#### \*\* PUBLIC INSPECTION COPY \*\*

#### **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.

OMB No. 1545-0047

Department of the Treasury

A For the 2021 calendar year, or tax year beginning 2021 2022 JUL JUN 30. and ending Check if applicable C Name of organization D Employer identification number Address change THE ULI FOUNDATION Name ULIF, ULI FOUNDATION ULF 23-7133957 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2001 L STREET NW 200 202-624-7000 46,470,326. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return WASHINGTON, DC 20036 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RON PRESSMAN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► FOUNDATION.ULI.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1970 M State of legal domicile: DC Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 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 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 50 Total number of volunteers (estimate if necessary) 6 6,889. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 2,981. 7h **Current Year Prior Year** 11,945,338. 22,916,762. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 3,142,582. 2,059,548. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 24,976,310. 15,087,920. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,716,007. 9,656,023. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 63,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,866,824. 1,949,990. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,606,013. 9,645,831. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,370,297. 5,442,089. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 73,593,942. 82,508,929 Total assets (Part X, line 16) 8,003,970. 8,732,697 21 Total liabilities (Part X, line 26) 三年 65,589,972. 73,776,232 Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign RON PRESSMAN, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 03/17/23 self-employed ELIZABETH W. HELLER P00397829 Paid Firm's name RSM US LLP Firm's EIN = 42 - 0714325Preparer Firm's address ▶ 1250 H STREET, SUITE Use Only Phone no. 202-293-2200 WASHINGTON, DC 20005 X Yes

No

May the IRS discuss this return with the preparer shown above? See instructions

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print THE ULI FOUNDATION 23-7133957 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2001 L STREET NW, 200 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 20036 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) LEO GONZALEZ, • The books are in the care of ▶ 2001 L STREET NW, 200 - WASHINGTON, DC 20036 Telephone No. ► 202-624-7000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$   $\underline{\hspace{0.5cm}}$  JUN  $\underline{\hspace{0.5cm}}$  30 , 2022► X tax year beginning JUL 1, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2022)

instructions

Pa	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:
	THE ULI FOUNDATION SUPPORTS THE MISSION OF THE URBAN LAND INSTITUTE BY PROVIDING AN ASSURED SOURCE OF FUNDING FOR ULI'S CORE RESEARCH,
	EDUCATION, AND PUBLIC SERVICE ACTIVITIES.
	EDUCATION, AND FUBLIC SERVICE ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
_	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 \$9,656,023. including grants of \$9,656,023. ) (Revenue \$)
	PRIMARILY GRANTS TO THE URBAN LAND INSTITUTE:
	SUPPORTS RESEARCH AND EDUCATION ACTIVITIES OF THE INSTITUTE - A RELATED
	ORGANIZATION.
41	
4b	(Code:) (Expenses \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program conjuga expanses > 9,656,023.

23-7133957

## Form 990 (2021) THE ULI FOUNDATION 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		Х
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		Х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	··		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	25	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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	110		<del></del>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>  ' '''</del>		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	•	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
14a b		<del>  17</del> 4		<del> </del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		17		X
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>  ''</b>		<del>  ^</del>
18		18		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ <del>'°</del>		<del>  ^</del> `
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	41	_ 42	L

Form 990 (2021) THE ULI FOUNDATION
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	Х	
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	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<del></del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, , ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
20	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<del> </del>
27				
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		1
28				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>  ^</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		\ <sub>3.7</sub>	
	Part V, line 1	34	Х	+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
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?	1.		
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	255	<u> </u>

Form 990 (2021) THE ULI FOUNDATION

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	, , , , , , , , , , , , , , , , , , , ,	5b		^
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
oa		6a		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		1
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD.		
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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
'' a	Gross income from members or shareholders N/A 11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			<sub>v</sub>
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator operage in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes." complete Form 6069.	.,		

Form 990 (2021) THE ULI FOUNDATION 23-/13395/ Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	filed?	. 4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		. 5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint o	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye								
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,	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 bod	y before	e filing the form?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	. 12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," de	escribe						
	on Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		X			
	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 arrange	ment wi	th a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE	0							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	T (section 501(c)(	3)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, a	nd finan	cial				
	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 bo	oks and	records						
	LEO GONZALEZ, CFO - 202-624-7000								
	2001 L STREET NW 200 WASHINGTON DC 20036								

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

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average		Position do not check more than one					Reportable	Reportable	Estimated
	hours per		box, unless persor officer and a direc					compensation	compensation	amount of
	week (list any				<u> </u>	1 1		from the	from related organizations	other compensation
	hours for	direct				ъ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	vidua	itutio	cer	Key employee	hest coloyee	Former			organizations
	line)	Indi	Inst	Officer	Key	Fig	Fori			
(1) WILLIAM EDWARD WALTER	2.00									
ULI GLOBAL CEO	36.00			Х				0.	906,665.	25,125.
(2) JANICE PERIQUET	38.00							_		
PRESIDENT	0.00			Х				0.	286,160.	13,120.
(3) PETER BALLON	2.00							_	_	
ULI GLOBAL CHAIR	2.00	Х		Х				0.	0.	0.
(4) FARON HILL	2.00							_	_	
CHAIRMAN	2.00	Х		Х				0.	0.	0.
(5) JIM KLINGBEIL	2.00									
CHAIRMAN EMERITUS	0.00	Х		Х				0.	0.	0.
(6) DOUGLAS ABBEY	2.00							_	_	
CAMPAIGN CO-CHAIR	0.00	Х		Х				0.	0.	0.
(7) BRUCE ETKIN	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(8) MARY HAGER	2.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(9) RALPH ROSENBERG	2.00									
AT LARGE	0.00	Х						0.	0.	0.
(10) FRANZ COLLOREDO-MANSFELD	2.00									
AT LARGE	0.00	Х						0.	0.	0.
(11) TYLER HIGGINS	2.00									
AT LARGE	0.00	Х						0.	0.	0.
(12) STEPHEN QUAZZO	2.00	l								
AT-LARGE	0.00	Х						0.	0.	0.
(13) NGEE HUAT SEEK	2.00								_	_
AT-LARGE	0.00	Х						0.	0.	0.
(14) ANDY MARTIN	2.00	<u></u>							_	
EUROPE CHARITABLE TRUST CHAIRMAN	0.00	Х						0.	0.	0.
(15) HILARY SPANN	2.00									
AEC MEMBER	0.00	Х			_			0.	0.	0.
										5 <b>000</b> (2224)

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>iH t</u>	ghes	st C	ompensated Employee	S (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl	Pos heck ss pe	more rson i	than o	n an	(D)  Reportable compensation from	(E)  Reportable compensation from relate	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC	ns SC/	com fr organo	pensa om the anizati d relate anizatio	e ion ed
	Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		1,192,8	25.	3	8,24	45.
С	Total from continuation sheets to Part VI	I, Section A							0.	1,192,8	0.	2	8,24	0.
a	Total (add lines 1b and 1c)  Total number of individuals (including but n							o re					ο, Δ΄	± J •
	compensation from the organization												Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer,	•	,	,		,	,	٠		,				
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4	Х	
	rendered to the organization? If "Yes." com											5		X
1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensat	ion fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith o	or wi	thin 	the organization's tax y	ear.		(C	:)	
	Name and business	address	NC	ONE	3				Description of s	ervices	С	omper		า
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lin	nited	d to	thos (	se lis	ted	above) who received mo	ore than				
	·		_				_						200	

