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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01 , 2024, and ending 06/30 , 20 25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: UNIVERSITY OF ILLINOIS FOUNDATION

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 303 ST. MARY'S ROAD

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: CHAMPAIGN, IL 61820

D Employer identification number: 37-6006007

E Telephone number: (217) 333-0810

G Gross receipts $ 1,781,411,255

F Name and address of principal officer: JAMES H. MOORE, JR.
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.UIF.UILLINOIS.EDU

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1935

M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: (SEE ON SCHEDULE O)

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	210
6	Total number of volunteers (estimate if necessary)	6	947
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,329,195
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	9,162,275

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	314,244,685	342,032,709
9	Program service revenue (Part VIII, line 2g)	8,585,409	8,855,653
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	334,715,722	246,876,903
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,747,847	16,725,655
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	671,293,663	614,490,920
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	272,892,061	312,306,069
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,493,939	39,072,822
16a	Professional fundraising fees (Part IX, column (A), line 11e)	218,463	184,397
b	Total fundraising expenses (Part IX, column (D), line 25) 24,366,002		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,220,599	38,717,913
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	347,825,062	390,281,201
19	Revenue less expenses. Subtract line 18 from line 12	323,468,601	224,209,719

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	3,593,401,616	3,696,953,968
21	Total liabilities (Part X, line 26)	103,790,788	106,166,163
22	Net assets or fund balances. Subtract line 21 from line 20	3,489,610,828	3,590,787,805

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Christine DeVocelle — Date: 05/12/2026

CHRISTINE DEVOCELLE, CFO/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: EMMA WALSH	Preparer's signature: Emma Walsh	Date: 5/11/2026	Check ☐ if self-employed	PTIN: P02373508
Firm's name: ERNST & YOUNG US LLP			Firm's EIN: 34-6565596	
Firm's address: 200 CLARENDON STREET, BOSTON, MA 02116-5072			Phone no.: (617) 266-2000	

May the IRS discuss this return with the preparer shown above? See instructions ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

(SEE ON SCHEDULE O)

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 ☑ 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 ☑ 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 expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 312,306,069 including grants of $ 312,306,069) (Revenue $ 272,458,211)

THE UNIVERSITY OF ILLINOIS FOUNDATION MAKES DISTRIBUTIONS TO THE UNIVERSITY OF ILLINOIS WHICH USES THESE DISTRIBUTIONS IN ACCORDANCE WITH DONOR INTENT FOR MANY PURPOSES, INCLUDING STUDENT SUPPORT, FACULTY SUPPORT, AND RESEARCH.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 312,306,069

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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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 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 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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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	✓	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✓	
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	✓	
c	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		✓
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 Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✓	
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	✓	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
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	✓	
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		✓
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		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	✓	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✓	
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 K. If "No," go to line 25a*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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*	25a		✓
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-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	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		✓
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*	27		✓
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*	28a		✓
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	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*	28c		✓
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	✓	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	✓	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
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	38	✓	

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	1a	247		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	

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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 2a 210			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	✓	
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	✓	
4a	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	✓	
b	If "Yes," enter the name of the foreign country BR, CA, CJ, CH, CO, (CONTINUED ON SCHEDULE O) 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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	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	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓	
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	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:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**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 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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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 . . . . . ☑

Section 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.	1a	21		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	21		
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			✓
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			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6		✓	
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		✓	
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			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
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			✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	✓	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	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 taxable entity during the year?	16a	✓	
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	✓	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, CA, DC, HI, IL, (CONTINUED ON SCHEDULE O)

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) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ 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, and financial 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, 303 ST MARYS ROAD, CHAMPAIGN, IL 61820, (217) 333-0810

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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, box 6 of 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRAVIS W. SHORE	40.0									
CHIEF INVESTMENT OFFICER	0.0			✓				1,093,094	0	62,870
(2) JAMES H. MOORE, JR.	40.0									
PRESIDENT & CEO	0.0			✓				1,005,232	0	60,170
(3) FRANK ROBINSON	40.0									
MANAGING DIRECTOR	0.0				✓			743,910	0	58,827
(4) MATTHEW MCGANITY	40.0									
MANAGING DIRECTOR	0.0				✓			744,636	0	51,121
(5) JEREMY HEER	40.0									
MANAGING DIRECTOR	0.0				✓			636,516	0	56,271
(6) JAIME N. DAVIS	40.0									
SENIOR DIRECTOR	0.0				✓			367,959	0	157,886
(7) CHRISTINE C. DEVOCELLE	40.0									
TREASURER & COO	0.0			✓				383,671	0	64,519
(8) KRISTIE DEKOKER	40.0									
VC HEALTH AFFAIRS	0.0					✓		333,217	0	44,924
(9) JACQULINE N. SCHWEIGHART	40.0									
ASSISTANT SECRETARY	0.0			✓				262,078	0	70,180
(10) EDWARD F. EWALD	20.0									
EXECUTIVE ADVISOR - END DEC '24	0.0					✓		271,583	0	57,787
(11) MARGARET A. CLINE	40.0									
VICE PRESIDENT	0.0					✓		249,492	0	66,482
(12) JENNIFER F. CERASA	40.0									
SECRETARY & GENERAL COUNSEL	0.0			✓				257,573	0	53,671
(13) MICHAEL A. DAVIS	40.0									
CHIEF TECHNOLOGY OFFICER	0.0				✓			245,896	0	53,085
(14) BROOKE WEISENBECK	40.0									
SR. VICE PRESIDENT	0.0					✓		223,683	0	56,348

