OMB No 1545-0687 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning __July 1__ , 2018, and ending _June 30 , 20 _ 19 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ 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 A Check box if aiddless changed D Employer identification number Name of organization (Check box if name changed and see instructions) (Employees' trust, see instructions) North Park University B Exempt under section **Print** Number, street, and room or suite no. If a P.O. box, see instructions 36-1557840 ☑ 501(**c**)(**Ø**3) or E Unrelated business activity code 220(e) 408(e) 3225 W. Foster Ave. Type (See instructions) City or town, state or province, country, and ZIP or foreign postal code ☐ 408A 530(a) 529(a) Chicago, IL 60625 72100 C Book value of all assets Group exemption number (See instructions.) ▶ Check organization type ► ✓ 501(c) corporation 7 501(c) trust 401(a) trust Other trust H¹ Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated If only one, complete Parts I-V. If more than one, describe the trade or business here ▶ first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . > 🔲 Yes 💟 No If "Yes," enter the name and identifying number of the parent corporation. Telephone number ▶ The books are in care of ▶ Part I. Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance ▶ b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) . 2 2 3 Gross profit Subtract line 2 from line 1c. . 4a Lapital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c 5 5 Income (loss) from a partnership or an S corporation (attach statement) d 6 6 7 7 8 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 11 12 12 Other income (See instructions; attach schedule) 71,779 Total. Combine lines 3 through 12 13 71,779 Part II. Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated businessprito inc. 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) . 19 19 Taxes and licenses . . . Charitable contributions (See instructions for limitation rules) . 20 20 21 Depreciation (attach Form 4562) 22 22b Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion . 24 24 Contributions to deferred compensation plans

For Paperwork Reduction Act Notice, see instructions.

Employee benefit programs

Total deductions. Add lines 14 through 28

Ürlrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Other deductions (attach schedule)

25

26

28

29

30

Cat No 11291J

(43,108) Form **990-T** (2018)

114,886

114,886

(43,108)

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31 32

Page	2
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	1 (2010)		- age -							
Part										
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e								
1	instructions)	33								
34	Amounts paid for disallowed fringes	34								
,	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see									
35		1 1								
	instructions)	35								
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur	n	i							
	of lines 33 and 34	36								
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37								
f	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36									
38		ļ								
enter the smaller of zero or line 36										
Part I	V Tax Computation									
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39								
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax or	n								
-10	the amount on line 38 from. [] Tax rate schedule or [] Schedule D (Form 1041)	- 								
		40								
41	Proxy tax. See instructions	41								
42	Alternative minimum tax (trusts only)	42								
43	Tax on Noncompliant Facility Income. See instructions	43								
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44								
	Tax and Payments									
			 							
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) . 45a	⊣								
b	Other credits (see instructions)	_								
С	General business credit. Attach Form 3800 (see instructions) 45c									
. d	Credit for prior year minimum tax (attach Form 8801 or 8827)									
e	Total credits. Add lines 45a through 45d	45e								
1	Subtract line 45e from line 44	46								
46										
47'	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47								
48	Total tax. Add lines 46 and 47 (see instructions)	48								
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49								
	Payments. A 2017 overpayment credited to 2018									
] b	2018 estimated tax payments		İ							
1	, <u> </u>	-i								
) C	· · · · · · · · · · · · · · · · · · ·	_								
ď	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	_								
e	Backup withholding (see instructions)									
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f									
, g	Other credits, adjustments, and payments. Form 2439									
i	☐ Form 4136 ☐ Other Total ► 50g	1								
51 :										
	Total payments. Add lines 50a through 50g	51								
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ □	52								
53'	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53								
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54								
\$5	Enter the amount of line 54 you want	55								
Part \										
			, Yes No							
1	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		' 							
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m									
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	foreign country	′							
1	here >		\ \ \							
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreian trust? .	V							
:	If "Yes," see instructions for other forms the organization may have to file.									
	· · · · · · · · · · · · · · · · · · ·									
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under condition of perjury Toeclare that I have examined this return, including accompanying schedules and statements, and to the beginning to the perjury of the	hoet of my knowled	and bolist it :=							
C:	Uniter penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the table correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		je anu bellet, it is							
Sign		May the IRS dis	scuss this return							
Here	5/3/20 Director of Finance		er shown below							
	Situature of officer Date Title	— (See instructions)? ∐Yes ∐ No							
	Print/Type preparer's name Preparer's signature Date		PTIN							
Paid		Sheck Lift								
Prepa	rer s	self-employed								
Use C	11 materials a	ırm's ElN ►								
		Phone no								