23-7133957

Form 990 (2021) THE ULI FOUNDATION
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a re	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
လ လ	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1b					
ي ق			Fundraising events			1c					
ifts			Related organizations			1d	1,197,938.				
n Sign			Government grants (contri			1e					
Sign			All other contributions, gifts,								
her it		-	similar amounts not included			1f	21,718,824.				
草口		g	Noncash contributions included in			1g \$					
Sol		•	Total. Add lines 1a-1f		_		<b>•</b>	22,916,762.			
<u> </u>							Business Code				
a l	2	а									
ķ	_	b									
Ser		c									
E S		d									
gra Re		e									
Program Service Revenue			All other program service	rever	1116						
			Total. Add lines 2a-2f								
	3		Investment income (includ								
	Ĭ		other similar amounts)					1,094,150.		6,889.	1087261.
	4		Income from investment of					, ,		,	
	5		Royalties		-						
	Ŭ		noyanos			Real	(ii) Personal				
	6	а	Gross rents	6a	(7		(.,,				
	·		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	·	(i) Se	curities	(ii) Other				
	•	а	assets other than inventory	72	<u> </u>	59,414.	(, 55.				
		h	Less: cost or other basis	1 a	,-	,					
ø		D		7h	21 4	94,016.					
Ľ		_		7c		65,398.					
ě			Net gain or (loss)		•			965,398.			965,398.
her Revenue	٥		Gross income from fundraising					,			,
Ŏ.	Ü	u	including \$	-	onto (ne						
٦			contributions reported on								
			Part IV, line 18		,						
		b	Less: direct expenses								
			Net income or (loss) from								
	a		Gross income from gamin		_						
	9	u	Part IV, line 19	-							
		h	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I								
	10	а	and allowances			10a	J				
		h	Less: cost of goods sold								
			Net income or (loss) from				<u> </u>				
			THO INCOME OF 1033/ ITOM	Juics	. OI 111VE	oritory	Business Code				
sno	11	а									
nec	••	b									
Miscellaneous Revenue		c									
isce			All other revenue								
Σ			Total. Add lines 11a-11d				<b></b>				
	12		Total revenue See instruction					24 976 310.	0.	6 889.	2052659.

#### 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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 9,602,179. 9,602,179. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 53,844. 53,844. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 49,467. 49,467. Accounting Lobbying Professional fundraising services. See Part IV, line 17 586,550. 586,550. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 64,360. column (A), amount, list line 11g expenses on Sch O.) 37,839. 26,521. 164,250. 164,250. Advertising and promotion 12 49,354. 13,675. 35,679. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 38,233. 3,467. 34,766. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 81,605. 53,665. 27,940. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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.) 859,586. 188,268. 671,318. ULI SERVICES OTHER EXPENSES 37,817. 28,341. 9,476. 18,768. 18,768. MEMBER RECOGNITION С d All other expenses 11,606,013. 9,656,023. 980,040. 969,950. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Fai	τx	Balance Sneet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,938,950.	2	1,360,648.
	3	Pledges and grants receivable, net			15,567,354.	3	25,010,434.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk	stantial	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	onsL		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ध	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,633.			
	b	1		17,633.	0.	10c	0.
	11	Investments - publicly traded securities		10,069,124.	11	6,264,457.	
	12	Investments - other securities. See Part IV, line	46,018,514.	12	49,873,373.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14	4.5		
	15	Other assets. See Part IV, line 11		0.	15	17.	
	16	Total assets. Add lines 1 through 15 (must ed			73,593,942.	16	82,508,929.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
ij		trustee, key employee, creator or founder, suk				-00	
Liabilities	00	controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelative				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lin					
		of Schedule D	les 17-24	. Complete Part X	8,003,970.	25	8,732,697.
	26				8,003,970.	26	8,732,697.
	20	Organizations that follow FASB ASC 958, c		<u>X</u>	0,003,370.	20	0,732,037.
Se		and complete lines 27, 28, 32, and 33.	HECK HE				
ü	27				12,302,084.	27	14,885,426.
3ale	28	Net assets with donor restrictions			53,287,888.	28	58,890,806.
βE		Organizations that do not follow FASB ASC			23/23/73/33		
Fu		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			65,589,972.	32	73,776,232.
~	33	Total liabilities and net assets/fund balances			73,593,942.	33	82,508,929.

Pa	TEXT RECONCILIATION OF NET ASSETS					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)		24,97			
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,60	6,0	13.	
3	Revenue less expenses. Subtract line 2 from line 1	3	13,37	0,2	97.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,589,9			
5	Net unrealized gains (losses) on investments	5	-5,18	4,0	<del>37.</del>	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	73,77	6,2	32.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2021)	

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** 

#### Name of the organization THE ULI FOUNDATION 23-7133957 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Pa	(Complete only if you checker fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I or	r if the organizatio			•
Sec	ction A. Public Support	71	,	•			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2317	(2) 2010	(6) 2010	(4) 2020	(0) 232 1	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")	7655554.	6857453.	8777024.	11945338.	22916762.	58152131.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	7655554	6857453.	0777004	11045220	22916762.	E01E0121
	Total. Add lines 1 through 3	7655554.	685/453.	8///024.	11945338.	22916/62.	28127131.
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)						22320652.
6	Public support. Subtract line 5 from line 4.						35831479.
	etion B. Total Support						53031473.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	7655554.	6857453.	8777024.	11945338.	22916762.	
	Gross income from interest,			-			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	614,145.	547,049.	527,003.	706,855.	1087261.	3482313.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					2,355.	2,355.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						61636799.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	69,500.
13	First 5 years. If the Form 990 is for the	· ·			•	` ' ' '	
_	organization, check this box and stor						<b>&gt;</b>
	ction C. Computation of Publi					T T	FO 13
	Public support percentage for 2021 (I					14	58.13 %
	Public support percentage from 2020						73.07 %
16a	33 1/3% support test - 2021. If the o						▶ ▼
	stop here. The organization qualifies		-				
t	33 1/3% support test - 2020. If the c						
47-	and <b>stop here.</b> The organization qual	•	• •			and line 14 is 100/	
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			=	raanization	-	$\sim$
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test	· ·	•			17a and line 15 is	
L	more and if the organization meets the	ū				•	10/0 01

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

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	<b>&gt;</b>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
h		11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	tion of type reapporting enganizations		Vaa	Na
_	Did the constitution of th		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 <b>Part VI</b> 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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion 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		
Sec	tion 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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	ruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	·			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

instructions).

					·g
Pai	rt V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9_	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u> </u>		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
<u>b</u>	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>_i</u>	Carryover from 2016 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

#### \*\* PUBLIC INSPECTION COPY \*\*

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

**Employer identification number** 

THE ULI FOUNDATION

23-7133957

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ \bigsim \frac{1}{2} \int \frac{

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### THE ULI FOUNDATION

23-7133957

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,987,170.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4	\$ 9,400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Hame, address, and Zn + 4	\$ 501,126.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$3,583,036.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ <u>503,986.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### THE ULI FOUNDATION

23-7133957

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$1,197,938.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

### THE ULI FOUNDATION

23-7133957

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization Employer identification number

# THE ULI FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
-		(e) Transfer of gift	
	To a few all and a distance of	- 1 71D - 4	Data Constitution of the section of
-	Transferee's name, address, a	10 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Townston of with	
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE ULI FOUNDATION

**Employer identification number** 23-7133957

Part	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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 v	writing that the assets held in donor advise	ed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		
Part	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreated)	·	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a	· ·	
	listed in the National Register		
	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
	Number of states where property subject to conservation eas	•	
	Does the organization have a written policy regarding the per		Yes No
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	rialiding of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion assements during the year
	\$ \$	illing of violations, and emorcing conservat	tion easements during the year
	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/b	n)(4)(B)(i)
		e satisfy the requirements of section 170(i	
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	3	
Par		Art, Historical Treasures, or Ot	her 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 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>.</b> .