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHELLE S. BOLGER	40.0									
ASSISTANT TREASURER	0.0			✓				208,398	0	65,436
(16) RICHARD H. DARNELL, JR.	40.0									
SENIOR VICE PRESIDENT - END SEPT '24	0.0					✓		216,431	0	43,250
(17) KELLY L. BENNETT	40.0									
ASSISTANT TREASURER	0.0			✓				156,840	0	59,327
(18) ANTHONY G. DITOMMASO	2.0									
IMMEDIATE PAST CHAIR OF THE BOARD	0.0	✓		✓				0	0	0
(19) KAREN M. GOLZ	2.0									
CHAIR-ELECT	0.0	✓		✓				0	0	0
(20) RICHARD C. OSBORNE	2.0									
CHAIR OF THE BOARD	0.0	✓		✓				0	0	0
(21) A. HELEN MCGRATH	2.0									
DIRECTOR	0.0	✓						0	0	0
(22) ALAN D. FELDMAN	2.0									
DIRECTOR - END NOV '24	0.0	✓						0	0	0
(23) ALEJANDRA GARZA	2.0									
DIRECTOR	0.0	✓						0	0	0
(24) AMITA K. SCHULTES	2.0									
DIRECTOR - BEGIN NOV '24	0.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								7,400,209	0	1,082,154
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								7,400,209	0	1,082,154

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 52

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
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*	✓	
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*		✓

Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation
BERGLUND CONSTRUCTION COMPANY, 8410 S. SOUTH CHICAGO AVENUE, CHICAGO, IL 60617	DESIGN-BUILD/GENERAL CONSTRUCTION	2,485,561
COLLEGIATE PEAKS ASSET MANAGEMENT, LLC, 201 MILWAUKEE ST. #200, DENVER, CO 80206	INVESTMENT MANAGEMENT	1,962,942
WASSERSTEIN DEBT OPPORTUNITIES MGMT, LP, 1185 AVENUE OF THE AMERICAS 39TH FL, NEW YORK, NY 10036	INVESTMENT MANAGEMENT	1,182,127
SHAWSPRING PARTNERS, LLC, 171 NEWBURY STREET SUITE 5, BOSTON, MA 02116	INVESTMENT MANAGEMENT	843,957
DORSEY ASSET MANAGEMENT LLC, 150 N WACKER DRIVE, SUITE 960, CHICAGO, IL 60606	INVESTMENT MANAGEMENT	751,554

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 16

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	29,377				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	342,003,332				
	g	Noncash contributions included in lines 1a–1f	1g	$ 82,711,186				
	h	**Total.** Add lines 1a–1f			342,032,709			
Program Service Revenue			Business Code					
	2a	UNIVERSITY CONTRACT & BUDGET	813211		8,631,990	8,631,990		
	b	ANNUAL FUNDS	813211		223,663	223,663		
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			8,855,653			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			41,879,245	24,550,050	17,329,195	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	1,647,219				
	b	Less: rental expenses	6b	457,540				
	c	Rental income or (loss)	6c	1,189,679	0			
	d	Net rental income or (loss)			1,189,679	1,189,679		
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	1,366,449,103	5,011,350			
	b	Less: cost or other basis and sales expenses	7b	1,163,237,795	3,225,000			
	c	Gain or (loss)	7c	203,211,308	1,786,350			
	d	Net gain or (loss)			204,997,658	204,997,658		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11a	ATHLETIC RECEIPTS	813211		11,849,483	11,849,483		
	b	NON-GIFT REVENUE (SALES, AUCTIONS	813211		3,659,841	3,659,841		
	c							
	d	All other revenue	813211		26,652	26,652	0	0
	e	**Total.** Add lines 11a–11d			15,535,976			
	12	**Total revenue.** See instructions			614,490,920	255,129,016	17,329,195	0

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	312,283,569	312,283,569		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,500	22,500		
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	6,782,160		5,884,833	897,327
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	23,585,448		8,775,363	14,810,085
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,549,173		925,051	624,122
9 Other employee benefits	5,870,440		3,278,953	2,591,487
10 Payroll taxes	1,285,601		813,319	472,282
11 Fees for services (nonemployees):				
a Management				
b Legal	209,282		209,282	
c Accounting	553,456		553,456	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	184,397			184,397
f Investment management fees	21,028,304		21,028,304	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,869,978	0	1,427,883	442,095
12 Advertising and promotion	160,131			160,131
13 Office expenses	1,249,756		979,222	270,534
14 Information technology	2,515,216		2,272,636	242,580
15 Royalties				
16 Occupancy	1,207,603		1,170,574	37,029
17 Travel	1,524,457		505,704	1,018,753
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,099,258		161,808	1,937,450
20 Interest	926,196		926,196	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,733,429		1,733,429	
23 Insurance	62,889		62,889	
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.)				
a ONLINE RESEARCH TOOLS	653,963		419,159	234,804
b MARKETING & COMMUNICATI	269,946		66,650	203,296
c MEMBERSHIP & DUES	292,377		52,747	239,630
d UBI TAX	2,222,391		2,222,391	
e All other expenses	139,281	0	139,281	0
25 **Total functional expenses.** Add lines 1 through 24e	390,281,201	312,306,069	53,609,130	24,366,002
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)				

