		••		•	273	93	14501300
	i Ex	cempt Organization	Bus	siness Incóme Ì	Tax Retui	rn. I	OMB No. 1545-0687
Form 990-T				der section 6033(			OMB NO. 1353-0007
	For cale	ndar year 2017 or other tax year begins					<b>୭</b> ⋒ <b>17</b>
Department of the Treasury	1.0.00	Go to www.irs.gov/Form990				·—	<u> </u>
Internal Revenue Service	▶ Do	not enter SSN numbers on this form a			•	c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	1			me changed and see instructions		O Emp	loyer identification number
address change	4	_		•		(Empl	oyees' trust, see instructions.)
B Exempt under section	7	LOYOLA UNIVERSITY OF	F CH	ICAGO '	í		
X 501( C )(C3)	Print	Number, street, and room or suite no. It	fa P.O	. box, see instructions.	I	36-1	.408475
408(e) 220(	e) Type				• !		lated business activity codes
408A 530(		820 N. MICHIGAN AVER	NUE		i 1	(500)	nstructions.)
529(a)		City or town, state or province, country	y, and Z	ZIP or foreign postal code	Ţ		
C Book value of all assets	·	CHICAGO, IL 60611-2	147		<u>i</u>	5230	713940
at end of year		oup exemption number (See instructi			L		
2183629063.	G Che	eck organization type 🕨 🗴 501	(c) co	rporation 501(c)	trust	401(a)	trust Other trust
H Describe the organ	nization's p	orimary unrelated business activity.	► IN	VESTMENT INCOME 8	FITNESS	CENTE	R
I During the tax year	r, was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary c			
If "Yes," enter the	name and	identifying number of the parent cor	porati	on. ▶	1		
		TERESA KRAFCISIN, CON'	rol	<del>,</del>	e number > 31		
Part I Unrelate	d Trade	or Business Income		(A) income	(B) Exper	585	(C) Net
1a Gross receipts o	r sales	3,479,487.	1	, , , , , ,	į		
<b>b</b> Less returns and allo		C Balanca ▶	1c	3,479,487.	;		
		tule A, line 7)	2	3,143,832.	<u> </u>		205 655
•		2 from line 1c . //\	3	335,655.	1		335,655.
		attach Schedule D)	4a	88,122.	1		88,122.
• • •		Part II, line 17) (attach Form 4797)	46		1		
		trusts	4c	07.652	1 3 7 7 1		07 652
	-	lps and S corporations (attach statement)	5	97,652.	ATCH 1		97,652.
	-		6	3,168,355.	3,.11	3,899	. 54,456.
_		ncome (Schedule E)	7	-			
	•	ints from controlled organizations (Schedule F)	-		1		<del> </del>
		01(c)(7), (9), or (17) organization (Schedule G)	10		<del>†</del>	-	<del></del>
	-	income (Schedule I)	11		<u>.</u> i		+
_	•	ctions; attach schedule)	12	363,440.	ATCH 2	)	363,440.
		rough 12	13	4,053,224.		3,899	
		Taken Elsewhere (See instr					
		t be directly connected with t				_,wopt	·
		directors, and trustees (Schedule K)					
•				KE	CEIVEL	)	66,290.
		• • • • • • • • • • • • • • • • • • • •		lel .	1	- (3	
17 Bad debts					Y 2 1 2019	1871	
18 Interest (attach	schedule)				2013		
19 Taxes and licens	ses , , ,				D'EN LIVE	<u>- 기본</u>	49,039.
20 Charitable cont	ributions (	See instructions for limitation rules)	ATT	ACHMENT 3 UG	DEN, UT	<u>a</u>	E2 E20
21 Depreciation (a	ttach Form	1 4562)		21			
22 Less depreciation	on claimed	i on Schedule A and elsewhere on re	turn		1	22t	<u> </u>
						1	<u> </u>
		compensation plans					<del></del>
		8					1
-		Schedule I)					<del></del>
		Schedule J)					40 444
	•	schedule)					017 050
		es 14 through 28					701 073
		ble income before net operating			•		220 761
_		ion (limited to the amount on line 30					400 010
		le income before specific deduction		= = =			1 000
-	-	rally \$1,000, but see line 33 instruct  ble Income. Subtract line 33 for					1,0001
							481,212.
For Paperwork Redu	ction Act I	r line 32	• • •.	<u> </u>		<u> 76   34</u>	Form 990-T (2017)
7X2740 2,000 67084Y 1.	L43			•	į.	•	PAGE 8
					•	^ <b>~</b>	

