### Form 8879-TF

#### **IRS e-file Signature Authorization** for a Tax Exempt Entity

calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20	

Department of the Treasury

For

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer THORNBURG FOUNDATION 85-0457010 GARRETT THORNBURG Name and title of officer or person subject to tax PRESIDENT/CHAIRMAN Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here ..... 5a 5b **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a Form 4720 check here ..... 7a b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize MCGEE, HEARNE & PAIZ, LLP 53240 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 83092225425 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MCGEE, HEARNE & PAIZ, LLP 11/12/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

# Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For ca	len	dar year 2022 or tax year beginning		, and e	nding		
Name	e of	foundation				A Employer identification	number
TH	0	RNBURG FOUNDATION				85-0457010	
		nd street (or P.O. box number if mail is not delivered to street a	ddress)		Room/suite	B Telephone number	
		0 N RIDGETOP RD.				505-467-78	
		own, state or province, country, and ZIP or foreign p <b>TA FE, NM</b> 87506	ostal code			C If exemption application is pe	ending, check here
		all that apply: Initial return	Initial return of a fo	rmer public o	harity	<b>D</b> 1. Foreign organizations	, check here
		Final return	Amended return	·	·		
		Address change	Name change			Foreign organizations me check here and attach co	mputation
		type of organization: $X$ Section 501(c)(3) ex				E If private foundation sta	
		· · · · · · · · · · · · · · · · · · ·	Other taxable private founda		al	under section 507(b)(1)	•
		arket value of all assets at end of year J Accounti Part II, col. (c), line 16)	ng method: X Cash ther (specify)	Accr	uai	F If the foundation is in a under section 507(b)(1)	
(1101		146,985,101. (Part I, colur		s.)			(D), CHECK HEIE
Par	t I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a).)	expenses per books	inco	ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	10,000,000.			N/A	
	2	Check if the foundation is not required to attach Sch. B Interest on savings and temporary	1,005.		1,005.		STATEMENT 1
	3 4	cash investments	2,274,917.	2 27	$\frac{1,003.}{4,917.}$		STATEMENT 2
	•	Gross rents	2,2/4,51/6	2,27	<del></del>		DIAILMINI Z
		Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10	360,812.				
une	b	Gross sales price for all assets on line 6a 4,203,622.					
Revenue	7	Capital gain net income (from Part IV, line 2)		36	0,812.		
	8	Net short-term capital gain					
- 1	9	Income modifications Gross sales less returns					
		and allowances  Less: Cost of goods sold					
		Gross profit or (loss)					
1		Other income	-7.	92	2,378.		STATEMENT 3
1	2	Total. Add lines 1 through 11	12,636,727.		9,112.		
1	3	Compensation of officers, directors, trustees, etc.	236,250.		0.		212,625.
1 '		Other employee salaries and wages	537,314.		0.		466,630.
1 ا	5	Pension plans, employee benefits	160,132.		0.		141,268. 3,939.
nse	ъа ь	Legal feesSTMT4Accounting feesSTMT5	22,685.		0.		3,939.
xpe	C	Other professional fees STMT 6	216,739.		0.		207,442.
<u>Ш</u> 9 1			,				,
ı İği	8	Interest STMT 7	50,000.		0.		0.
ışt 1	9	Depreciation and depletion	5,976.		0.		
<u>.</u>		Occupancy	44 550				40.205
A P		Travel, conferences, and meetings	44,550.		0.		42,395.
ᇜ	2	Printing and publications Other expenses STMT 8	143,998.	8	6,383.		30,961.
ig 2		Total operating and administrative	21373300		<del></del>		3073021
Sera	•	expenses. Add lines 13 through 23	1,422,148.	8	6,383.		1,105,260.
<b>1</b> 2	5	Contributions, gifts, grants paid	6,202,547.				6,202,547.
2	6	Total expenses and disbursements.		•	c 222		
+	_	Add lines 24 and 25	7,624,695.	8	6,383.		7,307,807.
2		Subtract line 26 from line 12:	5,012,032.				
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	3,012,032.	3.47	2,729.		
		Adjusted net income (if negative, enter -0-)		-,-,	, . = -	N/A	

D	art l	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	ryear
	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,506.		
		Savings and temporary cash investments	6,525,557.	11,370,655.	11,370,655.
		Accounts receivable	0,020,00.0	22/0/0/0001	22/3/0/3330
		Less: allowance for doubtful accounts			
		Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
s		Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		11,603.	11,603.
As		Investments - U.S. and state government obligations		,	<u>,                                      </u>
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
	40	Less: accumulated depreciation			
	12	Investments - mortgage loans	120 060 404	130,238,389.	125 500 021
	13	Investments - other STMT 9	130,009,494.	130,230,309.	133,309,021.
	14	Land, buildings, and equipment: basis 27,617.	6 076	10 000	12 022
		Less: accumulated depreciation STMT 10 15,595.	0,0/0.	12,022. 1,000.	1 000
		Other assets (describe STATEMENT 11)	1,250.	1,000.	1,000.
		Total assets (to be completed by all filers - see the		4.44 600 660	446 00= 404
		instructions. Also, see page 1, item I)	136,610,883.	141,633,669.	146,985,101.
		Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe STATEMENT 12)	243.	10,997.	
	23	Total liabilities (add lines 17 through 22)	243.	10,997.	
		Foundations that follow FASB ASC 958, check here			
s		and complete lines 24, 25, 29, and 30.			
ces	24	Net assets without donor restrictions			
<u>aa</u>	25	Net assets with donor restrictions			
Ä		Foundations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 26 through 30.			
Ē		Capital stock, trust principal, or current funds	0.	0.	
Si		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balan		Retained earnings, accumulated income, endowment, or other funds	136,610,640.	141,622,672.	
Ř		Total net assets or fund balances	136,610,640.	141,622,672.	
Š	-"	Total not about of fund balanood			
	30	Total liabilities and net assets/fund balances	136 610 883.	141,633,669.	
=				111,000,000.	
Р	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	136,610,640.
2	•	amount from Part I, line 27a		I	5,012,032.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	141,622,672.
5	Decre	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	141,622,672.

Form 990-PF (2022) <b>THC</b>	RNBURG FOUNDATIO	N			85-045	7010 Page 3
Part IV Capital Gains	and Losses for Tax on In	vestment Income	SEE	ATTAC	HED STATEM	ENT
	the kind(s) of property sold (for example arehouse; or common stock, 200 shs		( <b>b)</b> Ho P - D -	ow acquired Purchase Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
 1a		·	-	Donation		
b						
C						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (loss ((e) plus (f) minus (	
a						
b						
C						
d						
e 4,203,622.		3,842,81	.0.			360,812.
Complete only for assets showi	ng gain in column (h) and owned by t				(I) Gains (Col. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		С	ol. (k), but not less that Losses (from col. (	n -0-) <b>or</b>
a						
b						
С						
d						
е						360,812.
<ul><li>Capital gain net income or (net c</li><li>Net short-term capital gain or (lo</li></ul>	apital loss) { If gain, also enter apital loss), enter -0 loss) as defined in sections 1222(5) and		}	2		360,812.
• .	, column (c). See instructions. If (los	s), enter -0- in			37 / 3	
Part I, line 8	sed on Investment Incom	o (Cootion 4040/o) 40	)   )40(b)	3 4049	N/A	
					- see instruction	ns)
	described in section 4940(d)(2), che	***				40 271
_	letter: (at		- see ir	istructions)	) 1	48,271.
	s enter 1.39% (0.0139) of line 27b. Ex					
enter 4% (0.04) of Part I, line	12, col. (b)					^
	tic section 4947(a)(1) trusts and taxa					48,271.
	stic section 4947(a)(1) trusts and tax					<u>0.</u> 48,271.
	ome. Subtract line 4 from line 3. If ze	ro or less, enter -U-			5	40,2/1.
6 Credits/Payments:	10004			40 00	0	
a 2022 estimated tax payments	and 2021 overpayment credited to 20	22 <b>6a</b>		40,00	U •	

**b** Exempt foreign organizations - tax withheld at source 6b 20,000. c Tax paid with application for extension of time to file (Form 8868) 6с **d** Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d ..... 60,000. 7 8 Enter any **penalty** for underpayment of estimated tax. Check here X if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ... 10 11,729. Refunded 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 11

Form **990-PF** (2022)

10	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
ıa		1a		X
h	any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
Ü	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or	10		
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10		
u	(1) On the foundation. \$ 0 • (2) On foundation managers. \$ 0 •			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	NM			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		_X_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			l <u>-</u> -
	If "Yes," attach statement. See instructions	12		<u> X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.THORNBURGFOUNDATION.ORG		040	
14	The books are in care of ALLAN OLIVER  Telephone no. 505-46		919	
	Located at 2300 N RIDGETOP RD., SANTA FE, NM ZIP+4 87	/506		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041 -</b> check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A <b>Y</b> aal	Na
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	001	\ DE	
	Fo	rm <b>99</b> 0	)-PF	(2022)

Form 990-PF (2022) THORNBURG FOUNDATION  Part VI-B   Statements Regarding Activities for Which Form 4720 May Be Required	85-045	7010		Page 5
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year, did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqualified person?		1a(2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)	Х	
(5) Transfer any income or assets to a disqualified person (or make any of either available				
for the benefit or use of a disqualified person)?		1a(5)		Х
(6) Agree to pay money or property to a government official? (Exception. Check "No"				
if the foundation agreed to make a grant to or to employ the official for a period after				
termination of government service, if terminating within 90 days.)		1a(6)		Х
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		Х
c Organizations relying on a current notice regarding disaster assistance, check here				
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the first day of the tax year beginning in 2022?		1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2022?		2a		X
If "Yes," list the years , , , , ,				
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	:t			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
statement - see instructions.)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?		3a		X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons af				
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d	ispose			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	37 / 3			
Schedule C, to determine if the foundation had excess business holdings in 2022.)		3b		37
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that			37
had not been removed from jeopardy before the first day of the tax year beginning in 2022?		4b	l	X

Form **990-PF** (2022)

Page 6

Pa	rt \	/I-B	Statements Regarding Activities for Which F	orm 4720 May Be Re	equired <sub>(contini</sub>	ued)			
5a	Dur	ing the	year, did the foundation pay or incur any amount to:		•	•		Yes	No
	(1)	Carry o	on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?			5a(1)		Х
			ce the outcome of any specific public election (see section 4955); o						
		any vo	ter registration drive?				5a(2)		Х
	(3)	Provid	e a grant to an individual for travel, study, or other similar purposes	?			5a(3)		X
	(4)	Provid	e a grant to an organization other than a charitable, etc., organization	n described in section					
		4945(0	I)(4)(A)? See instructions				5a(4)		X
	(5)		e for any purpose other than religious, charitable, scientific, literary,						
			vention of cruelty to children or animals?				5a(5)		X
b		-	er is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	•	•				
			4945 or in a current notice regarding disaster assistance? See instru				5b		
C	Org	anizatio	ns relying on a current notice regarding disaster assistance, check h	nere					
d			er is "Yes" to question 5a(4), does the foundation claim exemption fr						
			responsibility for the grant?			N/A	5d		
			ach the statement required by Regulations section 53.4945-5(d).						
6a			ndation, during the year, receive any funds, directly or indirectly, to				_		7.7
			penefit contract?				6a		X
b			ndation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		Х
7.			b, file Form 8870.	haltan tuanaastianO			7.		Х
			during the tax year, was the foundation a party to a prohibited tax s the foundation receive any proceeds or have any net income attribu				7a 7b		
			the foundation receive any proceeds or have any net income attribu- lation subject to the section 4960 tax on payment(s) of more than \$			N/. <del></del>	7b		
0				, ,			8		Х
Pa	rt \		chute payment(s) during the year? Information About Officers, Directors, Truste	es. Foundation Man	agers. Highly		-	ļ.	
			Paid Employees, and Contractors	,	g,g,				
1 L	.ist a	all offic	ers, directors, trustees, and foundation managers and th	neir compensation.					
				(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s a	(e) Exp ccount,	ense
			(a) Name and address	<b>(b)</b> Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	a	allowa	
SE	Œ	STA	TEMENT 13		236,250.	14,692			0.
	<b>.</b>		tion of five highest-paid employees (other than those inc	 	mton INONE II				
2 (	om,	pensa	tion of five highest-paid employees (other than those inc	, , , , , , , , , , , , , , , , , , , ,	enter "NONE."	(d) Contributions to	1	<b>(e)</b> Exp	ence
		(a) Nan	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s a	ccount,	other
2 7 7	шъ.	TOV	MCCARTHY - 2300 N RIDGETOP	devoted to position POLICY OFFICE:	D	compensation	+	allowa	nces
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			-, -112 0,000	10.00	7 1 2 2 1 4	17,514	+		•
				1					
				i	1				

Total number of other employees paid over \$50,000

Form 990-P<u>F (2</u>022) THORNBURG FOUNDATION 85-0457010 Page 7 Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation CAMBRIDGE ASSOCIATES LLC P.O. BOX 412015, BOSTON, MA 02241 INVESTMENT ADVISORY 86,383. CONSULTING - FOOD & GOLDEN APPLE CONSULTING LLC 207 W. CLINTON ST APT 2, ITHACA, NY 14850 54,935. Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Part VIII-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions.

Form **990-PF** (2022)

Total. Add lines 1 through 3

Page 8

P	art IX Minimum Investment Return (All domestic foundation	ns must c	omplete this part. Foreign for	undation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble. etc p	urposes:		_
а	Average monthly fair market value of securities		-	1a	105,397,501.
	Average of monthly cash balances			1b	2,249,448.
C	Fair market value of all other assets (see instructions)			1c	36,784,368.
	Total (add lines 1a, b, and c)			1d	144,431,317.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	144,431,317.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater a	amount, se	ee instructions)	4	2,166,470.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	142,264,847.
6				6	7,113,242.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3		5) private operating foundations	and certa	in
_	foreign organizations, check here and do not complete this pa	ırt.)			
1	Minimum investment return from Part IX, line 6			1	7,113,242.
2a	Tax on investment income for 2022 from Part V, line 5	2a	48,271.		
b	Income tax for 2022. (This does not include the tax from Part V.)	2b			
C	Add lines 2a and 2b			2c	48,271.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	7,064,971.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	7,064,971.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	rt XII, line	1	7	7,064,971.
P	art XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu				
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	7,307,807.
b	Program-related investments - total from Part VIII-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	able, etc., ¡	ourposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4			4	7,307,807.

7,307,807. Form **990-PF** (2022) Part XII Undistributed Income (see instructions)

1 Distributable amount for 2022 from Part X, line 7  Custace based schools are years as of the world of 2022 at latter amount for 2024 rolly  3 Excess distributions curryowe, if any, to 2022;  a From 2017  5 From 2018  6 From 2019  4 Qualifying distributions curryowe, if any, to 2022;  a From 2021  1 Test of fines at through e  - 7, 30 7, 80 7.  Applied to 2022 hour of more than line 2a  Applied to 2022 to but not more than line 2a  Applied to 2022 stributable amount  4 Applied to 2022 distributable amount  5 Excess distributions curryowe, if any, to 2022 from  Part X, line 4;  7 7, 064, 971.  2 , 634, 748.  5 2, 634, 748.  5 2, 634, 748.  5 2, 634, 748.  5 2, 634, 748.  5 2, 634, 748.  5 2, 634, 748.  6 2, 634, 748.  6 2, 634, 748.  7 2, 634, 748.  7 3, 7 3, 7 3, 7 3, 7 3, 7 3, 7 3, 7 3		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
2 Understander location, if any, or of the enter of 2022.  2 Internal COVERT CO	1 Distributable amount for 2022 from Part X,	οσιρασ	1 ται 3 μποι το 202 ι	2021	2022
2 Understander Source, Tany, and The send of 2022 a Letter amount 10 CR27 only b Total for prior years;  3 Excess distributions carryover, if any, to 2022; 4 From 2017 5 From 2018 6 From 2019 6 From 2020 7 Total of fines 3s through e  4 Qualifying distributions or 2022 from 2021 7 Total of fines 3s through e  4 Qualifying distributions for 2022 from 2021 8 Applied to understribution for 2022 from 2021 9 Applied to understributed incorne of prior 2021 (Election required - see instructions) 9 Applied to understributed incorne of prior 2021 (Election required - see instructions) 9 Applied to 2022 distributable amount 2022 from 2021 9 Applied to 2022 distributable amount 2022 from 2021 9 Excess distributions only over applied to 2022 of stoributable amount 2022 from 2021 9 Excess distributions approver applied to 2022 feathfort and 2022 feathfort amount 2022 feathfort 2022 feathfort amount 2022 feathfort 2022 fea	line 7				7,064,971.
b total for prior years:  0 .  8 Excess distributions carryover, if any, to 2022: 4 From 2017  6 From 2019  6 From 2019  7 Total of lines 3s through e  0 .  4 Qualifying distributions to 2022 from Part XI, line 4 \$ 7,307,807,  A Applied to 2021, but not one than line 2a  Applied to undistributed income of prior years (Election required - see instructions)  C Treated as distributions out of corpus  (Felcion required - see instructions)  4 Applied to 2022 distributed amount  6 Remaining amount distributed out of corpus  7 Excess distributions out of corpus  8 Excess distributions out of corpus  9 Excess distributions out of corpus  10 C Set the set total of each origin as inclined of a second origin as evolved powers access the service of the second origin as evolved powers access the service or second origin as evolved powers incoming the service origin as evolved powers are serviced to a service origin as evolved powers are serviced to a service origin as evolved powers are serviced to a service origin as evolved powers are serviced to a service origin as a service or					
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3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2020 c From 2020 c From 2021 T Total of lines 3a through e  0 - 0  4 Qualifying distributions for 2022 from Part XI, line 4:			0		
b From 2018 c From 2019 d From 2029 d From 2021 c From	Excess distributions carryover, if any, to 2022:		0.		
b From 2018 c From 2019 d From 2029 d From 2021 c From	<b>a</b> From 2017				
c From 2019 d From 2020 e From 2021 f Total of lines Sa through e  O.   O.  O.  O.  O.  O.  O.  O.  O.  O	L F 0040				
d From 2020	- F 0040				
e From 2021   Trotal of lines Sa through e	J.F 0000				
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deficiency has been issued, or on which the section 4942(a) tax has been previously assessed  d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018					
the section 4942(a) tax has been previously assessed  d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(q)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2017 not applied on line 5 or line 7 9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2020 d Excess from 2021 d Excess from 2021					
assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2017 not applied on line 5 or line 7 9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2018 b Excess from 2020 d Excess from 2020 d Excess from 2021	the section 4942(a) tax has been previously				
amount - see instructions e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2017 not applied on line 5 or line 7 9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a 0. 10 Analysis of line 9: a Excess from 2019 c Excess from 2020 d Excess from 2021	assessed		0.		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021					
4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018  b Excess from 2019  c Excess from 2020  d Excess from 2021	amount - see instructions		0.		
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018 b Excess from 2020 d Excess from 2021 d Excess from 2021	e Undistributed income for 2021. Subtract line			_	
lines 4d and 5 from line 1. This amount must be distributed in 2023 2,391,912.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 0.  8 Excess distributions carryover from 2017 not applied on line 5 or line 7 0.  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a 0.  10 Analysis of line 9:  a Excess from 2018 b Excess from 2020 d Excess from 2021				0.	
be distributed in 2023  Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  Excess distributions carryover from 2017 not applied on line 5 or line 7  Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018.					0 201 010
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:  a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021					2,391,912.
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021					
may be required - see instructions)  8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021					
8 Excess distributions carryover from 2017 not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021		•			
not applied on line 5 or line 7  9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018. b Excess from 2019. c Excess from 2020. d Excess from 2021.		0.			
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2018 b Excess from 2020 c Excess from 2021 d Excess from 2021	-	^			
Subtract lines 7 and 8 from line 6a		0.			
10 Analysis of line 9:  a Excess from 2018 b Excess from 2020 c Excess from 2021 d Excess from 2021	=	0			
a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021		0.			
<b>b</b> Excess from 2019 <b>c</b> Excess from 2020 <b>d</b> Excess from 2021	· ·				
c Excess from 2020 d Excess from 2021					
d Excess from 2021					
	***				

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Part 2	XIII   Private Operating Fo	<b>Jundations</b> (see in	nstructions and Part VI-	A, question 9)	N/A	
1 a If th	ne foundation has received a ruling or	determination letter tha	at it is a private operating			
fou	ndation, and the ruling is effective for	2022, enter the date of	the ruling			
<b>b</b> Che	eck box to indicate whether the found	ation is a private operati	ing foundation described in	n section	4942(j)(3) or 49	42(j)(5)
2 a Ent	er the lesser of the adjusted net	Tax year		Prior 3 years		
inc	ome from Part I or the minimum	(a) 2022	<b>(b)</b> 2021	(c) 2020	(d) 2019	(e) Total
inv	estment return from Part IX for					
eac	h year listed					
<b>b</b> 85%	% (0.85) of line 2a					
<b>c</b> Qua	alifying distributions from Part XI,					
line	e 4, for each year listed					
	ounts included in line 2c not					
use	ed directly for active conduct of					
exe	empt activities					
	alifying distributions made directly					
for	active conduct of exempt activities.					
Sub	otract line 2d from line 2c					
<b>3</b> Cor	mplete 3a, b, or c for the					
	ernative test relied upon; sets" alternative test - enter;					
	Value of all assets	ı				
	Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "En	dowment" alternative test - enter					
_, _	of minimum investment return					
	own in Part IX, line 6, for each year ed					
	pport" alternative test - enter:					
	Total support other than gross					
( ' '	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
(2)	Support from general public					
(-)	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
(3)	Largest amount of support from					
( )	an exempt organization					
(4)	Gross investment income					
	XIV   Supplementary Infor	mation (Comple	ete this part only it	the foundation	had \$5,000 or mor	e in assets
	at any time during th	າe year-see instr	ructions.)			
1 Inf	ormation Regarding Foundation	า Managers:				
a List	t any managers of the foundation who	have contributed more	than 2% of the total contr	ibutions received by the	foundation before the close	of any tax
yea	r (but only if they have contributed m	ore than \$5,000). (See s	section 507(d)(2).)			
GARR	ETT THORNBURG					
	t any managers of the foundation who			or an equally large portio	on of the ownership of a par	tnership or
	er entity) of which the foundation has	a 10% or greater intere	SI.			
NONE						
2 Inf	ormation Regarding Contribution		• • • •	~		
					s not accept unsolicited req	uests for funds. If
	foundation makes gifts, grants, etc.,					
<b>a</b> The	e name, address, and telephone numb	er or email address of t	he person to whom applica	ations should be address	sed:	
<b>b</b> The	e form in which applications should be	e submitted and informa	ation and materials they sh	ould include:		
<b>c</b> Any	y submission deadlines:					
d An	, restrictions or limitations on awards	cuch as by goographic	nal aroae, charitable fields	kinde of inetitutions	other factors	