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		7,878,433	2	8,430,331
	3	Pledges and grants receivable, net		207,000,000	3	256,000,000
	4	Accounts receivable, net		14,513,370	4	7,644,710
	5	Loans and other receivables from 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		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		49,589	7	45,252
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,382,417	9	3,756,180
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 217,891,815			
	b	Less: accumulated depreciation	10b 11,447,260	202,706,447	10c	206,444,555
	11	Investments—publicly traded securities		1,127,837,248	11	1,219,078,438
	12	Investments—other securities. See Part IV, line 11		1,950,240,614	12	1,911,807,185
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		80,793,498	15	83,747,317
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,593,401,616	16	3,696,953,968
Liabilities	17	Accounts payable and accrued expenses		23,388,209	17	29,267,462
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		28,204,535	24	22,231,319
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		52,198,044	25	54,667,382
	26	**Total liabilities.** Add lines 17 through 25		103,790,788	26	106,166,163
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		89,492,396	27	91,217,298
	28	Net assets with donor restrictions		3,400,118,432	28	3,499,570,507
		Organizations that do not follow FASB ASC 958, check 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	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		3,489,610,828	32	3,590,787,805
	33	Total liabilities and net assets/fund balances		3,593,401,616	33	3,696,953,968

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	614,490,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,281,201
3	Revenue less expenses. Subtract line 2 from line 1	3	224,209,719
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,489,610,828
5	Net unrealized gains (losses) on investments	5	(120,086,797)
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	(2,945,945)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,590,787,805

Part 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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) BETH GEORGIA GIES DIRECTOR	2.0 0.0	✓						0	0	0
(26) CYNTHIA M. HELLE DIRECTOR	2.0 0.0	✓						0	0	0
(27) DEBORAH A. PAUL DIRECTOR	2.0 0.0	✓						0	0	0
(28) DONALD E. BIELINSKI DIRECTOR	2.0 0.0	✓						0	0	0
(29) GOZEN A. HARTMAN DIRECTOR - BEGIN NOV '24	2.0 0.0	✓						0	0	0
(30) JEAN M. MANNING DIRECTOR	2.0 0.0	✓						0	0	0
(31) JULIE A KELLNER DIRECTOR	2.0 0.0	✓						0	0	0
(32) KAY M. SCHWICHTENBERG DIRECTOR - END NOV '24	2.0 0.0	✓						0	0	0
(33) KHAWAR M. SIDDIQUE DIRECTOR	2.0 0.0	✓						0	0	0
(34) LAURA L. FRALEY DIRECTOR - END NOV '24	2.0 0.0	✓						0	0	0
(35) MARK D. COE DIRECTOR - END NOV 24'	2.0 0.0	✓						0	0	0
(36) MARY ELLEN PENICOOK DIRECTOR	2.0 0.0	✓						0	0	0
(37) PAUL T. TUCKER DIRECTOR	2.0 0.0	✓						0	0	0
(38) RAKESH VARMA DIRECTOR - BEGIN NOV '24	2.0 0.0	✓						0	0	0
(39) SAUL J. MORSE DIRECTOR	2.0 0.0	✓						0	0	0
(40) SHAKEEB ALAM DIRECTOR	2.0 0.0	✓						0	0	0
(41) STUART L. LEVENICK DIRECTOR	2.0 0.0	✓						0	0	0
(42) WILLIAM D FORSYTH DIRECTOR	2.0 0.0	✓						0	0	0

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SCHEDULE A (Form 990)

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

2024

Open to Public Inspection

Name of the organization	Employer identification number
UNIVERSITY OF ILLINOIS FOUNDATION	37-6006007

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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)**.
4 ☐ 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 ☑ 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)**.
7 ☐ 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.)
9 ☐ 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.

a ☐ **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.**

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.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	258,352,097	259,134,775	258,378,863	314,244,685	342,032,709	1,432,143,129
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	258,352,097	259,134,775	258,378,863	314,244,685	342,032,709	1,432,143,129
5 The portion of total contributions 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)						131,945,607
6 **Public support.** Subtract line 5 from line 4						1,300,197,522

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	258,352,097	259,134,775	258,378,863	314,244,685	342,032,709	1,432,143,129
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,693,179	21,994,579	25,459,980	49,350,717	43,526,464	160,024,919
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						1,592,168,048

12 Gross receipts from related activities, etc. (see instructions) **12** 115,780,665

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** 81.66 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . **15** 83.06 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b 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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support.** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	0.00 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	0.00 %

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☑

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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****.*	6		
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).*	7		
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).*	8		
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****.*	9a		
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****.*	9b		
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****.*	9c		
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.*	10a		
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.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
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****.*	3a		
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.*	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**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		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section 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	0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
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	0

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

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	0
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	0
10	Line 8 amount divided by line 9 amount	10	0.00

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e	0		
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2024 from Section D, line 7: $ 0			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.		0	
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			0
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D (Form 990)
(Rev. January 2025)

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

Open to Public Inspection

Name of the organization
UNIVERSITY OF ILLINOIS FOUNDATION

Employer identification number
37-6006007

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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 maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,071,027,362	2,768,594,320	2,573,230,510	2,766,168,250	2,112,155,909
b Contributions	121,032,101	160,181,809	97,853,842	92,809,764	105,262,836
c Net investment earnings, gains, and losses	1,674,553	200,017,491	151,429,041	(240,112,903)	598,310,179
d Grants or scholarships					
e Other expenditures for facilities and programs	26,106,314	1,486,783	1,504,606	1,612,344	4,376,184
f Administrative expenses	60,462,895	56,279,475	52,414,467	44,022,257	45,184,490
g End of year balance	3,107,164,807	3,071,027,362	2,768,594,320	2,573,230,510	2,766,168,250