Part III Tax Computation		
		<del>, - , - , - , - , - , - , - , - , - , -</del>
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled gr	oup	
members (sections 1561 and 1563) check here > X See Instructions and:		
a Enjer your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	1 :	
50,000.     2   50,000.     9,925,000.	ŀ	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
(2) Additional 3% tax (not more than \$100,000)		
c Income tax on the amount on line 34	. <b>▶</b> 35c	126,667
36 Trusts Texable at Trust Rates. See instructions for tax computation. Income tax		
the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37 Proxy tax. See instructions		
38 Alternative minimum tax		
39 Tax on Non-Compliant Facility Income. See instructions		
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		126,667
Part IV Tax and Payments		
41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
b Other credits (see instructions),		
c General business credit, Attach Form 3800 (see instructions)	23.	
d Credit for prior year minimum tax (attach Form 8801 or 8827),		
e Total credits. Add lines 4 la through 41d	150 410	7,623
		119,044
42 Subtract line 41e from line 40.  43 Other laxes Check if from: Form 4256 Form 8811 Form 8897 Form 8888 X Other (etlech sched)	#F 43	2,945
	48 44	121,989
44 Total tax. Add lines 42 and 43. 45 a Payments. A 2016 overpayment credited to 2017	00.	
b 2017 estimated tax payments	00.	
c Tax deposited with Form 8868		
d Foreign organizations: Tax paid or withheld at source (see Instructions)	_	
Backup withholding (see instructions)	-	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f		
f Credit for small employer health insurance premiums (Attach Form 8941)		
Q Other credits and payments: Form 2439		
g Other credits and payments: Form 2439	<u>₹</u> 7 46	547,000
g Other credits and payments: Form 2439 45g	57 46 47	547,000
GOther credits and payments: Form 2439 Other Total payments. Add lines 45a through 45g  Total payments. Add lines 45a through 45g  Estimated tax penalty (see instructions). Check if Form 2220 is attached.	47	547,000
Gother credits and payments: Form 2439 Other Form 4138 Other Total payments. Add lines 45s through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached.  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	☐ 47 1. ► 48	547,000
Gother credits and payments: Form 2439 Other Form 4136 Other Total payments. Add lines 45a through 45g  47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. Tax due. If line 46 is less than the total of lines 44 and 47, enter amount ower decrease.  49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpeid.	47   48   49	425,011
Gother credits and payments:  Form 2439  Other  Total payments. Add lines 45a through 45g  Total payments. Add lines 45a through 45g  Estimated tax penalty (see instructions). Check if Form 2220 is attached.  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpeid.  Enter the amount of fine 49 you want: Credited to 2018 eatimated tax ▶ 425, 011.  Refunded	47 48 49 49 50	
Gother credits and payments:  Form 2439  Other  Total payments. Add lines 45a through 45g  Total payments. Add lines 45a through 45g  Estimated tax penalty (see instructions). Check if Form 2220 is attached.  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpeid.  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpeid.  Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ 425, 011.  Refunder  Part V Statements Regarding Certain Activities and Other Information (see instru	47 48 49 49 50 ctions)	425,011
Gother credits and payments:  Form 2439  Other  Total payments. Add lines 45a through 45g  Total payments. Add lines 45a through 45g  Festimated tax penalty (see instructions). Check if Form 2220 is attached.  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpeid.  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpeid.  Enter the amount of line 49 you want: Credited to 2018 eatimated tax ▶ 425, 011.  Refunder  Part V Statements Regarding Certain Activities and Other Information (see instructions).  At any time during the 2017 calendar year, did the organization have an interest in or a signature.	47 48 49 49 50 ctions)	425,011
Gother credits and payments:  Form 2439  Other  Total payments. Add lines 45a through 45g  Total payments. Add lines 45a through 45g  Festimated tax penalty (see instructions). Check if Form 2220 is attached.  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpeid.  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpeid.  Enter the amount of line 49 you want: Credited to 2018 eatimated tax ▶ 425, 011.  Refunder  Part V Statements Regarding Certain Activities and Other Information (see instructions).  At any time during the 2017 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	47 48 49 d > 50 ctions)	425,011
Gother credits and payments:  Form 2439  Other  Total payments. Add lines 45a through 45g.  Total payments. Add lines 45a through 45g.  Form 2220 is attached.  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount overpeid.  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpeid.  Enter the amount of line 49 you want: Credited to 2018 eatimated tax ▶ 425, 011.  Refunde:  Part V Statements Regarding Certain Activities and Other Information (see instruents).  At any time during the 2017 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If YES, the organization financial Accounts. If YES, enter the name of	47 48 49 d > 50 ctions)	425,011 (authority Yes Nove to file 1 country
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Gother credits and payments:  Form 4138  Other  Total payments. Add lines 45a through 45g  Total payments. Add lines 45a through 45g  Estimated tax penalty (see instructions). Check if Form 2220 is attached.  Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed  Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpeid.  Enter the amount of fine 49 you want: Credited to 2018 eatimated tax ▶ 425, 011. Refunded  Part V Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2017 calender year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If YES, the organization FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of here ▶ UK, IT, & VM  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a if YES, see instructions for other forms the organization may have to file.  Enter the amount of tax-exampt interest received or accrued during the tax year ▶ \$11,845.  Under penalties of penary, I declare that I have examined this return, including accompanying schedules and attransmits, and to true, correct, and complete. Declaration of preparer (other than temperary) is based on all glormation of which preparer has my knowledge.  Signature of officer  Date  Title  Print/Type preparer's name  Prenarer's stumpture  O5/13/19	47 48 49 49 49 50 ctions) The or other or may have the foreign trus the best of or may the with the tase existence.  Check self-employer.	authority Yes No se to file n country X  425,011  (1)  As to file n country X  47

