Form 990-T	Exempt Organization Busi		ax Return	OMB No 1545-0687
	(and proxy tax under		400	2047
	For calendar year 2017 or other tax year beginning JUL 1,			ZU 17
Department of the Treasury Internal Revenue Service	► Go to www.irs gov/Form990T for inst ► Do not enter SSN numbers on this form as it may b		ntion is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (anged and see instructions.)] (Em	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print THE ART INSTITUTE OF CH	ICAGO	\ 3	86-2167725
X 501(c)(3 /)7	Number, street, and room or suite no. If a P O. box,	see instructions.		lated business activity codes instructions)
408(e) 220(e)	Type 111 SOUTH MICHIGAN AVEN	UE		,
408A 530(a)	City or town, state or province, country, and ZIP or f CHICAGO, IL 60603	foreign postal code	453	3220 713990
Book value of all assets	F Group exemption number (See instructions.)	<u> </u>	-	
1,623,214,5	81 . G Check organization type ▶ X 501(c) corpo	ration 501(c) trust	401(a) trust	Other trust
H Describe the organizatio	n's primary unrelated business activity. > MUSEUM S	HOP SALES/OTHE	ER RENTALS/I	NVESTMENTS
During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-	-subsidiary controlled group?	► Y	es X No
If "Yes," enter the name a	and identifying number of the parent corporation.		<u> </u>	
J The books are in care of				499-4265
<u> </u>	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale		2 562 504		
b Less returns and allo	· · · · · · · · · · · · · · · · · · ·	1c 3,563,501.		
2 Cost of goods sold (S	· · · · · · ·	2 1,644,776.	 .	1 010 725
3 Gross profit. Subtrac	F	3 1,918,725. 4a 2,322,271.		1,918,725.
4a Capital gain net incor	· · · · · · · · · · · · · · · · · · ·			4,322,211.
•	4797, Part II, line 17) (attach Form 4797)	4b		
 Capital loss deduction Income (loss) from p 	artnerships and S corporations (attach statement)	-4c 337,461.	STMT 1	337,461.
6 Rent income (Schedi		6	<u> </u>	331,1021
•	red income (Schedule E)	7		
	yalties, and rents from controlled organizations (Sch. F)	8	······································	<u> </u>
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9		1
	ivity income (Schedule I)	10	i	
11 Advertising income (Schedule J)	11		
12 Other income (See in	structions; attach schedule) $STATEMENT 2$	12 549,277.		549,277.
Total. Combine lines		13 5,127,734.		5,127,734.
(Except for	ns Not Taken Elsewhere (See instructions for contributions, deductions must be directly connected v		Thereads)	
<u></u>		} 	- (i) '	
	ficers, directors, and trustees (Schedule K)	MAY 2 1 2019	(O) 14	970,551.
Salaries and wages	} -	'	102	370,331.
Fig. 16 Repairs and mainter 17 Bad debts	idilice .	OGDEN, UT	16 17	†
1 18 Interest (attach sche	odula)		18	
19 Taxes and licenses	dulo)		19	73,406.
	ions (See instructions for limitation rules) STATEMEN	NT 5 SEE STAT		0.
21 Depreciation (attach	,	21	162,060.	
•	aimed on Schedule A and elsewhere on return	22a	22b	162,060.
23 Depletion			23	
24 Contributions to def	erred compensation plans		24	
25 Employee benefit pr	ograms		25	248,725.
26 Excess exempt expe	nses (Schedule I)		26	
27 Excess readership of		~~~ -~·-	27	0 202 745
28 Other deductions (a	•	SEE STAT		2,393,746.
	add lines 14 through 28		29	3,848,488.
	taxable income before net operating loss deduction. Subtract I		IEMENIO 6	1,279,246.
	eduction (limited to the amount on line 30)		EMENT 6 31	1,279,246.
	taxable income before specific deduction. Subtract line 31 from	m iine 30	32	1,000.
	Generally \$1,000, but see line 33 instructions for exceptions) taxable income. Subtract line 33 from line 32. If line 33 is gr	reater than line 30 enter the en	aaller of zero or	1,000.
line 32	taxanic medice. Good act mic oo nom mic oz. n mic oo is gi	ויטבנטו נוופוז ווווק טב, כוונכו נוופ אני	34	0.