Form **990-PF** (2022) 223601 12-06-22

Supplementary Information (continued) Part XIV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year AGRI-CULTURA COOPERATIVE NETWORK NONE POWER OF PROCUREMENT ÞС 318 ISLETA BLVD SW SUITE 202 POLICY ADVOCACY ALBUQUERQUE, NM 87105 30,000. ALBUQUERQUE COMMUNITY FOUNDATION NONE PC GREAT GRANT GIVEAWAY -NM STUDENT SUCCESS P.O. BOX 25266 ALBUQUERQUE, NM 87125 COALITION 5,000. AMERICAN CIVIL LIBERTIES UNION NONE PC LAST GRANT INSTALLMENT PO BOX 566 FOR POLICE ALBUQUERQUE, NM 87103 ACCOUNTABILITY STRATEGIST AND GENERAL OPERATING SUPPORT 75,000. AMERICAN RIVERS, INC. NONE PC BUILDING A NM TEAM TO 1101 14TH STREET NW SUITE 1400 INCREASE AQUATIC WASHINGTON, DC 20005 CONNECTIVITY 50,000. APS EDUCATION FOUNDATION NONE STRATEGIC PLAN FOR ABQ ÞС PUBLIC SCHOOLS P.O. BOX 25704 ALBUQUERQUE, NM 87125 50,000. SEE CONTINUATION SHEET(S) 6,202,547. Total 3a **b** Approved for future payment NONE Total

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#### Part XV-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ed by section 512, 513, or 514	(e)
-	(a) Business	<b>(b)</b> Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	Tunction income
a			+ +		
D			+		
<u> </u>			+ +		
d			+ +		
e			+ +		
			+ +		
g Fees and contracts from government agencies			+		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash investments			14	1,005.	
4 Dividends and interest from securities			14	1,005. 2,274,917.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	360,812.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a OTHER INCOME			14	-7.	
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		2,636,727.	0.
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)					
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Acco	mplishment of E	xempt l	Purposes	

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2022) 223621 12-06-22

85-0457010 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** 

		Exempt Organ	124110113							
1	Did the d	organization directly or indi	rectly engage in any	of the followin	ng with any other organizati	ion described in sect	ion 501(c)		Yes I	No_
	(other th	nan section 501(c)(3) organ	izations) or in sectio	n 527, relating	g to political organizations?	)				
а	Transfer	s from the reporting founda	ation to a noncharital	ble exempt orç	ganization of:					
		h								<u>X</u> _
	(2) Oth	er assets						1a(2)		<u> </u>
b		ansactions:								
	(1) Sale	es of assets to a noncharital	ble exempt organizat	tion				1b(1)		<u>X</u>
		chases of assets from a nor								<u>X</u>
		tal of facilities, equipment,								<u>X</u> _
		mbursement arrangements								<u>X</u> _
	` '							41.40		<u>X</u>
	` '	formance of services or me	·	•						<u>x</u> x
		of facilities, equipment, ma								
d		swer to any of the above is ses given by the reporting fo		-	• • •	-	-		ets,	
		(d) the value of the goods,			cu 1033 tilali lali illalkot val	uc iii aiiy transaction	or snaring arrangem	oni, snow m		
a)∟	ine no.	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·		e exempt organization	(d) Description	of transfers, transactions	s, and sharing arra	ingements	
/		(2)	(0)	N/A		(2)		-, <del>-</del>		
2a		undation directly or indirect								
		n 501(c) (other than section		ction 527?				Yes	X	No
b	If "Yes,"	complete the following sche			T # 2	<u></u>				
		(a) Name of org	janization		(b) Type of organization		(c) Description of rela	ationship		
		N/A				1				
						1				
						1				
	Un	der penalties of perjury, I declare	that I have examined thi	is return, includin	I g accompanying schedules and	statements, and to the b	est of my knowledge			
Si	an and	d belief, it is true, correct, and co	mplete. Declaration of pr	eparer (other tha	n taxpayer) is based on all inforr	nation of which preparer	has any knowledge.	May the IRS d	preparer	,
He	re					N	(1) (1111111111111111111111111111111111	shown below?  X Yes		No
	Sig	gnature of officer or trustee			Date	Title				140
	1	Print/Type preparer's na		Preparer's s		Date	Check if I	PTIN		
				'			self- employed			
Pa		BRENDA J. E	LLIOTT			11/12/23		P01208	382	
	eparer		E, HEARNE	& PAI	Z, LLP		Firm's EIN 83-	033122	9	
Us	e Only									
		Firm's address P.O								
		CHE	YENNE, WY	82003			Phone no. 307	-634-2	151	
								- 000	<b>, DE</b>	

Part IV	Capital Gains and Los	sses for Tax on Investment Income				
		d describe the kind(s) of property sol rick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a <b>TIM</b>	LTD TERM US	S GOVT		P	01/01/20	03/08/22
b TIM				P	01/01/20	
c TIM	LTD TERM US	S GOVT		P	01/01/20	
d TIM	LTD TERM US	S GOVT		P	01/01/20	06/07/22
e TIM	LTD TERM US	S GOVT		P	01/01/20	07/19/22
f CAP	ITAL GAINS I	DIVIDENDS				
g						
h						
_i						<u> </u>
_ <u>j</u>						<u> </u>
<u>k</u>						<del> </del>
						<del>                                     </del>
<u>m</u>						<del>                                     </del>
<u>n</u>						
0		(A) Degree is tion allowed	(a) Cook on other books		( Ooin on (loop)	-
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss)	
	2,000,000.	(0. 4.10.142.10)	2,080,787.	(0) P	( )	-80,787.
<u>a</u> b	500,000.		539,747.			-39,747.
C	250,000.		269,433.			-19,433.
d	650,000.		707,552.			-57,552.
e	225,000.		245,291.			-20,291.
f	578,622.					578,622.
g	·					
h						
:						
j						
k						
1						
m						
<u>n</u>						
Compl	ota anly for agests showin	 ng gain in column (h) and owned by i	the foundation on 19/21/60	<i>m</i> .		
	W.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess o	ses (from col. (h)) of col. (h) gain over ot less than "-0-")	
(1)1.1	VI.V. 43 01 12/3 1/03	as of 12/31/69	over col. (j), if any	- Dut II	/	
a						<del>-80,787.</del>
b						-39,747.
C						<u>-19,433.</u>
d						-57,552. -20,291.
<u>e</u>						578,622.
1						370,022.
g h						
<u>"</u>						
i						
k						
<u></u>						
m						
n						
0						
• 0		apital loss) { If gain, also enter	r in Part I, line 7			260 010
				2		360,812.
If gain, a	also enter in Part I, line 8,	ss) as defined in sections 1222(5) an column (c).	<b>)</b>		•	
If (loss)	, enter "-0-" in Part I, line 8	8	J	3	N/A	

3 Grants and Contributions Paid During the Y				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
UDUBON SOUTHWEST	NONE	PC	BUILDING A RESILIENT	
O BOX 9314			WATER FUTURE FOR NEW	
SANTA FE, NM 87504-9314			MEXICO	100,000
BANK STREET COLLEGE OF EDUCATION	NONE	PC	CUDDODMING MUE	
PREPARED TO TEACH)	NONE	FC	SUPPORTING THE DEVELOPMENT OF QUALITY	
10 WEST 112TH STREET			TEACHER RESIDENCY	
NEW YORK, NY 10025			PARTNERSHIPS ACROSS NM	175,000
,				
BIG BROTHERS BIG SISTERS MOUNTAIN	NONE	PC	OPERATING SUPPORT	
REGION				
.229 S ST. FRANCIS DR STE C				
SANTA FE, NM 87505				10,000
AMPAIGN LEGAL CENTER	NONE	PC	NEW MEXICO DEMOCRACY	
AMPAIGN LEGAL CENTER 411 K ST NW STE 1400	NONE	FC	REFORM SUPPORT	
ASHINGTON, DC 20005-3404			REPORT SOFFORT	25,000
				20,000
AREER GUIDANCE INSTITUTE	NONE	₽C	LEADERSHIP MATTERS:	
00 TIJERAS AVE. NW STE 100			PREPARING PRINCIPALS	
ALBUQUERQUE, NM 87102			TO GET RESULTS FOR	
			STUDENTS AND SCHOOLS	80,000
CAREER GUIDANCE INSTITUTE	NONE	PC	IMPROVING SCHOOL	
100 TIJERAS AVE. NW STE 100			LEADERSHIP IN NEW	
ALBUQUERQUE, NM 87102			MEXICO - PHASE II AND III	20,000
			111	20,000
ASA FIRST JUDICIAL DISTRICT	NONE	gov	OPERATING SUPPORT	
66 W SAN FRANCISCO ST				
ANTA FE, NM 87501-3012				5,000
NAMALYCH EDUCANTON INC	MONE	D.C.	CHEDODETING NW DED'G	
CATALYST EDUCATION, INC.	NONE	PC	SUPPORTING NM PED'S STRATEGIC PRIORITIES	
NEW ORLEANS, LA 70118			DIMITEOTO INTONTITED	80,000
,				
ENTER OF SOUTHWEST CULTURE	NONE	PC	CODECE NEXT STEP:	
05 MARQUETTE AVE NW STE 1610			SUPPORTING INDIGENOUS	
LBUQUERQUE, NM 87102-2158			& MEXICANO CHICANO	
			FARMERS	20,000
CENTRAL NEW MEXICO COMMUNITY COLLEGE	NONE	PC	IMPLEMENT ACCELERATED	
OUNDATION, INC.			ASSOCIATE DEGREE	
25 BUENA VISTA DRIVE SE			COHORTS FOR EARLY	
ALBUQUERQUE, NM 87106-3232			CHILDHOOD AND K-12	120 606
Total from continuation sheets	1	1	TEACHER EDUCATION PROG	130,606 5,992,547

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Y		T		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
CHAMA PEAK LAND ALLIANCE	NONE	PC	OPERATING SUPPORT	
P.O BOX 1544				
SANTA FE, NM 87504				50,000.
CITY OF ALBUQUERQUE CITY CLERKS	NONE	GOV	PUBLIC FINANCING	
OFFICE	NONE		ADMINSTRATORS	
600 2ND NW			CONVENING	
ALBUQUERQUE, NM 87103				50,000.
				,
CLAREMONT MCKENNA COLLEGE	NONE	PC	OPERATING SUPPORT	
400 N CLAREMONT BLVD				25 000
CLAREMONT, CA 91711-9845				25,000.
CLIMATE CHANGE LEADERSHIP INSTITUTE	NONE	PC	ADVANCING HEALTHY SOIL	
911 STAGECOACH RD			AND REGENERATIVE	
SANTA FE, NM 87501-1160			AGRICULTURE IN NM	35,000.
COMMON CAUSE OF NEW MEXICO	NONE	PC	OPERATING SUPPORT	
805 15TH ST NW STE 800	NONE		OFERATING BOFFORT	
WASHINGTON, DC 20005-2207				50,000.
				•
COMMON CAUSE OF NEW MEXICO	NONE	PC	THE NEW MEXICO PLEDGE	
805 15TH ST NW STE 800			FOR GOOD GOVERNMENT	250 000
WASHINGTON, DC 20005-2207				250,000.
COMMON CAUSE OF NEW MEXICO	NONE	PC	RESEARCH AND CONVENING	
805 15TH ST NW STE 800			FOR MODERNIZING THE NM	
WASHINGTON, DC 20005-2207			LEGISLATURE PROJECT	50,000.
COMMUNITIES IN SCHOOLS OF NM AT SANTA	NONE	PC	OPERATING SUPPORT	
FE				
PO BOX 367				
SANTA FE, NM 87504-0367				20,000.
CONNECTED: THE NATIONAL CENTER FOR	NONE	PC	BRINGING COLLEGE AND	
COLLEGE AND CAREER			CAREER PATHWAYS TO	
2150 SHATTUCK AVENUE, SUITE 700 BERKELEY, CA 94704			RURAL NM	80,000.
				00,000.
COVENANT PATHWAYS	NONE	PC	GROWING HEALTHY SOIL	
PO BOX 455			AND FOOD PATHWAYS	
VANDERWAGEN, NM 87326-0455				20,000.
Total from continuation sheets				

3 Grants and Contributions Paid During the		1		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
ivalite and address (notife of busiless)	or substantial contributor	recipient		
ARTH ISLAND INSTITUTE	NONE	PC	CASTANEA FELLOWSHIP	
150 ALLSTON WAY SUITE 460			SOLIDARITY IMMERSION	
BERKELEY, CA 94704			IN ALBQUERQUE, NM	5,000
LECTION REFORMERS NETWORK	NONE	PC	SUPPORTING KEY NM	
600 WISCONSIN AVENUE SUITE 1010	NONE		ACTIVITIES:	
ETHESDA, MD 20184			REDISTRICTING AND	
221122211, 122 20201			ETHICS WORKING GROUP	110,000
				,
AGDEDANGA GUELMED GUDDODM GENMED	NONE	PC	GUEL MED. DADMY	
SPERANZA SHELTER SUPPORT CENTER	NONE	PC	SHELTER PARTY	
SANTA FE, NM 87507-2933				10,000
MATERIAL TELEVISION				10,000
SPERANZA SHELTER SUPPORT CENTER	NONE	PC	OPERATING SUPPORT	
2130 RUFINA ST SANTA FE, NM 87507-2933				20,000
ANTA FE, NE 0/30/ 2/33				20,000
ARM TO TABLE	NONE	PC	ADVANCING NM FOOD &	
518 OLD SANTA FE TRAIL STE 1			AGRICULTURE	
SANTA FE, NM 87505-0398			INITIATIVES & ADVOCACY	
			COORDINATION	30,000
CCP C/O NEO PHILANTHROPY	NONE	PC	MEMBERSHIP DUES	
15 WEST 36TH STREET 6TH FLOOR				
NEW YORK, NY 10018				3,000
PII- NATIONAL	NONE	₽C	OPERATING SUPPORT	
663 13TH STREET, SUITE 200	110112		ordaniino borroat	
DAKLAND, CA 94612-1275				25,000
'ILM PRIZE JR. NM	NONE	₽C	OPERATING SUPPORT	
P.O. BOX 2301				
RANCHOS DE TAOS, NM 87557				10,000
COOD DEPOT	NONE	PC	OPERATING SUPPORT	
1222 A SILER RD				
SANTA FE, NM 87507-4106				20,000
				,
DIENDO OF FONDAMION DE PRANCE	NONE	n.c	ODEDAMING GUDDODE	
RIENDS OF FONDATION DE FRANCE 275 MADISON AVE FL 6	NONE	PC	OPERATING SUPPORT	
NEW YORK, NY 10016-1101				25,000
Total from continuation sheets		1	1	,

3 Grants and Contributions Paid During the		1		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
warne and address (nome or business)	or substantial contributor	recipient		
FUTURE FOCUSED EDUCATION	NONE	PC	NM STATEWIDE	
200 BROADWAY NE			WORK-BASED LEARNING	
ALBUQUERQUE, NM 87102			STRATEGY	53,000
GERARD'S HOUSE	NONE	PC	OPERATING SUPPORT	
PO BOX 28693	[133.2			
SANTA FE, NM 87592-8693				10,000
22, 111 0,002 0000				20,000
GIRLS INC OF SANTA FE	NONE	PC	OPERATING SUPPORT	
301 HILLSIDE AVE				
SANTA FE, NM 87501-2217				10,000
GOLDEN APPLE FOUNDATION	NONE	PC	DESIGN & IMPLEMENT	
901 W JACKSON BLVD SUITE 205			UNDERGRADUATE	
CHICAGO, IL 60607			RESIDENCIES ACROSS NEW	
,			MEXICO	100,000
GRANTMAKERS FOR EDUCATION	NONE	PC	EDUCATION EQUITY AND	
400 SE 103RD DR. #33348	i i i i i i i i i i i i i i i i i i i		GRANTMAKING IMPACT	
PORTLAND, OR 97216			GROUP	5,000
			5.1002	
GROWING UP NEW MEXICO	NONE	PC	GROWING UP NEW MEXICO:	
400 CERRILLOS RD. SUITE A			THE EARLY CHILDHOOD	100 000
SANTA FE, NM 87501	NONE	PC	PARTNERSHIP - POLICY	100,000
GROWING UP NEW MEXICO 400 CERRILLOS RD. SUITE A	NONE	PC	GROWING UP NEW MEXICO:	
SANTA FE, NM 87501			POLICY (FORMERLY THE NM EARLY CHILDHOOD	
DANTA PE, NH 0/301			DEVELOPMENT	
			PARTNERSHIP)	150,000
HARVARD BUSINESS SCHOOL	NONE	PC	OPERATING SUPPORT	
P.O. BOX 412275				25 255
BOSTON, MA 02241-2275				25,000
HEADING HOME	NONE	PC	OPERATING SUPPORT	
PO BOX 27636				
ALBUQUERQUE, NM 87125-7636				10,000
HOLISTIC MANAGEMENT INTERNATIONAL	NONE	PC	EMPOWERING HOLISTIC	
5941 JEFFERSON ST NE STE B	[		MANAGEMENT FOR	
ALBUQUERQUE, NM 87109-3409			REGENERATIVE	
			AGRICULTURE IN NM	45,000
Total from continuation sheets	I	-L		-5,000

3 Grants and Contributions Paid During the Y		T		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
· , , , , , , , , , , , , , , , , , , ,	or substantial contributor	recipient		
HOMEWISE	NONE	PC	BUILDING COMMON GROUND	
1301 SILER ROAD BUILDING D			NEW MEXICO AS A	
SANTA FE, NM 87507			COLLECTIVE FORCE FOR	
			CHANGE	40,000
TNOMINUME OF AMERICAN ACURINGMINE AND	NONE	₽C	ODEDATING GUDDODE	
INSTITUTE OF AMERICAN ACUPUNCTURE AND LIFE MEDICENE	NONE	PC	OPERATING SUPPORT	
443 N. NEW BALLAS ROAD SUITE 224				
				5,000
ST. LOUIS , MO 63141				3,000
ISSUE ONE	NONE	PC	NM GERRYMANDERING,	
1401 K ST NW STE 350			ETHICS AND	
WASHINGTON, DC 20005-4574			TRANSPARENCY PROJECT	50,000
JB HUNT JR INST EDUCATIONAL	NONE	PC	ELEVATING THE VOICE OF	
LEADERSHIP & POLICY FOUNDATION			NM'S BUSINESS	
1000 PARK FORT PLAZA, STE 280			COMMUNITY IN EDUCATION	
DURHAM, NC 27713-5260				100,000
,				
JB WHITE FOUNDATION	NONE	PC	OPERATING SUPPORT	
4121 CERRITO LINDO				
SANTA FE, NM 87507				1,000
KBFUS/AMERICAN FRIENDS OF INSTITUTE	NONE	PC	OPERATING SUPPORT	
CURIE				
10 ROCKERFELLER PLAZA, 16TH FL				
NEW YORK, NY 10020				25,000
KITCHEN ANGELS	NONE	PC	OPERATING SUPPORT	
1222 SILER RD				
SANTA FE, NM 87507-4106				20,000
KUNM-FM	NONE	PC	OPERATING SUPPORT	
MSC06 3520 1 UNIVERSITY OF NEW MEXI				
ALBUQUERQUE, NM 87131-0001				5,000
LA FAMILIA MEDICAL CENTER	NONE	PC	OPERATING SUPPORT	
PO BOX 5395				
SANTA FE, NM 87502				20,000
LA SEMILLA FOOD CENTER	NONE	PC	FARM BILL ADVOCACY &	
P.O. BOX 2579	[		FARMER FUND CAPACTIY	
ANTHONY, NM 88021-2579			BUILDING	50,000
Total from continuation sheets		1	<u></u>	22,200

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the		_		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
LEAGUE OF WOMEN WOMENG OF NW	NONE	D.G.	2022 ELEGETON VOEED	
LEAGUE OF WOMEN VOTERS OF NM	NONE	PC	2022 ELECTION VOTER	
EDUCATION FUND 2315 SAN PEDRO DR NE STE F6			GUIDES FOR COMMUNITIES WITH LARGE NATIVE	
ALBUQUERQUE, NM 87110-4158			AMERICAN POPULATIONS	5,000.
MIDOQUINÇOI, NA 07110 4130			IMERICAN TOTOLISTICANS	3,000.
LEAGUE OF WOMEN VOTERS OF SANTA FE	NONE	PC	REDISTRICTING	
COUNTY			RESEARCH, CONVENING	
1925 CAMINO LUMBRE			AND ADVOCACY AND VOTER	
SANTA FE, NM 87505			EDUCATION	50,000.
LIGHTNING BOY FOUNDATION	NONE	PC	OPERATING SUPPORT	
31 TURTLE CIRCLE				
SANTA FE, NM 87506		-		5,000.
I INCOLN INCOLUNIE OF LAND DOLLCY	NONE	PC	WAMED MOTORS INTMANTIVE	
LINCOLN INSTITUE OF LAND POLICY 11010 N TATUM BLVD D-101	NOINE	FC	WATER TRIBES INITATIVE - COLORADO RIVER BASIN	
PHOENIX , AZ 85028			- COLORADO RIVER BASIN	25,000.
indurin , iii dadid		+		25,000.
LINKED LEARNING ALLIANCE	NONE	PC	ENGAGING COMMUNITY IN	
730 HARRISON STREET 3RD FLOOR			TRANSFORMING THE HIGH	
SAN FRANCISCO, CA 94107			SCHOOL EXPERIENCE	61,394.
MAY CENTER FOR LEARNING	NONE	PC	OPERATING SUPPORT	
2019 GALISTEO BLDG B				F 000
SANTA FE, NM 87505-2143		+		5,000.
MEDECINS SANS FRONTIERES	NONE	PC	OPERATING SUPPORT	
40 RECTOR ST FL 16				
NEW YORK, NY 10006-1751				10,000.
MIDDLE RIO GRANDE CONSERVANCY	NONE	PC	FEASIBLILTY STUDY	
DISTRICT			LOOKING AT AQUIFER	
1931 2ND ST. SW			STORAGE AND RECOVERY	
ALBUQUERQUE, NM 87102			IN THE MIDDLE RIO	
		1	GRANDE VALLEY	42,000.
MIDDLE RIO GRANDE WATER ADVOCATES	NONE	PC	CONDUCT CONSENSUS	
P.O. BOX 25862			TRAINING FOR RIO	
ALBUQUERQUE, NM 87125			GRANDE NEW MEXICO	
			BASIN STUDY	15 000
		1	PARTICIPANTS	15,000.
NANTUCKET HISTORICAL ASSOCIATION	NONE	PC	OPERATING SUPPORT	
15 BROAD STREET				
NANTUCKET, MA 02554				5,000.
Total from continuation sheets				