<ul> <li>Using the organization's acquisition, accession, and other records, check any of the following that make significant use of i collection items (check all that apply):</li> <li>a Public exhibition</li> <li>d Loan or exchange program</li> </ul>	ts
a Public exhibition d Loan or exchange program	
b Scholarly research e Other	
c Preservation for future generations	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pa	art 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 I	V, 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>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table:	
	Amount
c Beginning balance 1c	
d Additions during the year1d	
e Distributions during the year	
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>b</b> If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 ba	ick <b>(e)</b> Four years back
1a         Beginning of year balance         53,327,888.         41,392,039.         41,465,610.         41,172,30	1. 40,613,204.
<b>b</b> Contributions 19,020,751. 11,909,105. 7,551,664. 6,843,41	9. 6,723,584.
c Net investment earnings, gains, and losses -2,083,817. 7,941,369. 100,963. 1,018,96	3. 1,765,522.
d Grants or scholarships	
e Other expenditures for facilities	
and programs	7,930,009.
f Administrative expenses	
<b>g</b> End of year balance 62,291,556. 53,327,888. 41,392,039. 41,465,61	0. 41,172,301.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶5.4600%	
b Permanent endowment ► 24.1100 %	
c Term endowment ▶70.4300_%	
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) X
(ii) Related organizations	3a(ii) X
<b>b</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	
<b>b</b> Buildings	
c Leasehold improvements	
	0.

Schedule D (Form 990) 2021 THE ULI FOU	NDATION	23	-7133957 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	49,873,373.	END-OF-YEAR MARKET	VALUE
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	49,873,373.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)		, ,	
(2)			
(3)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
			(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<del>9 15.)</del>	·····	
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11e or 11f See Form 990 Part X line 25	
(a) Description of Rebility	on on ooo, raitiv, mie		(b) Book value
<u></u>			(b) Book value
(1) Federal income taxes (2) DUE TO THE URBAN LAND INS	TITUTE		8,022,371.
	111011		702,826.
OFFICE TABLE TELES			7,500.
			1,300.
(5) (6)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

8,732,697.

(7) (8) (9)

Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	19,205,723
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		5,184,037.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d			F 104 027
_	Add lines 2a through 2d			2e	-5,184,037
3	Subtract line 2e from line 1			3	24,389,760
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	506 55N		
	Investment expenses not included on Form 990, Part VIII, line 7b		586,550.		
	Other (Describe in Part XIII.) Add lines 4a and 4b			4-	586,550
с 5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 12.)			4c 5	24,976,310
	t XII Reconciliation of Expenses per Audited Financial State	ments With I	Expenses per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:				
1	Total expenses and losses per audited financial statements			1	11,019,463
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	,,
	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3	11,019,463
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	586,550.		
	Other (Describe in Part XIII.)		•		
	Add lines 4a and 4b			4c	586,550
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,606,013
	t XIII Supplemental Information.				, ,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	nd 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 a	dditional informa	ation.		
חגם	DM 17 T TATE 4.				
PAR	RT V, LINE 4:				
D \ \	ADD DECTONAMED NEW ACCEMS CONSTSMED OF FIL	אות מאדמו	בט שמפטווכם	mп	בי אוואזוזאד
БОР	ARD DESIGNATED NET ASSETS CONSISTED OF FU	NDS KAIS	ED INKOUGH	I II.	E ANNUAL
FUN	ND PROGRAM FOR ULI TO SUPPORT ONGOING ULI	PROGRAM	S. THIS W.	AS .	APPROVED
BY	THE ULIF BOARD OF DIRECTORS.				
PER	RMANENTLY RESTRICTED NET ASSETS AT JUNE 3	0, 2022 I	REPRESENT	END	OWMENT NET
<u>ASS</u>	SETS THAT ARE NOT AVAILABLE FOR USE BY UL	IF. EAR	NINGS ON T	HE	ENDOWMENT
	IDA ADE ELEVED MEMBADADITU DEGEDIAMED FOD	apparer:		an 1	OD 3.DE
F.OV	IDS ARE EITHER TEMPORARILY RESTRICTED FOR	SPECIFI.	ED OFT BRO	GRA.	MS OR ARE
<b>አ</b> ፕፖኤ	TIADIE EOD CENEDAI ODEDAMIONO AC ODECTET	ייים עם חיי	E DONOBC		
AVA	AVAILABLE FOR GENERAL OPERATIONS AS SPECIFIED BY THE DONORS.				
TEM	PORARILY RESTRICTED NET ASSETS ARE FUNDS	RESTRIC	TED FOR SP	ECI	FIED ULI
				-	

Part XIII   Supplemental Information (continued)
PART X, LINE 2:
ULIF IS ORGANIZED AS A DISTRICT OF COLUMBIA NONPROFIT CORPORATION AND HAS
BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM
FEDERAL INCOME TAXES UNDER IRS SECTION 501(A) AS AN ORGANIZATION DESCRIBED
IN IRS SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION
DEDUCTION UNDER INTERNAL REVENUE CODE SECTIONS 170(B)(1)(A)(VI) AND
(VIII), AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRS
SECTIONS 509(A)(1) AND (3). ULIF IS ANNUALLY REQUIRED TO FILE A RETURN OF
ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION,
ULIF IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS
ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSE, AND IF APPLICABLE,
FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH
THE IRS.

#### SCHEDULE F (Form 990)

#### **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.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

THE ULI FOUNDA				23-713395	
Part I General Inf	ormation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Par	t IV, line 14b.				
1 For grantmakers. Do	es the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility	y for the grants or a	assistance, and t	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
	(The following Part	t Lline 3 table ca	an be duplicated if additional space is n	needed )	
(a) Region	(b) Number of				(f) Total
(, ,	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service,	expenditures for and investments in the region
		in the region			
CENTRAL AMERICA AND					11 565 054
THE CARIBBEAN	0	0	INVESTMENT		11,765,954.
	_				1
3 a Subtotal	. 0	0			11,765,954.
<b>b</b> Total from continuation					
sheets to Part I	. 0	0			0.
c Totals (add lines 3a	0	0			11 765 954.

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)
			ecognized as charities by the portion of the counsel has provided a section.			<b>&gt;</b>		

3 Enter total number of other organizations or entities

Part III				ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a)	Part III can be duplicated if 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)

Page 4

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

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132075 12-20-21 Schedule F (Form 990) 2021

#### SCHEDULE I (Form 990)

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 the latest information.

2021
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** THE ULI FOUNDATION 23-7133957 Part I **General Information on Grants and Assistance** 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 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) URBAN LAND INSTITUTE 2001 L STREET NW, STE 200 SUPPORT OF CHARITABLE WASHINGTON, DC 20036 53-0159845 501(C)(3) 9,602,179. 0 ACTIVITIES Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT FELLOWSHIP-ULI MEMBERSHIP AND EXP REIMB TO					
ATTEND ULI EVENTS	19	53,844.	0.		
Part IV Supplemental Information. Provide the information rec	l uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
PART I, LINE 2:					
STUDENTS MUST BE ENROLLED IN REAL :	ESTATE RE	LATED PROG	RAMS WITH	SELECT	
UNIVERSITIES (E.G., BERKELEY, PENN	STATE, C	OLORADO, A	AND CORNELL	). THEY	
SUBMIT THEIR APPLICATIONS TO THOSE	UNIVERSI	TIES AND T	THE UNIVERS	ITIES SELECT	
THEIR PICKS TO THE FOUNDATION FOR	PARTICIPA	TION IN TH	HE FELLOWSH	IP PROGRAM.	