Form 990-1	(2017) THE ART INSTITUTE OF CHICAGO 36-216	7725		Page 2
Part I				
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here See instructions and:	i		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).	1		
_	(1) \$ (2) \$ (3) \$			
	Enter organization's share of. (1) Additional 5% tax (not more than \$11,750)	i 1		
U	(2) Additional 3% tax (not more than \$100,000)	ı [
_	· · · · · · · · · · · · · · · · · · ·	350		0.
	Income tax on the amount on line 34 Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amount on line 34 from.	35c		<u> </u>
36	· · · · · · · · · · · · · · · · · · ·			
		36		
37	Proxy tax. See instructions	37	9,2	<u>a a</u>
38	Alternative minimum tax	38	9,2.	,,
39	Tax on Non-Compliant Facility Income. See instructions	39 40	9,2	0 0
Part I	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies / Tax and Payments	40 1	3,4.	<i>,</i>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b				
C	General business credit. Attach Form 3800			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)			
_	Total credits. Add lines 41a through 41d	41e	0 2	00
42	Subtract line 41e from line 40	42	9,2	99.
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedile)	43	0 2	
44	Total tax. Add lines 42 and 43	44	9,2	99.
	Payments: A 2016 overpayment credited to 2017	1 1		
	2017 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	l I		
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (Attach Form 8941)	i l		
g	Other credits and payments Form 2439 Form 4136 Other Total ▶ 45g			
		111		
46	Total payments. Add lines 45a through 45g	46		4.0
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	<u> </u>	42.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	9,6	<u>41.</u>
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50 Part V	Enter the amount of line 49 you want: Credited to 2018 estimated tax	50		
		-	т —	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		1 1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		1 1	v
	·		\vdash	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		\vdash	<u> </u>
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of lax-exempt interest received or accrued during the tax year \$\bigs\\$\$ Under penaltics of portury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled	loo and halvaf it is to	ــــــــــــــــــــــــــــــــــــــ	
Sign	Under penalities of periumy, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. EXECUTIVE VP FOR	go and dener, it is tru		
Here	IN IN A HOUSE FIGURE STREET AND INTERPRETATION OF STREET	y the IRS discuss thi		llh
		preparer shown below		N-
		tructions)? X Y	62	No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN		
Paid	KRISTINA RASMISSEN Kuntua Zamunen 5/9/2019 self-employed	D00141	000	
Prepa	rer	P00143		
Use C	nly Firm's name ► DELOITTE TAX LLP Firm's EIN ►	86-106	5//	4
	50 SOUTH SIXTH STREET, STE 2800	C10\ ic-		
	Firm's address ► MINNEAPOLIS, MN 55402-1538 Phone no. (<u>612) 397</u>	-40	עַע

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation ▶ N/A					
1 Inventory at beginning of year		,161,225.		Inventory at end of yea	r		6	748,	548.
2 Purchases		,232,099.	7	Cost of goods sold. Su	ibtract l	line 6			
3 Cost of labor	3			from line 5. Enter here	and in 1	Part I,	l	1	
4a Additional section 263A costs				line 2		•	7	1,644,	776.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Ye	s No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b		,393,324.		the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty) - 	
Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	conne	cted with the incom	e in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pa	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) at	nd 2(b)	(attach schedule)	5 III
(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		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Det		Income (see)	nstru	ctions)		(L)			
			2	. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu	
(1)							+		
(2)							+		
(3)		•				· · · · · · · · · · · · · · · · · · ·	+-		
(4)						-	+		
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 n schedule)	6	Column 4 divided by column 5	<u> </u>	7. Gross income reportable (column 2 x column 6)		8, Allocable ded (column 6 x total of 3(a) and 3(b	columns
(1)				%			+		
(2)				%			$oxed{\Box}$		
(3)				%					
(4)				%			\perp		
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	
Totals						0			0.
Total dividends-received deductions u	actuded in column	, α							~.

Form 990-T (2017)