3 Grants and Contributions Paid During the Y		Т		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
, ,	or substantial contributor	recipient		
NATIONAL CONFERENCE OF STATE	NONE	GOV	WATER GOVERNANCE AND	
LEGISLATORS			FUNDING: A COMPARATIVE	
7700 E 1ST PL			ANALYSIS OF NEW MEXICO	
DENVER, CO 80230-7143			AND OTHER STATES	65,182
NATIONAL DANCE INSTITUTE	NONE	PC	OPERATING SUPPORT	
.140 ALTO ST				
SANTA FE, NM 87501-2596				150,000
NATIONAL HISPANIC CULTURAL CENTER	NONE	PC	OPERATING SUPPORT	
.701 4TH STREET SW				
ALBUQUERQUE, NM 87102				5,000
NATIONAL YOUNG FARMERS COALITION	NONE	PC	DILLI DING VOING EXDMED	
2.0. BOX 1074	NONE	PC	BUILDING YOUNG FARMER LEADERS IN NEW MEXICO	
UDSON, NY 12534-9074			DEADERS IN NEW MEXICO	75,000
,				,
ATIVE WOMEN LEAD C/O NEW MEXICO	NONE	PC	OPERATING SUPPORT	
COMMUNITY CAPITAL				
301 GOLD AVENUE SW SUITE 102				
ALBUQUERQUE, NM 87102				2,500
NEW MEXICO ACEQUIA ASSOCIATION	NONE	PC	ACEQUIA POLICY	
305 EARLY STREET SUITE 203B			ENGAGEMENT FOR WATER	
SANTA FE, NM 87505			RESILIENCE AND FOOD	
			SECURITY	88,000
NEW MEXICO ASSOCIATION OF	NONE	PC	FINANCIAL AND TECHNICAL ASSISTANCE	
CONSERVATION DISTRICTS L63 TRAIL CANYON RD			FOR NM AGRICULTURE	
CARLSBAD, NM 88220			PRODUCERS	75,000
·				·
TEM MENTOO ENTITOOMNENTAL LAW GENTER	NONE	DC.	ODEDAMING GUDDODM	
WEW MEXICO ENVIRONMENTAL LAW CENTER  405 LUISA ST STE 5	NONE	PC	OPERATING SUPPORT	
SANTA FE, NM 87505-4074				10,000
				20,000
NEW MEXICO ETHICS WATCH	NONE	PC	OPERATING SUPPORT	
P.O. BOX 30586				120 000
ALBUQUERQUE, NM 87190-0586				120,000
		L _	DDED A MILITA GUIDDODM	
NEW MEXICO ETHICS WATCH	NONE	PC	OPERATING SUPPORT	
NEW MEXICO ETHICS WATCH P.O. BOX 30586 ALBUQUERQUE, NM 87190-0586	NONE	PC	OPERATING SUPPORT	30,000

3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient		
NEW MEXICO FARMERS' MARKETING	NONE	PC	EXPANDING VALUE CHAIN	
ASSOCIATION			COORDINATION AND	
1219 LUSIA ST STE 1			RETAIL ENGAGEMENT FOR	
SANTA FE, NM 87505-4176			INCREASED LOCAL CROP	50.050
		1	PRODUCTION AND SALES	78,850
NEW MEXICO FIRST	NONE	PC	NM AGRICULTURE	
P.O. BOX 56549			RESILIENCY PLAN	
ALBUQUERQUE, NM 87187-6549				85,000
NEW MEXICO FIRST	NONE	PC	2022 WATER TASK FORCE	
P.O. BOX 56549			SUPPORT	
ALBUQUERQUE, NM 87187-6549				40,000
NEW MEXICO FOUNDATION	NONE	PC	GREENROOTS INSTITUTE -	
8 CALLE MEDICO			WEAVING OUR FUTURE:	
SANTA FE, NM 87505-4724			WEAVING OUR VISION	25,000
·				,
NEW MEXICO IN DEPTH	NONE	PC	EXPANDING COVERAGE OF	
7820 ENCHANTED HILLS BLVD STE A225			GOOD GOVERNMENT ISSUES	
RIO RANCHO, NM 87144-8644				100,000
NEW MEXICO STATE UNIVERSITY	NONE	PC	DROUGHT- TOLERANT,	100,000
FOUNDATION			REGIONALLY ADAPTED,	
1305 S HORSESHOE ST			LOCALLY GROWN COVER/	
LAS CRUCES, NM 88003			FORAGE CROP SEED FOR	
			NM FARMERS/RANCHERS	25,000
NEW MEXICO STATE UNIVERSITY	NONE	PC	INTEGRATED SYSTEMS	
FOUNDATION			STRATEGIC FALLOWING	
1305 S HORSESHOE ST			FOR SUSTAINABLE WATER	
LAS CRUCES, NM 88003			AND THRIVING	
,			AGRICULTURE	50,000
NEW MEXICO STATE UNIVERSITY FOUNDATION	NONE	PC	REFUND	
1305 S HORSESHOE ST				
LAS CRUCES, NM 88003				-29,224
•				,
NEW MEXICO SUICIDE INTERVENTION	NONE	PC	OPERATING SUPPORT	
4164 S MEADOWS RD		[		
SANTA FE, NM 87507				10,000
,				-2,000
MEN MENTO MECH POINDAMION	NONE	DC.	WAMED I FADERCUID	
NEW MEXICO TECH FOUNDATION	NONE	PC	WATER LEADERSHIP	
801 LEROY PLACE			WORKSHOP 2022	72 000
SOCORRO, NM 87801  Total from continuation sheets		1	1	73,000

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the		1		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NM COALITION TO END HOMELESSNESS	NONE	PC	OPERATING SUPPORT	
PO BOX 865				25 000
SANTA FE, NM 87504				25,000.
NM FOUNDATION FOR OPEN GOVERNMENT	NONE	PC	ADVANCING GOVERNMENT	
2333 WISCONSIN ST NE			TRANSPARENCY	45 000
ALBUQUERQUE, NM 87110-4654				45,000.
NM SCHOOL FOR THE ARTS -AI	NONE	PC	OPERATING SUPPORT	
500 MONTEZUMA AVE #200 SANTA FE, NM 87501-2555				100,000.
51M11 11, M1 07301 2333				100,000.
NM SCHOOL FOR THE ARTS -AI	NONE	PC	OPERATING SUPPORT	
500 MONTEZUMA AVE #200 SANTA FE, NM 87501-2555				100,000.
SANTA FE, NE 07301 2333				100,000.
NM SCHOOL FOR THE ARTS -AI	NONE	PC	LEADERSHIP GRANT	
500 MONTEZUMA AVE #200				9,000.
SANTA FE, NM 87501-2555				3,000.
NM SCHOOL FOR THE ARTS -AI	NONE	PC	OPERATING SUPPORT NMSA	
500 MONTEZUMA AVE #200 SANTA FE, NM 87501-2555			HEAD OF SCHOOL	125,000.
SANTA FE, NEI 07301 2333				125,000.
OCEANA, INC. 1350 CONNECTICUT AVE NW STE 200	NONE	PC	SHARK PROTECTION PROGRAM	
WASHINGTON, DC 20036-5425			PROGRAM	5,000.
million, be been side				
OGRESIA GOMENA	TONE	DG.	DHIMIT GOD 1 77172	
OGALLALA COMMONS	NONE	PC	REINVIGORATING THE CANADIAN RIVER VALLEY	
P.O. BOX 346 NAZARETH, TX 79063			FOODSHED	15,000.
minimum, in 75000				13,000.
PALLATIVE SUPPORTIVE CARE OF	NONE	PC	OPERATING SUPPORT	
NANTUCKET				
PO BOX 3541				
NANTUCKET, MA 02584				2,500.
PARTNERS IN EDUCATION FOUNDATION	NONE	PC	ADELANTE PROGRAM TO	
1300 CAMINO SIERRA VISTA			ASSIST WITH CRITICAL	
SANTA FE, NM 87505-1007			STUDENT NEEDS	10,000.
Total from continuation sheets				

Part XIV Supplementary Informatio				
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
PINK "ME"	NONE	PC	OPERATING SUPPORT	
7820 ENCHANTED HILLS BLVD STE A225				
SANTA FE, NM 87144				1,000.
PIPER AND PROTEUS FUND	NONE	PC	PIPER FUND: BUILDING A	
15 RESEARCH DRIVE STE B			HEALTHY DEMOCRACY FOR	
AMHERST, MA 01002			ALL	50,000.
PIVOTAL NM	NONE	PC	ONGOING ASSISTANCE TO	
P.O. BOX 7157	NOME	FC	GRANTEES AND	
			APPLICANTS	11 000
ALBUQUERQUE, NM 87194			APPLICANTS	11,000.
PROSTATE CANCER SUPPORT ASSOCIATION	NONE	PC	OPERATING SUPPORT	
2533 VIRGINIA ST NE STE C				
ALBUQUERQUE, NM 87110				1,000.
READING QUEST	NONE	PC	OPERATING SUPPORT	
991 CAMINO CONSUELO				
SANTA FE, NM 87507-5036				25,000.
,				
DUODE TOLDNE GOUGOL OF DEGLOV	TOTAL		ODEDARING GUDDODE	
RHODE ISLAND SCHOOL OF DESIGN 2 COLLEGE STREET	NONE	PC	OPERATING SUPPORT	
PROVIDENCE, RI 02903				25,000.
TROVIDENCE, NI 02505				23,000.
RIO GRANDE AGRICULTURAL LAND TRUST	NONE	PC	FACILITATING EQUITABLE	
P.O. BOX 40043			CONSERVATION TO	
ALBUQUERQUE, NM 87196			MITIGATE LAND AND	
			WATER LOSS IN THE MRG	50,000.
ROADRUNNER FOOD BANK	NONE	PC	OPERATING SUPPORT	
5840 OFFICE BLVD NE				
ALBUQUERQUE, NM 87109-5819				20,000.
ROCKY MOUNTAIN PLANNED PARENTHOOD	NONE	PC	PROGRAM SUPPORT TO	
7155 E 38TH AVE			IMPLEMENT LONG ACTING	
DENVER, CO 80207-1630			REVERSIBLE	
			CONTRACEPTIVES IN NEW	
			MEXICO	25,000.
RURAL COMMUNITY ASSISTANCE	NONE	PC	POLICY ANALYSIS AND	
PARTNERSHIP			ADVOCACY FOR REGIONAL	
1725 I ST. NW SUITE 225			WATER SUSTAINABILITY	
WASHINGTON, DC 20006		<u> </u>		75,000.
Total from continuation sheets				

Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)	_		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
SANTA FE COMMUNITY COLLEGE FOUNDATION 6401 RICHARDS AVE #111 SANTA FE, NM 87508-4887	or substantial contributor	recipient PC	SFCC EARLY CHILDHOOD CENTER TO SUSTAIN AND EXPAND THE FIRST BORN	
			HOME VISITING PROGRAM	75,000.
SANTA FE COMMUNITY FOUNDATION 501 HALONA ST	NONE	₽C	FUND FOR PURSUING FEDERAL FUNDING	
SANTA FE, NM 87505-0301			OPPORTUNITIES	100,000.
SANTA FE COMMUNITY FOUNDATION 501 HALONA ST SANTA FE, NM 87505-0301	NONE	PC	SUPPORTING JOURNALISM ON GOOD GOVERNMENT	52,500.
SANTA FE COMMUNITY FOUNDATION 501 HALONA ST SANTA FE, NM 87505-0301	NONE	PC	BUILDING FOUNDATION AND STRATEGIC SOLUTIONS ADDRESSING HOMELESSNESS IN SANTA	
			FE	125,000.
SANTA FE COMMUNITY FOUNDATION 501 HALONA ST	NONE	PC	SANTA FE DATA PLATFORM	
SANTA FE, NM 87505-0301				60,000.
SANTA FE PICKLEBALL CLUB P.O. BOX 408 TESUQUE, NM 87574	NONE	PC	OPERATING SUPPORT	5,000.
SANTA FE PREPARATORY SCHOOL 1101 CAMINO DE LA CRUZ BLANCA	NONE	PC	OPERATING SUPPORT	
SANTA FE, NM 87505-0391				50,000.
SAVE THE CHILDREN/UKRAINE P.O. BOX 97132	NONE	PC	OPERATING SUPPORT	
WASHINGTON, DC 20090-7132				5,000.
SCHOOL YEAR ABROAD 120 WATER ST STE 310 NORTH ANDOVER, MA 01845-2650	NONE	PC	OPERATING SUPPORT	5,000.
				.,
SHATTUCK - ST. MARY'S SCHOOL PO BOX 218 FARIBAULT, MN 55021-0218 Total from continuation sheets	NONE	PC	OPERATING SUPPORT	25,000.

3 Grants and Contributions Paid During the Y	ear (Continuation)		_	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SOLACE CRISIS TREATMENT CENTER	NONE	PC	OPERATING SUPPORT	
5601 VALENTINE WAY				
SANTA FE, NM 87507-7301				10,000
ST. ELIZABETH'S SHELTER	NONE	PC	OPERATING SUPPORT	
304 ALARID				
SANTA FE, NM 87505-3040				10,000
ST. ELIZABETH'S SHELTER	NONE	PC	OPERATING SUPPORT	
804 ALARID	NONE		OFERATING BUFFORT	
SANTA FE, NM 87505-3040				20,000
ST. JOHN'S COLLEGE	NONE	PC	OPERATING SUPPORT	
1101 CAMINO DE LA CRUZ BLANCA				
SANTA FE, NM 87505-4584				20,000.
FEACH PLUS	NONE	PC	TRAIN AND SUPPORT	
ONE BEACON ST 15FI			EXCEPTIONAL TEACHERS	
BOSTON, MA 02108			TO LEAD STATEWIDE	
,			ADVOCACY	75,000.
THE INTERFAITH COMMUNITY SHELTER	NONE	PC	WOMEN'S SUMMER SAFE	
PO BOX 22653	NONE	PC	HAVEN PROGRAM	
SANTA FE, NM 87502-2653			IAVEN PROGRAM	20,000.
THE NATURE CONSERVANCY OF NEW MEXICO	NONE	PC	JICARILLA APACHE	
1613 PASEO DE PERALTA SUITE 200			NATION WATER SHARING	
SANTA FE, NM 87501			PROJECT, TRANSACTION	
			LEGAL SUPPORT	25,000.
THE QUIVIRA COALITION	NONE	PC	QUIVIRA COALITION CORE	
1413 2ND ST, STE 1			PROGRAM SUPPORT	
SANTA FE, NM 87505-3435				60,000.
THEODORE ROOSEVELT CONSERVATION	NONE	PC	INCREASING THE PACE	
PARTNERSHIP			AND SCALE OF	
549 14TH ST. NW SUITE 500			HEADWATERS RESTORATION	
WASHINGTON, DC 20045			IN NM TO ENHANCE WATER RESILIENCE	135,000.
				133,000.
THINK NEW MEXICO	NONE	PC	OPERATING SUPPORT	
1227 PASEO DE PERALTA SANTA FE NM 87501-2758				15 000
SANTA FE, NM 87501-2758  Total from continuation sheets		1		15,000.

3 Grants and Contributions Paid During the Y		1		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
PHINK NEW MEXICO	NONE	PC	OPERATING SUPPORT	
1227 PASEO DE PERALTA				
SANTA FE, NM 87501-2758				10,000
TULANE UNIVERSITY	NONE	PC	OPERATING SUPPORT	
PO BOX 61075	110112		or married borrows	
NEW ORLEANS, LA 70161-9986				25,000
,				<b>,</b>
UNIVERSITY OF COLORADO FOUNDATION	NONE	PC	STRENGTHENING NEW	
1800 GRANT ST			MEXICO WATER	
DENVER, CO 80203			JOURNALISM	25,000
UNIVERSITY OF NEW MEXICO (NMPBS)	NONE	PC	STATE GOVERNMENT	
700 LOMAS BLVD STE 108			JOURNALISM PARTNERSHIP	
ALBUQUERQUE, NM 87102				60,000
UNIVERSITY OF NEW MEXICO FOUNDATION	NONE	PC	HARNAR AWARD	
700 LOMAS BLVD STE 108	NONE		HARWAR AWARD	
ALBUQUERQUE, NM 87102				60,000
,				,
UNIVERSITY OF NEW MEXICO	NONE	PC	NEW MEXICO WATER TASK	
1700 LOMAS NE SUITE 2100			FORCE SUPPORT AND	01 220
ALBUQUERQUE, NM 87131-0001			BEYOND	81,239
UNIVERSITY OF NEW MEXICO	NONE	PC	COMMUNITY BASED WATER	
700 LOMAS BLVD STE 108			SHARING AGREEMENTS IN	
ALBUQUERQUE, NM 87102			NM PILOT LISTENING	
			SESSION	60,000
NATER FOUNDATION	NONE	PC	WATER TABLE FUNDER	
P.O. BOX 3590	[		COLLABORATIVE	
LAS CRUCES, NM 88003				50,000
•				,
VESTERN LANDOWNERS ALLIANCE	NONE	PC	NEW MEXICO LAND	
P.O. BOX 6278			STEWARTSHIP INITIATIVE	220 000
SANTA FE, NM 87502-6278				220,000
WESTERN RESOURCE ADVOCATES	NONE	PC	IMPROVING WATER	
109 E PALACE AVE			GOVERNANCE AND RIVER	
SANTA FE, NM 87501			PROTECTION IN NEW	
	1		MEXICO	75,000

Part XIV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient WILLIAMS COLLEGE NONE PC OPERATING SUPPORT 75 PARK STREET WILLIAMSTOWN, MA 01267-2141 25,000. NONE OPERATING SUPPORT YOUTH SHELTER AND FAMILY SERVICES PC PO BOX 28279 SANTA FE, NM 87592-8279 20,000. YOUTH WORKS! NONE PC OPERATING SUPPORT 1505 LLANO ST SANTA FE, NM 87505 10,000. Total from continuation sheets

## Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2022** 

Schedule B (Form 990) (2022)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

T	HORNBURG FOUNDATION	85-0457010
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota ny one contributor. Complete Parts I and II. See instructions for determining a contribut	
Special Rules		
sections 509(a)(1 contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, no the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on IZ, line 1. Complete Parts I and II.	and that received from any one
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts (b) instead of the contributor name and address), II, and III.	, scientific,
year, contribution is checked, enter purpose. Don't c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled refer the total contributions that were received during the year for an exclusively religion omplete any of the parts unless the <b>General Rule</b> applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box ious, charitable, etc., e it received <i>nonexclusively</i>
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Ene 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-ing requirements of Schedule B (Form 990).	

### THORNBURG FOUNDATION

85-0457010

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARRETT THORNBURG  2300 N. RIDGETOP RD  SANTA FE, NM 87506	\$ 10,000,000.	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
		\$	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.)

Name of organization Employer identification number

### THORNBURG FOUNDATION

85-0457010

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	

Employer identification number Name of organization

# THORNBURG FOUNDATION 85-0457010 Part III 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.) 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# Department of the Treasury Internal Revenue Service

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

FORM 990-PF

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

OMB No. 1545-0123 2022

Employer identification number 85-0457010 THORNBURG FOUNDATION

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.

