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Describe the organization's primary unrelated business activity. PARTNERSHIP PASS THROUGH ACTIVITY		<u> </u>					523	000
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If Yes, enter the name and identifying number of the parent corporation. ▶ The books are in care of ▶ WILLIAM HARRIS INVESTORS, INC. Telephone number ▶ 312-621-0590			• •			UGH ACTIV.		oc Y No
The books are in care of WILLIAM HARRIS INVESTORS, INC. Telephone number 312-621-0590	-			111-2002	idially controlled group?			5 <u>21</u> NO
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Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 10,126.		S Excess exempt expenses (Schedule I)						
Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 10,126.								
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 11,689. 30 11,689. 31 563. 32 11,126. 33 11,000.								1,407.
Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 10,126.				t line 2	9 from line 13			
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 1,000. 10,126.						TEMENT 15	_31	563.
Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.			•		30			
line 32 34 10,126.							33	1,000.
		taxable	income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sr	mailer of zero or	,,	10 126
		r Panei	work Reduction Act Notice see instructions	_			1. 34	

9-11

Part II	1 Tax Computation								
35	Organizations Taxable as Corporations. See instructions for tax computation.								
	Controlled group members (sections 1561 and 1563) check here See instructions and								
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):								
	(1) [\$ (2) [\$ (3) [\$								
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	1							
	(2) Additional 3% tax (not more than \$100,000)								
С	Income tax on the amount on line 34		•	> 35c	1,519.				
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the a	amount on line 34 fror	n		•				
	Tax rate schedule or Schedule D (Form 1041)		•	> 36					
37	Proxy tax. See instructions			▶ 37					
38	Alternative minimum tax		_	38					
	Tax on Non-Compliant Facility Income. See instructions			39	•				
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	1,519.				
Part I									
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		73.37					
	Other credits (see instructions)	41b							
C	General business credit. Attach Form 3800	41c							
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d							
	Total credits. Add lines 41a through 41d			41e					
42	Subtract line 41e from line 40			42	1,519.				
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 I	Form 8866 C Othe	? (attach schedule						
44	Total tax. Add lines 42 and 43		,	44	1,519.				
	Payments: A 2016 overpayment credited to 2017	45a	4,284						
	2017 estimated tax payments	45b							
	Tax deposited with Form 8868	45c							
	Foreign organizations. Tax paid or withheld at source (see instructions)	45d							
	Backup withholding (see instructions)	45e							
	Credit for small employer health insurance premiums (Attach Form 8941)	45f							
	Other credits and payments: Form 2439	451							
y	_ : : =	tal > 45g		- (31%) - (34%)					
46	Total payments. Add lines 45a through 45g	- 108	<u> </u>	46	4,284.				
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	2,2021				
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			▶ 48					
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49	2,765.				
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	0 565 1	Refunded •	→ 50	0.				
Part V									
	At any time during the 2017 calendar year, did the organization have an interest in or a significant	gnature or other autho	rity		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organ	- nization may have to f	le						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name								
	here >				X				
52	During the tax year, did the organization receive a distribution from, or was it the grantor	of, or transferor to, a	oreign trust?		X				
	If YES, see instructions for other forms the organization may have to file.	,	J		79.00				
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	•							
	Under penalties of perjury, I declare that I have everywhere the return, including accompanying schedule correct, and complete Declaraty of prepayer (other then payer) is based on all information of which	s and statements, and to	he best of my know	vledge and belief,	it is true,				
Sign		_	oge I		uss this return with				
Here	Van 1/1/2/2018 1/6	afvier		the preparer show					
	Signature of officer Date Title			_	X Yes No				
	Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN					
Paid			self- employe						
Prepa	rer KRISTINA RASMUSSEN Kristina Zamunen	11/5/2018			143920				
Use O	PRIOTEME MAY LID		Firm's EIN		1065772				
036 0	50 SOUTH SIXTH STREET								
	Firm's address ► MINNEAPOLIS, MN 55402		Phone no.	612-39	7-4000				
					222				

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation ► N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6	
2 Purchases	2	 -	7	Cost of goods sold. S		line 6		
3 Cost of labor	3		1	from line 5. Enter here			<u></u>	
4a Additional section 263A costs			1	line 2		· [7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes N	ło
b Other costs (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?	•	,,		X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	rty)	
1. Description of property								
(1)								_
(2)								_
(3)								
(4)			-					_
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly or columns 2(a) and	onnected with the income in 2(b) (attach schedule)	
(1)								_
(2)				**			·	_
(3)								_
(4)				- '				_
Total	0.	Total			0.			_
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 0) <u>.</u>
Schedule E - Unrelated Deb	ot-Financed	Income (see	nstru	ctions)				
			2	. Gross income from or allocable to debt-		3. Deductions directly conne to debt-financed	property	
1. Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)							,	_
(2)								_
(3)								_
(4)							· · · · · ·	_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	ıs
(1)	1			%		· · · · · · · · · · · · · · · · · · ·		_
(2)				%				_
(3)				%				_
(4)				%				_
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				.		0.).
Total dividends-received deductions	ncluded in column	1 8			l) .
	.c.accan column							