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 16.75 %
b Permanent endowment 82.05 %
c Term endowment 1.20 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)	✓	
(ii) Related organizations?	3a(ii)	✓	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	✓	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	122,061,443			122,061,443
b Buildings	1,179,444	81,950,333	1,351,942	81,777,835
c Leasehold improvements		40,252	36,227	4,025
d Equipment		12,660,343	10,059,091	2,601,252
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				206,444,555

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Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 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		
(3) Other		
(A) CLOSELY HELD EQUITY INTERESTS	622,700,493	END OF YEAR MARKET VALUE
(B) NON-EXCHANGE TRADED	1,204,836,320	END OF YEAR MARKET VALUE
(C) REAL ESTATE TRUSTS & PARTNERSHIPS	65,766,342	END OF YEAR MARKET VALUE
(D) PRIVATE EQUITY AT COST	18,503,925	COST
(E) OTHER INVESTMENTS	105	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	1,911,807,185	

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. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

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, line 15, col. (B))*	

Part X Other Liabilities

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	53,022,815
(3) REMAINDER INTEREST DUE TO OTHERS	1,644,567
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	54,667,382

2. 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 . ☑

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	469,985,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	(120,086,797)		
b	Donated services and use of facilities	2b	5,587,703		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	(114,499,094)
3	Subtract line **2e** from line **1**			3	584,484,532
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,006,388		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	30,006,388
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	614,490,920

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	368,808,461
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	5,587,703		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,945,945		
e	Add lines **2a** through **2d**			2e	8,533,648
3	Subtract line **2e** from line **1**			3	360,274,813
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,006,388		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	30,006,388
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	390,281,201

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	

(a) Description	(b) Amount
ACTUARIAL ADJUSTMENT	2,945,945
TOTAL	**2,945,945**

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE UNIVERSITY OF ILLINOIS FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED FOR USE BY THE UNIVERSITY OF ILLINOIS. WHEN EACH ENDOWMENT FUND IS ESTABLISHED IT IS SET UP WITH A PURPOSE CODE BASED ON DONOR INTENT. EXAMPLES OF THESE CODES INCLUDE SCHOLARSHIPS, PROFESSORSHIPS, RESEARCH, FACILITIES, ETC.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	MANAGEMENT HAS EVALUATED ITS MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX EXEMPT STATUS OF EACH ENTITY AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBI. AS OF JUNE 30, 2025, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY.
SCHEDULE D, PART XI, LINE 2(D) - OTHER ADJUSTMENTS:	ACTUARIAL ADJUSTMENT

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SCHEDULE F (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNIVERSITY OF ILLINOIS FOUNDATION

Employer identification number
37-6006007

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		58,350
(2)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	FUNDRAISING		127,123
(3)	MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING		21,189
(4)	SOUTH AMERICA	0	0	FUNDRAISING		10,912
(5)	SOUTH ASIA	0	0	FUNDRAISING		12,342
(6)	EAST ASIA AND THE PACIFIC	0	0	INVESTMENT OVERSIGHT		66,887
(7)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENT OVERSIGHT		63,015
(8)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENT OVERSIGHT		355
(9)	SOUTH AMERICA	0	0	INVESTMENT OVERSIGHT		25,882
(10)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	(SEE STATEMENT)		618,959,038
(11)	EAST ASIA AND THE PACIFIC	0	0	(SEE STATEMENT)		15,000,065
(12)	EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	(SEE STATEMENT)		139,922,588
(13)	MIDDLE EAST AND NORTH AFRICA	0	0	(SEE STATEMENT)		23,270,771
(14)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	(SEE STATEMENT)		24,577,749
(15)	SUB-SAHARAN AFRICA	0	0	(SEE STATEMENT)		1,066,176
(16)	NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	FUNDRAISING		3,125
(17)	SOUTH ASIA	0	0	INVESTMENT OVERSIGHT		20,265
3a	Subtotal	0	1			823,205,832
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	1			823,205,832

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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	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . . .

3 Enter total number of other organizations or entities . . . . . .

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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.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

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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)*	☑ 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	☑ 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)*	☑ 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)*	☑ 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)*	☑ 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	☑ No

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Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 (D) - ACTIVITIES CONDUCTED IN THE REGION	CENTRAL AMERICA AND THE CARIBBEAN - 10 - LEGAL DOMICILE OF ENDOWMENT INVESTMENTS EAST ASIA AND THE PACIFIC - 11 - LEGAL DOMICILE OF ENDOWMENT INVESTMENTS EUROPE (INCLUDING ICELAND AND GREENLAND) - 12 - LEGAL DOMICILE OF ENDOWMENT INVESTMENTS MIDDLE EAST AND NORTH AFRICA - 13 - LEGAL DOMICILE OF ENDOWMENT INVESTMENTS NORTH AMERICA (CANADA & MEXICO ONLY) - 14 - LEGAL DOMICILE OF ENDOWMENT INVESTMENTS SUB-SAHARAN AFRICA - 15 - LEGAL DOMICILE OF ENDOWMENT INVESTMENTS
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - OTHER EAST ASIA AND THE PACIFIC - ACCRUAL EAST ASIA AND THE PACIFIC - OTHER EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) - OTHER MIDDLE EAST AND NORTH AFRICA - ACCRUAL MIDDLE EAST AND NORTH AFRICA - OTHER NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) - OTHER SOUTH AMERICA - ACCRUAL SOUTH ASIA - ACCRUAL SUB-SAHARAN AFRICA - OTHER

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SCHEDULE G (Form 990)
(Rev. January 2025)
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