7X2741 2.000 67084Y 1143

	990-T (2017)									F	Page 3
Sch	edule A - Cost of Go		ter method			<u> </u>		<del></del>	<del></del>		
1	Inventory at beginning of y						r		-		
2	Purchases	1 - 1				-	d. Subtract li				
3	Cost of labor	· · · <del>-   </del>				1	ter here and				
4a	Additional section 263A co					_			<u> </u>	1	
	(attach schedule)	4a					section 263A			Yes	No
_	Other costs (attach schedu			pr	roperty	produced	or acquired	for resa	ile) apply		]
5	Total. Add lines 1 through			to	the orga	nization?	## D - I D	<u> </u>	<u></u>	L	X
	edule C - Rent Income ee instructions)	e (From Real P	roperty a	nd Personal Pr	operty	reased Á	/ITN Keal Pro	perty)			
<u> </u>	escription of property		•	·		i			-	-	
	CONFERENCE FACI	T.TTV DENTAL	שודדש פו	PUTCES		- 1					
(1)	CUNEO MUSEUM AN				פשי				-		
(2)	LUREC RENTAL WI			"III DEKATO							
(3)	TOUGO VENTUR MI	III OBKAICES							-		
<u>(4)</u>		2. Rent rece	ved or accou	ad	_			_			
			Τ				04-1 D-4			<b></b>	
(a	) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percent	rom real and persona age of rent for person of the rent is based o	al property	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)  ATTACHMENT 6				ome
(1)			<u> </u>	2,805,860	).				2,	749,	207.
(2)		<del></del>	<del>-</del>	100,142				100,			
(3)	<del></del>			262,353						264,	550.
(4)	<del></del>	==	T	<del></del>							
Total			Total	3,168,355	<u>,                                      </u>						
	otal income. Add totals of cand on page 1, Part I, line 6			3,168,355.			(b) Total dedu Enter here and Part I, line 6, c	on page	1. ▶ 3,:	113,	899.
Sch	edule E - Unrelated D	ebt-Financed	ncome (se		<del>-</del>		!	<u> </u>	<u> </u>		
		<u> </u>		2. Gross income		3. [	eductions directly	connected		ole to	
	1. Description of det	bt-financed property		allocable to debt-fi property	in <b>ance</b> d	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)		
(1)	· · · · · · · · · · · · · · · · · · ·					<del></del> -		<u> </u>			
(2)			-			<del></del>					
(3)							l				
(4)											
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sch	ble to property	6. Column 4 divided by column 5	5		income reportable 2 x column 6)		Allocable dec umn 6 x total 3(a) and 3(	of colum	
(1)					- %						
(2)	<del></del>				%			_1			
(3)	<del></del>				%		i				
(4)		L		<u> </u>	%		<u> </u>				
Tota	<b>is</b> , , , , , , , , , , , , , , , , , , ,				▶	Enter hen Part I, lin	ė and on page 1, ė 7, column (A).	Ente Par	er here and o	on page lumn (E	) 1, 3).
Tota	l dividends-received deduct	tons included in c	olumn 8			<u> </u>	]	<b>&gt;</b>			

Form 990-T (2017)