Page 4

Ocheduic i - Interest, F	aniana.	s, moyun	iico, aii	ia riciito	11.0111.00	0110	a organiz	200.10	9 (366 1113	struction	15)
				Exempt	Controlled C	rganızat	ions		_		
Name of controlled organizati	on	ıdentıfi	ntification (loss) (see instructions) payments made inc		ınctuc	rt of column 4 led in the contr zation's gross i	rolling	6. Deductions directly connected with income in column 5			
(1)			-					1			•
(2)		-						—			
(3)				-							_
(4)			•							-+	
Nonexempt Controlled Organiz	ations									<u> </u>	-
				0 Tatal			10. Part of colu	0 45-		44 5	distant desetts assessed
7. Taxable Income	8. Net u: (s	nrelated incom see instructions	ie (ioss) s)	g, rotar	of specified pay made	nents	in the control	ling orgai is income	nization's		eductions directly connected h income in column 10
(1)				1							
(2)											
(3)											
(4)											
				<u>,</u>			Add colu Enter here and line 8,		e 1, Parti, A)		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals							<u>L.</u>		0.		0.
Schedule G - Investme		ne of a S	Section	501(c)(7	7), (9), or (17) Or	ganization				
(see instr	uctions)				_				,		
1. Descr	iption of inco	me			2. Amount of	ıncome	3. Deduction directly conn (attach sche	ected	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)					<u> </u>						
(4)											
			,		Enter here and Part I, line 9, co	olumn (A)				A.	Enter here and on page 1, Part I, line 9, column (B)
Totals	-	A - A1: -1A -	1	- 041	The second selection	0.			X 41/X600		8 0.
Schedule I - Exploited I (see instru	-	Activity	Incom	e, Otner	' Inan Adv	/ertisii	ng income				_
Description of exploited activity	unrelated	e from	directly with pr of ur	xpenses connected roduction related ss income	4. Net incor from unrelated business (communus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross ind from activity is not unrela business ind	that ited	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
							 				
(2)							 		1		
(3)							-				-
(4)	Fater has		Enter h	ere and on	SARRAY 141 MILLION	C454258		W.C.A.O	TO STATE OF THE ST	C. 7400000000	Enter here and
	Enter her page 1	, Part I,	page	1, Part I,		157				74	on page 1,
	line 10,		line 10	l, col (B)		day.					Part II, line 26
Totals		0.		0.		Students.		Elevision in the second	Ca.		0.
Schedule J - Advertisir											
Parti Income From F	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (o	tising gain of 2 minus ain, compu hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					£		70		1		75 A. L. (1984)
(2)							(5) (5)				
(3)	-						3 -				
(4)					85,77°C1 255°E	. ** 1980/887803	N:		 	-	NAMES OF STREET OF STREET OF STREET
Totals (carry to Part II, line (5))	•	(0.	0							0.

Form 990-T (2017) MAKO FOUNDATION 30-02869 Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
1, Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (cot 2 minus cot 3) If a gain, compute cots 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							•
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

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.

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

OMB No 1545-0123

Name

Employer identification number

30-0286945

MAKO FOUNDATION

Part	Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less			
	ctions for how to figure the amounts the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	n q	(h) Gain or (loss) Subtract column (e) from column (d) and	
This form i	may be easier to complete if you cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g) '	combine the result with column (g)	
report was re have r Howev transa blank	for all short-term transactions ed on Form 1099-B for which basis sported to the IRS and for which you to adjustments (see instructions). ver, if you choose to report all these ctions on Form 8949, leave this line and go to line 1b						
	for all transactions reported on						
	s) 8949 with Box A checked						
	for all transactions reported on s) 8949 with Box B checked						
	for all transactions reported on	• • •		<u> </u>		<u></u>	
	s) 8949 with Box C checked					1,269.	
	term capital gain from installment sales	from Form 6252, line 26 or 37	7	· /	4		
	term capital gain or (loss) from like-kind				5		
	d capital loss carryover (attach computa		SEE S'	TATEMENT 16	6	(2,591.)	
	ort-term capital gain or (loss). Combine	•	h		7	<1,322.>	
 Part II	🖟 Long-Term Capital Gair	ns and Losses - Ass	ets Held More Than	One Year			
See instru	ctions for how to figure the amounts the lines below.	(d)	(0)	(0) Advistments to some		(b) Con or (loos) Subbook	
This form i	may be easier to complete if you ents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part II, line 2, column (g	9,)	(ħ) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
on For report no adj if you	for all long-term transactions reported m 1099-B for which basis was ed to the IRS and for which you have ustments (see instructions). However, choose to report all these transactions m 8949, leave this line blank and go to						
8b Totals	for all transactions reported on			,			
Form(s) 8949 with Box D checked						
9 Totals	for all transactions reported on						
Form(s) 8949 with Box E checked						
	for all transactions reported on			•			
	s) 8949 with Box F checked			1		641.	
	gain from Form 4797, line 7 or 9		_	}		1,881.	
•	term capital gain from installment sales	•	7	ŀ	12		
•	term capital gain or (loss) from like-kind	d exchanges from Form 8824		ŀ	13		
•	al gain distributions			ŀ	14	2,522.	
	ng-term capital gain or (loss). Combine II: Summary of Parts I and		<u>n n</u>		15	2,322.	
	excess of net short-term capital gain (lin		Lloce (line 15)		16		
	excess of fiet short-term capital gain (iii) ipital gain. Enter excess of net long-term	•	, ,	71	17	1,200.	
			, ,	· ·		1,200	
	18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 18 1, 200.						
Note:	Note: If losses exceed gains, see Capital losses in the instructions.						