### SCHEDULE J (Form 990)

Department of the Treasury

**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.

Open to Public

Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

OMB No. 1545-0047

## THE ULI FOUNDATION Part I Questions Regarding Compensation

23-7133957

			Yes	No
<b>1</b> a	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 Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 THE ULI FOUNDATION 23-7133957 Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM EDWARD WALTER	(i)	0.	0.	0.	0.	0.	0.	0.
ULI GLOBAL CEO	(ii)	574,556.	326,775.	5,334.	8,700.	19,665.	935,030.	0.
(2) JANICE PERIQUET	(i)	0.	0.	0.	0.	0.		0.
PRESIDENT	(ii)	245,963.	39,268.	929.	0.	13,120.	299,280.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE ULI FOUNDATION DOES NOT COMPENSATE ANY OFFICERS OR DIRECTORS. ALL

OFFICERS SERVE ON THE FOUNDATION'S BOARD WITHOUT COMPENSATION. ALL PART II,

IS PAID BY A RELATED ORGANIZATION OF THE FOUNDATION, THE URBAN LAND

INSTITUTE. COMPENSATION DETERMINATION PROCESS IS AS FOLLOWS:

ULI RETAINS AN INDEPENDENT, OUTSIDE COMPENSATION CONSULTANT TO REVIEW THE

COMPENSATION FOR ITS KEY EXECUTIVES. AS PART OF THIS PROCESS, THE

CONSULTANT IDENTIFIES COMPARABLE ORGANIZATIONS AND OBTAINS THE MOST CURRENT

COMPENSATION DATA AVAILABLE FOR THEM. THE CONSULTANT SUBSEQUENTLY PREPARES

A DETAILED WRITTEN REPORT THAT COMPARES ULI'S CURRENT EXECUTIVE

COMPENSATION AGAINST SIMILAR POSITIONS IN LIKE ORGANIZATIONS. THE WRITTEN

REPORT ALSO DESCRIBES THE STUDY METHODOLOGY AND STATES THE CONSULTANT'S

OPINION REGARDING THE REASONABLENESS OF ULI'S EXECUTIVE COMPENSATION

RELATIVE TO THE IDENTIFIED MARKET COMPARABLE.

THE COMPENSATION INFORMATION SHOWN IN PART VII OF THE FORM 990, AS WELL AS

SCHEDULE J, IS PRESENTED ON A CALENDAR YEAR BASIS IN ACCORDANCE WITH IRS

FORM 990 FILING INSTRUCTIONS.

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
WILLIAM EDWARD WALTER AND JANICE PERIQUET RECEIVED BONUSES BASED ON A MIX
OF CORPORATE, DEPARTMENT AND PERSONAL GOALS.

### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

THE ULI FOUNDATION

Employer identification number 23-7133957

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE ULI FOUNDATION SUPPORTS THE MISSION OF THE URBAN LAND INSTITUTE BY PROVIDING AN ASSURED SOURCE OF FUNDING FOR ULI'S CORE RESEARCH, EDUCATION, AND PUBLIC SERVICE ACTIVITIES. FORM 990, PART VI, SECTION B, LINE 11B: PROCESS FOR MAKING THE FINAL 990 AVAILABLE TO THE VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO ITS BEING FILED WITH THE IRS: EXTERNAL AUDITORS REVIEW THE FORM 990 WITH THE AUDIT COMMITTEE THE FINAL FORM 990 IS HOUSED IN A SECURE AREA OF THE ULF WEBSITE. NOTICE OF THE LOCATION OF THE FORM 990 IS EMAILED TO MEMBERS OF THE BOARD OF DIRECTORS AND THEY ARE ADVISED THAT THEY HAVE TWO WEEKS IN WHICH TO REVIEW AND PROVIDE ANY COMMENTS TO ULI MANAGEMENT. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS THE TRUSTEES ARE SENT A COMMUNICATION REQUESTING THAT THEY IDENTIFY ANY RELATIONSHIPS DEFINED AS A CONFLICT. RESPONDS ARE SUBMITTED TO THE CFO. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MS, MN MO, MT, NC, ND, NE, NJ, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV,

FORM 990, PART VI, SECTION C, LINE 19:

ULI FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS NOR ITS CONFLICT OF

WY

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** THE ULI FOUNDATION 23-7133957 INTEREST POLICY, AVAILABLE TO THE GENERAL PUBLIC AS FEDERAL TAX LAW DOES NOT REQUIRE THAT SUCH DOCUMENTS BE MADE PUBLICLY AVAILABLE. THE AUDITED FINANCIALS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Part I Identification of Disregarded Entities. Con		on roini 330, Fait IV, illie 3	J.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-year	assets	1	ontrolling	g
		loreign country)				,		
Part II Identification of Related Tax-Exempt Orga organizations during the tax year.	nizations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	because it had one	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	0(	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Dire	ct controlling	cont	trolled
of related organization		foreign country)	section	status (if section 501(c)(3))		entity	Yes	No
URBAN LAND INSTITUTE - 53-0159845							162	INO
2001 L STREET SUITE 200	PROFESSIONAL MEMBERSHIP							
WASHINGTON , DC 20036	ASSOCIATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10				Х

Page 2

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. Part III

· · ·	thership during the tax			1			_		T		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership
		country)		sections 512-514)		4,000,10	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											<del> </del>

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		couritry)						Yes	No

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b	X	
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
						X	
е	Loans or loan guarantees by related organization(s)				1e	X	
f	Dividends from related organization(s)				1f	X	
	Sale of assets to related organization(s)					<u> X</u>	
h	Purchase of assets from related organization(s)				1h	X	
	Exchange of assets with related organization(s)					<u> X</u>	
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>	X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organ					Х	
	Performance of services or membership or fundraising solicitations by related organ	()				X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					X	
o Sharing of paid employees with related organization(s)							
р	Reimbursement paid to related organization(s) for expenses				1p	X	
	Reimbursement paid by related organization(s) for expenses					X	
r	Other transfer of cash or property to related organization(s)				1r	Х	
s	Other transfer of cash or property from related organization(s)				1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," in the above is "Yes," and "Yes," in the above is "Yes," in t	ho must complete th	is line, including covered rela	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
(1)							
(2)							
\ <u>~/</u>							
(3)							
(0)							
(4)							
. ,							
(5)							
•							
(6)							
132163	11-17-21			Schedu	le R (Form 9	90) 2021	

Schedule R (Form 990) 2021 THE ULI FOUNDATION 23-7133957 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			

132165 11-17-21 Schedule R (Form 990) 2021

### \*\* PUBLIC INSPECTION COPY \*\*

Form		OMB No. 1545-0047					
		(and proxy tax under section 6033(e))		0004			
		For calendar year 2021 or other tax year beginning $\   \underline{JUL} \ 1$ , $\ 2021$ , and ending $\   \underline{JUN} \ 30$ , $\ 2022$	<u>'</u> - ·	2021			
	tment of the Treasury al Revenue Service	<ul> <li>▶ Go to www.irs.gov/Form990T for instructions and the latest information.</li> <li>▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul>	Or 50	pen to Public Inspection for 11(c)(3) Organizations Only			
Α	Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	Employe	er identification number			
<b>B</b> Ex	xempt under section	Print THE ULI FOUNDATION	23	-7133957			
	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	Type Number, street, and room or suite no. If a P.O. box, see instructions. 2001 L STREET NW, 200	EGroup exemption number (see instructions)				
	408A 530(a) 529(a) 529A	City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20036	F Check box if				
		C Book value of all assets at end of year ▶ 82,508,929.		an amended return.			
G (	Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust					
<u>H</u>	Check if filing only to	o Claim credit from Form 8941 Claim a refund shown on Form 2439					
		organization filing a consolidated return with a 501(c)(2) titleholding corporation					
		attached Schedules A (Form 990-T)	1				
		was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	•	Yes X No			
		ame and identifying number of the parent corporation.					
		re of ► LEO GONZALEZ, CFO Telephone number ► 20 related Business Taxable Income	12-6	24-7000			
1		business taxable income computed from all unrelated trades or businesses (see					
٠		business taxable income computed from all differences of businesses (see	1	4,312.			
2	December		2	1,3121			
3	Add lines 1 and 2		3	4,312.			
4		utions (see instructions for limitation rules) STMT 1 STMT 2	4	331.			
5		usiness taxable income before net operating losses. Subtract line 4 from line 3	5	3,981.			
6		operating loss. See instructions	6	<u> </u>			
7		business taxable income before specific deduction and section 199A deduction.					
	Subtract line 6 from		7	3,981.			
8	Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.			
9		99A deduction. See instructions	9				
10		. Add lines 8 and 9	10	1,000.			
11	Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,					
	enter zero		11	2,981.			
Pa	rt II Tax Com	putation					
1	Organizations tax	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	626.			
2	Trusts taxable at	trust rates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 from	n: Tax rate schedule or Schedule D (Form 1041) ▶	2	_			
3	Proxy tax. See ins	structions	3	_			
4	Other tax amounts	s. See instructions	4				
5	Alternative minimu	um tax (trusts only)	5				
6	Tax on noncompl	liant facility income. See instructions	6				
7	Total. Add lines 3	through 6 to line 1 or 2, whichever applies	7	626.			
LHA	For Paperwork F	Reduction Act Notice, see instructions.		Form <b>990-T</b> (2021)			