F	Part I Required Annual Payment							
								40.054
1	Total tax (see instructions)						1	48,271.
٠,	Dercopal holding company tay (Schodula DH /Form 1190) line	n 26\	included on line 1	ا مو ا				
	<ul> <li>a Personal holding company tax (Schedule PH (Form 1120), line</li> <li>b Look-back interest included on line 1 under section 460(b)(2)</li> </ul>	,		2a				
٠	contracts or section 167(g) for depreciation under the income			2b				
	contracts of social for (g) for appropriation and in moonie	10100						
(	c Credit for federal tax paid on fuels (see instructions)			2c				
	d Total. Add lines 2a through 2c					2	2d	
	Subtract line 2d from line 1. If the result is less than \$500, do							
	does not owe the penalty					<u>:</u>	3	48,271.
4	Enter the tax shown on the corporation's 2021 income tax retu	ırn. S	Gee instructions. Caution	: If the tax is zero				
	or the tax year was for less than 12 months, skip this line and	entei	the amount from line 3 o	on line 5		<u> </u>	4	203,975.
5	Required annual payment. Enter the smaller of line 3 or line			• •			_	10 271
	enter the amount from line 3  Part II   Reasons for Filing - Check the boxes belo				rotion		5	48,271.
•	even if it does not owe a penalty. See instructions.	W LIIC	it apply. If ally boxes are	checked, the corpt	панон	must the Forth 2220		
6	The corporation is using the adjusted seasonal installn	mant	method					
7	X The corporation is using the adjusted seasonal installing X							
8	X The corporation is a "large corporation" figuring its firs			n the nrior year's t	ax			
Ť	Part III Figuring the Underpayment	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	unda motamment bacoa c	ir the prior your or	u/\.			
			(a)	(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the		` '			, ,		. ,
	15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month),							
	6th, 9th, and 12th months of the corporation's tax year	9	05/15/22	06/15/	22	09/15/22	2	12/15/22
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						
11	Estimated tax paid or credited for each period. For							
	column (a) only, enter the amount from line 11 on line 15.					4= 000		45.000
	See instructions	11	5,000.	5,0	00.	15,000	٠.	15,000.
	Complete lines 12 through 18 of one column							
	before going to the next column.			Г 0		10 000	$\overline{}$	25 000
	Enter amount, if any, from line 18 of the preceding column	12		5,0		10,000	١.	25,000.
	Add lines 11 and 12	13		10,0	00.	25,000	٠.	40,000.
	Add amounts on lines 16 and 17 of the preceding column	14	5,000.	10,0	<u> </u>	25,000	$\overline{}$	40,000.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	3,000.	10,0	00.	25,000	٠.	40,000.
10	If the amount on line 15 is zero, subtract line 13 from line	16						
17	14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10,	16					$\dashv$	
17	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17						
18	Overpayment. If line 10 is less than line 15, subtract line 10	"						
. •	from line 15. Then go to line 12 of the next column	18	5,000.	10,0	00.	25,000	).	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2022)

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 4/15/2022 and before 7/1/2022	21					
22	Underpayment on line 17 x Number of days on line 21 x 4% (0.04) 365	22	\$	\$	\$		\$
23	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23					
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$		\$
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25					
26	Underpayment on line 17 x Number of days on line 25 x 6% (0.06)	26	\$	\$	\$		\$
27	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27					
28	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$		\$
29	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29					
30	Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$		\$
31	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$
33	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$
35	Number of days on line 20 after 12/31/2023 and before 3/16/2024	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	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal h	ere and on Form 1120, lin	e 34; or the comparable		38	\$ 0.

Form **2220** (2022)

Page 2

<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 2220 (2022) Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

#### **Adjusted Seasonal Installment Method**

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

See instructions.		(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
<b>a</b> Tax year beginning in 2019	1a	THOSE O MICHIGIO	THOUGH HIGHER	THOCO MONUNO	THOUTHOUTH
<b>b</b> Tax year beginning in 2020	1b				
b rax your boginning in 2020	"				
c Tax year beginning in 2021	1c				
2 Enter taxable income for each period for the tax year beginning in					
2022. See the instructions for the treatment of extraordinary items	2				
			51	51	F
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2019	3a				
<b>b</b> Tax year beginning in 2020	3b				
c Tax year beginning in 2021	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
,,					
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
<b>b</b> Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 Figure the tax on the amt on In 9c using the instr for Form					
1120, Sch J, line 2, or comparable line of corp's return	10				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b					
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c					
by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10					
by columns (a) through (c) of line 13. In column (d), enter					
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
<b>16</b> Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

Form 2220 (2022) FORM 990-PF

#### **Annualized Income Installment Method** Part II (a) (b) (c) (d) 2 3 6 First First First First 20 Annualization periods (see instructions) 20 months months months months 21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items 21 6.000000 4.000000 2.000000 1.333330 22 **22** Annualization amounts (see instructions) 23a Annualized taxable income. Multiply line 21 by line 22 23a **b** Extraordinary items (see instructions) 23b 23c c Add lines 23a and 23b 24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return 24 25 Enter any alternative minimum tax (trusts only) for each payment period (see instructions) 25 26 Enter any other taxes for each payment period. See instr. 26 27 Total tax. Add lines 24 through 26 27 28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions 28 29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-29 30 Applicable percentage 30 25% 50% 75% 100% 31 Multiply line 29 by line 30 31 Part III Required Installments Note: Complete lines 32 through 38 of one column 2nd 3rd 4th 1st installment installment installment before completing the next column. installment 32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31 0. 0 32 33 Add the amounts in all preceding columns of line 38. See instructions 33 34 Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-34 **35** Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the 12,068. instructions for line 10 for the amounts to enter ...... 12,068. 12,067. 12,068. 35 **36** Subtract line 38 of the preceding column from line 37 of 24,136. 36,203. 12,068. the preceding column 36 12,068. 24,136. 36,203. 48,271. **37** Add lines 35 and 36 37 38 Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. 0. 0 0. See instructions 38

Form **2220** (2022)

Page 4

\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

NUSENDA CREDIT UNION 1,005. 1,005.  TOTAL TO PART I, LINE 3 1,005. 1,005.  FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATES  CAPITAL (A) (B) GROSS GAINS REVENUE NET INVEST- AND INTEREST FROM SECURITIES STATES	MENT 1
TOTAL TO PART I, LINE 3  1,005.  1,005.  1,005.  FORM 990-PF  DIVIDENDS AND INTEREST FROM SECURITIES  STATES  CAPITAL GROSS AMOUNT  CHARLES SCHWAB  CHARLES SCHWAB  THE GLEMEDE TRUST COMPANY  THORNBURG BETTER WORLD FUND  THORNBURG DEVELOPING WORLD THORNBURG DEVELOPING WORLD THORNBURG GLOBAL OPPORTUNITIES FUND CPORTUNITIES FUND CPORTUNITIES FUND CPORTUNITIES FUND CPORTUNITIES FUND CPORTUNITIES FUND CAPITAL (A) (B) REVENUE NET INVEST- AI PER BOOKS MENT INCOME NET ADVANCE  NET CAPITAL (A) (B) REVENUE NET INVEST- AI PER BOOKS MENT INCOME NET CAPITAL O. 1,353.  1,353.  1,353.  1,353.  THORNBURG CPORTUNITIES FUND CPORTUNITIES	C) JSTED INCOME
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THE GLEMEDE TRUST  COMPANY 1,353. 0. 1,353. 1,353.  THORNBURG BETTER  WORLD FUND 56,491. 0. 56,491. 56,491.  THORNBURG  DEVELOPING WORLD 87,886. 0. 87,886. 87,886.  THORNBURG GLOBAL  OPPORTUNITIES FUND 281,395. 171,346. 110,049. 110,049.  THORNBURG INCOME  BUILDER FUND 408,014. 0. 408,014. 408,014.  THORNBURG	(C) JUSTED INCOME
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OPPORTUNITIES FUND 281,395. 171,346. 110,049. 110,049. THORNBURG INCOME BUILDER FUND 408,014. 0. 408,014. 408,014. THORNBURG	
BUILDER FUND 408,014. 0. 408,014. 408,014. THORNBURG	
INTERNATIONAL	
EQUITY FUND 131,382. 0. 131,382. 131,382. THORNBURG	
INTERNATIONAL GROWTH FUND 40,812. 0. 40,812. 40,812. THORNBURG LTD	
INCOME 141,051. 0. 141,051. 141,051.	
THORNBURG LTD TERM US GOVT 590,760. 0. 590,760. 590,760. THORNBURG	
SMALL/MID CAP CORE FUND 31,414. 0. 31,414. 31,414. THORNBURG	
STRATEGIC INCOME FUND 251,056. 0. 251,056. 251,056. THORNBURG SUMMIT	
FUND 172,783. 0. 172,783. 172,783.	
TO PART I, LINE 4 2,853,539. 578,622. 2,274,917. 2,274,917.	

FORM 990-PF	OTHER	INCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
ACREW CAPITAL FUND II LP	_	0.	-25,675.	
ECLIPSE EARLY GROWTH FUND I	LP		-20,476.	
FTV VI LP		0.	-	
GLENMEDE PRIVATE INVEST FD I			760,155.	
GLENMEDE PRIVATE INVEST FD V			316,694.	
GLENMEDE PRIVATE INVEST FD X			207,822.	
K5 PRIVATE INVESTORS	T D		-59,190.	
KAINOS CAPITAL PARTNERS III : LINDEN CAPITAL PARTNERS V-A :			-35,253. -24,617.	
LINDEN CO-INVESTMENT V-A LP	ПЕ		-24,017.	
RCAF VI AIV II, LP		0.	•	
RIVERSIDE CAP APPREC FUND VI		0.		
RIVERSIDE MICRO-CAP FUND V		0.		
RMCF V AIV I		0.	•	
SERIES KPS SPEC SIT FUNDS V		0.	690.	
SL CAPITAL SOF I LP		0.	8,516.	
TCII THRIVEWORKS FEEDER LP		0.		
THOMA BRAVO GROWTH FUND A LP		0.	-	
TRANSFORMATION CAPITAL FUND	II LP	0.	-	
LEAD EDGE CAPITAL VI			-20,079.	
1315 CAPITAL			-13,065.	
FTV VII LP		0.		
TRANSFORMATION CAPITAL FUND	III LP	0.	•	
OTHER INCOME		-7.	0.	
TOTAL TO FORM 990-PF, PART I	, LINE 11	-7.	922,378.	
	_			
FORM 990-PF	LEGA	L FEES		STATEMENT 4
	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-		CHARITABLE
DESCRIPTION	PER BOOKS	MENT INCOME	E NET INCOME	PURPOSES
LEGAL FEES	4,504		).	3,939.
TO FM 990-PF, PG 1, LN 16A	4,504	• 0	).	3,939.
=			<del></del>	<del></del>

FORM 990-PF	ACCOUNTI	NG FEES	S'	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING	22,685.	0.		0.		
TO FORM 990-PF, PG 1, LN 16B	22,685.	0.		0.		
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S'	TATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
CONSULTING FEES	216,739.	0.		207,442.		
TO FORM 990-PF, PG 1, LN 16C	216,739.	0.		207,442.		
FORM 990-PF	TAX	ES	S'	TATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FEDERAL EXCISE TAX ON INVESTMENT INCOME	50,000.	0.		0.		
TO FORM 990-PF, PG 1, LN 18	50,000.	0.		0.		

FORM 990-PF	OTHER E	XPENSES	STATEMENT 8			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INSURANCE DUES & SUBSCRIPTIONS INVESTMENT CUSTODY&MGMT FEE COMPUTER/SOFTWARE EXPENSES OTHER EXPENSES TRAINING OFFICE EXPENSES BANK FEES	7,452. 30,541. 86,383. 11,083. 3,018. 0. 4,576. 945.	0. 86,383. 0. 0. 0.		1,020. 21,419. 0. 6,250. 1,903. 0. 353.		
TO FORM 990-PF, PG 1, LN 23	143,998.	86,383.		30,961.		

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 9
10141 330 11	0111011 1111001110110	> >

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ACREW CAPITAL FUND II	COST	512,461.	488,590.
BROADSTONE NET LEASE	COST	2,092,406.	1,706,913.
FTV VI LP	COST	1,410,000.	2,449,337.
GLENMEDE PRIVATE INVESTMENT FD IX	COST	4,411,344.	7,314,097.
GLENMEDE PRIVATE INVESTMENT FD VIII	COST	4,139,779.	6,388,216.
GLENMEDE PRIVATE INVESTMENT FD X	COST	3,504,736.	7,047,917.
K5 PRIVATE INVESTORS LP	COST	954,348.	1,021,359.
KPS SPECIAL SITUTATIONS FUND V	COST	1,073,381.	1,632,013.
RIVERSIDE CAPITAL APPRECIATION VI	COST	0.	284,866.
RIVERSIDE MICRO-CAP V	COST	1,289,793.	1,903,897.
SCHWAB FIXED INCOME FUND	COST	351,754.	646,793.
THIRD POINT OFFSHORE FUND	COST	2,000,000.	1,886,850.
THIRD POINT STRUCTURED CREDIT OPPS	COST	2,000,000	1,000,000
OFFSHOR FUND LP	CODI	2,000,000.	2,303,374.
THOMA BRAVO GROWTH FUND A	COST	740,858.	596,125.
THORNBURG BETTER WORLD INT'L	COST	5,427,770.	6,495,922.
THORNBURG DEVELOPING WORLD FUND	COST	4,140,301.	4,683,522.
THORNBURG GLOBAL OPPORTUNITIES FUND	COST	5,184,190.	6,926,960.
THORNBURG INCOME BUILDER FUND	COST	6,146,633.	6,855,486.
THORNBURG INTERNATIONAL EQUITY FUND	COST	7,123,204.	5,914,679.
THORNBURG INTERNATIONAL EQUITY FUND	COST	4,476,264.	4,837,391.
THORNBURG LTD TERM INCOME FUND	COST	6,300,000.	5,594,751.
THORNBURG LTD TERM INCOME FUND THORNBURG LTD TERM US GOVT FUND			
	COST	31,571,348.	27,981,097.
THORNBURG SMALL / MID CAP GROWTH	COST	6 135 136	1 162 070
FUND	GO GE	6,135,126.	4,163,878.
THORNBURG SMALL CAP CORE FUND	COST	6,710,917.	6,102,574.
THORNBURG STRATEGIC INCOME FUND	COST	7,021,102.	6,441,559.
THORNBURG SUMMIT FUND	COST	6,409,532.	6,630,659.
TRANSFORMATION CAPITAL II LP	COST	878,184.	1,234,853.
TRANSFORMATION CAPITAL III LP	COST	92,119.	74,569.
SL CAPITAL SOF I LP	COST	0.	299,459.
LINDEN CAPITAL PARTNERS V-A-LP	COST	240,033.	232,492.
LINDEN CO-INVESTMENT V-A-LP	COST	111,317.	122,932.
LEAD EDGE CAPITAL VI LP	COST	100,153.	86,960.
FTV VII LP	COST	570,000.	555,971.
KAINOS CAPITAL PARNTERS III LP	COST	304,118.	260,585.
ACREW CAPITAL FUND II BLOCKER AV	COST	9,999.	7,578.
ECLIPSE EARLY GROWTH FUND	COST	305,500.	284,679.
BRIDGEWAY BLUECHIP	COST	3,381,639.	2,020,317.
VULCAN VALUE	COST	3,118,080.	2,110,601.
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	130,238,389.	135,589,821.

THORNBURG FOUNDATION 85-0457010

FORM 990-PF DEPRECIATION OF ASSI	ETS NOT HELD FOR	INVESTMENT	STATEMENT 10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT COMPUTER EQUIPMENT	12,983. 2,422. 2,525. 7,975. 4,308.	9,089. 888. 800. 1,528. 862.	3,894. 1,534. 1,725. 6,447. 3,446.
TOTAL TO FM 990-PF, PART II, LN 1	30,213.	13,167.	17,046.
FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEPOSITS/PREPAID EXPENSES	7,250.	1,000.	1,000.
TO FORM 990-PF, PART II, LINE 15	7,250.	1,000.	1,000.
FORM 990-PF OTI	HER LIABILITIES		STATEMENT 12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
EMPLOYEE FSA WITHHOLDING PAYROLL TAXES PAYABLE 401K PLAN PAYABLE CREDIT CARD PAYABLE		243. 0. 0. 0.	841. 9,234. 10. 912.
TOTAL TO FORM 990-PF, PART II, LII	NE 22	243.	10,997

FORM 990-PF	PART VII - LIST TRUSTEES AND		STATEMENT 13			
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
GARRETT THORNBURG 2300 N RIDGETOP R SANTA FE, NM 8750		PRESIDENT 3.00	0.	0.	0.	
LLOYD THORNBURG 2300 N RIDGETOP R SANTA FE, NM 8750		DIRECTOR 1.00	0.	0.	0.	
ELLIOT THORNBURG 2300 N RIDGETOP R SANTA FE, NM 8750		DIRECTOR 1.00	0.	0.	0.	
ALON KASHA 2300 N RIDGETOP R SANTA FE, NM 8750		DIRECTOR 1.00	0.	0.	0.	
ALLAN OLIVER 2300 N RIDGETOP R SANTA FE, NM 8750		EXECUTIVE DIRE		14,692.	0.	
FRED NATHAN 2300 N RIDGETOP R SANTA FE, NM 8750		DIRECTOR/SECRE 1.00	TARY	0.	0.	
BRIAN BOYD 2300 N RIDGETOP R SANTA FE, NM 8750		DIRECTOR 1.00	0.	0.	0.	
BLAIR NAYLOR 2300 N RIDGETOP R SANTA FE, NM 8750		DIRECTOR/VICE 1.00	PRESIDENT 0.	0.	0.	

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

0.

236,250. 14,692.

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
9	COMPUTER EQUIPMENT	06/25/19	SL	5.00	1	16	12,983.				12,983.	6,492.		2,597.	9,089.
15	COMPUTER EQUIPMENT	03/10/21	SL	5.00	1	16	2,422.				2,422.	404.		484.	888.
16	COMPUTER EQUIPMENT	06/09/21	SL	5.00	1	16	2,525.				2,525.	295.		505.	800.
17	COMPUTER EQUIPMENT	01/01/22	SL	5.00	1	16	7,975.				7,975.			1,528.	1,528.
18	COMPUTER EQUIPMENT	01/01/22	SL	5.00	1	16	4,308.				4,308.			862.	862.
	* TOTAL 990-PF PG 1 DEPR						30,213.				30,213.	7,191.		5,976.	13,167.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						17,930.			0.	17,930.	7,191.			10,777.
	ACQUISITIONS						12,283.			0.	12,283.	0.			2,390.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						30,213.			0.	30,213.	7,191.			13,167.
	ENDING ACCUM DEPR											13,167.			
	ENDING BOOK VALUE											17,046.			

### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2023**

Name THORNBURG FOUNDATION	Employer Identification Number 85-0457010
Based on the information provided with this return, the following are possible carryover amounts to next year.	
SECTION 1231 LOSS - K-1 GLENMEDE PRIVATE INVESTMENT FU	ND VII 11,108.
SECTION 1231 LOSS - K-1 GLENMEDE PRIVATE INVESTMENT FU	ND IX 2,628.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 GLENMEDE PR	IVATE 112,335.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 SL CAPITAL	SOF I 410.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 GLENMEDE PR	IVATE 20,655.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 GLENMEDE PR	IVATE 108,984.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 RMCF V AIV	64,818.
FEDERAL POST-2017 NET OPERATING LOSS - K-1 1315 CAPITA	L III 12,862.

Name: THORNBURG FOUNDATION	FEIN:	85-0457010

		nd Entity: K-1	GLENMEDE PRIV	ATE I POST-201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	EDULE				
`	/ear Origi- ated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/22	Amount Used for							
	2020	59,628. 56,027.	3,320.	3,320.								
B C	2021	56,027.										
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Name: THORNBURG FOUNDATION	FEIN:	85-0457010
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	and Entity: K-1 382 Annual Limitation	GLENMEDE PRIV	ATE I POST - 201 Section 382 Carryover		DETAIL CARRYOVER SCHEDULE						
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2021	21,288.	633.	633.								
2021											
	LE L Amount	Amazınt	A may unt	Amount	Amarint	Amount	Amount	Amount	Amount	Amount	Amount
Detail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Detail Type	B										
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Name: THORNBURG FOUNDATION	FEIN:	85-0457010
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	and Entity: K-1 382 Annual Limitation	GLENMEDE PRI	VATE I POST – 203 Section 382 Carryover	17 NO	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/22	Amount Used for							
	49,890. 6,005										
2018 2020 2020 2022 2022	13,691.										
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	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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Name: THORNBURG FOUNDATION	FEIN:	85-0457010
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		and Entity: PRE	-2018 NOL FED	Section 382 Carryover		DETAIL CA	ARRYOVER SCHI	EDULE					
, (	Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/20	Amount Used for 12/31/21	Amount Used for 12/31/14	Amount Used for 12/31/22	Amount Used for					
A B	2015 2016 2017	4,801. 95,965. 40,796.	4,801. 95,965. 40,796.	743.	3,833. 88,553.	225.	7,412. 40,796.						
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Name: THORNBURG FOUNDATION	FEIN:	85-0457010
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	and Entity: K-1	SL CAPITAL S	OF I POST-2017 Section 382 Carryover	NOL	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for 12/31/22	Amount Used for							
A 2022 B C	410.										
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V											
W	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type		Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
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K L M											
N O											
P Q											
R S											
T U											
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Name: THORNBURG FOUNDATION	FEIN:	85-0457010
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Type and Entity: K-1 RMCF V AIV I POST-2017 NOL FED Section 382 Annual Limitation Section 382 Carryover					DETAIL CARRYOVER SCHEDULE							
Year Origi- nated	Original Carryover Amount 64,818.	Total Amount Used	Amount Used for 12/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
2022	,											
Detail Type	E Amount S Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	

Name:	THORNBURG FOUNDATION	FEIN:	85-0457010
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	and Entity: K-1 382 Annual Limitation	1315 CAPITAL	III P POST-201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for 12/31/22	Amount Used for							
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### Form 8879-TF

## IRS e-file Signature Authorization

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For calendar year 2022, or fiscal year beginning , 2022, and ending

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN THORNBURG FOUNDATION 85-0457010 GARRETT THORNBURG Name and title of officer or person subject to tax PRESIDENT/CHAIRMAN Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here ..... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a Form 4720 check here ..... 7a b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize MCGEE, HEARNE & PAIZ, LLP 53240 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 83092225425 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MCGEE, HEARNE & PAIZ, LLP 11/12/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

#### 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 THORNBURG FOUNDATION 85-0457010 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2300 N RIDGETOP RD. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SANTA FE, NM 87506 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) ALLAN OLIVER The books are in the care of ► 2300 N RIDGETOP RD. - SANTA FE, NM 87506 Telephone No.  $\triangleright 505-467-7919$ 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 box 🕨 🔲 . 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. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: 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

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

Form 8868 (Rev. 1-2022)

instructions

EXTENDED TO NOVEMBER 15, 2023 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization ( Check box if name changed and see instructions.) address changed. THORNBURG FOUNDATION 85-0457010 **B** Exempt under section Print Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 2300 N RIDGETOP RD. 408A ]530(a) City or town, state or province, country, and ZIP or foreign postal code ]529(a) [ SANTA FE, NM 87506 529A Check box if 141. 633,669. C Book value of all assets at end of year an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university Check organization type Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. ALLAN OLIVER 505-467-7919 The books are in care of Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 49,196. instructions) 2 Reserved 2 49,196. 3 3 Add lines 1 and 2 0. 4 Charitable contributions (see instructions for limitation rules) 4 49,196. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 STATEMENT 14 6 48,208. Deduction for net operating loss. See instructions 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 988. 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 1,000. 10 Total deductions. Add lines 8 and 9 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 enter zero 11 **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or Part I, line 11 from: 2 Proxy tax. See instructions 3 3