Schedule F - Interest, A	nnuitie	s, Royali	lies, an	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	structio	ns)	
				Exempt	Controlled O	rganızatı	ons					
1. Name of controlled organizati	on	2. Em identifi num	cation	3. Net um (loss) (see	elated income a instructions)	4. Tot payr	al of specified ments made	ınclud	t of column 4 ed in the cont ation's gross	rolling	connect	uctions directly led with income column 5
(1)							. ,					
(2)			-			<u> </u>			_			
(3)												
(4)												
Nonexempt Controlled Organiz	ations											
7. Taxable Income		rrelated incom see instructions		9. Total	of specified pays made	ments	10. Part of column the controllingross	mn 9 that ing organ s income	ization's			directly connected in column 10
(1)				 								
(2)			-									
(3)	-											
(4)												
							Add colun Enter here and line 8, c		1, Part I,	l .	Add column here and o	n page 1, Part I,
Totals						▶			0.			0.
Schedule G - Investme		ne of a S	Section	501(c)(7	7), (9), or (17) Org	ganization					
1. Descr	iption of inco	me			2. Amount of	income	3. Deduction directly connective (attach scheduler)	ected	4. Set- (attach s	-asides schedule)		Total deductions and set-asides col 3 plus col 4)
(1)												
(2)												
(3)												
(4)												
					Enter here and Part I, line 9, co							here and on page 1, line 9, column (B)
Totals				•		0.						0.
Schedule I - Exploited (see instru	•	Activity	Income	e, Other	Than Adv	vertisin	g Income					
· · · · · · · · · · · · · · · · · · ·			2 -		4. Net incom	ne (loss)	_				7	Events avamet
1. Description of exploited activity	urvelated incom	aross business le from business	directly of with proof unit	penses connected oduction related s income	from urvelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelate business inco	that ted	attribul	penses table to mn 5	ex 6 r	Excess exempt penses (column ninus column 5, it not more than column 4)
(1)												
(2)												
(3)												
(4)												
		re and on , Part I, col (A)	page	re and on 1, Part I, , col (B)								Enter here and on page 1, Part II, line 26
Totals -		0.		0.	ļ							0.
Schedule J - Advertisir					<u> </u>							
Part I Income From I	Periodic	als Repo	orted o	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput brough 7	5. Circula income		6. Read cos		costs colum	ccess readership (column 6 minus n 5, but not more an column 4)
(1)				_								
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))	•		0.	0								0.

Form 990-T (2017) THE ART INSTITUTE OF CHICAGO Part II 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)

1. Name of periodical		2. Gross advertising income	3. Orrect 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)							
(2)							
(3)				ŀ	_		
(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)

Department of the Treasur 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 taxpaver identification no.

THE ART INSTITUTE OF CHICAGO

36-2167725 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 may even tell you which hox to check

Part | 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 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 (b) (e) (h) (a) (c) (d) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). ın column (g), enter a code ın (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo., day, yr) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr) (g) Amount of combine the result see Column (e) Ir Code(s) the instructions with column (g) adjustment FROM K-1 (1065) BLACKSTONE REAL ESTATE PARTNERS 86,985. EUROPE IV NO LP FROM K-1 (1065) NATURAL GAS 3,555 PARTNERS XI LP FROM K-1 (1065) SOROBAN OPPORTUNITIES FUND LLC 31,251. FROM K-1 (1065) TRILANTIC ENERGY PARTNERS (NA)-AIV 38,695. FORM 6781, PART I 5,308. 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 165,794.

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)

SCHEDULE'D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

THE ART INSTITUTE (OF CHICAGO			36-	2167725
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gail or loss from Form(s) 894 Part I, line 2, column (g	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine 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 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					165,794.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	,		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)	SEE S	TATEMENT 12	6	(274,981.)
7 Net short-term capital gain or (loss). Combin				7	-109,187.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thai	n One Year		_
See instructions for how to figure the amounts to enter on the lines below.	_ (d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (s	9.	column (e) from 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 Box D checked					<u> </u>
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					1 050 351
Form(s) 8949 with Box F checked					1,958,351. 473,107.
11 Enter gain from Form 4797, line 7 or 9		_		11	4/3,10/.
12 Long-term capital gain from installment sales	·	1		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	-
14 Capital gain distributions				14	2,431,458.
15 Net long-term capital gain or (loss). Combine		n n		15	2,431,430.
Part III Summary of Parts I and		Llees (line 15)		46	
16 Enter excess of net short-term capital gain (III	, -	· ·	n 7\	16	2,322,271.
17 Net capital gain. Enter excess of net long-term	, , ,	·	•	17	2,366,411.
18 Add lines 16 and 17. Enter here and on Form		iper mie on omer retorns. N	ine corporation	18	2,322,271.
has qualified timber gain, also complete Part	IV			_ 10	1 2,342,271.