Open to Public Inspection

Name of the organization
UNIVERSITY OF ILLINOIS FOUNDATION

Employer identification number
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** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	MARTS & LUNDY, 160 CHUBB AVENUE, SUITE 303, LYNDHURST, NJ 07071	FUNDRAISING COUNSEL		✓	122,397	122,397	0
2	RUFFALO NOEL LEVITZ, LLC, 5249 NORTH PARK PLACE NE #1061, CEDAR RAPIDS, IA 52402	FUNDRAISING CONSULTANT		✓	62,000	62,000	0
3							
4							
5							
6							
7							
8							
9							
10							
Total					184,397	184,397	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, 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

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Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 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:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 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 If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b 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 . . . . . $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Identifier	Explanation
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name: MARTS & LUNDY Description: THE FIRM WAS ENGAGED TO PROVIDE FUNDRAISING COUNSEL INCLUDING SIZING, FEASIBILITY, DONOR CAPACITY, DONOR PERCEPTIONS AND MOTIVATIONS, GOAL SETTING, ETC.
SCHEDULE G, PART I, LINE 2B	PAYMENT OF FEES OR PAYMENT OF EXPENSES	Name: RUFFALO NOEL LEVITZ, LLC Description: THE FIRM WAS ENGAGED TO PROVIDE PROGRAM MANAGEMENT SERVICES, ENGAGEMENT, AND TECHNOLOGY ENABLED SERVICES FOR THE ENGAGEMENT CENTER.

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SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNIVERSITY OF ILLINOIS FOUNDATION

Employer identification number
37-6006007

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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
(1) UNIVERSITY OF ILLINOIS 506 S. WRIGHT ST., URBANA, IL 61801	37-6000511	501(C)3	306,529,358	4,622,883	FMV/APPRAISAL	(SEE STATEMENT)	(SEE STATEMENT)
(2) UNIVERSITY OF ILLINOIS ALUMNI ASSOCIATION 601 S. LINCOLN AVENUE, URBANA, IL 61801	37-6006004	501(C)3	833,128				(SEE STATEMENT)
(3) ORTHOPTERIST'S SOCIETY 2417 FIELDS SOUTH DRIVE, CHAMPAIGN, IL 61822	38-2214605	501(C)3	269,000				(SEE STATEMENT)
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . 3

3 Enter total number of other organizations listed in the line 1 table . . . 0

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	FELLOWSHIP	2	22,000			
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE UNIVERSITY OF ILLINOIS FOUNDATION DOES NOT ADMINISTER THE OTHER ASSISTANCE. THE FUNDS ARE TRANSFERRED TO THE UNIVERSITY OF ILLINOIS OR ORGANIZATIONS ON THEIR BEHALF WHICH ADMINISTER THE FUNDS.
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	UNIVERSITY OF ILLINOIS: ARTWORK, BOOKS, EQUIPMENT, AND OTHER SIMILAR ITEMS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UNIVERSITY OF ILLINOIS: SUPPORT FOR THE UNIVERSITY OF ILLINOIS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UNIVERSITY OF ILLINOIS ALUMNI ASSOCIATION: SUPPORT ON BEHALF OF THE UNIVERSITY OF ILLINOIS
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ORTHOPTERIST'S SOCIETY: SUPPORT ON BEHALF OF THE UNIVERSITY OF ILLINOIS

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SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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
UNIVERSITY OF ILLINOIS FOUNDATION

Employer identification number
37-6006007

Part I Questions Regarding Compensation

			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 ☑ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ 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	✓	
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	✓	
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. ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ 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:			
a	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✓
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✓
	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:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	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:			
a	The organization?	6a		✓
b	Any related organization?	6b		✓
	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	✓	
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		✓
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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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.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TRAVIS W. SHORE CHIEF INVESTMENT OFFICER	(i)	693,094	400,000	0	25,650	37,220	1,155,964	0
		(ii)	0	0	0	0	0	0	0
2	JAMES H. MOORE, JR. PRESIDENT & CEO	(i)	674,912	328,250	2,070	25,650	34,520	1,065,402	0
		(ii)	0	0	0	0	0	0	0
3	FRANK ROBINSON MANAGING DIRECTOR	(i)	368,910	375,000	0	25,650	33,177	802,737	0
		(ii)	0	0	0	0	0	0	0
4	MATTHEW MCGANITY MANAGING DIRECTOR	(i)	369,636	375,000	0	25,650	25,471	795,757	0
		(ii)	0	0	0	0	0	0	0
5	JEREMY HEER MANAGING DIRECTOR	(i)	336,516	300,000	0	25,650	30,621	692,787	0
		(ii)	0	0	0	0	0	0	0
6	JAIME N. DAVIS SENIOR DIRECTOR	(i)	235,968	131,991	0	123,826	34,060	525,845	31,991
		(ii)	0	0	0	0	0	0	0
7	CHRISTINE C. DEVOCELLE TREASURER & COO	(i)	345,906	25,000	12,765	25,650	38,869	448,190	0
		(ii)	0	0	0	0	0	0	0
8	KRISTIE DEKOKER VC HEALTH AFFAIRS	(i)	333,217	0	0	25,391	19,533	378,141	0
		(ii)	0	0	0	0	0	0	0
9	JACQULINE N. SCHWEIGHART ASSISTANT SECRETARY	(i)	249,128	0	12,950	31,311	38,869	332,258	0
		(ii)	0	0	0	0	0	0	0
10	EDWARD F. EWALD EXECUTIVE ADVISOR - END DEC '24	(i)	238,583	33,000	0	28,948	28,839	329,370	0
		(ii)	0	0	0	0	0	0	0
11	MARGARET A. CLINE VICE PRESIDENT	(i)	216,992	30,000	2,500	27,613	38,869	315,974	0
		(ii)	0	0	0	0	0	0	0
12	JENNIFER F. CERASA SECRETARY & GENERAL COUNSEL	(i)	253,739	0	3,834	19,022	34,649	311,244	0
		(ii)	0	0	0	0	0	0	0
13	MICHAEL A. DAVIS CHIEF TECHNOLOGY OFFICER	(i)	242,310	0	3,586	18,436	34,649	298,981	0
		(ii)	0	0	0	0	0	0	0
14	BROOKE WEISENBECK SR. VICE PRESIDENT	(i)	217,725	0	5,958	17,479	38,869	280,031	0
		(ii)	0	0	0	0	0	0	0
15	MICHELLE S. BOLGER ASSISTANT TREASURER	(i)	208,398	0	0	26,567	38,869	273,834	0
		(ii)	0	0	0	0	0	0	0
16	SEE NEXT PAGE	(i)							
		(ii)							