Part I	II Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1	118; trusts attach Form 1	116)	1a				
	Other credits (see instructions)							
	General business credit. Attach Form 3800 (se							
	Credit for prior year minimum tax (attach Form			1 1				
	Total credits. Add lines 1a through 1d					1e		
2	Subtract line 1e from Part II, line 7					2	6	26.
3	Other amounts due. Check if from: Form	4255 Form 861	Form 8	697 F	Form 8866			
	Other	r (attach statement)				3		
4	Total tax. Add lines 2 and 3 (see instructions)							
	section 1294. Enter tax amount here		· ·	•		4	6	26.
	Current net 965 tax liability paid from Form 96					5		0.
	Payments: A 2020 overpayment credited to 20			1 1				
	2021 estimated tax payments. Check if sectio			6b				
	Tax deposited with Form 8868			6c				
d	Foreign organizations: Tax paid or withheld at	source (see instructions)		6d				
	Backup withholding (see instructions)			6e				
	Credit for small employer health insurance pre							
	Other credits, adjustments, and payments:							
	Form 4136	Other	Total 🕨	6g				
7	Total payments. Add lines 6a through 6g					7		
8	Estimated tax penalty (see instructions). Chec	k if Form 2220 is attached	d			8		22.
9	Tax due. If line 7 is smaller than the total of lin	nes 4, 5, and 8, enter amo	unt owed			9	6	48.
10	Overpayment. If line 7 is larger than the total	of lines 4, 5, and 8, enter	amount overpa	ıid	<b>&gt;</b>	10		
	Enter the amount of line 10 you want: Credite				Refunded >	11		
Part I	V Statements Regarding Certain	Activities and Othe	r Informatio	n (see instru	uctions)			
1	At any time during the 2021 calendar year, dic	d the organization have ar	interest in or a	a signature or o	other authority	1	Yes	No
	over a financial account (bank, securities, or o							
	FinCEN Form 114, Report of Foreign Bank and	d Financial Accounts. If "\	es," enter the	name of the fo	reign country			
	here							X
2	During the tax year, did the organization receive	ve a distribution from, or v	was it the grant	or of, or transf	eror to, a			
	foreign trust?							<u> </u>
	If "Yes," see instructions for other forms the o							
	Enter the amount of tax-exempt interest receive				<b>\$</b>		_	
4	Enter available pre-2018 NOL carryovers here	<b>&gt;</b> \$	Do not in	clude any pos	t-2017 NOL c	arryover		_
	shown on Schedule A (Form 990-T). Don't red	uce the NOL carryover sh	own here by ar	ny deduction r	eported on Pa	rt I, line 4.		
	Post-2017 NOL carryovers. Enter available Bu	•	•	•				
	the amounts shown below by any NOL claime	ed on any Schedule A, Par	t II, line 17 for t	the tax year. S	ee instruction	S.	_	
	Business Activ	-		Available po	ost-2017 NOL			
	901	.101	\$			306	<u>-</u>	
			\$					l
	Did the organization change its method of acc							<u> </u>
	If 6a is "Yes," has the organization described	the change on Form 990,	990-EZ, 990-PF	F, or Form 112	8? If "No,"			
	explain in Part V							
Part \								
Provide	the explanation required by Part IV, line 6b. Al	so, provide any other add	litional informat	tion. See instru	ıctions.			
	Under penalties of perjury, I declare that I have examined	this return, including accompanyi	na echedules and st	atements and to th	e hest of my knowl	ledge and helief it is	e true	
Sign	correct, and complete. Declaration of preparer (other than					cage and belief, it is	s a uc,	
Here		1	CEO.			May the IRS discuss		with
	Signature of officer	Date	CEO Title			the preparer shown instructions)?	below (see	No
	<u> </u>	1		T			162	No
<b>.</b>	Print/Type preparer's name	Preparer's signature	Λ   Da	ate	Check	if PTIN		
Paid	cor ELIZABETH W. HELLER	Elizadellus	Heller n:	3/17/23	self- employed	<b>I</b>	97829	
Prepa	EI - DOM HO TID		, , , , , , , , , , , , , , , , , , , ,	,, 1, 1, 43	Firm's EIN		71432	
Use O		EET, SUITE 70	00		THIII S EIN		, 1 4 7 4	
	Firm's address MASHINGTON		. •		Phone no	202-293-	-2200	

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print THE ULI FOUNDATION 23-7133957 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2001 L STREET NW, 200 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 20036 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) LEO GONZALEZ, • The books are in the care of ▶ 2001 L STREET NW, 200 - WASHINGTON, DC 20036 Telephone No. ► 202-624-7000 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$   $\underline{\hspace{0.5cm}}$  JUN  $\underline{\hspace{0.5cm}}$  30 , 2022► X tax year beginning JUL 1, 2021 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

THE ULI FOUNDATION 23-7133957

FORM 990-T	CONTRIBUTIONS	STATEMENT 1		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
50% CASH ONLY	N/A	9,602,179.		
TOTAL TO FORM 990-T, PART I, L	JINE 4	9,602,179.		

THE ULI FOUNDATION 23-7133957

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 2	2
~	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020			
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS	9,602,179		
	RIBUTIONS AVAILABLE	9,602,179	_	
EXCESS 100	TRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	9,601,848 0 9,601,848	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION		3	31
TOTAL CONT	RIBUTION DEDUCTION		3	31

### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE ULI FOUNDATION

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

B Employer identification number

23-7133957

C U	nrelated business activity code (see instructions) > 90110	1		<b>D</b> Sequence	e: -	1 of	1
<b>D</b>	escribe the unrelated trade or business    INVESTMENT A	CTIV	/ITIES		Т		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) N	et
4.	Crass respirite or selec						
	Gross receipts or sales Less returns and allowances  c Balance ▶	1c					
	Less returns and allowances c Balance ►  Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
	Capital gain net income (attach Sch D (Form 1041 or Form	<u> </u>					
<b>т</b> а	1120)). See instructions	4a	0.				
h	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	-8.				-8.
	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach	10					
•	statement) STATEMENT 3	5	6,897.			6	,897.
6	Rent income (Part IV)	6	0,00.1				700.0
7	Unrelated debt-financed income (Part V)	7					
	Interest, annuities, royalties, and rents from a controlled						
•	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
_	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	6,889.			6	,889.
	t II Deductions Not Taken Elsewhere See instructi	one fo	•	uctions Dodu	otion	e muet he	
Pai	directly connected with the unrelated business in			uctions. Dead	Ctions	s must be	
1	Compensation of officers, directors, and trustees (Part X)				1		
2	Salaries and wages				2		
3	Repairs and maintenance				3		
4	Bad debts				4		
5	Interest (attach statement). See instructions				5		
6	Taxes and licenses				6		321.
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)		SEE STAT	EMENT 4	14	1	<u>,950.</u>
15					15	2	,271.
16	Unrelated business income before net operating loss deduction. Se	ubtract	line 15 from Part I, line 1	3,			<b>64.</b>
	column (C)			····	16	4	<u>,618.</u>
17	Deduction for net operating loss. See instructions				17		306.
18	Unrelated business taxable income. Subtract line 17 from line 16	3			18		,312.
_HA	For Paperwork Reduction Act Notice, see instructions.			S	chedu	le A (Form 99	0-T) 2021