Schedule F - Interest, Ann	uities, Royaities	, and Rent	s Fro	m Control	led Or	ganiżati	ons (see	instruction	ns)	
				ntrolled Org					•	· <del>····································</del>
Name of controlled organization	2. Employer identification number	3. No	t unrek	ated income natructions)	4. Total	of specified	included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)	<del></del>				<u> </u>	- :				<del></del>
(2)								_		<del></del>
(3)								-		<del></del>
(4)						1	<u> </u>	·		
Nonexempt Controlled Organi	izations					i				<u> </u>
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Fotal of specific syments made		includ		the controlling conne		. Deductions directly nected with income in column 10
(1)										
(2)		Î								
(3)										
(4)	· · · · · · · · · · · · · · · · · · ·					1				
Totais			• • •		▶	Enter Pert I	columns 5 a here and on , line 8, colu	page 1, mn (A).	Ent	id columns 8 and 11. er here and on page 1, rt I, line 8, column (B).
Schedule G - Investment I	ncome of a Sec	tion 501(c	;)(7) <u>,</u>			nization	(see ins	tructions)		
1. Description of income	2. Amount of	Income		3. Deduction directly cor (attach sch	nected		4. Se (attach	t-esides schedule)	_	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)	<u> </u>		<u> </u>			1				
(2)	<u> </u>		<u> </u>			1				
(3)						l'i				
(4)						Ţ.				
Totals	Enter here and of Part I, line 9, co	olumn (A).	er Th	an Adverti	sina in	come (	see instru	ections)		Enter here and on page 1, Part I, line 9, column (B).
			<b>-</b>				200 1110110	1		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business inc	with n of d	4. Net inconfrom unrelated or business 2 minus collif a gain, colors. 5 through	ed trade (column umn 3). ompute	from ac	s income tivity that unrelated is income	6. Exper attributal column	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						i				
(2)	†			<del>                                     </del>	-	4		1		1
(3)	1									1
(4)	1			1		i i		1		1
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, Pa line 10, col.	rt I,							Enter here and on page 1, Part II, line 26.
Totals ▶ Schedule J - Advertising Is		ictions)		1	-					1
			mes!	idated Day	ole .	<u> </u>	<del></del>			
Part I Income From Per	I CUICAIS REPORT	eu un a C	71 15Oł	iuateu Dat	915	<del></del>		τ		Т
Name of periodical	2. Gross advertising income	3. Direct advertising of		4. Advert gain or (los 2 minus or a gain, co cols. 5 thro	ss) (cal. ol. 3). If mpute		culation come	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)		•								
(3)				}						
(4)						1				
Totals (carry to Part II, line (5))						1				000 T
						1				Form 990-T (2017)

Form 990-T (2017)	LOYOLA U	NIVERSITY OF	CHICAGO		36-14	J84/5 Page 5
Part II Income From Per 2 through 7 on a			rate Basis (For o	each periodical	listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4).
(1)						
(2)		•		i		
(3)						
(4)				1		
Totals from Part I ▶				Ï		
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).		ĺ		Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensation	n of Officers, D	Irectors, and Ti	r <mark>ustees</mark> (see insti			
1. Name		2.	Title	3. Percent of time devoted to business	4. Compensatio unrelated	
(1)				%		
(2)				. %		
(3)				. %		
(4)				%		
Total. Enter here and on page 1, P	art II, line 14					

Form **990-T** (2017)

# Form **4626**

# Alternative Minimum Tax - Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Employer identification number

LOYO	LA UNIVERSITY OF CHICAGO	36	-1408475	
	Note: See the instructions to find out if the corporation is a small corporation exempt from talternative minimum tax (AMT) under section 55(e).	he		
1	Taxable income or (loss) before net operating loss deduction	∙∙⊦	1	720,973
2	Adjustments and preferences:			
-а	Depreciation of post-1986 property	:	2a	1,315
h	Amortization of certified pollution control facilities		2b	
G	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
_	Adjusted gain or loss		2e	-39,682
í	Long-term contracts	–	2f	
9	Merchant marine capital construction funds.	⊢	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	_	2h	
"	Tax shelter farm activities (personal service corporations only).		21	
i	Passive activities (closely held corporations and personal service corporations only)		<u>2j</u>	
k	Loss limitations		2k	
ī	Depletion		21	
· m	Tax-exempt interest income from specified private activity bonds	–	2m	
n	Intangible drilling costs		2n	<del></del>
_	Other adjustments and preferences	–	20	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	682,606
4	Adjusted current earnings (ACE) adjustment:	· ·		
•	ACE from line 10 of the ACE worksheet in the instructions	)6		
	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference	$\neg$		
-	as a negative amount. See instructions	0		
C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c	0		
	Enter the excess, if any, of the corporation's total increases in AMTI from	$\neg$		
d	prior year ACE adjustments over its total reductions in AMTI from prior	- 1		
	year ACE adjustments. See instructions. Note: You must enter an	ļ		
	amount on line 4d (even if line 4b is positive)	0		
e	ACE adjustment.			
	If line 4b is zero or more, enter the amount from line 4c	᠘	40	0
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount			
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	L	5	682,606
6	Alternative tax net operating loss deduction. See instructions	L	6	47,384
		- 1		
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual	ual		
	interest in a REMIC, see instructions	L	7	635,222
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)	:		
а	Subtract \$150,000 from line 7. If completing this line for a member of a			
	controlled group, see instructions. If zero or less, enter -0 8a	의	<b> </b>	
b	Multiply line 8a by 25% (0.25)	0		
C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled gro			40.000
	see instructions. If zero or less, enter -0		8c	40,000
9	Subtract line 8c from line 7. If zero or less, enter -0		9	595,222
10	Multiply line 9 by 20% (0.20)	••⊢	10	119,044
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	· · ⊢	11	110 044
12	Tentative minimum tax. Subtract line 11 from line 10	• • ⊢	12	119,044
13	Regular tax liability before applying all credits except the foreign tax credit	• • –	13	126,667
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and			^
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	٠٠١	14	- <b>4626</b> (2017)

# FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

AXIOM ASIA PRIVATE CAPITAL FUND III, LP CL III IHC, LLC COMMONFUND REALTY PARTNERS I, LP CROW HOLDINGS REALTY PARTNERS VII-A, LP CYPRESS REALTY VI, LP DAVIDSON KEMPNER INSTITUTIONAL ENDOWMENT ENERGY PARTNERS III, LP ENDOWMENT PRIVATE EQUITY PARTNERS IV, LP ENERGY SPECTRUM PARTNERS VI, LP FORTRESS CREDIT OPPORTUNITIES FUND II (B), LP FORTRESS REAL ESTATE OPPORTUNITIES FUND II (B), LP FORTRESS SECURED LENDING FUND I (A), LP GEM REALTY FUND VI, LP LEXINGTON MIDDLE MARKET INVESTORS III, LP LEXINGTON MIDDLE MARKET INVESTORS IV, LP LINCOLNSHIRE EQUITY FUND IV-A, LP MILL ROAD CAPITAL II, LP NORTH SKY LBO FUND III, LP PINEBRIDGE PEP III DIRECT, LP PINEBRIDGE PEP III SECONDARY, LP PINEBRIDGE PEP IV SECONDARY, LP PINEBRIDGE PEP IV U.S. BUYOUT, LP	79. 272,4432,347. 394. 9,69216,1063,818550. 22243,022243,022. 33. 15,656. 6,4051,47314,386202,536. 11,17834,688. 12289201. 2. 225. 4992.
TCV VIII, LP TCV IX, LP	3,361. -55,029.
VERDIS REAL ASSETS FUND	-53,029. -116,641.
WAYZATA OPPORTUNITIES FUND II, LP	441,037.
WHITE DEER ENERGY LP II	29,168.
THE BLACKSTONE GROUP, LP	19.
THE BENCKSTONE GROOT, HE	19.
INCOME (LOSS) FROM PARTNERSHIPS	97,652.

ATT	ACHM	ENT 2

PART	Ι	-	LINE	12	_	OTHER	INCOME	

ATHLETIC SPONSORSHIPS 512(A)(7) QUALIFIED TRANSPORTATION FRINGE

PART I - LINE 12 - OTHER INCOME

23,294. 340,146.

363,440.

#### Loyola University Chicago Attachment to Form 990T -Part II, Line 20 EIN: 36-1408475 Year Ended 6/30/2018

Charitable Contribution Carryforward

Tax Year	AMOUNT GENERATED	CHARITABLE CONTRIBUTION CONVERTED TO NOL*	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 2017	CARRYFORWARD TO 2018	EXPIRATION DATE
160 106	CENERATED	CONTERTED TO NOE	OTICIEED INTINON TEXAS	OTIDIZED IN COTT	10 2010	
2013	114,625	-	114,625	, -	•	2018
2014	132,920	-	32,304	•	100,616	2019
2015	<b>84</b> .116	•	-	¹ <u>-</u>	<b>84</b> ,116	2020
2016	99,696	16,628	-	-	83,068	2021
2017	131,013	23,976		53,579	53,458	2022
	562,370	40,604	146,929	53,579	321,258	

<sup>\*</sup> Charitable Contribution converted to NOL pursuant to IRC Section 170(d)(2)(8)(ii)

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

INVESTMENT MANAGEMENT LEGAL FEES TAX PREPARATION FEES

22,028. 26,416.

PART II - LINE 28 - OTHER DEDUCTIONS

48,444.

36-1408475 ATTACHMENT 5

1	FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING B	LENDED TAX RATE
	1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	481,212.
	2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE! OR TAX	,
	COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	151,862.
	3 TAX ON LINE 1 FIGURED USING THE 21% RATE	101,055.
	4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 184	
	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	27,942,608.
	5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	
	IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	18,290,955.
	6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	
	IN THE CORPORATION'S TAX YEAR	76,555.
•	7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365	
	IN THE CORPORATION'S TAX YEAR	50,112.
;	8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	126,667.