Alternative minimum tax (trusts only)

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Other tax amounts. See instructions

4

5

6

4

5

6

Part Part	Ш	Tax and Payments							
1a	Fore	ign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a						
b	Othe	er credits (see instructions)	. 1b						
С	Gene	eral business credit. Attach Form 3800 (see instructions)							
d		lit for prior year minimum tax (attach Form 8801 or 8827)							
е	Tota	Il credits. Add lines 1a through 1d				1e			
2		tract line 1e from Part II, line 7				2			0.
3	Othe	er amounts due. Check if from: Form 4255 Form 8611 Form	n 8697	For	n 8866				
		Other (attach statement)				3			
4	Tota	Itax. Add lines 2 and 3 (see instructions).							
		ion 1294. Enter tax amount here	•			4			0.
5	Curr	ent net 965 tax liability paid from Form 965-A, Part II, column (k)				5			0.
6a	Payr	ments: A 2021 overpayment credited to 2022	6a						
b		2 estimated tax payments. Check if section 643(g) election applies							
С		deposited with Form 8868							
d	Fore	ign organizations: Tax paid or withheld at source (see instructions)							
е		cup withholding (see instructions)							
f		lit for small employer health insurance premiums (attach Form 8941)							
g		er credits, adjustments, and payments: Form 2439							
•		Form 4136 Other Tota	–   al   6g						
7	Tota	Il payments. Add lines 6a through 6g				7			
8	Estin	nated tax penalty (see instructions). Check if Form 2220 is attached				8			
9	Tax	I If Fig. 7 is a small on the artists of Fig. 4. 5. and 0. and a small of the small				9			
10	Ove	rpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over				10			
11		r the amount of line 10 you want: Credited to 2023 estimated tax			Refunded	11			
Part		<b>Statements Regarding Certain Activities and Other Informat</b>	tion (se						
1	At ar	ny time during the 2022 calendar year, did the organization have an interest in o	r a signat	ture or othe	er authority			Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-		-				
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	-	-					
	here			,	,				Х
2		ng the tax year, did the organization receive a distribution from, or was it the gra	intor of, c	or transfero	r to. a				
		gn trust?							Х
		es," see instructions for other forms the organization may have to file.							
3		r the amount of tax-exempt interest received or accrued during the tax year			\$				
4		r available pre-2018 NOL carryovers here \$ 48,208. Do not				rrvover			
•		vn on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by		• •		•			
5		-2017 NOL carryovers. Enter the Business Activity Code and available post-201	-						
•		amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo		•					
		Business Activity Code			2017 NOL c		-r		
		~~~ ~~~ ~~~ 4.5	\$	maste poor			-		
			\$						
6a	Did t	the averagination above the mostly of accounting O (accounting of	Ť						Х
b		is "Yes," has the organization described the change on Form 990, 990-EZ, 990-							
-		ain in Part V	,		,				
Part		Supplemental Information							
		explanation required by Part IV, line 6b. Also, provide any other additional inform	nation. Se	ee instructi	ons.				
		57.p.m.m.m.m.g.m.m.g. 27							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and			st of my knowled	dge and b	elief, it is true,		
Sign	١	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	arer has any	y knowledge.					
lere		PRESII	DENT/	CHAIR	1	•	3 discuss this r r shown below		rith
	3	Signature of officer Date Title			_		)? <b>X</b> Yes	·	No
		Print/Type preparer's name Preparer's signature	Date	CI		if PTII		-	
اء: دا		1 Toparor o dignaturo	2410		lf- employed	·   ' '"	-		
Paid	ь ш.а	BRENDA J. ELLIOTT	11/12		omployou	P	012083	382	
Prepa		Firm's name MCGEE, HEARNE & PAIZ, LLP	, _2	<u> </u>	irm's EIN		3-0331		9
Jse C	niy	P.O. BOX 1088		<del>-   '</del>	J LIN				
		Firm's address CHEYENNE, WY 82003			hone no. 3	07-	534-21	51	
						<u> </u>			

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6  SCHEDULE A PORTION OF PRE-2018 NOL SCHEDULE A ENTITY  1					
FORM 990-T	I	PRE 2018 NOL SCHEI	DULE	STATEMENT	14
			INE 6		
			SHARE		
	7		0.		
TOTAL SCHE	DULE A SHARE OF PE	RE-2018 NOL		0.	
NET OPERAT	ING DEDUCTION				
				000	
EXPIRING N	ET OPERATING LOSSE	ES		0.	
EXPIRING N	ET OPERATING LOSSE	ES		0.	
EXPIRING N	ET OPERATING LOSSE	ES ING LOSS	LOSS DEDUCTION	0.	<u></u>
EXPIRING N.	ET OPERATING LOSSE	ES ING LOSS L8 NET OPERATING I	LOSS DEDUCTION	0. 0.	 15
EXPIRING N CARRY FORW FORM 990-T	ET OPERATING LOSSE ARD OF NET OPERATI PRE-201	ES ING LOSS L8 NET OPERATING I LOSS PREVIOUSLY	LOSS	0. 0. STATEMENT AVAILABLE	 15
EXPIRING N CARRY FORW FORM 990-T	ET OPERATING LOSSE ARD OF NET OPERATI PRE-201	ES ING LOSS L8 NET OPERATING I LOSS PREVIOUSLY	LOSS	0. 0. STATEMENT	 15 
EXPIRING N	ET OPERATING LOSSE ARD OF NET OPERATI PRE-201  LOSS SUSTAINED	ES ING LOSS  LOSS  PREVIOUSLY APPLIED	LOSS REMAINING	0. 0. STATEMENT AVAILABLE THIS YEAR	15
EXPIRING NO CARRY FORM 990-T  TAX YEAR  12/31/15 12/31/16	PRE-201  LOSS SUSTAINED  4,801. 95,965.	LOSS PREVIOUSLY APPLIED 4,801.	LOSS REMAINING 0. 7,412.	0. 0. STATEMENT  AVAILABLE THIS YEAR  7,41	0.2.
EXPIRING NO CARRY FORM 990-T  TAX YEAR  12/31/15 12/31/16	PRE-201  LOSS SUSTAINED  4,801. 95,965.	LOSS PREVIOUSLY APPLIED 4,801. 88,553.	LOSS REMAINING 0. 7,412.	0. 0. STATEMENT AVAILABLE THIS YEAR	0.2.
EXPIRING N CARRY FORW FORM 990-T TAX YEAR 12/31/15 12/31/16 12/31/17	PRE-201  LOSS SUSTAINED  4,801. 95,965. 40,796.	LOSS PREVIOUSLY APPLIED  4,801. 88,553. 0.	LOSS REMAINING 0. 7,412. 40,796.	0. 0. STATEMENT  AVAILABLE THIS YEAR  7,41	0. 2. 6.
EXPIRING N CARRY FORW FORM 990-T TAX YEAR 12/31/15 12/31/16 12/31/17	PRE-201  LOSS SUSTAINED  4,801. 95,965. 40,796.	LOSS PREVIOUSLY APPLIED  4,801. 88,553. 0.	LOSS REMAINING 0. 7,412. 40,796.	O. O. STATEMENT  AVAILABLE THIS YEAR  7,41 40,79	0. 2. 6.
EXPIRING N CARRY FORM FORM 990-T TAX YEAR 12/31/15 12/31/16 12/31/17 NOL CARRYOV	PRE-201  LOSS SUSTAINED  4,801. 95,965. 40,796.  TER AVAILABLE THIS	LOSS PREVIOUSLY APPLIED  4,801. 88,553. 0.	LOSS REMAINING  0. 7,412. 40,796.  48,208.	O. O. STATEMENT  AVAILABLE THIS YEAR  7,41 40,79	0.2.6.8.
EXPIRING N. CARRY FORM.  FORM 990-T  TAX YEAR  12/31/15 12/31/16 12/31/17  NOL CARRYOV.	PRE-201  LOSS SUSTAINED  4,801. 95,965. 40,796.  TER AVAILABLE THIS	LOSS PREVIOUSLY APPLIED  4,801. 88,553. 0.  YEAR	LOSS REMAINING  0. 7,412. 40,796.  48,208.	O. O. STATEMENT  AVAILABLE THIS YEAR  7,41 40,79 48,20	0. 2. 6.
EXPIRING N CARRY FORM FORM 990-T TAX YEAR 12/31/15 12/31/16 12/31/17 NOL CARRYOV FORM 990T, BUSINE	PRE-201  LOSS SUSTAINED  4,801. 95,965. 40,796.  TER AVAILABLE THIS  PART IV AVAILABLE  SS CODE	LOSS PREVIOUSLY APPLIED  4,801. 88,553. 0.  YEAR	LOSS REMAINING  0. 7,412. 40,796.  48,208.  NOL  AILABLE POST-2017	O. O. STATEMENT  AVAILABLE THIS YEAR  7,41 40,79 48,20	0.2.6.8.
EXPIRING N CARRY FORM FORM 990-T TAX YEAR 12/31/15 12/31/16 12/31/17 NOL CARRYOV	PART IV AVAILABLE THIS  PART IV AVAILABLE 999	LOSS PREVIOUSLY APPLIED  4,801. 88,553. 0.  YEAR	LOSS REMAINING 0. 7,412. 40,796. 48,208.	O. O. STATEMENT  AVAILABLE THIS YEAR  7,41 40,79 48,20	0.2.6.8.

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

<b>A</b> N	ame of the organization THORNBURG FOUNDATION			B Employer 85-04		
<b>C</b> L	nrelated business activity code (see instructions) 90009	9		<b>D</b> Sequence	: 1	of 7
E C	escribe the unrelated trade or business K-1 GLENMEDE	PRI	VATE INVESTME	ENT FUND	VIII	-B
Par			(A) Income	(B) Expense	s	(C) Net
1.0	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
	Cost of goods sold (Part III, line 8)	2				
2	Gross profit. Subtract line 2 from line 1c	3				
3 4а						
<b>т</b> а	1120)). See instructions	4a	0.			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	538.			538.
c	Capital loss deduction for trusts	4c	3301			
5	Income (loss) from a partnership or an S corporation (attach	1				
3	statement) STATEMENT 17	5	44,105.			44,105.
6	Rent income (Part IV)	6	11/1031			
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
•	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
Ū	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	44,643.			44,643.
Par	directly connected with the unrelated business in	come				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					5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		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)		GEE GWYWE		13	2.
14 15	Other deductions (attach statement)				14	2.
15 16			ing 15 from Dort Lling 10		15	
16	Unrelated business income before net operating loss deduction. S				46	11 611
47	column (C)		<u>стм</u> т 10	 1	16	44,641. 3,320.
17 10	Deduction for net operating loss. See instructions	 2	DIMI 13	, 91141 61	18	41,321.
<u>18</u> ⊔∧	Unrelated business taxable income. Subtract line 17 from line 10 For Paperwork Reduction Act Notice, see instructions.	נ				A (Form 990-T) 2022
_HA	i or raperwork neutron Act Notice, see instructions.			3	cricuule	A (1-01111 990-1) 2022

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Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on		Page Z
1		nod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	<b>Total.</b> 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					
1	Description of property (property street address, city, s				_
	A	,,-			
	В				
	С				
	D				
		A	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	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (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	e instructions.	
	A				
	В				
	c				
	D	1			
		Α	В	С	<u> </u>
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		%	%	<u>%</u>
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 Par	t I, line 7, column (A)	·····	0.
_	Allocable deduction Ad III I I I I I	Т		Γ	
9	Allocable deductions. Multiply line 3c by line 6	Landa D. Fotton 1	an Dark I. Brack T. C.	(D)	0.
10	<b>Total allocable deductions.</b> Add line 9, columns A th <b>Total dividends-received deductions</b> included in line				0.
11	Total dividends received deductions included in line	, 10			

Page :

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (se	ee instruct	ions)	r age <b>o</b>
			_			E	xempt Contro	lled Or	ganization	ıs	
	Name of controlled organization		2. Employer identification number			ayments made that		5. Part of column 4 that is included in the controlling organization's gross incom-		6. Deductions directly connected with income in column 5	
<u>(1)</u>											
(2)											
(3)											
(4)											
	. Tavabla lassass				Controlled Or	-		-£ l		- 44	Dadinationa dinadi.
,	7. Taxable Income	in	Net unrelated acome (loss) e instructions)	1	otal of specif syments mad		that is inc controlling gross	luded	in the zation's		Deductions directly connected with one in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and or	n 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 inst	ructions)	ı	
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	ertising	g Income	see ins	structions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									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) 2022

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NOL CARRYOVER AVAILABLE THIS YEAR

FORM 990-T (A)	INCOME	(LOSS) FROM PA	ARTNERSHIPS	STATEMENT 17
DESCRIPTION				NET INCOME OR (LOSS)
GLENMEDE PRIVATE : BUSINESS INCOME (! GLENMEDE PRIVATE : REAL ESTATE INCOM! GLENMEDE PRIVATE : INCOME GLENMEDE PRIVATE : INCOME (LOSS) TOTAL INCLUDED ON	LOS INVESTMENT FUI E INVESTMENT FUI INVESTMENT FUI	ND VIII-B, LLC ND VIII-B, LLC ND VIII-B, LLC	- NET RENTAL - INTEREST	129,299 -910 819 -85,103 44,105
FORM 990-T (A)		OTHER DEDUCT:	IONS	STATEMENT 18
DESCRIPTION				AMOUNT
K-1'S UBIT EXPENS	ES			2
TOTAL TO SCHEDULE	A, PART II,	LINE 14		2
FORM 990-T (A)	PO	ST 2017 NOL SC	HEDULE	STATEMENT 19
PRIOR YEAR POST 2017 NOL	N	OL DEDUCTION		ORWARD OF 017 NOL
115,655.	_	3,320.		112,335.
990-T SCH A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 20
TAX YEAR LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21	59,628. 56,027.	0.	59,628. 56,027.	59,628. 56,027.

115,655.

115,655.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 21
TAXABLE INCOME FROM		53,149.
THIS ENTITIES PERCE	ON OF TAXABLE INCOME  NTAGE OF PRE-2018 NET OPERATING LOSS  ED PRE-2018 NET OPERATING LOSS	44,641. 83.99% 40,491.
TAXABLE INCOME AFTE 80% INCOME LIMITATI	R PRE-2018 NET OPERATING LOSS ON	4,150. 3,320.
POST-2017 AVAILABLE LESSER OF POST-2017	NET OPERATING LOSS OR 80% LIMITATION	115,655. 3,320.

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

Name

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

Employer identification number

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.  Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less  See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.  1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b  1b Totals for all transactions reported on Form(s) 8949 with Box A checked  2 Totals for all transactions reported on Form(s) 8949 with Box B checked  4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  Format II Long-Term Capital Gains and Losses - Assets Held More Than One Year	s) from ine the
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.  1a Totals for all short-term transactions reported on Form (199-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 or Form (3949, leave this line blank and go to line 1b  1b Totals for all transactions reported on Form(3949, leave this line blank and go to line 1b  1c Totals for all transactions reported on Form(3) 8949 with Box A checked  2 Totals for all transactions reported on Form(s) 8949 with Box B checked  3 Totals for all transactions reported on Form(s) 8949 with Box C checked  4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  Prart II Long-Term Capital Gains and Losses - Assets Held More Than One Year	from ine the n (g)
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.  1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b  1b Totals for all transactions reported on Form(s) 8949 with Box A checked  2 Totals for all transactions reported on Form(s) 8949 with Box B checked  3 Totals for all transactions reported on Form(s) 8949 with Box C checked  4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  Proceeds (cost or Cost (or other basis)  1 (or other basis)  1 (or other basis)  1 (or other basis)  2 (or other basis)  2 (or other basis)  3 (or other basis)  4 (part I, line 2, column (g)  4 (part I, line 2, column (g)  5 (olumn (d) and come result with colum result with column to the low microstration of part I, line 2, column (g)  5 unless to glar or coloss from Form 8949, eave this line blank and go to line 1b  5 Unused capital loss carryover (attach computation)  6 (and come form 109-B for which basis was reported on Form 6252, line 26 or 37  5 Net short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	from ine the n (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b  1b Totals for all transactions reported on Form(s) 8949 with Box A checked  2 Totals for all transactions reported on Form(s) 8949 with Box B checked  3 Totals for all transactions reported on Form(s) 8949 with Box C checked  4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	
Form(s) 8949 with Box A checked	<u>-2.</u>
2 Totals for all transactions reported on Form(s) 8949 with Box B checked  3 Totals for all transactions reported on Form(s) 8949 with Box C checked  4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	<u>-2.</u>
Form(s) 8949 with Box B checked  3 Totals for all transactions reported on Form(s) 8949 with Box C checked  4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	<u>-2.</u>
3 Totals for all transactions reported on Form(s) 8949 with Box C checked  4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824  6 Unused capital loss carryover (attach computation)  7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	-2.
Form(s) 8949 with Box C checked	-2.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 ( 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	<u>-2.</u>
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	
6 Unused capital loss carryover (attach computation) 6 ( 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	١.
Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year	
	-2.
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)  (or other basis)  (g) Adjustments to gain or (lo Subtract column (or loss from Form(s) 8949, Part II, line 2, column (g) result with column (d) and come result with co	from ine the
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	
8b Totals for all transactions reported on	
Form(s) 8949 with <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	
11 Enter gain from Form 4797, line 7 or 9	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37  12 Long term capital gain or (lose) from like kind auchanges from Form 9884	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  14 Control gain distributions	
14 Capital gain distributions     14       15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h     15	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18	0.
Note: If losses exceed gains, see Capital Losses in the instructions.	

LHA

# Form **8949**Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2022

Attachment

Social security number or taxpayer identification no.

85-0457010

### THORNBURG FOUNDATION

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see *Column (e*) ir Code(s) with column (g) the instructions GLENMEDE PRIVATE INVESTMENT FUND VIII-B, 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 1b (if Box A above is checked), line 2 (if Box B

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

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

## 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

THORNBURG FOUNDATION 85-0457010 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 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 allowable since of property (mo., day, yr.) (mo., day, yr.) price improvements and sum of (d) and (e) acquisition expense of sale GLENMEDE PRIVATE INVESTMENT FUND VIII-B, 538. 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 6 538. 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 34 11,646. 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): Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 538 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 16 538. For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines 18 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

18b

(Form 1040), Part I, line 4

Part III Gain From Disposition of Propert	ty Und	er Sections 124	5, 1250, 1252	2, 12:	o4, and 1255	(see	instructions)
<b>9</b> (a) Description of section 1245, 1250, 1252, 1254, 0	or 1255 j	oroperty:			<b>(b)</b> Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
A							
<u>B</u>							
C							
D			Γ				
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
Gross sales price ( <b>Note:</b> See line 1a before completing.)	20						
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						
Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b						
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'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						
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 instructions	28a						
<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 of	•	A through D through	lina 20h hafara	aoina	to line 20		
Complete property C	Joiumns	A through D through	ilile 29b belore	gonig	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,	27c, 28l	o, and 29b. Enter her	e and on line 13	3		31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	6					32	
Part IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	iess l	Use Drops to	50%	or Less
(see instructions)					(a) Section	ı	(b) Section
					179		280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
				34			
Recapture amount. Subtract line 34 from line 33. Se	ee the in	structions for where	to report	35	1		

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Do not enter

THORNBURG FOUNDATION

Name of the organization

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

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

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

B Employer identification number

85-0457010

C U	Unrelated business activity code (see instructions) 900099					ce:	2 of	7	
<b>Ē</b> D	escribe the unrelated trade or business $K-1$ SL CAPIT.	AL S	SOF I						
	Part I Unrelated Trade or Business Income			me (B) Ex		es	(C	(C) Net	
1 a	Gross receipts or sales								
	Less returns and allowances c Balance	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form								
	1120)). See instructions	4a		0.					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b							
С	Capital loss deduction for trusts	4c							
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 22	5	_	420.				-420.	
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	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) STMT 23	12		10.				10.	
13	Total. Combine lines 3 through 12	13		410.				-410.	
1	directly connected with the unrelated business in  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			
7	Depreciation (attach Form 4562). See instructions								
8	Less depreciation claimed in Part III and elsewhere on return		a .		8b				
9									
10	= =F::=:::								
11									
12									
13									
14									
15	Total deductions. Add lines 1 through 14					15		0.	
16	Unrelated business income before net operating loss deduction. Su	ubtract	line 15 from Pa	rt I, line 1	3,				
	column (C)					16		-410.	
17	Deduction for net operating loss. See instructions					17		0.	
18	Unrelated business taxable income. Subtract line 17 from line 16	3				18		-410.	
_HA	For Paperwork Reduction Act Notice, see instructions.					Schedu	le A (Form	990-T) 2022	

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uy	_	

	ule A (Form 990-T) 2022				Page 2
Part		hod of inventory valuati	on		T
1	Inventory at beginning of year				
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			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See insti	uctions.	
	Α				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
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	through D. Enter here	and on Part I line 6 o	olumn (A)	0.
Ū	Deductions directly connected with the income	Curreagn B. Enter here	and on raiti, into 0, 0	olariir (i t)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I	ine 6 column (R)		0.
Part '			ine o, column (b)		
1	Description of debt-financed property (street address,	•	neck if a dual-use. See	instructions	
•	A	city, state, Zii Codej. O	ieck ii a duaruse. See	instructions.	
	в —				
	c –				
	D	1	-		
•	Out to the state of the state o	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	<b>Total gross income</b> (add line 7, columns A through D)		t I, line 7. column (A)		0.
•		,cc. and on r ar	, , oolalliii (n)	<u>-</u>	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here and	on Part Lline 7 colu	mn (B)	0.
11	Total dividends-received deductions included in line				0.
		*			<u> </u>

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	S (se	e instruct	tions)		Page 3
	·					E	Exempt Contro	<u> </u>				
	Name of controlled organization		<b>2.</b> Employer identification number			4. Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		mn 4 in the aniza-	e connected with	
(1)												
(2)												
(3)												
(4)				<u> </u>		<u> </u>						
	Tavabla la sans			1	Controlled Or	-		-£ l	0		Dadwatiana di	
,	i				otal of specified ayments made		10. Part of column 9 that is included in the controlling organization's gross income		n the ation's		Deductions di connected wit come in colum	th
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I,	Ente	l columns 6 an er here and on ine 8, column	Part I,
Totals									0.			0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee insti	ructions)			
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		asides tatemer	5. Total de and set- (add cols 3	asides
(1)												
(2)												
(3)												
(4)					A -1-1						A dalah sasas	
					Add amou column 2.						Add amo column 5	
					here and or	n Part I,					here and o	n Part I,
T-4-1-					line 9, colu	` '					line 9, col	` '
Totals Part	VIII Evaluited E	vemnt A	Activity Income	Other T	 [han ∆dye	0.	n Income	ooo ino	tw.otiono\			0.
1	Description of exploite			, Other I	IIIIII Auve	i uəni	g income (	see ins	structions)	) 		
2	Gross unrelated busine	•		ness Ente	r here and o	n Part I	line 10. colum	n (Δ)		2		
3	Expenses directly con					,	•	٠,,				
-			•					,		3		
4	line 10, column (B)  4 Net income (loss) from unrelated trade or business. Subtract line											
	,					•	, ,			4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expens											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2022

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

Part	IX Advertising Income							
1	Name(s) of periodical(s). Check box if reporti	ng two or	more periodicals on a	consolidated basi	S.			
	<b>A</b>	Ü	·					
	В П							
	=							
	<u> </u>							
	D							