⊃ac	ie	1

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on <b>•</b>		Page Z
1	Little mot	nod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	·			Yes No
Part Part					
1	Description of property (property street address, city, s		-		
	A	, Lin 6646). 611661(1	ra adar doo. ooo moar		
	В 🗆				_
	c				_
	D				_
		Α Ι	В	С	
2	Rent received or accrued		_	-	
а	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
-	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
	,		•	•	
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	and on Part I. line 6. co	olumn (A)	0.
	Deductions directly connected with the income		, ,		
4	in lines 2(a) and 2(b) (attach statement)				
	, , , , , , , , , , , , , , , , , , , ,			<u>.</u>	
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)	<b>&gt;</b>	0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Parl	I, line 7, column (A)	<b>&gt;</b>	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	10			0.

Page :

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age <b>o</b>
			_			E	xempt Contro	lled Org	ganization	s .	
	Name of controlle organization	that is included in		in the aniza-	6. Deductions directly connected with income in column 5						
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>											
	'. Taxable Income		Net unrelated		Controlled Or otal of specif		ons 10. Part o	of colur	mn O	44	Deductions directly
,	. Taxable income	in	come (loss) e instructions)		yments mad		that is inc	luded i	n the ation's	,	connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee instr	ructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	<b>4.</b> Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1 -1						A del ana accepta in
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other 1	Than Adve	0.	Income	:			0.
1	Description of exploite		Cuvity income,	Julei I	man Auve	ı uəni		see ins	uucuons)		
2	Gross unrelated busin	•	e from trade or busi	nece Ente	r here and or	n Dart I	line 10. colum	ο (Δ)		2	
3	Expenses directly con					,	•	. , .		-	
-										3	
4	Net income (loss) from										
	`					•				4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2021

	dule A (Form 990-T) 2021					Page 4
Part 1	IX Advertising Income  Name(s) of periodical(s). Check box if reportin	a two or m	acro poriodicale on	a consolidated bas	io	
'	A Production A Pro	ig two or ii	iore periodicais on	a consolidated bas	ilS.	
	В 🗆					
	c 🗆					
	D					
Enter	amounts for each periodical listed above in the	correspon	ding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on	Part I, line	11, column (A)		<b>&gt;</b>	0.
а		_				
3	Direct advertising costs by periodical	L				
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)		<b>&gt;</b>	0.
		_				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	<b>I</b>				
	line 4 showing a loss or zero, do not complete					
_	lines 5 through 7, and enter zero on line 8	Г				
5 6	Readership costs Circulation income					
7	Excess readership costs. If line 6 is less than					
•	line 5, subtract line 6 from line 5. If line 5 is less	ss				
	than line 6, enter zero	1				
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gr			total or zero here a	nd on	
	Part II, line 13				<b>&gt;</b>	0.
Part	X Compensation of Officers, Dir	ectors,	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
<u>(2)</u>					%	
(3) (4)					%	
(4)	l				70	
Tota	I. Enter here and on Part II, line 1					0.
Part						
	11	o in loti doti	5110)			

THE ULI FOUNDATION 23-7133957

THE OUT FOUNDATION					25 7155557
FORM 990-T (A)	INCOME (LO	OSS) FROM PA	ARTNERSHI	PS	STATEMENT 3
DESCRIPTION					NET INCOME OR (LOSS)
HAMILTON LANE PRIVE BUSINESS INCOME (LO		SER A - OR	DINARY		6,897.
TOTAL INCLUDED ON S	SCHEDULE A, PART	r I, LINE 5			6,897
FORM 990-T (A)	Oï	THER DEDUCT	IONS		STATEMENT 4
DESCRIPTION					AMOUNT
PROFESSIONAL FEES					1,950
TOTAL TO SCHEDULE A	A, PART II, LINE	E 14			1,950
FORM 990-T (A)	POST 2	2017 NOL SC	HEDULE		STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL I	DEDUCTION		CARRYFO	RWARD OF 17 NOL
306.		306.			0.
990-T SCH A	POST-2017 NET	OPERATING	LOSS DED	UCTION	STATEMENT 6
	PRI	LOSS EVIOUSLY	LOS	S	AVAILABLE

APPLIED

1,411.

438.

REMAINING

0.

306.

306.

TAX YEAR

06/30/19

06/30/20

LOSS SUSTAINED

NOL CARRYOVER AVAILABLE THIS YEAR

1,411.

744.

THIS YEAR

0.

306.

306.

THE ULI FOUNDATION 23-7133957

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 7
TAXABLE INCOME FROM	M ALL ENTITIES ION OF TAXABLE INCOME	4,618. 4,618.
	ENTAGE OF PRE-2018 NET OPERATING LOSS WED PRE-2018 NET OPERATING LOSS	100.00%
TAXABLE INCOME AFT	ER PRE-2018 NET OPERATING LOSS ION	4,618. 3,694.
POST-2017 AVAILABLE	E 7 NET OPERATING LOSS OR 80% LIMITATION	306. 306.

#### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0123

Name

Employer identification number

THE ULI FOUNDATION				23-	7133957
Did the corporation dispose of any investmer	nt(s) in a qualified opportun	ity fund during the tax ye			
If "Yes," attach Form 8949 and see its instruc					· — —
Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
round off cents to whole dollars.	(Sales price)	(or other basis)	rarti, iiile 2, coluitiii	(9)	result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	
Part II Long-Term Capital Gai	ns and Losses - Asse	ets Held More Thai	n One Year		
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (q)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					, social man condition (g)
<b>8b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
10 Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					-484.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		ıh		15	-484.
Part III Summary of Parts I and	3 II				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	ı capital gain (line 15) over net	short-term capital loss (line	e 7)	17	
<b>18</b> Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the apr	licable line on other returns	S	18	0.

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

LHA

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

С

### THE ULI FOUNDATION

23-7133957 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

<u>broker and</u> may even tell you which i	box to check.		•		•	•	
Part II Long-Term. Transacti	ons involving capita	al assets you held n	nore than 1 year are	generally long-term (s	ee instructio	ons). For short-term t	ansactions,
see page 1.  Note: You may aggregate all codes are required. Enter the							
You must check Box D, E, or F below. If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions re	• =		· · ·		-		
(E) Long-term transactions rep	•	•		,		,	
X (F) Long-term transactions no	•	,	•				
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in	in column	ou enter an amount (g), enter a code in (See instructions.	Gain or (loss). Subtract column (e) from column (d) & combine the result
				the instructions	0000(3)	adjustment	with column (g)
HAMILTON LANE							
PRIVATE EQUITY							404
FUND VII LP							-484.
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and incl	ude on your					
Schedule D, line 8b (if Box D ab	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if l	Box F above is cl	necked)					-484.
Note: If you checked Box D above b	out the basis repo	orted to the IRS v	was incorrect, ent	er in column (e) the	basis as r	eported to the IRS	and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

## Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

THE ULI FOUNDATION 23-7133957 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale HAMILTON LANE PRIVATE EQUITY FUND VII LP Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -8. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 8 % Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -8. 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