# SCHEDULE C - RENT INCOME DEDUCTIONS

CONFERENCE FACILITY RENTAL WITH SERVICES	!	
COST OF GOODS SOLD	!	1,343,780.
SALARIES AND WAGES	1	463,417.
SUPPLIES		8,753.
PRINTING	ŀ	1,006.
POSTAGE		440.
ADVERTISING	1	15,441.
TELEPHONE	:	5,255.
CONTRACTED SERVICES		85,016.
PROFESSIONAL DEVELOPMENT	•	11,311.
MEMBERSHIP & DUES		4,487.
OTHER FOOD SERVICES		61,419.
OFFICE & TECHNOLOGY		25,071.
HOUSEKEEPING		65,432.
FACILITY RENTAL	1	6,855.
OTHER EXPENSES	1	45,052.
INDIRECT FACILITY EXPENSES	•	606,472.
TOTAL	:	2,749,207.

# SCHEDULE C - RENT INCOME DEDUCTIONS

CUNEO MUSEUM AND GARDENS - RENTAL WITH SE	RVICES
SALARIES & WAGES SUPPLIES ADVERTISING	36,404. 10. 473.
POSTAGE TELECOMMUNICATIONS CONTRACTED SERVICES	18. 700. 10,905.
OTHER EXPENSES REPAIRS AND MAINTENANCE UTILITIES	683. 1,767. 1,958.
TAXES & LICENSES DEPRECIATION	2,367. 44,857.
TOTAL	100,142.

# SCHEDULE C - RENT INCOME DEDUCTIONS

LUREC RENTAL WITH SERVICES	
SALARIES AND WAGES SUPPLIES	125,983. 1,501.
MARKETING	11,582.
POSTAGE TELEPHONE	36. 1,467.
CONTRACTED SERVICES	16,667.
OTHER FOOD SERVICES	71,173.
EQUIPMENT	5,890.
FACILITY EXPENSES	29,862.
OTHER EXPENSES	389.
TOTAL	264,550.

#### Loyola University Chicago Attachment to Form 990T -Part II, Line 31 EIN: 36-1408475 Year Ended 6/30/2018

Net Operating Loss Carryover - Regular Tax

				•		NOL
		CHARITABLE CONTRIBUTION	NOL	1	NOL	CARRYFORWARD
Tax Year	NOL	CONVERTED TO NOL*	UTILIZED IN PRIOR YEARS	ł	UTILIZED IN 2017	TO 2018
2015	389,413		166,280	ı	223,133	-
2016	-	16,628	-	•	16,628	-
2017		23,976				23,976
	389 413	40 604	166 280	1	239 761	73 976

<sup>\*</sup> Charitable Contribution converted to NOL pursuant to IRC Section 170(d)(2)(B)(ii)

### Loyola University Chicago Attachment to Form 4626 - Line 6 EIN: 36-1408475 Year Ended 6/30/2018

Net Operating Loss Carryover - Alternative Minimum Tax

				:		NOL
			CHARITABLE CONTRIBUTION	NOL	NOL	CARRYFORWARD
	Tax Year	NOL	CONVERTED TO NOL*	UTILIZED IN PRIOR YEARS	UTILIZED IN 2017	TO 2018
•	2015	199,163	•	168,407	30,756	-
	2016	-	16,628	- 1	16,628	-
	2017		23,976			23,976
		199,163	40,604	168,407	47,384	23,976

<sup>\*</sup> Charitable Contribution converted to NOL pursuant to IRC Section 170(d)(2)(B)(ii)

#### SCHEDULE D (Form 1120)

## **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-C-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Formal@90-T.

OMB No 1545-0123

**2017** 

Department of the Treasury Internal Revenue Service 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.

Employer identification number LOYOLA UNIVERSITY OF CHICAGO 36-1408475 Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part I. line 2. column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the 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 2 Totals for all transactions reported on Form(s) 8949 with Box Bichacked Totals for all transactions reported on Form(s) 8949 2,174. 2,024 150. 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. 150. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter or (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales orice) (or other basis) the result with column (g) whole dallars. column (g) a Totals for all long-term transactions reported on Form 1099-8 for which bests 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. rave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . . . . . . . . . . . . . Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 64,422. 5,802 58,620. Enter gain from Form 4797, line 7 or 9 29,352. 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions (see instructions) 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 87,972. Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 150. 16 87,972. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 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 88,122. Note: If losses exceed gains, see Capital losses in the instructions.

For Paperwork Reduction Act Notice, see the instructions for Form 1120.