Enter a	amounts for each periodical listed above in the	correspo	nding column.					
			Α	В	С	D		
2	Gross advertising income							
	Add columns A through D. Enter here and or	n Part I, lir	e 11, column (A)			0.		
а								
3	Direct advertising costs by periodical							
а	Add columns A through D. Enter here and or	n Part I lir	ie 11. column (B)	•	<u>'</u>	0.		
-	Add Goldmile At through D. Enter here and of		(B)					
4	Advantising asin (loss) Subtract line 2 from I	ina						
4	Advertising gain (loss). Subtract line 3 from I	IIIE						
	2. For any column in line 4 showing a gain,							
	complete lines 5 through 8. For any column							
	line 4 showing a loss or zero, do not comple							
	lines 5 through 7, and enter zero on line 8 $_{\dots}$							
5	Readership costs							
6	Circulation income							
7	Excess readership costs. If line 6 is less than	า						
	line 5, subtract line 6 from line 5. If line 5 is le	ess						
	than line 6, enter zero							
8	Excess readership costs allowed as a							
	deduction. For each column showing a gain	on						
	line 4, enter the lesser of line 4 or line 7							
а	Add line 8, columns A through D. Enter the		he line 8a, columns to	ıtal or zero here an	nd on			
-	Part II, line 13					0.		
Part	X Compensation of Officers, Di	rectors	and Trustees			•		
	X Componication of Cincolo, 21		, and madedoc (	see iristructions)	2 Darsontons	4 Componentian		
	4 Nove		0. 774		3. Percentage	4. Compensation		
	1. Name		2. Title		of time devoted	attributable to		
					to business	unrelated business		
<u>(1)</u>					%			
(2)					%			
(3)					%			
(4)					%			
						0.		
Part	XI Supplemental Information (s	ee instruc	tions)					

FORM 990-T (A) INCOM	ME (LOSS) FROM P	ARTNERSHIPS	STATEMENT	22
DESCRIPTION			NET INCOM OR (LOSS	
SL CAPITAL SOF I LP - ORDINAR SL CAPITAL SOF I LP - NET REN SL CAPITAL SOF I LP - INTERES SL CAPITAL SOF I LP - DIVIDEN	ITAL REAL ESTATE ST INCOME			80. 46. 7.
TOTAL INCLUDED ON SCHEDULE A,	PART I, LINE 5		-4	20.
FORM 990-T (A)	OTHER INCOME		STATEMENT	23
DESCRIPTION			AMOUNT	
OTHER INCOME/EXPENSES CANCELLATION OF DEBT - SL CAP	PITAL SOF I LP			4. 6.
TOTAL TO SCHEDULE A, PART I,	LINE 12			10.
FORM 4797 NONRECAP	TURED NET SECTI FROM PRIOR Y	ON 1231 LOSSES EARS	STATEMENT	
TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTUR SECTION 12 LOSSES	
2017 2018 2019 2020 2021	0. 0. 506. 9,043. 2,097.	0. 0. 0. 0.	9,0	06. 43. 97.
TOTAL TO FORM 4797, LINE 8	11,646.		11,6	46.

#### **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

	THORNBURG FOUNDATION	ON			85-	0457010
Dic	the corporation dispose of any investmer	nt(s) in a qualified opportun	ity fund during the tax ve	ear?		Yes X No
	Yes," attach Form 8949 and see its instruc		, ,			
F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
<b>to e</b> This	instructions for how to figure the amounts inter on the lines below. If 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 result with column (g)
	nd off cents to whole dollars.					result with column (g)
1a 	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
	Form(s) 8949 with <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					-42.
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		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	(
	Net short-term capital gain or (loss). Combine	e lines 1a through 6 in column	h		7	-42.
F	Part II Long-Term Capital Gai	ns and Losses - Asse	ets Held More Tha	n One Year		
to e	e instructions for how to figure the amounts inter on the lines below.  In structions for how to figure the amounts inter on the lines below.  In struction to figure the amounts in the lines below.	(d) Proceeds (sales price)	(e) 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 (g)
_	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with <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					604
_	Form(s) 8949 with <b>Box F</b> checked					-604.
					11	574.
	Long-term capital gain from installment sales		7		12	
	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
					14	
	Net long-term capital gain or (loss). Combine		<u>ıh</u>		15	-30.
	Part III Summary of Parts I and					Т
	Enter excess of net short-term capital gain (lin				16	
	Net capital gain. Enter excess of net long-term				17	_
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the app	olicable line on other return	s	18	0.
	Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

# Department of the Treasury

Internal Revenue Service Name(s) shown on return Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Social security number or taxpayer identification no.

85-0457010

### THORNBURG FOUNDATION

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see *Column (e*) ir Code(s) with column (g) the instructions CAPITAL SOF -42. 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 1b (if Box A above is checked), line 2 (if Box B -42.

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

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

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.

#### THORNBURG FOUNDATION

85-0457010 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

C

<u>oroker and may even tell you which i</u>	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 instruction	ons). For short-term tr	ansactions,
see page 1.  Note: You may aggregate a	Il long-term transact	ions reported on F	orm(s) 1099-B show	ing basis was reported	to the IRS	and for which no adi	ustments or
codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; yoù aren't required	d to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one bo	X. If more than one be or more of the boxes	ox applies for your long complete as many forr	term transactions, completerm transactions, complete same box check	ete a separate ked as you ne	Form 8949, page 2, for e	each applicable box.
(D) Long-term transactions re	· -		· · ·				
(E) Long-term transactions rep		,		,		,	
(F) Long-term transactions no				sported to the mo			
<u> </u>				(a)	Adjustmer	nt, if any, to gain or	/h)
(a)  Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	où enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in ). See instructions.	Subtract column (e)
(Example: 100 Sh: X12 Go.)	(1410., day, y1.)	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
		(,,		see Column (e) in	Code(s)	Amount of	combine the result with column (a)
				the instructions	0000(3)	adjustment	with column (g)
SL CAPITAL SOF I							
LP							-604.
							-
				+			
							-
				+			
				1			
				+			
	( ) ( ) ( )	1/11/		+			
2 Totals. Add the amounts in colu							
negative amounts). Enter each to		•					
Schedule D, <b>line 8b</b> (if <b>Box D</b> ab	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if l	Box F above is ch	necked)					-604.
Note: If you checked Box D above b	out the basis repo	orted to the IRS v	was incorrect, ent	ter 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 **2022** 

Attachment Sequence No. 27

Identifying number

THORNBURG FOUNDATION 85-0457010 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 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) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the allowable since of property (mo., day, yr.) (mo., day, yr.) price improvements and sum of (d) and (e) acquisition expense of sale CAPITAL SOF I LP 574 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 6 574. 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 574. 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): 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 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, 12:	o4, and 1255	(see	instructions)
<b>9</b> (a) Description of section 1245, 1250, 1252, 1254, 0	or 1255 j	oroperty:			<b>(b)</b> Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
A							
<u>B</u>							
C							
D			Γ				
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
Gross sales price ( <b>Note:</b> See line 1a before completing.)	20						
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						
Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b						
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						
d 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'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						
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 instructions	28a						
<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 of	•	A through D through	lina 20h hafara	aoina	to line 20		
Complete property C	Joiumns	A through D through	iiile 29b belore	gonig	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,	27c, 28l	o, and 29b. Enter her	e and on line 13	3		31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	6					32	
Part IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	iess l	Use Drops to	50%	or Less
(see instructions)					(a) Section	ı	(b) Section
					179		280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
				34			
Recapture amount. Subtract line 34 from line 33. Se	ee the in	structions for where	to report	35	1		

## SCHEDULE A (Form 990-T)

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

0000

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THORNBURG 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).

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

B Employer identification number

85-0457010

Unrelated business activity code (see instructions) 9000	099		<b>D</b> Sequence:	3	of 7
■ Describe the unrelated trade or business K-1 GLENMEI	DE PRI	VATE INVESTM	ENT FUND	IX	
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sales					
<b>b</b> Less returns and allowances <b>c</b> Balance	1c				
2 Cost of goods sold (Part III, line 8)	2				
3 Gross profit. Subtract line 2 from line 1c	3				
4a Capital gain net income (attach Schedule D (Form 1041 or Form	ı				
1120)). See instructions	4a				
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	s) 4b	-2,628.			-2,628.
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (attach		11 205			44 205
statement) STATEMENT 24		11,385.			11,385.
6 Rent income (Part IV)					
7 Unrelated debt-financed income (Part V)	7				
8 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)					
Exploited exempt activity income (Part VIII)					
I1 Advertising income (Part IX)				_	
Other income (see instructions; attach statement)					
3 Total. Combine lines 3 through 12	13	8,757.			8,757.
Part II Deductions Not Taken Elsewhere See instru directly connected with the unrelated business  1 Compensation of officers, directors, and trustees (Part X)	income			1	———
2 Salaries and wages				2	
3 Repairs and maintenance				3	
4 Bad debts				4	
5 Interest (attach statement). See instructions			i i	5	
6 Taxes and licenses				6	
7 Depreciation (attach Form 4562). See instructions					
8 Less depreciation claimed in Part III and elsewhere on return				8b	
9 Depletion				9	
O Contributions to deferred compensation plans				10	
1 Employee benefit programs				11	
2 Excess exempt expenses (Part VIII)				12	
Sexcess readership costs (Part IX)				13	
4 Other deductions (attach statement)		SEE STATI	EMENT 25	14	249.
				15	249.
16 Unrelated business income before net operating loss deduction					
column (C)		,	,	16	8,508.
7 Deduction for net operating loss. See instructions		STMT 2	6 STMT 28		633.
8 Unrelated business taxable income. Subtract line 17 from line	e 16			18	7,875.
HA For Paperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2022

	lle A (Form 990-T) 2022					Page
Part I	II Cost of Goods Sold	Enter method of inven	tory valuat	ion		
1						
2	Purchases					
3	Cost of labor				3	
4	Additional section 263A costs (attach s					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5				6	
7	• • • • • • • • • • • • • • • • • • • •				7	
8	Cost of goods sold. Subtract line 7 fro	m line 6. Enter here and in I	Part I, line 2	2	8	
9	Do the rules of section 263A (with respect					Yes No
Part I						
1	Description of property (property street	address, city, state, ZIP co	de). Check	if a dual-use. See insti	ructions.	
	A 💹					
	В 💹					
	c <u> </u>					
	D					
		A		В	С	D
2	Rent received or accrued					
а	From personal property (if the percentage	ge 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	y exceeds				
	50% or if the rent is based on profit or in	ncome)				
С	Total rents received or accrued by prop	erty.				
	Add lines 2a and 2b, columns A through	h D				
5 Part \ 1	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns.  Unrelated Debt-Financed  Description of debt-financed property (s	A through D. Enter here and Income (see instruction	ns)			0
	c 🗆					
	D					
		A		В	С	D
2	Gross income from or allocable to debt	-financed				
	property					
3	Deductions directly connected with or a					
	to debt-financed property					
	Straight line depreciation (attach staten	nent)				
	Other deductions (attach statement)					
	Total deductions (add lines 3a and 3b,					
·	columns A through D)					
4	Amount of average acquisition debt on	l l				
	to debt-financed property (attach stater					
	Average adjusted basis of or allocable t					
3	9 ,					
e	financed property (attach statement)		%	0.4	0.4	
6	Divide line 4 by line 5			%	%	ó
7	Gross income reportable. Multiply line 2	-	and an De	et Llino 7 california (A)		0
8	Total gross income (add line 7, column	ns A unough Dj. Enter nere	anu on Pa	r. i, iirie 7, coiumn (A)	······	0
•	Allegable deductions NA 02 L 2 C 2	line C				
9	Allocable deductions. Multiply line 3c b	у ште о				<u> </u>

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Total dividends-received deductions included in line 10

10

Page

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	led Or	ganizations	<b>S</b> (se	e instruct	ions)	r age <b>o</b>
						E	Exempt Contro	lled Or	ganization	S	
	Name of controlle organization	d	2. Employer identification number			al of specified ments made	والمرازي والمرازي والمرازي والمرازي والمرازي والمرازي والمرازي والمرازي والمرازي		in the iniza-	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
<u>(4)</u>			N		)						
	7. Taxable Income 8.		Net unrelated		Controlled Or otal of specif	-	10. Part	of colu	mn 0	44 0	eductions directly
	. Taxable income	ir	ncome (loss) e instructions)	1	yments mad		that is inc	luded	in the zation's	С	onnected with ome in column 10
(1)											
(2)											
(3)											
(4)											
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)			
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization <sub>(s</sub>	ee inst	ructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incom		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)					Add amou	ınto in					Add amounts in
Totals					column 2. here and or line 9, colu	Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve		Income	see ins	structions)		
1	Description of exploite		•	<u> </u>							
2	Gross unrelated busin	•	e from trade or busii	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	. Enter l	here and on Pa	art I,			
			•							3	
4	Net income (loss) from										
										4	
5	Gross income from ac									5	
6	Expenses attributable	to income	entered on line 5							6	
7	Excess exempt expen			s, but do no	ot enter more	than th	ne amount on I	ine			
	4. Enter here and on F	art II, line	12							7	

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

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporti	ing two or	more periodicals on a	consolidated basis	S.	
	A $\square$	3				
	В 🗆					
	=					
	<u>c</u>					
	D					
Enter a	amounts for each periodical listed above in the	correspor	nding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (B)			0.
	-					
4	Advertising gain (loss). Subtract line 3 from li	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not comple					
	lines 5 through 7, and enter zero on line 8					
-						
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the of	greater of t	he line 8a, columns to	tal or zero here an	d on	
	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors,	and Trustees (s	ee instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u> ,</u>						
Total	LEnter here and on Part II, line 1					0.
Part						
	7.1 Cappionicina 1111 (1111 1111 1111 1111 1111 1111 1	ice instruct	10113)			

FORM 990-T (A)	INCOME (LOSS) FROM PARTNER	SHIPS	STATEMENT 24
DESCRIPTION			NET INCOME OR (LOSS)
BUSINESS INCOME (LOSS) GLENMEDE PRIVATE INVEST ESTATE INCOME GLENMEDE PRIVATE INVEST	MENT FUND IX, LLC - ORDINAR MENT FUND IX, LLC - NET REN MENT FUND IX, LLC - INTERES MENT FUND IX, LLC - OTHER I	TAL REAL	9,161 -149 2,951 -578 11,385
FORM 990-T (A)	OTHER DEDUCTIONS		STATEMENT 25
DESCRIPTION			AMOUNT
<del></del>			249
K-1'S UBIT EXPENSES			243
	RT II, LINE 14		249
FOTAL TO SCHEDULE A, PA	RT II, LINE 14  POST 2017 NOL SCHEDULE	<del> </del>	
TOTAL TO SCHEDULE A, PA			STATEMENT 26
FORM 990-T (A)  PRIOR YEAR POST	POST 2017 NOL SCHEDULE	CARRYFO	STATEMENT 26
2017 NOL 21,288.	POST 2017 NOL SCHEDULE  NOL DEDUCTION  633.	CARRYFO POST 20	STATEMENT 26  ORWARD OF 017 NOL 20,655.
FORM 990-T (A)  PRIOR YEAR POST 2017 NOL 21,288.	POST 2017 NOL SCHEDULE  NOL DEDUCTION 633.  OST-2017 NET OPERATING LOSS	CARRYFO POST 20	STATEMENT 26  ORWARD OF 017 NOL 20,655.
FORM 990-T (A)  PRIOR YEAR POST 2017 NOL 21,288.	POST 2017 NOL SCHEDULE  NOL DEDUCTION 633.  OST-2017 NET OPERATING LOSS PREVIOUSLY	CARRYFO POST 20	STATEMENT 26  ORWARD OF 017 NOL 20,655.
FORM 990-T (A)  PRIOR YEAR POST 2017 NOL 21,288.	POST 2017 NOL SCHEDULE  NOL DEDUCTION 633.  OST-2017 NET OPERATING LOSS LOSS PREVIOUSLY NED APPLIED RE	CARRYFO POST 20	STATEMENT 26  ORWARD OF 017 NOL 20,655.  STATEMENT 27  AVAILABLE

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 28
TAXABLE INCOME FROM THIS ENTITIES PORTIC		53,149. 8,508.
	TAGE OF PRE-2018 NET OPERATING LOSS D PRE-2018 NET OPERATING LOSS	16.01% 7,717.
TAXABLE INCOME AFTER 80% INCOME LIMITATION	R PRE-2018 NET OPERATING LOSS	791. 633.
POST-2017 AVAILABLE LESSER OF POST-2017	NET OPERATING LOSS OR 80% LIMITATION	21,288. 633.

### 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

85-0457010 THORNBURG FOUNDATION 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 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 allowable since of property (mo., day, yr.) (mo., day, yr.) price improvements and sum of (d) and (e) acquisition expense of sale GLENMEDE PRIVATE INVESTMENT FUND IX LLC -2,6283 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 -2,628. 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): 2,628 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 -2,628. 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 18b (Form 1040), Part I, line 4

Part III Gain From Disposition of Propert	ty Und	er Sections 124	5, 1250, 1252	2, 12:	o4, and 1255	(see	instructions)
<b>9</b> (a) Description of section 1245, 1250, 1252, 1254, 0	or 1255 j	oroperty:			<b>(b)</b> Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
A							
<u>B</u>							
C							
D			Γ				
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
Gross sales price ( <b>Note:</b> See line 1a before completing.)	20						
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						
Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b						
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						
d 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'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						
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 instructions	28a						
<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 of	•	A through D through	lina 20h hafara	aoina	to line 20		
Complete property C	Joiumns	A through D through	iiile 29b belore	gonig	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,	27c, 28l	o, and 29b. Enter her	e and on line 13	3		31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	6					32	
Part IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	iess l	Use Drops to	50%	or Less
(see instructions)					(a) Section	ı	(b) Section
					179		280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
				34			
Recapture amount. Subtract line 34 from line 33. Se	ee the in	structions for where	to report	35	1		

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

<b>A</b> N	ame of the organization THORNBURG FOUNDATION			B Employer 85-04	identificat 15701 (	
<b>c</b> l	Inrelated business activity code (see instructions) 90009	9		<b>D</b> Sequenc	e: <b>4</b>	of 7
<b>E</b> [	escribe the unrelated trade or business K-1 GLENMEDE	PRI	VATE INVESTME	NT FUND	<u> </u>	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1.	Creas resolints or calco					
1a b	Gross receipts or sales Less returns and allowances c Balance	10				
2	Cost of goods sold (Part III, line 8)	1c 2				
3	Gross profit. Subtract line 2 from line 1c	3				
	Capital gain net income (attach Schedule D (Form 1041 or Form					
<b>т</b> а	1120)). See instructions	4a	5,338.			5,338.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	3,3331			3,3331
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
_	statement) STATEMENT 29	5	-43,626.			-43,626.
6	Rent income (Part IV)	6	·			•
7	Unrelated debt-financed income (Part V)	7				
8	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	-38,288.			-38,288.
Pai	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come			uctions i	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	
7	Depreciation (attach Form 4562). See instructions				-	
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b 9	
9	Depletion					
10 11	Contributions to deferred compensation plans				10	
11 12	Employee benefit programs				12	
12 13	Excess exempt expenses (Part VIII)				13	
13 14	Excess readership costs (Part IX)  Other deductions (attach statement)		SEE STATE	MENT 30	14	1,110.
15					15	1,110.
16	Unrelated business income before net operating loss deduction. So		ine 15 from Part I, line 13			_,
	column (C)				16	-39,398.
17	Deduction for net operating loss. See instructions				17	0.
 18	Unrelated business taxable income. Subtract line 17 from line 16				18	-39,398.
	For Panerwork Reduction Act Notice see instructions					Δ (Form 990-T) 2022

Part	III Cost of Goods Sold Enter met	hod of inventory valua	tion		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
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 I				
9	Do the rules of section 263A (with respect to property)			· · · · · · · · · · · · · · · · · · ·	Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See ins	structions.	
	A				
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
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		•	•	
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I. line 6.	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
	, , , , , , , , , , , , , , , , , , , ,		•	•	
5	Total deductions. Add line 4 columns A through D. Er	iter here and on Part I,	line 6, column (B)		0.
Part		ee instructions)			
1	Description of debt-financed property (street address, of	city, state, ZIP code). (	Check if a dual-use. S	ee 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			1	/0
8	<b>Total gross income</b> (add line 7, columns A through D)		ırt I. line 7. column (A	)	0.
-	g. 222 g. add mio 7, addinio 7 tinough b)		, , , , , , , , , , , , , , ,	· ····· <u> </u>	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here an	d on Part I. line 7. co	umn (B)	0.
11	Total dividends-received deductions included in line				0.

Page

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	<b>S</b> (se	ee instruct	ions)	r age <b>o</b>	
			_			E	xempt Contro	lled Or	ganization	ıs		
	Name of controlled organization		2. Employer identification number	incon	unrelated me (loss) structions)	l	al of specified nents made	that is	art of colu included olling orga is gross inc	in the aniza-	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
	. Tavabla lassass				Controlled Or	-		-£ l		- 44	Dadinationa dinadi.	
,	7. Taxable Income	in	Net unrelated acome (loss) e instructions)	1	otal of specif lyments mad		that is inc controlling gross	luded	in the zation's		Deductions directly connected with one in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	d on Part I, umn (A) Enter here and on Part I, line 8, column (B)			
Totals									0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)	ı		
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)												
Totals					Add amou column 2. here and or line 9, colu	Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve	ertising	g Income	see ins	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									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		

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ompensation ibutable to
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ompensation ibutable to ited business

THORNBURG FOUNDATION 85-0457010

FORM 990-T (A) INCOME (LOSS) FROM	M PARTNERSHIPS	STATEMENT 29
DESCRIPTION		NET INCOME OR (LOSS)
GLENMEDE PRIVATE INVESTMENT FUND X, LLC - BUSINESS INCOME (LOSS) GLENMEDE PRIVATE INVESTMENT FUND X, LLC - GLENMEDE PRIVATE INVESTMENT FUND X, LLC - GLENMEDE PRIVATE INVESTMENT FUND X, LLC - (LOSS)	101,435. 805. 459.	
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE	E 5	-43,626.
FORM 990-T (A) OTHER DEDU	UCTIONS	STATEMENT 30
DESCRIPTION		AMOUNT