Part III Gain From Disposition of Propert	ty Und	er Sections 124	5, 1250, 1252	2, 125	54, and 1255	(see	instructions)
<b>9</b> (a) Description of section 1245, 1250, 1252, 1254,		(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)			
A							
В							
С							
D			T				
These columns relate to the properties on			_	_	_	_	
lines 19A through 19D.	<b>-</b>	Property A	Property	В	Property	С	Property D
O Gross sales price (Note: See line 1a before completing.)	20						
1 Cost or other basis plus expense of sale	21						
2 Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
4 Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
<b>a</b> Additional depreciation after 1975. See instructions	26a						
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
<b>d</b> Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Continue CO1 amount (compositions only)	004						
f Section 291 amount (corporations only)	26f 26g						
g Add lines 26b, 26e, and 26f  7 If section 1252 property: Skip this section if you didn't	26g						
dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
<b>b</b> Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
<ul> <li>If section 1254 property:</li> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul>	28a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b						
<ul> <li>9 If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property of	columns	A through D through	n line 29b before	going	to line 30.		
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
1 Add property columns A through D, lines 25b, 26g,	•	•				31	
2 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 4	684, line 33. Ente	er the p	oortion		
from other than casualty or theft on Form 4797, line	6	) and 000E(b)(0)	When D.		laa Daara	32	au I a
Part IV Recapture Amounts Under Section	ons 1/9	and 280F(b)(2)	wnen Busin	ess l	ops to urops to	5U%	or Less
(see instructions)					(a) Section	ı	(b) Section 280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wahla in	nrior vears		33			
		prior years		34			
5 Recapture amount. Subtract line 34 from line 33. S				35			

THE ULI FOUNDATION 23-7133957

FORM 4797 No	ONRECAPTURED NET SECTIFICATION N		STATEMENT 8
TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2016 2017 2018	42. 0. 0.	27. 0. 0.	15.
2019 2020	13. 9.	0. 0.	13. 9.
TOTAL TO FORM 4797, LI	NE 8 64.	27.	37.

#### **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0123

Name

Employer identification number

THE ULI FOUNDATION		23-7133957				
Did the corporation dispose of any investme	nt(s) in a qualified opportun	ity fund during the tax ye				
If "Yes," attach Form 8949 and see its instru					· — —	
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
round off cents to whole dollars.	(sales price)	(or other basis)	raiti, iiie 2, coluiiii	(9)	result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
<b>1b</b> Totals for all transactions reported on						
Form(s) 8949 with <b>Box A</b> checked						
2 Totals for all transactions reported on						
Form(s) 8949 with <b>Box B</b> checked						
3 Totals for all transactions reported on						
Form(s) 8949 with <b>Box C</b> checked						
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37			4		
5 Short-term capital gain or (loss) from like-kir	d exchanges from Form 8824			5		
6 Unused capital loss carryover (attach comput	ation)			6	(	
7 Net short-term capital gain or (loss). Combir	e lines 1a through 6 in column	h		7		
Part II Long-Term Capital Ga	ins and Losses - Asse	ets Held More Tha	n One Year			
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (q)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					, social man condition (g)	
<b>8b</b> Totals for all transactions reported on						
Form(s) 8949 with <b>Box D</b> checked						
9 Totals for all transactions reported on						
Form(s) 8949 with <b>Box E</b> checked						
10 Totals for all transactions reported on						
Form(s) 8949 with <b>Box F</b> checked					-484.	
11 Enter gain from Form 4797, line 7 or 9				11		
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		12		
13 Long-term capital gain or (loss) from like-kir		13				
14 Capital gain distributions				14		
15 Net long-term capital gain or (loss). Combin	e lines 8a through 14 in columr			15	-484.	
Part III Summary of Parts I and	d II					
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	l loss (line 15)		16		
17 Net capital gain. Enter excess of net long-terr				17		
18 Add lines 16 and 17. Enter here and on Form				18	0.	

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

LHA

Attachment Sequence No. 12A Page

Form 8949 (2021)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

### THE ULI FOUNDATION

23-7133957

Part III Long-Term. Transactions involving capital assets you reld more than 1 year se-generally long-time (see instructions). For short-term transactions, assets may approximate the long with resident for the long-time state (see in the long and translations) and the long transactions are required. Either the totals directly on Schools 0, line 8ix you even't required to report three transactions on Form 8848 (see restrictions).  You must chack 8ix 05, 15 or 9 Follows. One-book 100, line 8ix you even't required to report these transactions on Form 8848 (see restrictions).  (b) Long-term transactions reported on Form(s) 1098 8 showing basis was reported to the IRS (see X-1) and the activity of	Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which l	box to check.		-				
You must check Box D, E, or P below. Check only one box. I more man one too applice or you into grain from control to the IRS    (D) Long-term transactions reported on Formity 10998 showing basis was reported to the IRS   (E) Long-term transactions reported on Formity 10998 showing basis was reported to the IRS   (E) Long-term transactions reported on Formity 10998 showing basis was reported to the IRS   (E) Long-term transactions reported on Formity 10998 showing basis was reported to the IRS   (E) Long-term transactions not reported to you on Form 10998 (c) Date sold or (disposed of (Mo., day, yr.)	see page 1.  Note: You may aggregate al	I long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS	and for which no adj	ustments or
(E) Long-term transactions reported on Form(s) 1099.8 showing basis was reported to the IRS (see (E) Long-term transactions reported on Form(s) 1099.8 showing basis wasn't reported to the IRS (see (E) Long-term transactions reported to the IRS (see (E) Long-term transactions reported to type on Form 1099.8 (F) Long-term transactions not reported to type on Form 1099.8 (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day,	You must check Box D, E, or F below.	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate	Form 8949, page 2, for	
Claracteria transactions reported to from(s) 1099-8 (b)   Claracteria transactions reported to you on Form 1099-8 (c)   Date acquired (Mo., day, yr.)   Date acquired (Mo., day, yr.)   Claracteria form of the instructions   Claracteria form of the ins	<u> </u>	· =		•		=		
Totals, Add the amounts in columns (d), (e), (g), (g), and (ft) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (ft Box P above is checked). Imper solve in the struction of the column (d), (e), (g), and (ft) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (ft Box P above is checked), rine 10 (ft Box F above is checked). Imper solve in the struction of the column (d), (e), (g), and (ft) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (ft Box P above is checked). Imper solve in the column (d) is column (d). Set instructions of the column (d).		-	='	-	· ·	NOW US	0 ( 0 )	
1 (a) (b) Description of property (Example: 100 sh. XYZ Co.)  Description of property (Example: 100 sh. XYZ Co.)  Description of property (Mo., day, yr.)  Date sadd or disposed of (Mo., day, yr.)  Mo., day, yr.)  Date sadd or disposed of (Mo., day, yr.)  Mo., day, yr.)  Date sadd or disposed of (Mo., day, yr.)  Mo., day, yr.)  MAMILTON LANE  PRIVATE EQUITY  FIND VII LP  2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (f8 ox Fabres) is checked). Inte 9 (f8 ox Fabres) is checked). Inte 9 (f8 ox Fabres) is checked).				-	ported to the mo			
Sec Column (e) in the instructions of code(s) Amount of adjustment with column (i)  PRIVATE EQUITY  FUND VII LP	1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis. See the	loss. If y in column column (f	ou enter an amount (g), enter a code in ). See instructions.	Gain or (loss). Subtract column (e)
HAMILTON LANE PRIVATE EQUITY FUND VII LP			(IVIO., day, yr.)			1 ''	Amount of	
PRIVATE EQUITY FUND VII LP  <484.x  <484.x   Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (ff Box D above is checked), line 9 (ff Box E above is checked), or line 10 (ff Box F above is checked).    > 484.x	HAMTI.TON TANE				the metractions	` '	adjustment	with oblanni (g)
FUND VII LP  <484.3 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (ff Box D above is checked). Jine 9 (ff Box E above is checked), or line 10 (ff Box F above is checked). Image: Totals. The statement of the statement								
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Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)   <484.>								
above is checked), or line 10 (if Box F above is checked) >								
above to directionally or limit to (in post, above to direction)	,	**	•					_/12// \
				u was incorrect lent	ı er in column (e) the	basis as i	reported to the IRS	

