receipts of all other persons treated as 1 person pursuant to Regs.				
	section 1.59A-2(c)				
d	Gross receipts. Combine lines 1a through 1c	614,191,478	913,279,	783	1,000,624,01
е	Gross receipts of first, second, and third preceding tax years. Combine columns ((a), (b), and (c) of line		
	1d			1e	2,528,095,272
f	3-year average annual gross receipts. See instructions			1f	842,698,424
g	Is line 1f \$500 million or more?				
	Yes. Continue to line 2.				
	No. STOP here and attach this form to your tax return.				
2a	Base erosion tax benefit (from Schedule A, line 15, column (a-2))			2a	0
b	Amount of deductions allowed under Chapter 1 of the Internal Revenue Code	1 1		2b	140,524
С	Base erosion tax benefits resulting from reductions in insurance premiu				
_	reported on Schedule A, line 8, column (a-2)		0	-	
d	Base erosion tax benefits resulting from reductions in gross receipts reported				
	Schedule A, line 10, column (a-2)		0	_	
e	Add lines 2c and 2d	1 1		2e	0
f	Total deductions for amounts paid or accrued for services to which the excep				
	under Regs. section 1.59A-3(b)(3)(i) applies (from Schedule A, line 5b)		0	-	
g	Qualified derivative payments excepted by Regs. section 1.59A-6(b)		0	-	
h :	Total deductions allowed under sections 172, 245A, and 250 for the tax year Does the taxpayer elect to waive deductions in accordance with Regulati		0	-	
i			0		
	section 1.59A-3(c)(6)(i)? Yes. Complete Schedule B. Enter the amount from line 15 of Schedule B.	21	0	1	
	No. Enter -0				
i	Deductions for exchange losses from section 988 transactions described	in			
,	Regulations section 1.59A-2(e)(3)(ii)(D)		0		
k	Deductions for TLAC securities and foreign TLAC securities described			-	
	Regulations section 1.59A-2(e)(3)(ii)(E)		0		
1	Reinsurance losses incurred and claims payments described in Regulati				
	section 1.59A-2(e)(3)(ii)(F)		0		
m	Combine lines 2f through 2l			2m	0
n	Total Deductions. Subtract line 2m from the sum of line 2b and line 2e			2n	0

Is the taxpayer's base erosion percentage on line 20 3% or higher (2% or higher for a bank or securities

No. STOP after completing Part I and Schedule A (and, if necessary, Schedule B) and attach this

Yes. Continue to Part II.

form to your tax return.

0 %

20

dealer)?

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Pa	Modified Taxable Income (MTI)		
3 a	Taxable income after net operating loss. See instructions	3a	
b	Base erosion tax benefits for the tax year from Schedule A, line 15, column (b-2)	3b	
С	Base erosion percentage of the net operating loss deduction allowed under section 172 for the tax year.		
	See instructions	3с	
d	Modified Taxable Income. See instructions	3d	
Pa	Regular Tax Liability Adjusted for Purposes of Computing Base Erosion Minimum Tax Amo	unt	
4 a	Regular tax liability	4a	
b	Allowed credits, as adjusted (from Schedule C, line 7)	4b	
С	-		
	line 4b from line 4a	4c	
Pa	rt IV Computation of Base Erosion Minimum Tax Amount		
5 a	Modified Taxable Income (from line 3d)	5a	
b	BEAT Tax rate applicable for current tax year	5b	%
С	Base Erosion Minimum Tax. Multiply line 5a by line 5b	5c	
d	Regular tax liability adjusted for purposes of computing Base Erosion Minimum Tax Amount (from		
	line 4c)	5d	
е	Base Erosion Minimum Tax Amount. Subtract line 5d from line 5c. If zero or less, enter -0-	5e	•

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Schedule A Base Erosion Payments and Base Erosion Ta	ax Benefits (see	e instructions)					
Does the taxpayer elect to use financial statements per Regs. secti allocable to a foreign corporation's effectively connected income?	on 1.59A-3(b)(4)(i)(D) for purposes	s of calculating i	nterest expense	(Check all applicable boxes in columns (c), (d), and (e) below)		
	(a-1)	(a-2)	(b-1)	(b-2)	(c)	(d)	(e)
Type of Base Erosion Payments	Aggregate Group's Base Erosion Payments	Aggregate Group's Base Erosion Tax Benefits	Taxpayer's Base Erosion Payments	Taxpayer's Base Erosion Tax Benefits	Any 25% Owner of the Taxpayer	Person Related Under Sections 267(b) or 707(b)(1) to the Taxpayer or Any 25% Owner of the Taxpayer	Any Person Related Within the Meaning of Section 482 to the Taxpayer
1 Reserved for future use							
2 Reserved for future use							
3 Purchase or creations of property rights for intangibles (patents,							
trademarks, etc.)							
4 Rents, royalties, and license fees							
5a Compensation/consideration paid for services NOT excepted by							
Regs. section 1.59A-3(b)(3)(i)							
b Compensation/consideration paid for services excepted by Regs. section 1.59A-3(b)(3)(i)							
6 Interest expense							
7 Payments for the purchase of tangible personal property							
8 Premiums and/or other considerations paid or accrued for							
insurance and reinsurance as covered by Regs. section 1.59A-3(b)							
(1)(iii)							