K-1'S UBIT EXPENSES		1,110.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,110.
990-T SCH A POST-2017 NET OPERATI	ING LOSS DEDUCTION	STATEMENT 31
LOSS PREVIOUSLY TAX YEAR LOSS SUSTAINED APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 6,005.	0. 49,890. 0. 6,005. 0. 13,691.	49,890. 6,005. 13,691.

#### **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

	THORNBURG FOUNDATION	ON			85-	0457010
Did	the corporation dispose of any investmer	nt(s) in a qualified opportun	itv fund during the tax ve			
	Yes," attach Form 8949 and see its instruc					
F	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
<b>to e</b> This	instructions for how to figure the amounts inter on the lines below.  s 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 result with column (g)
_	nd off cents to whole dollars.					result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on					
	Form(s) 8949 with <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 Tha	n One Year		_
See to e	instructions for how to figure the amounts enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
	s form may be easier to complete if you nd off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column		column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on					
	Form(s) 8949 with <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					5,269.
					11	69.
	Long-term capital gain from installment sales		,		12	
13	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14	Capital gain distributions				14	
	Net long-term capital gain or (loss). Combine		ı h		15	5,338.
	Part III Summary of Parts I and					T
	Enter excess of net short-term capital gain (lin				16	
	Net capital gain. Enter excess of net long-term				17	5,338.
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the app	olicable line on other return	s	18	5,338.
	Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

С

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

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

Social security number or taxpayer identification no.

### THORNBURG FOUNDATION

85-0457010

statement wiii nave the same informa <u>oroker and</u> may even tell you which b		99-B. Eitner Will S	snow wnetner you	r basis (usualiy youl	cost) was	reportea to the IH	S by your
Part II Long-Term. Transaction		al assets you held n	nore than 1 year are	generally long-term (s	ee instructio	ons). For short-term tr	ansactions,
see page 1.  Note: You may aggregate all codes are required. Enter the	long-term transact	ions reported on F	orm(s) 1099-B showi	ng basis was reported	I to the IRS	and for which no adj	ustments or
ou must check Box D, E, or F below. C	check only one bo	x. If more than one b	ox applies for your long-	term transactions, comple	ete a separate	Form 8949, page 2, for 6	
f you have more long-term transactions than will	· -				=		
(D) Long-term transactions rep	•		-	•	Note abo	ove)	
(E) Long-term transactions rep			-	ported to the IRS			
X (F) Long-term transactions not	reported to you	on Form 1099-B		1			
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	it, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(	Note below and	` '	. See instructions.	from column (d) &
		(IVIO., day, yr.)		see Column (e) in	(f)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
GLENMEDE PRIVATE							
INVESTMENT FUND X,							
LLC							5,269.
							•
							-
							-
2 Totals. Add the amounts in colum	nns (d), (e), (q). a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, <b>line 8b</b> (if <b>Box D</b> abo		•					
above is checked), or line 10 (if E							5,269.
Note: If you checked Box D above b			was incorrect, ente	er in column (a) the	hasis as r	enorted to the IPS	
in you officeriou box b above b	Daoio rope				~ ac.o ao i	5p5, 100 10 11 10	,

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 **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

Name(s) shown on return Identifying number THORNBURG FOUNDATION 85-0457010 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 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 allowable since of property (mo., day, yr.) (mo., day, yr.) price improvements and sum of (d) and (e) acquisition expense of sale GLENMEDE PRIVATE INVESTMENT FUND X, LLC 69 Gain, if any, from Form 4684, line 39 3 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 69. 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 69. 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): 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 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

18b

(Form 1040), Part I, line 4

Part III Gain From Disposition of Propert	ty Und	er Sections 124	5, 1250, 1252	2, 12:	o4, and 1255	(see	instructions)
<b>9</b> (a) Description of section 1245, 1250, 1252, 1254, 0		<b>(b)</b> Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)			
A							
<u>B</u>							
C							
D			Γ				
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
Gross sales price ( <b>Note:</b> See line 1a before completing.)	20						
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						
Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b						
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						
d 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'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						
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 instructions	28a						
<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 of	•	A through D through	lina 20h hafara	aoina	to line 20		
Complete property C	Joiumns	A through D through	ilile 29b belore	gonig	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,	27c, 28l	o, and 29b. Enter her	e and on line 13	3		31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	6					32	
Part IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	iess l	Use Drops to	50%	or Less
(see instructions)					(a) Section	ı	(b) Section
					179		280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
				34			
Recapture amount. Subtract line 34 from line 33. Se	ee the in	structions for where	to report	35	1		

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

THORNBURG 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).

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

B Employer identification number

85-0457010

C U	nrelated business activity code (see instructions) 90009	9			<b>D</b> Seque	ence: 5	of 7
E D	escribe the unrelated trade or business $K-1$ RMCF $V$ A	IV I	<u>-</u>				
Par			(A) Ind	come	(B) Expe	nses	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 32	5	-6	4,818.			-64,818.
6	Rent income (Part IV)	6		,			
7	Unrelated debt-financed income (Part V)	7					
8	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		4 010			<u> </u>
13	Total. Combine lines 3 through 12	13	-6	4,818.			-64,818.
Par	directly connected with the unrelated business in	come					must be
1	Compensation of officers, directors, and trustees (Part X)					1 1	
2	Salaries and wages						
3	Repairs and maintenance					1 . 1	
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses			l l		. 6	
7	Depreciation (attach Form 4562). See instructions			7		- 0-	
8	Less depreciation claimed in Part III and elsewhere on return			8a		8b 9	
9	Depletion Contributions to deferred componentian plans						
10	Contributions to deferred compensation plans						
11 12	Employee benefit programs  Excess exempt expenses (Part VIII)						
13	Excess exempt expenses (Part VIII)						
13 14	Excess readership costs (Part IX)  Other deductions (attach statement)						
14 15	Other deductions (attach statement)  Total deductions. Add lines 1 through 14					4-	0.
16	Unrelated business income before net operating loss deduction. Si					19	<u></u>
10						16	-64,818.
17	column (C)  Deduction for net operating loss. See instructions					17	0.
17 18	Unrelated business taxable income. Subtract line 17 from line 16						-64,818.
	For Paperwork Reduction Act Notice, see instructions.	<u> </u>					A (Form 990-T) 2022

Dan	Δ	
- ay	_	

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on		Page Z
1		nod of inventory valuation		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	<b>Total.</b> 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					
1	Description of property (property street address, city, s				_
	A	,,-			
	В				
	С				
	D				
		A	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	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (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	e instructions.	
	A				
	В				
	c				
	D	1			
		Α	В	С	<u> </u>
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		%	%	<u>%</u>
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 Par	t I, line 7, column (A)	·····	0.
_	Allocable deduction Ad III I I I I I	Т		Γ	
9	Allocable deductions. Multiply line 3c by line 6	Landa D. Fotton 1	an Dark I. Brack T. C.	(D)	0.
10	<b>Total allocable deductions.</b> Add line 9, columns A th <b>Total dividends-received deductions</b> included in line				0.
11	Total dividends received deductions included in line	, 10			

Page 3

Part V	/I Interest, Annu	ities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	<b>S</b> (se	ee instruct	ions)		
						E	xempt Contro	lled Or	ganization	ıs		
	1. Name of controlled	d	2. Employer	<b>3.</b> Net	unrelated	4. Tota	al of specified		art of colur		6. Deductions directly	
	organization		identification		ne (loss)	payn	nents made		included olling orga		connected with	
			number	(see ins	structions)				gross inc		income in column 5	
(1)												
(2)												
(3)												
(4)				L		<u> </u>						
	Tavabla la sama				Controlled Or	-	1	-£!	0	44.5	Nadications discatle.	
7.	Taxable Income		Net unrelated come (loss)	9. Total of specified 10. Part of column 9 that is included in the				Deductions directly connected with				
			e instructions)	pa,	yments mau	<del>-</del>	controlling	organiz	zation's		ome in column 10	
(4)		(00)					gross	incom	<u>e</u>			
<u>(1)</u> <u>(2)</u>												
(3)												
(4)												
<u>\-</u> /							Add colum	ıns 5 a	nd 10.	Add	columns 6 and 11.	
							Enter here		d on Part I, Enter here and on Part I,			
							line 8, c	olumn	umn (A) line 8, column (B) 0 •			
Totals									0.		0.	
Part V	II Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)			
	<b>1.</b> Desc	ription of	income		2. Amou		3. Deduction					
					incon	ie	directly conne (attach stater		(attach st	atement	(add cols 3 and 4)	
(4)												
(1)												
(2) (3)												
(4)												
(-)					Add amou	ınts in					Add amounts in	
					column 2.						column 5. Enter	
					here and or line 9, colu	,					here and on Part I, line 9, column (B)	
Totals						0.					0.	
Part V	III Exploited Exploited	xempt A	ctivity Income,	Other T	Than Adve	rtisinç	g Income (	see ins	structions)			
1 [	Description of exploite	d activity:										
2 (	Gross unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2		
<b>3</b> E	Expenses directly conr	nected wit	h production of unre	elated busi	ness income	. Enter l	nere and on Pa	art I,				
	ine 10, column (B)									3		
	Net income (loss) from						-					
	ines 5 through 7									4		
	Gross income from act									5		
	Expenses attributable									6		
	Excess exempt expens											
	<ol> <li>Enter here and on P</li> </ol>	aπ II, line	12							7		

<b>Part</b>	IX Advertising Income				
1	Name(s) of periodical(s). Check box if report	ing two or more periodicals on a	consolidated basis		
	A 🔲				
	В				
	c 🗆				
	D				
Entera	amounts for each periodical listed above in the	_			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and o	n Part I, line 11, column (A)			0.
а			T		1
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and o	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple				
	lines 5 through 7, and enter zero on line 8	l			
5	Readership costs				
6					
7	Circulation income				
′	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is I	I			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	I			
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the	greater of the line 8a, columns to	tal or zero here and	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, D	irectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u> / </u>		•		,-	
Total	LEnter here and on Part II, line 1				0.
Part		eae instructions)			
		see iristructions)			

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 32
DESCRIPTION	NET INCOME OR (LOSS)
RMCF V AIV I, LP - ORDINARY BUSINESS INCOME (LOSS) RMCF V AIV I, LP - INTEREST INCOME RMCF V AIV I, LP - OTHER INCOME (LOSS)	-63,705. 1,081. -2,194.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-64,818.

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

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

OMB No. 1545-0047

Department of the Treasury

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only Name of the organization B Employer identification number 85-0457010 THORNBURG FOUNDATION 900099 6 D Sequence: C Unrelated business activity code (see instructions)

<b>E</b> [	Describe the unrelated trade or business $ exttt{K-1}$ $ exttt{RIVERSID}$	E M:	ICRO-CAP FUNI	) V	
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	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	0.		

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	
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)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 13,		
	column (C)			16	0.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				
	For Denominado Deduction Act Notice and instructions				I. A (Farm 000 T) 0000

For Paperwork Reduction Act Notice, see instructions.

	ule A (Form 990-T) 2022				Page 2
Part	Elitoriniot	hod of inventory valuat			
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	,			
9 Dort	Do the rules of section 263A (with respect to property				Yes No
Part			_		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See insti	uctions.	
	<u> </u>				
	B				
	C				
		A	В	С	D
2	Rent received or accrued	A	ь	•	U
a	From personal property (if the percentage of				
a	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				
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er	nter here and on Part I,	line 6, column (B)		0.
Part '	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	e instructions.	
	A				
	В				
	<u> </u>				
	D		_		
_		A	В	С	D
2	Gross income from or allocable to debt-financed				
•	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement)  Other deductions (attach statement)				
b	Total deductions (add lines 3a and 3b,				
С	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
J	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70
8	<b>Total gross income</b> (add line 7, columns A through D)	. Enter here and on Pa	t I, line 7. column (A)		0.
-	5 - (		, , , , , , y		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	ough D. Enter here and	d on Part I, line 7, colu	mn (B)	
11	Total dividends-received deductions included in line	10			0.

Page

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	led Or	ganizations	<b>S</b> (se	e instruct	ions)	r age <b>o</b>
						E	Exempt Contro	lled Or	ganization	S	
	Name of controlled organization		2. Employer identification number			al of specified nents made that is included controlling organical tion's gross in		included olling orga	in the iniza-	Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
<u>(4)</u>			N		)						
	7. Taxable Income		Net unrelated		Controlled Or otal of specif	-		of colu	mn 0	44 0	loductions directly
	. Taxable income	ir	ncome (loss) e instructions)	1	payments made that is inclicated		of column 9 cluded in the organization's s income		С	11. Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Enter	columns 6 and 11. here and on Part I, e 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization <sub>(s</sub>	ee inst	ructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incom		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)					Add amou	ınto in					Add amounts in
Totals					column 2. here and or line 9, colu	Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve		Income	see ins	structions)		
1	Description of exploite		•	<u> </u>							
2	Gross unrelated busin	•	e from trade or busii	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	. Enter l	here and on Pa	art I,			
			•							3	
4	Net income (loss) from										
										4	
5	Gross income from ac									5	
6	Expenses attributable	to income	entered on line 5							6	
7	Excess exempt expen			s, but do no	ot enter more	than th	ne amount on I	ine			
	4. Enter here and on F	art II, line	12							7	

Schedule A (Form 990-T) 2022 Page 4 Part IX **Advertising Income** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. Α В С D Enter amounts for each periodical listed above in the corresponding column. С В D 2 Gross advertising income Add columns A through D. Enter here and on Part I, line 11, column (A) а Direct advertising costs by periodical ..... 3 Add columns A through D. Enter here and on Part I, line 11, column (B) Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... 5 Readership costs 6 Circulation income Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 Compensation of Officers, Directors, and Trustees (see instructions) Part X 3. Percentage 4. Compensation 1. Name 2. Title of time devoted attributable to to business unrelated business (1) % % (2)% (3) (4) %

Total. Ente	Cotal. Enter here and on Part II, line 1 Part XI Supplemental Information (see instructions)						
Part XI	Supplemental Information	(see instructions)		0.			

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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

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

<b>A</b> N	lame of the organization THORNBURG FOUNDATION		B Employer identification number 85-0457010			
<b>c</b> L	Inrelated business activity code (see instructions) 90009	<b>D</b> Sequence: 7 of 7				
<b>E</b> [	Describe the unrelated trade or business K-1 1315 CAP	ITAL	III PARALLE	L		
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 33	5	-12,862.		-12,862.	
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	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	-12,862.		-12,862.	
Pai	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come			s must be	
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses			6		
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·	8b		
9	Depletion			9		
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13 14	Excess readership costs (Part IX)					
14 15	Other deductions (attach statement)  Total deductions. Add lines 1 through 14			l	0.	
15 16	Unrelated business income before net operating loss deduction. S		ino 15 from Part I lino 13		J •	
16					-12,862.	
17	column (C)  Deduction for net operating loss. See instructions				0.	
17 18	Unrelated business taxable income. Subtract line 17 from line 1				-12,862.	
LHA		J			lle A (Form 990-T) 2022	
∟⊓А	TO Faper work neurolion Act Notice, see instructions.			Scriedi	iie A (FUIIII 990-1) 2022	

⊃ac	ie	1

Part	III Cost of Goods Sold Fnter met	nod of inventory valuati	on		Page Z
1		Tod of inventory variation		1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			1 _ 1	
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property)				Yes No
Part		•	-		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See inst	ructions.	
	A				
	B				
	<u></u>				
	D				
•	Don't washing an assumed	Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
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	through D. Enter here	and on Part I, line 6,	column (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	ter here and on Part I,	ine 6, column (B)		0.
Part	(0)	<u>'</u>			
1	Description of debt-financed property (street address, o	city, state, ZIP code). Ci	neck if a dual-use. Se	e instructions.	
	A				
	B				
	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	%	9/	%	%
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 Par	t I, line 7, column (A)		0.
_		Г		<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6	and D. Fatani	Law David I Bro T 1	(D)	0.
10 11	<b>Total allocable deductions.</b> Add line 9, columns A thr <b>Total dividends-received deductions</b> included in line				0.
					•

Part V	/I Interest, Annu	ities, Ro	oyalties, and Re	ents fron	n Control	led Or	ganizations	<b>S</b> (se	ee instruct	ions)	
	Exempt Controlled Organizations									ıs	
	<ol> <li>Name of controlled</li> </ol>		2. Employer	<b>3.</b> Net	unrelated	4. Tota	al of specified				6. Deductions directly
	organization		identification	income (loss) payr		payn			included olling orga		connected with
			number	(see instructions)		tion's gross in				income in column 5	
(1)											
(2)											
(3)											
(4)				L		<u> </u>					
	Tavabla la sama				Controlled Or	-	1	-£!	0	44.5	Nadications discatle.
7.	Taxable Income		Net unrelated come (loss)		otal of specif yments mad		10. Part of that is inc				Deductions directly connected with
			e instructions)	pa,	yments mau	<del>-</del>	controlling	organiz	zation's		ome in column 10
(4)		(00)					gross income		<u>e</u>		
<u>(1)</u> <u>(2)</u>											
(3)											
(4)											
<u>\-</u> /							Add colum	ıns 5 a	nd 10.	Add	columns 6 and 11.
							Enter here		,	Enter here and on Part I,	
							line 8, c	olumn	(A)	lir	ne 8, column (B)
Totals									0.		0.
Part V	II Investment I	ncome	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization (s	ee inst	ructions)		
	<b>1.</b> Desc	ription of	income		2. Amou		3. Deduction		<b>4.</b> Set-		5. Total deductions and set-asides
					incon	ie	directly conne (attach stater		(attach st	atement	(add cols 3 and 4)
(4)											
(1)											
(2) (3)											
(4)											
(-)					Add amou	ınts in					Add amounts in
					column 2.						column 5. Enter
					here and or line 9, colu	,					here and on Part I, line 9, column (B)
Totals						0.					0.
Part V	III Exploited Exploited	xempt A	ctivity Income,	Other T	Than Adve	rtisinç	g Income (	see ins	structions)		
1 [	Description of exploite	d activity:									
2 (	Gross unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2	
<b>3</b> E	Expenses directly conr	nected wit	h production of unre	elated busi	ness income	. Enter l	nere and on Pa	art I,			
	ine 10, column (B)									3	
	Net income (loss) from						-				
	ines 5 through 7									4	
	Gross income from act									5	
	Expenses attributable									6	
	Excess exempt expens										
	<ol> <li>Enter here and on P</li> </ol>	aπ II, line	12							7	

<b>Part</b>	IX Advertising Income				
1	Name(s) of periodical(s). Check box if report	ing two or more periodicals on a	consolidated basis		
	A 🔲				
	В				
	c 🗆				
	D				
Entera	amounts for each periodical listed above in the	_			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and o	n Part I, line 11, column (A)			0.
а			T		1
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and o	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple				
	lines 5 through 7, and enter zero on line 8	l			
5	Readership costs				
6					
7	Circulation income				
′	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is I	I			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	I			
	line 4, enter the lesser of line 4 or line 7	· · · · · · · · · · · · · · · · · · ·			
а	Add line 8, columns A through D. Enter the	greater of the line 8a, columns to	tal or zero here and	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, D	irectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u> / </u>		•		,-	
Total	LEnter here and on Part II, line 1				0.
Part		eae instructions)			
· uit	za cappioniona morniation (s	see iristructions)			

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 33
DESCRIPTION		NET INCOME OR (LOSS)
1315 CAPITAL III PAR	RALLEL LP - OTHER INCOME (LOSS)	-12,862.
TOTAL INCLUDED ON SO	CHEDULE A, PART I, LINE 5	-12,862.

### **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

	THORNBURG FOUNDATION		85-	0457010		
Dic	d the corporation dispose of any investmen	nt(s) in a qualified opportun	nity fund during the tax ye	ear?		Yes X No
	Yes," attach Form 8949 and see its instruc					
	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
to	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
Thi rou	s form may be easier to complete if you and off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	column (d) and combine the 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					
1b	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					-44.
4	Short-term capital gain from installment sales				4	
5	Short-term capital gain or (loss) from like-kind				5	
6	Unused capital loss carryover (attach computa	,			6	( )
	Net short-term capital gain or (loss). Combine	lines 1a through 6 in column	h		7	-44.
_	Part II Long-Term Capital Gair	ns and Losses - Ass	ets neid More Tha	Tone real		