Part II **Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
(16) RICHARD H. DARNELL, JR. SENIOR VICE PRESIDENT - END SEPT '24	(i)	216,431	0	0	15,470	27,780	259,681	0
	(ii)	0	0	0	0	0	0	0
(17) KELLY L. BENNETT ASSISTANT TREASURER	(i)	156,840	0	0	20,458	38,869	216,167	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	FIRST-CLASS TRAVEL: TRAVIS SHORE - BUSINESS PURPOSE - NOT TREATED AS TAXABLE COMPENSATION
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	TRAVEL FOR COMPANIONS: JAMES H. MOORE, JR. - TO ASSIST WITH BUSINESS PURPOSE OF TRIP - NOT TREATED AS TAXABLE COMPENSATION
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	SOCIAL CLUB DUES: JAMES H. MOORE, JR. - % OF PERSONAL USE TREATED AS TAXABLE COMPENSATION CHRISTINE C. DEVOCELLE - % OF PERSONAL USE TREATED AS TAXABLE COMPENSATION JACQULINE SCHWEIGHART - % OF PERSONAL USE TREATED AS TAXABLE COMPENSATION BROOKE WEISENBECK - % OF PERSONAL USE TREATED AS TAXABLE COMPENSATION JENNIFER CERASA - % OF PERSONAL USE TREATED AS TAXABLE COMPENSATION
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	JAIME DAVIS RECEIVED A PORTION OF COMPENSATION BASED ON QUALITATIVE AND QUANTITATIVE PERFORMANCE GOALS THAT REQUIRE A LEVEL OF DISCRETION BY MANAGEMENT.
SCHEDULE J, PART III	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 UNIVERSITY OF ILLINOIS FOUNDATION'S COMPENSATION SUBCOMMITTEE DOES REVIEW THE COMPENSATION OF THE VICE CHANCELLORS.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
UNIVERSITY OF ILLINOIS FOUNDATION

Employer identification number
37-6006007

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	✓	65	756,634	MARKET VALUE
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	✓		116,635	MARKET VALUE
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✓	306	31,132,628	MARKET VALUE
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				
16	Real estate—Commercial				
17	Real estate—Other	✓	2	602,000	MARKET VALUE
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (EQUIPMENT)	✓	43	1,723,029	MARKET VALUE
26	Other (OTHER)	✓	177	1,620,928	MARKET VALUE
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	481		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			✓
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31			✓
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✓	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	ART - WORKS OF ART - NUMBERS REPRESENT THE NUMBER OF CONTRIBUTIONS BOOKS AND PUBLICATIONS - NUMBERS REPRESENT THE NUMBER OF CONTRIBUTIONS SECURITIES - PUBLICLY TRADED - NUMBERS REPRESENT THE NUMBER OF CONTRIBUTIONS REAL ESTATE - OTHER - NUMBERS REPRESENT THE NUMBER OF CONTRIBUTIONS OTHER - EQUIPMENT NUMBERS REPRESENT THE NUMBER OF CONTRIBUTIONS OTHER - OTHER NUMBERS REPRESENT THE NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	THE FOUNDATION ENGAGES 3RD PARTIES TO SELL NON-CASH CONTRIBUTIONS WHEN APPLICABLE. WE USE THE SERVICES OF REAL ESTATE AGENTS TO SELL GIFTS OF PROPERTY AND BROKERAGE FIRMS TO SELL SECURITIES GIFTS.
SCHEDULE M, PART I, LINE 33	THE VALUES REPORTED ON SCHEDULE M VARY FROM THE NON-CASH CONTRIBUTIONS REPORTED ON FORM 990 PART VIII LINE G DUE TO THE 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 THE 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.

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SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
University of Illinois Foundation