PAGE 99

Schedule D (Form 1120) 2017

# Form 8949

# Sales and Other Dispositions of Capital Assets

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

2017

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service

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

Social security number or taxpayer identification number 36-1408475

Name(s) shown on return

LOYOLA UNIVERSITY OF CHICAGO

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

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

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

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

	(A) Short-term transactions reported on Form(s)	1099-B showing basis was reported to the IRS (see No	e above)
E	(B) Short-term transactions reported on Form(s)	1099-B showing basis wasn't reported to the IRS	
Г	X (C) Short-term transactions not reported to you o	on Form 1099-B	

(a) Description of property	(b) Date acquired	(c) Date sold or	(c) (d) Cost or other basis.  See the Note below See the separate	(c) (d) Cost or other basis. See the Note below lift you enter an amount in column (f). See the Note below See the separate instruction	(e) If you enter an amount in column (f).  Cost or other basis.  See the Note below See the separate instruction	Adjustment, if any, to gain or loss if you enter an amount in column (g enter a code in column (f). See the separate instructions.		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) In the separate Instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
CL III IHC, LLC			881.				881.	
LEXINGTON MIDDLE MARKET INVESTORS				2,024.			-2,024.	
LEXINGTON MIDDLE MARKET INVESTORS			325.				325.	
MILL ROAD CAPITAL II, LP			966.				966.	
PINEBRIDGE PEP IV U.S. BUYOUT, LP			2.				2.	
		-			;			
			-					
-								
					i i			
					1		1	
					) 		<del> </del>	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), lin	lude on your e 2 (if Box B	2,174.	2,024.			150.	

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.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

FOIII 0848 (2017)	Attachment sequence no. 1 a.m.	raye z
Name(s) shown on return. Name and SSN or texpayer identification no, not required if shown on other side	Social security number or taxpayer identification number	
LOYOLA UNIVERSITY OF CHICAGO	36-1408475	
Reference shock Pay D. E. or E. balance and whether you manifed any Form(s) 1000 P. or oute	tituto etetomont/o) from your broker. A substituto	

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

Part II

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

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

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

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

X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property		(c) Date sold or disposed	(d) Proceeds	Cost or other beels. See the Note below	Adjustment, if If you enter an enter a co See the sepi	Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from Instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
CL III IHC, LLC			7,327.				7,327.
ENDOMMENT PRIVATE EQUITY PARTNERS		-		238.			-238.
LEXINGTON MIDDLE MARKET INVESTORS			4,922.				4,922.
LEXINGTON MIDDLE MARKET INVESTORS		_	49,631.				49,631.
LMMI III CAYMAN AIV, LP			53.				53.
MILL ROAD CAPITAL II, LP			2,428.				2,428.
NORTH SKY LBO FUND III, LP			11.				11.
PINEBRIDGE PEP IV U.S. BUYOUT, LP				5, 564 .			-5,564.
VERDIS REAL ASSETS FUND			47.				47.
WHITE DEER ENERGY LP II			2.				2.
THE BLACKSTONE GROUP, LP	_		1.				1.
	_						
		ı					
Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above)	here and include	de on your	64,422.	5,802.			58,620.

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

Form 8949 (2017)

# Form 3800

### **General Business Credit**

► Go to www.irs.gov/Form3800 for instructions and the latest information. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. OMB No. 1545-0895 Attachment Sequence No. 22

Department of the Tressury Internal Revenue Service (99) identifying number Name(s) shown on return LOYOLA UNIVERSITY OF CHICAGO 36-1408475 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II) 150,000 General business credit from line 2 of all Parts III with box A checked . Passive activity credits from line 2 of all Parts III with box B checked | 2 2 Enter the applicable passive activity credits allowed for 2017. See instructions 3 Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with 894,396 Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked. See instructions 5 1,044,396 6 Part II Allowable Credit Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 126,667 Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 . . . . . . . . . . . . . . . . 8 0 • Corporations. Enter the amount from Form 4626, line 14. . . . . . . . . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . 126,667 9 b Certain allowable credits (see instructions) 10c 126,667 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 126,667 12 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see 13 25,417 13 Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 . . . . . . 119,044 • Corporations. Enter the amount from Form 4626, line 12. . . . • Estates and trusts. Enter the amount from Schedule I 119,044 15 7,623 16 Subtract line 15 from line 11. If zero or less, enter -0-.... 7,623 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition,

For Paperwork Reduction Act Notice, see separate instructions.

or reorganization.

Form 3800 (2017)

Part			<del></del>
Note:	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and er	<u>tter -0- o</u>	n line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	89,283
19	Enter the greater of line 13 or line 18	19	89,283
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	37,384
21	Subtract line 17 from line 20. If zero or less, enter -0	21	29,761
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23 :	+	
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0	27	101,250
28	Add lines 17 and 26	28	7,623
29	Subtract line 28 from line 27. If zero or less, enter -0	29	93,627
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	· · · · · · · · · · · · · · · · · · ·
32	Passive activity credits from line 5 of all Parts III with box B checked 32 :		
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	<del></del>
38	Credit allowed for the current year. Add lines 28 and 37.  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part III, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.  Individuals. Form 1040, line 54, or Form 1040NR, line 51		
	Estates and trusts. Form 1041, Schedule G, line 2b	38	7,623
			5 3800 (2017)