JWA

Part IV Alternative Tax for Corporations with Qualif	ied Timber Gain. Complete F	Part IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you	are filing Form 1120-RIC. See instruc	tions.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		
of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19, (b) the amount on line 20; or		
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)		22
		And the second s
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax	x rate) appropriate for	
the return with which Schedule D (Form 1120) is being filed		24
25 Add lines 21 and 23	25	
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
		<u> </u>
27 Multiply line 26 by 35% (0.35)		27
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax	x rate) appropriate for the	
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, 5	Schedule J, line 2, or the	
annicable line of your tay return		1 30 1

Form **8949**

Department of the Treasury Internal Revenue Service

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 **2017**

Attachment Sequence No 12A

Name(s) shown on return

MAKO FOUNDATION

Social security number or taxpayer identification no.

30-0286945

Before you check Box A, B, or C statement will have the same info	ormation as Form 10	you received an 99-B Either will	y Form(s) 1099-B (show whether you	or substitute statem ir basis (usually you	nent(s) fron r cost) was	n your broker A sı s reported to the IF	ıbstıtute RS by your
Part I Short-Term. Tran Note You may aggrega codes are required. Enter	nsactions involving c ite all short-term transac	ctions reported on	Form(s) 1099-B shov	ving basis was reporte	ed to the IRS	S and for which no ac	ljustments or
You must check Box A, B, or C beld If you have more short-term transactions the (A) Short-term transaction: (B) Short-term transaction: X (C) Short-term transaction	en will fit on this page for on s reported on Form(s s reported on Form(s	e or more of the boxe s) 1099-B showir s) 1099-B showir	s, complete as many for ng basis was repoi ng basis wasn't re	ms with the same box che ted to the IRS (see	cked as you n	eed	each applicable box.
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 see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
WHI NFP FUND, LL	C VARIOUS	VARIOUS				1	<511.>
WHI REALTY FUND							
III, L.P.	VARIOUS	VARIOUS					1,780.
2 Totals. Add the amounts in a negative amounts) Enter ead Schedule D, line 1b (if Box A above is checked), or line 3	ch total here and inc A above is checked),	lude on your Ine 2 (if Box B					1,269.

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

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.

MAKO FOUNDATION

30-0286945

Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which I	ation as Form 10	you received any 99-B Either will :	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	n your broker A su s reported to the IF	bstitute RS by your
Part II Long-Term. Transact Note: You may aggregate al codes are required. Enter the	tions involving ca l long-term transac	tions reported on F	orm(s) 1099-B showi	ng basis was reported	d to the IRS	and for which no ad	ustments or
You must check Box D, E, or F below. Of you have more long-term transactions than will (D) Long-term transactions rep (E) Long-term transactions rep (X) (F) Long-term transactions not	fit on this page for one ported on Form(s ported on Form(s	s or more of the boxes s) 1099-B showin) 1099-B showin	complete as many form g basis was report g basis wasn't re	is with the same box chec ted to the IRS (see	ked as you n	eed	each applicable box
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 see Column (e) in the instructions	loss. If y in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
WHI NFP FUND, LLC	VARIOUS	VARIOUS					399.
WHI PRIVATE EQUITY							
MANAGERS FUND III,							
L.P.	VARIOUS	VARIOUS					<49.
WHI REALTY FUND							
III, L.P.	VARIOUS	VARIOUS	.				290.
WHI REALTY FUND,							
LLC	VARIOUS	VARIOUS					1.
						<u> </u>	<u> </u>
	ļ						

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

641.

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

FORM 990-T INCO	S) FROM PARTNERSHIPS STATEMENT 12 CORPORATIONS				
DESCRIPTION	AMOUNT				
WHI FIXED INCOME FUND II, LLC WHI FIXED INCOME FUND III FUND, L.P. WHI NFP FUND, LLC WHI PRIVATE EQUITY MANAGERS FUND III, L.P. WHI PRIVATE EQUITY MANAGERS FUND IV, L.P. WHI PRIVATE EQUITY MANAGERS FUND, LLC WHI REAL ESTATE PARTNERS I-F WHI REALTY FUND II, L.P. WHI REALTY FUND III, L.P. WHI REALTY FUND, LLC					
TOTAL TO FORM 990-T, I	LINE 5 11,896.				
FORM 990-T	CONTRIBUTIONS STATEMENT 13				
DESCRIPTION/KIND OF PR	METHOD USED TO DETERMINE FMV AMOUNT				
CONTRIBUTION CARRYOVER 2005	N/A 1,125.				
TOTAL TO FORM 990-T, PAGE 1, LINE 20					