Schedule A-Cost of Goods Sold.	Enter method of	nventory valuation >				
1 Inventory at beginning of year	1		at end of year	6		
2 Purchases	2		goods sold. Subtract			
3 Cost of labor	3		n line 5. Enter here and			
4a Additional section 263A costs			ne 2	7		
(attach schedule)	4a	1 1	les of section 263A (with			
1	4a 4b		produced or acquired for			
b Other costs (attach schedule)	} 		anization?			
5 Total. Add lines 1 through 4b Schedule C-Rent Income (From	5 Bool Broporty an					
- I	Real Property an	d Personal Property	Leaseu With Real Fro	pperty		
(see instructions)			<u>-</u>	······································		
1 Description of property						
(1)						
(2)						
(3)						
(4) ^l						
2. Rent re	ceived or accrued	· · · · · · · · · · · · · · · · · · ·				
(a) From personal property (if the percentage of reference for personal property is more than 10% out not more than 50%)	percentage of rent	and personal property (if the t for personal property exceeds t is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)						
(2)						
(2) (
(4)						
Total	Total			·		
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)	and 2(b) Enter		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶			
Schedule E—Unrelated Debt-Fina		e instructions)	1 1 4111, 11110 0, 00141111 (2)			
1:11		2. Gross income from or		nnected with or allocable to		
1 Description of debt-financed	property	allocable to debt-financed	debt-financed property (a) Straight line depreciation (b) Other deductions			
		property	(attach schedule)	(attach schedule)		
(1)			,			
(2)						
acquisition debt on or callocable to debt-financed deb	erage adjusted basis of or allocable to t-financed property attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(n)		%				
(1) (2) (3) (4)		%				
(3)		%				
14)		%				
		. 1	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).		
Totals .			·			
Total dividends-received deductions includ	led in column 8 .		<u> </u>	· <u> </u>		
				Form 990-T (2018)		
[,1]						

Scr	gedule F-Interest, Ann	uities,	noyalties, a	Exempt (Controller	d Organizations	Janizations (Se	e ii isti u	C((O(15)		
٠.	Name of controlled organization		Employer ication number	oloyer on number 3. Net unre		elated income instructions) 4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		connected with income	
(1)											
(2)									1		
(3)		1				-					
(4) Name	nexempt Controlled Organi	Zations		,		J			<u> </u>		
NOI	lexempt Controlled Organi	Tations					T	0.11	44.5		
	7 Taxable Income 8. Net unrelated in (loss) (see instruct					otal of specified yments made	Part of column 9 that is included in the controlling organization's gross income.		connected with income in		
(1)		!									
(2)		Ţ									
(3)											
(4)		<u>i </u>	 						ļ		
							Add columns to Enter here and of Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 here and on page 1, , line 8, column (B)	
Tota			· · · · ·				<u> </u>				
Sch	nedule G-Investment	Incom	e of a Secti	on 501(c		or (17) Organi Deductions				otal deductions	
	1 Description of income		2. Amount of income		directly connected (attach schedule)		4. Set-asides (attach schedule)		and set-asides (col 3 plus col 4)		
<u>U</u> _		.— -	 								
(2)											
(1)				-							
Tota	Enter here and on page Part I, line 9, column (A)								Enter here and on page 1, Part I, line 9, column (B).		
	redule I – Exploited Exc	empt A	Activity Inco	me. Oth	er Than	Advertising In	come (see inst	tructions	s)		
	1. Description of exploited activity		2. Gross unrelated business incom from trade or business	3. Expense directly connected v production unrelated		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1.											
(5)	1										
(3)						-		ļ		 	
(4) Tota	de '1	•	Enter here and page 1, Part I line 10 col (A	, page	ere and on 1, Part I,), col (R)			1		Enter here and on page 1, Part II, line 26	
	nedule J-Advertising I	ncom	e (see instruc	tions)						 	
_	Income From P				Consoli	dated Basis					
	Name of periodical		2. Gross advertising income	3.	Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1,											
2) 3·	1				•	1]	
(4)		-				<u>1</u> i					
	I	· · · · · · · · · · · · · · · · · · ·									
Tota	Is (carry to Part II, line (5))	>									
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!!!	1. Name of p		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 6 minus column 5, but not more than column 4)
(1)		1						
(2)		1						
(3) ^l		<u>'</u>			_			
(1)		· · · · · · · · · · · · · · · · · · ·						
Totals from	n Part I .	<u>! . </u>	>		1			
, ,	1	1 -	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
	rt II (lines 1–5		<u> </u>	<u> </u>			<u></u> .	·
Schedul	e K-Con	npensation o	f Officers, Direc	tors, and Tru	stees (see instri		· · · · · · · · · · · · · · · · · · ·	
; ;	1. Name			:	2. Title	3. Percent of time devoted to business		
(1)		C,				%	5	
(2)	1.	11				%	5	
(0)		H				%	5	
(4)		H				%	5	
Total. Ente	er here and o	n page 1, Part II,	line 14			<u> ▶</u>	<u> </u>	
I	·	1:						Form 990-T (2018)