Identifying number

LOY	OLA UNIVERSITY OF CHICAGO		36-140847	5
Par	General Business Credits or Eligible Small Business Credits (see ins	structio	ns)	
Com	plete a separate Part III for each box checked below (see instructions).		•	
<b>A</b> [	X General Business Credit From a Non-Passive Activity E Reserved	;		
В	General Business Credit From a Passive Activity F Reserved	1		
c		 l'Busir	ess Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserved		iooo oroak oarryiori	, and a
_	f you are filing more than one Part III with box A or B checked, complete and attach first an	additlor	al Part III combining	amounts from all Parts
	Il with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit	. 1	(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for otherwise.	eiach	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
		1a	2000/1	
	Reserved			
C	Increasing research activities (Form 6765)	11c		
d	Low-income housing (Form 8586, Part I only)	1d		
•	Disabled access (Form 8826) (see instructions for limitation)	1e		
f		11		
g	Indian employment (Form 8845)	19		
h	Orphan drug (Form 8820)	1h	<del></del>	· · · · · · · · · · · · · · · · · · ·
i	New markets (Form 8874)	11	<del></del>	
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i		<del></del>
k	Employer-provided child care facilities and services (Form 8882) (see	1		<del></del>
••	instructions for limitation)	litk I		150,000
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m		1m		
n	Distilled spirits (Form 8906)	.1n	<del></del>	
	Nonconventional source fuel (carryforward only)	110	<del></del>	
n	Energy efficient home (Form 8908)			
9	Energy efficient appliance (carryforward only)			-
7	Alternative motor vehicle (Form 8910)	1r		
	Alternative fuel vehicle refueling property (Form 8911)	18		
t	Enhanced oil recovery credit (Form 8830)	.1t		· · · · · · · · · · · · · · · · · · ·
u	Mine rescue team training (Form 8923)	1u		
v		110		<del></del>
w		1w	<u>-</u>	· <del>······</del>
×	Carbon dioxide sequestration (Form 8933)			
v	Qualified plug-in electric drive motor vehicle (Form 8936)	:1y		
z	Qualified plug-in electric vehicle (carryforward only)	11z		
a	Employee retention (Form 5884-A)	1aa	· · · · · · · · · · · · · · · · · · ·	
Ы	b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1 bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain	;		
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		150,000
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	•	
4a	Investment (Form 3468, Part III) (attach Form 3468)	i4a		
ь	Work opportunity (Form 5884)	4b		*****
C	Biofuel producer (Form 6478).	4c	<del></del>	
d	Low-income housing (Form 8586, Part II)	,4d		
8	Renewable electricity, refined coal, and Indian coal production (Form 8835)	14e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	'4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		\ <u>\</u>
ï	Increasing research activities (Form 6765)	4i		· <del>-</del> -
1	Reserved	41		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2. 3. and 5 and enter here and on the applicable line of Part II	_		150,000

Form 3800 (2017) Name(s) shown on return dentifying number LOYOLA UNIVERSITY OF CHICAGO 36-1408475 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below (see instructions) General Business Credit From a Non-Passive Activity F Reserved В General Business Credit From a Passive Activity Reserved C G Eliqible Small Business Credit Carryforwards General Business Credit Carryforwards D н General Business Credit Carrybacks Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts Ill with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit (c) (b) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity. entity, enter the EIN 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a b Reserved ..... 1b Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . 1f 1g Orohan drug (Form 8820)..... 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 11 k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) 894,396 Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896)...... ·1m Distilled spirits (Form 8906) 1n Nonconventional source fuel (carryforward only)...... Energy efficient home (Form 8908).......... .1p 1<u>q</u> Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911) 118 11t Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932) 1w Carbon dioxide sequestration (Form 8933)..... 1x **'1y** Qualified plug-in electric vehicle (carryforward only) aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 894,396 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a Investment (Form 3468, Part III) (attach Form 3468) b Work opportunity (Form 5884) 4b Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . 40 4f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) 41 Reserved 4] 4z Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . . .

894,396

### Loyola University Chicago Attachment to Form 3800-Part 1, Line 6 EIN: 36-1408475 Year Ended 6/30/2018

### Carryforward of general business credit

Type of Credit	Tax Year	Credit Earned	Credit Utilized in Prior Years	Credit Utilized in 2017	Credit Carryforward to 2018
Employer-provided Childcare	2010	132,313	98.229	7,623	26,461
Employer-provided Childcare	2011	135.331	-	-	135,331
Employer-provided Childcare	2012	139,066	-	i -	139,066
Employer-provided Childcare	2013	. 144,233	-	· -	144,233
Employer-provided Childcare	2014	141,682	-		141,682
Employer-provided Childcare	2015	150,000	-		150,000
Employer-provided Childcare	2016	150,000	-	•	150,000
Employer-provided Childcare	2017	150,000	-	-	150,000
		1,142,625	98,229	7,623	1,036,773