Employer identification number
37-6006007

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	THE UNIVERSITY OF ILLINOIS FOUNDATION'S CORPORATE MISSION IS TO ADVANCE THE INTERESTS AND 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 - ORGANIZATION'S MISSION	THE FOUNDATION, A 501(C)(3) CHARITABLE ORGANIZATION, IS AN INDEPENDENT AND SEPARATE NONPROFIT ENTITY FROM THE UNIVERSITY OF ILLINOIS. OUR MISSION IS TO ENCOURAGE AND ADMINISTER PRIVATE GIFTS AND SERVE THE UI SYSTEM BY WORKING CLOSELY WITH ALUMNI, FACULTY, CORPORATIONS, FOUNDATIONS, AND DEVELOPMENT STAFF TO CREATE FUNDRAISING PROGRAMS AND OPPORTUNITIES THAT BENEFIT THE UNIVERSITY OF ILLINOIS.
FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES	EZ, DA, GR, HU, IC, ID, JA, KS, MY, MX, PL, RS, TU, UK
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	STANDING COMMITTEES: APPOINTMENTS TO STANDING COMMITTEES SHALL BE MADE BY THE LDC AND APPROVED BY BOARD OF DIRECTORS IN ACCORDANCE WITH ARTICLE IV, SECTION 11 HEREIN. THERE SHALL BE AT LEAST FIVE GOVERNING DIRECTORS ON EACH STANDING COMMITTEE, UNLESS OTHERWISE SET FORTH BELOW. IN ADDITION, A MAJORITY OF THE MEMBERSHIP OF EACH STANDING COMMITTEE SHALL BE COMPRISED OF GOVERNING DIRECTORS. EACH GOVERNING DIRECTOR SHALL HAVE A VOTE AND COUNT TOWARD A QUORUM ON STANDING COMMITTEES. UNLESS OTHERWISE PROVIDED BY RESOLUTION OF THE BOARD OF DIRECTORS, A MAJORITY OF THE GOVERNING DIRECTORS COMPRISING A STANDING COMMITTEE SHALL CONSTITUTE A QUORUM, AND THE ACT OF A MAJORITY OF THE GOVERNING DIRECTORS COMPRISING A STANDING COMMITTEE SHALL BE AN ACT OF THE COMMITTEE. THE STANDING COMMITTEES MAY MEET THROUGH VIRTUAL ATTENDANCE OR OTHER COMMUNICATION EQUIPMENT BY MEANS OF WHICH ALL COMMITTEE MEMBERS PARTICIPATING IN THE MEETING CAN COMMUNICATE WITH EACH OTHER. AN EXECUTIVE COMMITTEE WHICH SHALL HAVE AND EXERCISE ALL OF THE POWERS OF THE BOARD OF DIRECTORS WHILE THE BOARD OF DIRECTORS IS NOT IN MEETING, SUBJECT TO ANY STATUTORY, BYLAWS, OR BOARD-IMPOSED LIMITATIONS ON THE COMMITTEE'S ACTION. 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, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	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 ANY MATTER 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. MEMBERS HAVE NO RIGHTS TO RECEIVE DISTRIBUTIONS OF INCOME OR ASSETS FROM THE ORGANIZATION.

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SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
University of Illinois Foundation

Employer identification number
37-6006007

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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 SHALL BE EXTENDED BY THE BOARD OF DIRECTORS FOR AN APPROPRIATE PERIOD 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 WHICH MAY INCLUDE 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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION SUB-COMMITTEE (COMMITTEE) USES COMPARABILITY DATA THAT IS PREPARED BY A THIRD-PARTY COMPENSATION CONSULTANT. THAT THIRD-PARTY PROVIDES COMPARATIVE DATA FOR SALARY AND TOTAL CASH COMPENSATION. THE DATA AND PERSPECTIVE AS TO THE REASONABLENESS OF CURRENT SALARIES HELPS TO INFORM COMMITTEE DECISIONS REGARDING PROPOSED SALARY AND TOTAL COMPENSATION FOR EACH DISQUALIFIED PERSON. 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 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 CEO, SENIOR VICE-PRESIDENTS, EMPLOYEES HOLDING BOARD-APPOINTED TITLES AND THOSE EMPLOYEES WHOSE RESPONSIBILITIES RISE TO THE LEVEL OF DIRECTING, OR IMPACTING UPON, FINANCIAL CONTROLS AND/OR ASSETS OF THE FOUNDATION WITH SUPPORT FROM THE EXTERNAL COMPENSATION DATA AND IN ALIGNMENT WITH THE FOUNDATION COMPENSATION PHILOSOPHY STATEMENT, THE PRESIDENT OF THE FOUNDATION MAKES RECOMMENDATIONS FOR APPROVAL BY THE COMMITTEE FOR COMPENSATION PACKAGES OF ANY DISQUALIFIED PERSON EXCEPT HIM/HERSELF. THE PRESIDENT'S COMPENSATION IS PRESENTED BY THE CHAIR OF THE COMMITTEE. THE COMMITTEE REVIEWS ALL THE INFORMATION PRESENTED, CONSIDERS THE RECOMMENDATION OF THE PRESIDENT (OR COMMITTEE CHAIR) AND DEBATES THE ISSUES OF COMPENSATION OPENLY BEFORE VOTING ON EACH INDIVIDUAL. THE INTERMEDIATE SANCTIONS COMPENSATION REVIEW AND APPROVAL PROCESS OCCURS ANNUALLY OR UPON A CHANGE IN PERSONNEL.

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SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
University of Illinois Foundation

Employer identification number
37-6006007

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	KY, MA, MD, MI, MN, NH, NJ, NY, OK, OR, SC, UT, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC BY ACCESSING OUR WEBSITE OR UPON REQUEST.
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 TOWARD A QUORUM. THE IMMEDIATE PAST BOARD CHAIR AND THE CHAIR-ELECT OF THE 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 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 VII, SECTION B, LINE 1 - INDEPENDENT CONTRACTORS	THE COMPENSATION AMOUNTS LISTED FOR FIRMS BERGLUND CONSTRUCTION COMPANY INCLUDE EXPENSE REIMBURSEMENTS AND MATERIALS COST.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	(b) Amount
ACTUARIAL ADJUSTMENT	- 2,945,945
TOTAL	**- 2,945,945**

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SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
UNIVERSITY OF ILLINOIS FOUNDATION