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

FORM 990-T

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123 2021

THE ULI FOUNDATION

Employer identification number 23-7133957

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment								
								606
1 Total tax (see instructions)							1	626.
2 a Personal holding company tay (Schedule PH (Form 1120) lin	۵ 26۱	included on line 1		ا وو ا				
	-							
contracts of cooler for (g) for approximent and of the moons	, 10100							
c Credit for federal tax paid on fuels (see instructions)				2c				
	2d							
does not owe the penalty							3	626.
or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 o	n line 5				4	
5 Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is require	d to skip lir	ne 4,				
							5	626.
	ow tha	it apply. If any boxes are o	checked, th	e corpor	ation i	must file Form 22	220	
	mant	mathod						
			n the prior	vear's ta	,			
	ot roq	uned motaliment based of	i tilo prior	your 5 tu	\.			
		(a)		(b)		(c)		(d)
9 Installment due dates. Enter in columns (a) through (d) the	$\Box$	(-)		1-/		χ-,		(=)
, , , , , ,								
6th, 9th, and 12th months of the corporation's tax year	9	10/15/21	12/	15/2	1	03/15/	22	06/15/22
10 Required installments. If the box on line 6 and/or line 7								
above is checked, enter the amounts from Sch A, line 38. If								
the box on line 8 (but not 6 or 7) is checked, see instructions								
for the amounts to enter. If none of these boxes are checked,								
enter 25% (0.25) of line 5 above in each column	10	157.		15	6.	1	57.	156.
11 Estimated tax paid or credited for each period. For								
column (a) only, enter the amount from line 11 on line 15.								
See instructions	11							
Complete lines 12 through 18 of one column								
before going to the next column.								
12 Enter amount, if any, from line 18 of the preceding column	12				_			
<b>13</b> Add lines 11 and 12	-			4.5	_ +		1.0	450
	$\Box$	0			-	3		
	15	0.			0.		0.	0.
	l l			1 -	,	2	12	
	16			Т2	<del>/•</del>	3	13.	
	_	157		1 5	ا ء	1	E 7	1 E <i>E</i>
	1/	13/•		тэ	٠.		J / •	130.
	tax (see instructions)  In a 626.  In a folding company tax (Schedule PH (Form 1120), line 26) included on line 1  Lack interest included on line 1 under section 460(b)(2) for completed long-term racts or section 167(g) for depreciation under the income forecast method  It for federal tax paid on fuels (see instructions)  Lad dilines 2a through 2c  ract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation not owe the penalty  the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero et ax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5  Life dannual payment. Enter the smaller of line 3 or line 4. If the corporation is varied in the smaller of line 3 or line 4. If the corporation is using the adjusted seasonal installment method.  The corporation is using the adjusted seasonal installment method.  The corporation is using the adjusted seasonal installment method.  The corporation is a "arge corporation" signing its first required installment based on the prior year's tax.  Lill Figuring the Underpayment  Line of the 4th (Form 990-Pf files; Use 5th month), 9th, and 12th months of the corporation's tax year inited installments to enter, if none of these boxes are checked, enter the amounts from Sch A, line 38. If or on line 8 (but not 6 or 7) is checked, see instructions are amounts to enter, if none of these boxes are checked, 25% (0.25) of line 5 above in each column read tax paid or credited for each period, Form (a) only, enter the amount from line 11 on line 15. Instructions  Laded tax paid or credited for each period, Form (a) only, enter the amount from line 11 on line 15. Instructions  Laded tax paid or credited for each period, Form (a) only, enter the amount from line 11 on line 15. Instructions  Laded tax paid or credited for each period, Form (a) only, enter the amount from line 11 on line 15. Instructions  Laded tax paid or credited for each period, Form (a) on							
		ara ara na antrica an line	. 17	l <del>-</del>				

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

Form 2220 (2021)

Part IV Figuring the Penalty

			(a)	(b)	(c)			(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers; Use 5th month							
	instead of 4th month.) See instructions	19						
20	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21						
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$		\$	
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23						
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$		\$	
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25						
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$		\$	
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE	ATTACHED W	ORKSHEET			
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$		\$	
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29						
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31						
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33						
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$		\$	
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35						
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to line for other income tay returns	tal he	ere and on Form 1120, lin	e 34; or the comparable		38	¢	22.

Form **2220** (2021)

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

# FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	mber
THE ULI FOU	NDATION			23-713	33957
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			,
10/15/21	157.	157.	61	.000082192	1
12/15/21	156.	313.	90	.000082192	2
03/15/22	157.	470.	16	.000082192	1
03/31/22	0.	470.	76	.000109589	4
06/15/22	156.	626.	15	.000109589	1
06/30/22	0.	626.	92	.000136986	8
09/30/22	0.	626.	46	.000164384	5
enalty Due (Sum of Colum	nn F).				22

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

## Form **4797**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

**Sales of Business Property** 

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 2

Identifying number

THE ULI FOUNDATION 23-7133957 1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (C) Date sold (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale HAMILTON LANE PRIVATE EQUITY FUND VII LP Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -8. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 8 % Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -8. 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

Part III Gain From Disposition of Prope	rty Una	er Sections 124	5, 1250, 1252	2, 125	54, and 1255	(see	instructions)
<b>9</b> (a) Description of section 1245, 1250, 1252, 1254	, or 1255 բ	property:			<b>(b)</b> Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
Α							
В							
С							
D			1				
These columns relate to the properties on			_	_	_	_	
lines 19A through 19D.	<u> </u>	Property A	Property	В	Property	С	Property D
O Gross sales price (Note: See line 1a before completing.	′ <del>– –</del>						
1 Cost or other basis plus expense of sale							
2 Depreciation (or depletion) allowed or allowable							
Adjusted basis. Subtract line 22 from line 21							
4 Total gain. Subtract line 23 from line 20	. 24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22							
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a							
6 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
<b>a</b> Additional depreciation after 1975. See instructions	. 26a						
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
<b>d</b> Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f							
7 If section 1252 property: Skip this section if you didn'dispose of farmland or if this form is being completed for a partnership.	t						
a Soil, water, and land clearing expenses							
<b>b</b> Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
8 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instruction.	s <b>28a</b>						
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b						
<ul> <li>If section 1255 property:</li> <li>a Applicable percentage of payments excluded from income under section 126. See instructions</li> </ul>	29a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property	columns.	A through D through	n line 29b before	going	to line 30.		
Total gains for all properties. Add property column	ns A throu	gh D, line 24				30	
1 Add property columns A through D, lines 25b, 26	•	•				31	
2 Subtract line 31 from line 30. Enter the portion from		y or theft on Form 4	684, line 33. Ente	er the	portion		
from other than casualty or theft on Form 4797, li	ne 6	) and 000E(b\(0)	When D.		las Desert	32	
Part IV Recapture Amounts Under Sect (see instructions)	ions 179	and 280F(b)(2)	wnen Busin	ess l	rops to טיפ	50%	or Less
(эее шэшининэ)					(a) Section 179	n	(b) Section 280F(b)(2)
3 Section 179 expense deduction or depreciation a	llowahle in	prior vears		33	1		1 - N-1
				34			
Recomputed depreciation. See instructions		atwictions for whore		35			