Se to	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and 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	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Se to Thi	e instructions for how to figure the amounts enter on the lines below. s form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Se to Thi rou 8a	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you und off cents to whole dollars.  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	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Se to Thi rou	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Se to Thi rou	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you und off cents to whole dollars.  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	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Se to Thi rou	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on  Form(s) 8949 with Box D checked  Totals for all transactions reported on	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Se to Thi rou	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
8a 8b 9	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	(g)	Subtract column (e) from column (d) and combine the result with column (g)
8b	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Enter gain from Form 4797, line 7 or 9	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	Subtract column (e) from column (d) and combine the result with column (g)
8b - 9 - 10 - 11 12	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11	Subtract column (e) from column (d) and combine the result with column (g)
88 88 88 88 88 88 88 88 88 88 88 88 88	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	(d) Proceeds (sales price)  from Form 6252, line 26 or 37 exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)
Se to Thi rou 8a 8b 9 10 11 12 13 14	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind	(d) Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12	Subtract column (e) from column (d) and combine the result with column (g)
Se to Thi rot 8 8 8 8 9 10 11 12 13 14 15 15	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales to Long-term capital gain or (loss) from like-kind to Capital gain distributions	(d) Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824  lines 8a through 14 in column	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)  4,665.
88 88 88 88 88 88 88 88 88 88 88 88 88	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions  Net long-term capital gain or (loss). Combine	(d) Proceeds (sales price)  from Form 6252, line 26 or 331 exchanges from Form 8824  lines 8a through 14 in column	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13	Subtract column (e) from column (d) and combine the result with column (g)  4,665.
Se to Thi rot 8 8 8 8 9 9 10 11 12 13 14 15 16 16	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Long-term capital gain from installment sales a Long-term capital gain or (loss) from like-kind Capital gain distributions  Net long-term capital gain or (loss). Combine Part III Summary of Parts I and in the sales is contact the sale in the sales and in the sales and in the sales and in the sales is contact the sales and in the sales and	(d) Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824  lines 8a through 14 in column III e 7) over net long-term capita	(e) Cost (or other basis)  7	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g)  4,665.
Se to Thirou 8a	e instructions for how to figure the amounts enter on the lines below.  s form may be easier to complete if you and off cents to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Enter gain from Form 4797, line 7 or 9  Long-term capital gain from installment sales Long-term capital gain or (loss) from like-kind Capital gain distributions  Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	(d) Proceeds (sales price)  from Form 6252, line 26 or 37 d exchanges from Form 8824  lines 8a through 14 in column 111 e 7) over net long-term capita capital gain (line 15) over net	(e) Cost (or other basis)  7 Il loss (line 15) It short-term capital loss (line 15)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g)  4,665.

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

LHA

# Form **8949**Department of the Treasury

Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2022

Attachment Sequence No. 124

Social security number or taxpayer identification no.

85-0457010

## THORNBURG FOUNDATION

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (a) (c) (e) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) Subtract column (e) basis. See the (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment combine the result see *Column (e*) ir Code(s) with column (g) the instructions GLENMEDE PRIVATE INVESTMENT FUND VIII-Β, SL CAPITAL SOF 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 1b (if Box A above is checked), line 2 (if Box B

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

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

Attachment Sequence No. 12A Page

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.

### THORNBURG FOUNDATION

Form 8949 (2022)

85-0457010

Before you check Box D, E, or F belo statement will have the same information broker and may even tell you which be Part II Long-Term. Transaction	oox to check.						
see page 1.  Note: You may aggregate all codes are required. Enter the	I long-term transact	tions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS	and for which no adj	justments or
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	
If you have more long-term transactions than will  (D) Long-term transactions rep					•		
(E) Long-term transactions rep	<u>.</u>	•	-	· ·	Note and	ove)	
== `	•	,	•	ported to the ins			
				(-)	Adjustmer	nt, if any, to gain or	1 (1)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column column (f	où enter an amount (g), enter a code in ). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Wo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
SL CAPITAL SOF I							
LP							<604.
GLENMEDE PRIVATE							
INVESTMENT FUND X,							
LLC							5,269.
							, , , , , ,
							<del> </del>
-							
				1			
2 Totals Add the amounts in colum	nne (d) (a) (a) a	nd (h) (eubtract					
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		•					
Schedule D, line 8b (if Box D abo							4,665.
above is checked), or <b>line 10</b> (if <b>E</b>			l	or in column (a) #5	hagis as	concepted to the IDC	· · ·
Note: If you checked Box D above b	rat tile basis iept	JI LEU LU LITE INS	was incorrect, enti		nasis as I	eborred to the IRS	, and tinti 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.

## **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

990-PF

OMB No. 1545-0172

Sequence No. 179

Identifying number

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

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

THORNBURG FOUNDATION FORM 990-PF PAGE 1 85-0457010 Part I Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,080,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,700,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 5,976 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 5,976. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562	(2022)
Dort V	1.1.4.

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (	a) through (c	) of Section A,	all of Se	ection B	, and S	Section	C if app	licable.						
	Section A -	Depreciation	n and Other I	nforma	tion (Ca	ution:	See th	e instru	ctions for	limits fo	r passenç	ger autor	nobiles. )	)	
24a	Do you have evidence to s	upport the bus	siness/investme	nt use cla	imed?		Yes	No	24b lf	"Yes," is	the evide	nce writ	ten?	Yes [	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	<sub>le</sub> ot	<b>(d)</b> Cost or her basis	- 1	Basis for de business/ii use d	preciation	(f)	ry N	(g) lethod/ nvention	Depr	(h) eciation uction	Ele	(i) cted n 179 ost
 25	Special depreciation allo	wance for q	ualified listed p	roperty	placed	in serv	ice duri	ng the t	ax year a	nd					
	used more than 50% in										25				
<u></u>	Property used more that										•	•			
		: :	9	6											
		: :	9	6											
		: :	9	6											
 27	Property used 50% or le	ss in a qualif	ied business u	ise:											
		: :	9	6						S/L -					
		: :	9	6						S/L -					
		: :	9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	and on	line 2	1, page	1			28				
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	, page <sup>-</sup>	1							29		
			S	ection I	3 - Infor	matio	n on Us	e of Ve	hicles						
	mplete this section for ve		•								=			ehicles/	
to y	our employees, first ans	wer the ques	tions in Sectio	n C to s	ee if you	ı meet	an exce	eption to	o comple	ting this	section to	or those	venicies.		
				(:	a)		(b)		(c)		(d)	(	e)	(f	)
30	Total business/investment	miles driven dı	uring the	Veh	nicle	١ ١	/ehicle		Vehicle	V	ehicle	Ve	hicle	Veh	icle
	year (don't include commu	ting miles)													
31	Total commuting miles of														
32	Total other personal (no	ncommuting	) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32				1		1			_			T		
34	Was the vehicle available	•		Yes	No	Yes	s No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate	=					-			-	-				
36	Is another vehicle availa	•													
	use?					// D:			<u> </u>		<u> </u>				
۸			- Questions fo	-	-					-					
	swer these questions to o re than 5% owners or rela	•		ception	to com	pieting	Section	1 B for v	enicies u	sea by e	mpioyees	s wno a	rent		
_	Do you maintain a writte	<u> </u>		hibita a	II noroor	and uno	of vobi	oloo inc	duding of	mmutin	n by your			Yes	No
31	•	. ,	•		•				•	•				165	No
38	employees?	on nolicy stat	ement that nr	hihite n	ersonal		······································		ot commi	ıtina by	vour				
50	employees? See the ins		-	-							•				
39	Do you treat all use of ve				_										
	Do you provide more that	-													
	the use of the vehicles,														
41	Do you meet the require														
•	Note: If your answer to														
P	art VI Amortization	,,, -	_,	-,										_	
	(a)			(b)		(c			(d)		(e)			(f)	
	Description of	costs		amortization begins		Amorti amo	zable unt		Code section	n n	Amortiz period or pe		Ar fo	nortization or this year	
<u>42</u>	Amortization of costs th	at begins du	-		r:										
				: :											
				: :											
43	Amortization of costs th	at began bef	ore your 2022	tax year	r							43			
<u>44</u>	Total. Add amounts in o	olumn (f). Se	e the instructi	ons for v	where to	repor	t		<u></u>			44			

## 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 THORNBURG FOUNDATION 85-0457010 1a Enter the gross proceeds from sales or exchanges reported to you for 2022 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 (C) Date sold (b) Date acquired (d) Gross sales 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) SEE STATEMENT 35 acquisition expense of sale 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 -1,447. 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): 1,447 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 16 447. 17 Combine lines 10 through 16 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

18b

(Form 1040), Part I, line 4

Part III Gain From Disposition of Propert	ty Und	er Sections 124	5, 1250, 1252	2, 12:	o4, and 1255	(see	instructions)
<b>9</b> (a) Description of section 1245, 1250, 1252, 1254, 0	or 1255 j	oroperty:			<b>(b)</b> Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
A							
<u>B</u>							
C							
D			Γ				
These columns relate to the properties on lines 19A through 19D.		Property A	Property	В	Property	С	Property D
Gross sales price ( <b>Note:</b> See line 1a before completing.)	20						
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						
Total gain. Subtract line 23 from line 20	24						
5 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b						
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						
d 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'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						
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 instructions	28a						
<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 of	•	A through D through	lina 20h hafara	aoina	to line 20		
Complete property C	Joiumns	A through D through	ilile 29b belore	gonig	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,	27c, 28l	o, and 29b. Enter her	e and on line 13	3		31	
2 Subtract line 31 from line 30. Enter the portion from	casualt	y or theft on Form 46	84, line 33. Ent	er the	portion		
from other than casualty or theft on Form 4797, line	6					32	
Part IV Recapture Amounts Under Section	ns 179	and 280F(b)(2)	When Busin	iess l	Use Drops to	50%	or Less
(see instructions)					(a) Section	ı	(b) Section
					179		280F(b)(2)
3 Section 179 expense deduction or depreciation allo	wable in	prior years		33			
				34			
Recapture amount. Subtract line 34 from line 33. Se	ee the in	structions for where	to report	35	1		

FORM 4797	PROI	PERTY HELI	MORE THAN	ONE YEAR	ST.	ATEMENT 35
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
GLENMEDE PRIVATE						
VIII-B,						538.
SL CAPITAL SOF I LP GLENMEDE PRIVATE						574.
INVESTMENT FUND IX, LLC GLENMEDE PRIVATE						-2,628.
INVESTMENT FUND X, LLC						69.
TOTAL TO 4797, PA	RT I, LINE	2				-1,447.

## Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year

JAN 1

beainnina

31,2022 , 2022, and ending DEC

Filer's identification number Name of person filing this return 85-0457010 THORNBURG FOUNDATION Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 X Filer's tax vea В 1 2022 , and ending DEC 31 JAN beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owner 2(a) EIN (if any) **G1** Name and address of foreign partnership LINDEN CAPITAL PARTNERS V-A AIV LP 98-1701372 2(b) Reference ID number 150 N RIVERSIDE PLAZA, SUITE 5100 60606 CHICAGO, IL 3 Country under whose laws organized CANADA 4 Date of organization 5 Principal place of business 6 Principal business activity code number Principal business activity 8a Functional currency 11/30/2022 CANADA 523900 INVESTING USD H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filed: Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any STIKEMAN ELLIOTT LLP LINDEN MANAGER V AIV LP 199 BAY STREET, 5300 150 N RIVERSIDE PLAZA, 5100 TORONTO, ONTARIO CANADA M5L 1B9 CHICAGO, 60606 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions Yes If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes X No X No Were any special allocations made by the foreign partnership? Yes Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? LIMITED PARTNERSHI 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section X No 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. Yes No If "Yes," don't complete Schedules L, M-1, and M-2.

Form 8865 (2	2022)	THORNBURG	FOUNDA'	TION						85	-0457	010	Page 2
resp <b>b</b> Ento	pect to anger the amo	this Form 8865 claimi y transaction with the punt of gross receipts s computation of forei	foreign partners derived from al	ship? If "\ I sales of	es," complete lines of general property to t	12b, 12 the fore	2c, and 12d. See eign partnership	instruction that the file	ser		Yes	Σ	K No
		ount of gross receipts s computation of FDD			intangible property t		• .	•					
		ount of gross receipts on of FDDEI			provided to the fore		•						
the	partnersh	nber of foreign partne ip or of receiving a dis	stribution from	the partne	ership								
		uring the tax year wer of Regulations sectio									Yes	Σ	K No
Sign Here Only if You're Filing This Form Separately and Not With Your	correct, a	enalties of perjury, I declard and complete. Declaration											
Tax Return.		gnature of general partner	or limited liability									Date	
Paid Preparei		e preparer's name		Prepar	er's signature			Date	Check self-e	k employed	if PTIN		
Use	Firm's n	ame		•					Firm's El	N			
Only	Firm's a	ddress							Phone no				
Schedule	еА	box <b>b</b> , enter the interest you co	e name, ado	lress, a			ntification nui	-	ny) of the	perso	on(s) who		f Check if direct
		Name			Add				Identificatio	II Humber	r (II ally)	person	partner
Schedule	e A-1	Certain Partne	ers of Foreig	ı ın Part	nership (see in	struc	tions)						
		Name			Add	dress			Identif	ication n	umber (if any)		Check if foreign person
Schedule	e A-2	Foreign Partne	ers of Section	on 721(		(see	instructions						
Name of fore partner	eign	Ad	ddress		Country of organization (if any)		U.S. taxpa identification (if any)	number	Check if rela U.S. transf		Percen Capital	tage inter	est Profits
												% %	% %
Does the par	tnership h	nave any other foreign	person as a dir	ect partne	er?		•			一广	Yes		No
Schedule		Affiliation Sch	edule. List	all partr	nerships (foreign a 10% interest.	or do	omestic) in w	hich the	foreign p	artner		6	
		Name			Add	lress			EIN (if any)		Total o		Check foreign partner ship
													—

Form **8865** (2022)

## SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

► Attach to Form 8865. See the instructions for Form 8665.

■ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

► Attach to Form 8865. See the Instructions for Form 8865.

Name of transferor	THORNB	URG FO	OUNDAT	ION					Filer's identi	fying numb 45701(		
Name of foreign par	rtnership LI	NDEN (	CAPITAI	L PARTN	ERS V-	A AIV		EIN (if any 98-17	•	Reference	ID number (see	e instr)
2 Was any inta	rship a section 72 the gain deferral r ingible property tr er, a platform con	method app ansferred co	lied to avoid the	he recognition on the naticipated to be	of gain upon t e, at the time o	he contribution of the transfer	on of p	roperty? any		<u> </u>	Yes	No No No
	nsfers Reportable			•		` /						
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair marke on date of	t value	(d) Cost or other basis	r F	(e Recovery		(f) Section 704 allocation me		(g) Gain recognized on transfer	d
Cash												
Stock, notes receivable and payable, and other securities												
nventory												
Tangible property used in trade properss												
ntangible property described in section 197(f)(9)												
ntangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals												
3 Enter the trai	nsferor's percenta rmation Required				the transfer	•		%	(b) After	the transfer		%
Part II Dis	positions Reporta	able Under S	Section 6038I	3								
(a) Type of property	(b) Date of original transfer		(c) ate of position	(d) Manner of disposition	(e) Gair recognize partners	ed by	rec	(f) reciation capture ognized irtnership	(g) Gain alloc to partn		(h) Depreciation recapture allocate to partner	:ed
Part III Is a	iny transfer report	ted on this s	chedule subie	ect to gain reco	gnition under	section 904(f	)(3) or	section 904	4(f)(5)(F)?		Yes	No

## Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Name of person filing this return

Information furnished for the foreign partnership's tax year

, 2022 JAN 1 , 2022, and ending DEC beainnina

Filer's identification number

85-0457010 THORNBURG FOUNDATION Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 X Filer's tax vea В 2022 , and ending DEC 31 JAN beginning Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owner 2(a) EIN (if any) **G1** Name and address of foreign partnership SL CAPITAL SOF I LP 98-1120876 2(b) Reference ID number 1 GEORGE STREET EDINBURGH, UNITED KINGDOM EH2 2 LL 3 Country under whose laws organized UNITED KINGDOM 4 Date of organization 5 Principal place of business 6 Principal business activity code number Principal business activity 8a Functional currency 01/01/2014 UNITED KINGDOM 523900 INVESTMENTS USD 1.000000 H Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 Form 8804 Form 1065 Service Center where Form 1065 is filed: Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any ABRDN CAPITAL PARTNERS LLP 1 GEORGE STREET EDINBURGH, UNITED KINGDOM EH2 2LL During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No Yes allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? X No Were any special allocations made by the foreign partnership? X Yes No Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 9 How is this partnership classified under the law of the country in which it's organized? LIMITED PARTNERSHI 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section X No 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b Yes b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Yes No Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. Yes No If "Yes," don't complete Schedules L, M-1, and M-2.

Form 886	5 (20	022)	THOR	NBURG	FOUNDA	TION					8	5-0457	010	Page 2
b 1	respe Enter	ect to any the amo	/ transaction	on with the ess receipt	e foreign partne s derived from a	rship? If "\ ıll sales of	ngible income (FDII) ded /es," complete lines 12b, general property to the fo gible income (FDDEI)	12c, and 12d. S oreign partnersh	ee instruction ip that the fi	ns er		Yes		□ No
			•	ss receipt tion of FDI			intangible property to the	• •						
d i	Enter	the amo	•	ss receipt	s derived from a	ıll services	provided to the foreign p	partnership that	the filer inclu	ıded in				
13 I	Enter	the num	nber of for	eign partn	ers subject to se	ection 864	(c)(8) as a result of trans	ferring all or a p	ortion of an	interest in				
14	At an	y time dı	uring the t	ax year we	ere any transfers	between	ership the partnership and its pa	artners subject t	o the disclos	ure		Yes		X No
Sign Here O if You're Fil This Form Separately Not With Yo	ing and our	correct, a	and complete	e. Declaratio	n of preparer (other	than genera	rurn, including accompanying al partner or limited liability co						nowledge	
Tax Return.	Return. Signature of general partner or limited liab Print/Type preparer's name						rer's signature		Date	<u> </u>		T PTIN	Date	
Paid		rillio Type	e preparer s	Hame		Пора	or 3 signature		Date		eck f-employe	_l if		
Prepai	rer	Firm's n	ame							Firm's I	FIN			
Use Only	ı	Firm's a								Phone				
Sched			box <b>b</b>	, enter t	he name, ad	dress, a	nership Interest. ( nd U.S. taxpayer ide ee instructions.  b  Address	entification n		any) of th	ne pers	son(s) who	Check i	direct
													person	partner
Sched	lule	A-1	Certa	in Partn	ers of Forei	⊥ gn Part	nership (see instru	ıctions)						
STM	ſΤ	36	Name				Address			Ider	ntification	number (if any)		Check if foreign person
		10					/ \ D		, I					
Sched			Forei	gn Partr	ners of Sect	ion /21	(c) Partnership (se	e instruction U.S. tax				Derce	ntage inter	rest
Name of part		gn		,	Address		organization (if any)	identificatio (if a	n number	Check if ro U.S. trai		Capital	<del>-</del>	Profits
											] 		%	%
Does the	nartr	ershin h	ave any of	her foreig	n person as a di	rect partn	ı er?					Yes	_/0  	No No
Sched	_		Affilia	tion Scl	hedule. List	all parti	nerships (foreign or a 10% interest.	domestic) in	which the	foreign	partne		S	110
STM	STMT 37						Address			EIN (if an			ordinary e or loss	Check foreigr partner ship
												1		

Form **8865** (2022)

### **SCHEDULE 0** (Form 8865)

## Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. October 2021) Department of the Treasury Internal Revenue Service Name of transferor

► Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

► Go to www.irs.gov/Form8865 for instructions and the latest information.

Name of transferor	•					Filer's identif	
		RG FOUNDAT					157010
Name of foreign part	nership SL (	CAPITAL S	OF I LP		EIN (if any) 98-112		Reference ID number (see instr)
<ul><li>b If "Yes," was the</li><li>2 Was any intantal</li></ul>	he gain deferral me gible property trans	ethod applied to avoid sferred considered o	d the recognition or anticipated to b	ons section 1.721(c)-1( of gain upon the contril e, at the time of the trai on 1.482-7(c)(1)?	b)(14))? See instruction of property?  nsfer or at any	ns	Yes No
		Jnder Section 6038B		011 1.402-7(0)(1)?			Yes No
Type of property	(a) Date of De	(b) escription Fair ma	(c) rket value of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704 allocation met	
Cash							
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9) Intangible property, other							
than intangible property described in section 197(f)(9)							
Other property							
Totals							
3 Enter the trans		e interest in the partn o Be Reported (see		the transfer	9/0	(b) After	the transfer %
Part II Disp	ositions Reportabl	e Under Section 603	38B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain alloca to partne	
Part III Is an	y transfer reported	l on this schedule su	bject to gain reco	gnition under section 9	04(f)(3) or section 904	(f)(5)(F)?	Yes No

FORM 8865	CERTAIN PARTNERS OF FOREIGN	PARTNERSHIP	STATEMEN'	г 36 ———
NAME	ADDRESS	IDENTIFYING NUMBER		
PCT PARTNERS LLC	1201 NORTH MARKET STREET, WILMINGTON, DE 19801	51-0412836		
SAN BERNARDINO	•	95-6193238		
COUNTY EMPL	SAN BERNARDINO, CA 92415-			
FORM 8865	AFFILIATION SCHEDULE		STATEMEN'	 Г 37
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	EIGN
HRJ SPECIAL OPPORTUNITIES	555 MISSION STREET 18TH FL	20-5198605		
ESP GOLDEN BEAR EUROPE FUN	SAN FRANCISCO, CA 94105 1 GEORGE STREET,	98-0549791		X
SOHO SQUARE CAPITAL II LP		98-1260436		х
HERKULES PRIVATE EQUITY II	LONDON, UNITED KINGDOM W1T 11-15 SEATON PLACE ST	98-0621475		X
PANTHEON EUROPE FUND V 'A'	HELIER, JERSEY JE4 0QH PO BOX 255, TRAFALGAR COUR	98-0530866		х
CAPMAN BUYOUT IX FUND A L.	LES BANQUES, GUERNSEY GY13 MILL COURT, LA CHARROTERIE	APPLIED FOR		X
CAPMAN BUYOUT VIII FUND A	ST PETERPORT, GUERNSEY GY1 MILL COURT, LA CHARROTERIE ST PETERPORT, GUERNSEY GY1	APPLIED FOR		X