Employer identification number
37-6006007

Part I 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
(1) UNIVERSITY OF ILLINOIS FOUNDATION UK LIMITED THIRD FLOOR 20 OLD BAILEY, LONDON, UK	TO PROVIDE SUPPORT FOR EDUCATION AND THE UNIVERSITY OF ILLINOIS	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	29,377	6,500	UNIVERSITY OF ILLINOIS FOUNDATION
(2) UIF PLYMOUTH COURT, LLC 303 ST. MARY'S ROAD, CHAMPAIGN, IL 61820	TO PROVIDE SUPPORT FOR EDUCATION AND THE UNIVERSITY OF ILLINOIS	IL		32,800,000	UNIVERSITY OF ILLINOIS FOUNDATION
(3)					
(4)					
(5)					
(6)					

Part II 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 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MARGARET BLOOM TRUST 1045000013 (37-6224584) PO BOX 260, CHAMPAIGN, IL 61824	TO PROVIDE SCHOLARSHIPS FOR THE UNIVERSITY OF ILLINOIS	IL	501(C)(3)	12 TYPE III-FI	UNIVERSITY OF ILLINOIS FOUNDATION	✓	
(2) LEIBY S HALL SCHOLARSHIP TRUST (37-6357798) PO BOX 1488, DECATUR, IL 62525	TO PROVIDE UNDERGRADUATE SCHOLARSHIPS	IL	501(C)(3)	12 TYPE III-FI	UNIVERSITY OF ILLINOIS FOUNDATION	✓	
(3) MARY ELLEN DEFENBAUGH CHARITABLE TRUST (37-1410645) PO BOX 529, MATTOON, IL 61938	TO PROVIDE SCHOLARSHIPS FOR THE UNIVERSITY OF ILLINOIS MEDICAL SCHOOL	IL	501(C)(3)	12 TYPE III-FI	UNIVERSITY OF ILLINOIS FOUNDATION	✓	
(4) JUSTINE O SAELHOF & CLARENCE C SAELHOF FOUNDATION (36-6813867) PO BOX 653067, DALLAS, TX 75265	TO PROVIDE SUPPORT TO THE UNIVERSITY OF ILLINOIS	IL	501(C)(3)	PF	UNIVERSITY OF ILLINOIS FOUNDATION	✓	
(5) THE ACADEMY ON CAPITALISM AND LIMITED GOVERNMENT FOUNDATION (94-3463771) 907 W MARKETVIEW DR, STE 10-331, CHAMPAIGN, IL 61822	TO SUPPORT SCHOLARLY RESEARCH AND TEACHING	IL	501(C)(3)	7	UNIVERSITY OF ILLINOIS FOUNDATION	✓	
(6) NUMBER THEORY FOUNDATION (74-2913961) HB-6188, MATHEMATICS DEPARTMENT, DARTMOUTH C, HANOVER, NJ 03755	TO PROMOTE RESEARCH AND SPONSOR CONFERENCE ATTENDANCE	IL	501(C)(3)	12 TYPE I	UNIVERSITY OF ILLINOIS FOUNDATION	✓	
(7)							

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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	(c) 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	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: 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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to related organization(s)	1b	✓	
c	Gift, grant, or capital contribution from related organization(s)	1c	✓	
d	Loans or loan guarantees to or for related organization(s)	1d		✓
e	Loans or loan guarantees by related organization(s)	1e		✓
f	Dividends from related organization(s)	1f		✓
g	Sale of assets to related organization(s)	1g		✓
h	Purchase of assets from related organization(s)	1h		✓
i	Exchange of assets with related organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		✓
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		✓
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		✓
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		✓
o	Sharing of paid employees with related organization(s)	1o		✓
p	Reimbursement paid to related organization(s) for expenses	1p		✓
q	Reimbursement paid by related organization(s) for expenses	1q		✓
r	Other transfer of cash or property to related organization(s)	1r		✓
s	Other transfer of cash or property from related organization(s)	1s	✓	

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
(1)	UNIVERSITY OF ILLINOIS FOUNDATION UK LIMITED	B	55,621	FAIR VALUE
(2)	MARGARET BLOOM TRUST 1045000013	S	592,839	INVESTMENT RETURNS
(3)	LEIBY S HALL SCHOLARSHIP TRUST	S	429,032	INVESTMENT RETURNS
(4)	JUSTINE O SAELHOF & CLARENCE C SAELHOF FOUNDATION	S	271,583	INVESTMENT RETURNS
(5)	HERMAN J ADELMANN UNIV OF ILLINOIS MEDICAL SCHOOL TRUST R64207005	S	129,228	INVESTMENT RETURNS
(6)	MARY ELLEN DEFENBAUGH CHARITABLE TRUST	S	57,031	INVESTMENT RETURNS

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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ECRU CORPORATION (62-1019111) 303 ST. MARY'S ROAD, CHAMPAIGN, IL 61820	INVESTMENT & LEASING	IL	UNIVERSITY OF ILLINOIS FOUNDATION	C CORPORATION	25,470	669,122	100.00%		✓
(2) HERMAN J ADELMANN UNIV OF IL MEDICAL SCHOOL TRUST R64207005 (36-6404161) 10 S DEARBORN, CHICAGO, IL 60603	HOLD INVESTMENTS FOR WHICH THE INCOME BENEFITS UNIV OF IL	IL		TRUST	81,555	3,618,030	100.00%		✓
(3) WM & ISABELLA KANE MEM SCHOLARSHIP TR (36-6230865) PO BOX 653067, DALLAS, TX 75265	HOLD INVESTMENTS FOR WHICH THE INCOME BENEFITS UNIV OF IL	IL		TRUST	13,707	628,129	100.00%		✓