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Base Erosion Payments and Base Erosion Tax Benefits (see instructions) (continued from page 3) Schedule A (Check all applicable boxes in columns (c), (d), and (e) below) (a-1) (a-2) (b-1) (b-2) (d) (c) (e) Aggregate Taxpayer's Base Taxpayer's Base Any 25% Person Related **Any Person** Aggregate Group's Base Group's Base **Erosion Payments Erosion Tax** Owner of **Under Sections** Related Within **Erosion Tax Erosion Payments** Benefits the Taxpayer 267(b) or the Meaning of Type of Base Erosion Payments Benefits 707(b)(1) to the Section 482 Taxpayer or Any to the Taxpayer 25% Owner of the Taxpayer 9a Nonqualified derivative payments **b** Qualified derivative payments excepted by Regs. section 1.59A-6(b) \$ _____ 10 Payments reducing gross receipts made to surrogate foreign corporation 11 Other payments - specify Combine lines 3 through 11 13 Base erosion tax benefits related to payments reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at 30% statutory withholding tax rate 14 Portion of base erosion tax benefits reported on lines 3 through 11, on which tax is imposed by section 871 or 881, with respect to which tax has been withheld under section 1441 or 1442 at reduced withholding rate pursuant to income tax treaty. Multiply ratio of percentage withheld divided by 30% times tax benefit. See instructions Total base erosion tax benefits. Subtract the sum of line 13 and line 14 from line 12. Enter the amount from column (a-2) in Part I, line 2a. Enter the amount from column (b-2) in Part II, line 3b. . . .

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Sch	edule B Waiver of Deductions (see ins	tructions)							
	(a) Description of item or property to which the deduction relates	(b) Date on which, or period in which, the waived deduction was paid or accrued	(c) Provision of Code and regulations, as applicable, that allows the deduction for which this election relates	(d) Line number on the controlled group member tax return where the deduction is reported	(e) Name of foreign related party that is or will be the recipient of the payment that generates the deduction	(f) Taxpayer Identification Number of foreign related party	(g) Country of organization of the foreign related party	(h) Amount of deduction claimed for the tax year with respect to the item or property	(i) Amount of deduction being waived for the tax year with respect to the item or property
1									
2									
3									
4									
5									
_ 6									
_ 7									
8									
9									
10									
11									
12									
13									
14	Totals from attachment, if necessary								
15	Total deductions waived per Regulations section 1.59A-3(c)(6)(i). Add the amounts in column (i). Enter the result here and on Part I, line 2i								

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Scl	chedule C Credits Reducing Regular Tax Liability in Computing Base Erosion Minimum Tax Amount (BEMTA)						
Pa	art I Credits Allowed Against Regular Tax (see instructions)						
1	Total credits allowed in current year. See instructions	1					
2	Credits for increasing research activities from line 1c of all Parts III of Form 3800 2						
3	Total allowed credit for increasing research activities for current year. Enter the amount of research						
	credit reported in Form 3800, Part II, line 38. See instructions	3					
4	Enter smaller of Schedule C, Part II, line 11 or Part III, line 16	4					
5	Limitation of applicable section 38 credits. Multiply line 4 by 80% (0.80)	5					
6	Adjustments to allowed credits. Add lines 3 and 5	6					
7	Credits allowed against regular tax in computing BEMTA. Subtract line 6 from line 1. Enter here and						
	on Form 8991, line 4b	7					
P	Applicable Section 38 Credits						
	(Only complete Parts II and III if you have allowed applicable section 38 credits.)						
8	Low-income housing credit from lines 1d and 4d of all Parts III of Form 3800	.					
9	Renewable electricity production credit but only to extent of the renewable						
	electricity under section 45(a) from lines 1f and 4e of all Parts III of Form 3800 9						
10	Investment credit but only to extent of energy credit property under section 48						
	from line 4a of all Parts III of Form 3800						
11	Total allowed applicable section 38 credits for current year. Enter the amount of applicable credits						
	reported in Form 3800, Part II, line 38. See instructions	11					
P	BEMTA Determined Without Adjustment for Applicable Section 38 Credits						
12		12					
13	Regular tax liability (Form 8991, line 4a)	13					
14		14					
15	Regular tax adjusted for credits that offset BEMTA. Subtract line 14 from line 13	15					
16							
	line 15 from line 12; if zero or less, enter -0-	16					