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

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

Schedule D (Form 1120) 2017

JWA

	Ac	ljusted Current Earnings (* ,
		See ACE Worksheet Inst	nuctions.		
1	Pre-adjustment AMTI. Enter the amount from line	3 of Form 4626	•	1	1,322,309.
2	ACE depreciation adjustment:				
ε	AMT depreciation		2a		
t	ACE depreciation:				
	(1) Post-1993 property	2b(1)			
	(2) Post-1989, pre-1994 property	2b(2)			
	(3) Pre-1990 MACRS property	2b(3)			
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections				
	168(f)(1) through (4)	2b(5)			
	(6) Other property	2b(6)	1		
	(7) Total ACE depreciation. Add lines 2b(1) th	rough 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7)	from line 2a		2c	
3	Inclusion in ACE of items included in earnings an	d profits (E&P):		-	•
a	Tax-exempt interest income		3a		
b	Death benefits from life insurance contracts		3b		
	All other distributions from life insurance contrac	tc (including surrenders)	3c		
	I Inside buildup of undistributed income in life inst	urance contracts	3d		
•	Other Items (see Regulations sections 1.56(g)-1(c)(6)(III) through (IX)			
	for a partial list)		3e		
f	Total increase to ACE from inclusion in ACE of ite	ems included in E&P. Add lines 3a thro	ough 3e	3f	
4	Disallowance of items not deductible from E&P				
8	Certain dividends received		4a ,		
t	Dividends paid on certain preferred stock of public utilities	that are deductible under section 247 (as] ,	
	affected by P L 113-295, Div A, section 221(a)(41)(A), Dec	19, 2014, 128 Stat 4043)	4b		
C	Dividends paid to an ESOP that are deductible un	der section 404(k)	4c		
•	I Nonpatronage dividends that are paid and doduct	ible under section			•
	1382(c)		4d		
6	Other items (see Regulations sections 1.56(g)-1(d)(3)(ı) and (ıı) for a			
	partial list)		4e		
f	Total increase to ACE because of disallowance of	itomo not deductible from E&P. Add l	nes 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&	P:			
8	Intangible drilling costs		5a		
t	Circulation expenditures		5b		
C	Organizational expenditures		5c		
. 0	LIFO inventory adjustments		5d		
	Installment sales		5e		
f	Total other E&P adjustments. Combine lines 5a t	hrough 5e		5f	··
6	Disallowance of loss on exchange of debt pools			6	 -
7	Acquisition expenses of life insurance companies	for qualified foreign contracts		7	
8	Depletion			8	
9	Basis adjustments in determining gain or loss fro			9	
10	Adjusted current earnings. Combine lines 1, 2c,	3f, 4f, and 5f through 9. Enter the res	ult here and on line 4a of		1 200 222
	Form 4626			I 10 I	1 322 309.

Department of the Internal Revenue Service

Name

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

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

OMB No 1545-0123

Name					Employer identification number
	THE ART INSTITUTE OF CHICAGO				36-2167725
	Note: See the instructions to find out if the corporation is a small corporation exempt				
	from the alternative minimum tax (AMT) under section 55(e).				
	, ,			_	
1	Taxable income or (loss) before net operating loss deduction			1	1,278,246.
2	Adjustments and preferences:				
а	Depreciation of post-1986 property			2a	11,583.
b	Amortization of certified pollution control facilities			2b	
C	Amortization of mining exploration and development costs			2c	
d	Amortization of circulation expenditures (personal holding companies only)			2d	
е	Adjusted gain or loss			2e	
f	Long-term contracts			2f	
a	Merchant marine capital construction funds			2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
i	Tax shelter farm activities (personal service corporations only)		•	2i	
i	Passive activities (closely held corporations and personal service corporations only)			2j	
k	Loss limitations			2k	
ï	Depletion			21	
m				2m	
n	Intangible drilling costs			2n	32,888.
0	Other adjustments and preferences	SI	ATEMENT 9 *	20	-408.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20			3	1,322,309.
4	Adjusted current earnings (ACE) adjustment:				
a	ACE from line 10 of the ACE worksheet in the instructions	4a	1,322,309.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	-		1	
	negative amount. See instructions	4b	0.		
C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c			
	Enter the excess, if any, of the corporation's total increases in AMTI from prior			1	
_	year ACE adjustments over its total reductions in AMTI from prior year ACE				
	adjustments. See instructions. Note: You must enter an amount on line 4d				
	(even if line 4b is positive)	4d			
e	ACE adjustment.			1	
-	If line 4b is zero or more, enter the amount from line 4c	`		1	
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	•		4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT)		5	1,322,309.
6	Alternative tax net operating loss deduction. See instructions	នា	TATEMENT 10	6	1,190,078.
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residu:	al		
	interest in a REMIC, see instructions			7	132,231.
8	Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	line 8c):			
а	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	·		1	
	group, see instructions. If zero or less, enter -0-	8a	0.	1	
ь	Multiply line 8a by 25% (0.25)	8b	0.	1	
	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control	led		1	
-	group, 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	92,231.
10	Multiply line 9 by 20% (0.20)			10	18,446.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions			11	
12	Tentative minimum tax. Subtract line 11 from line 10 STMT 11	\mathtt{BL}	ENDED RATE	12	9,299.
13	Regular tax liability before applying all credits except the foreign tax credit			13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here	e and o	n		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return			14	9,299.
IWA	For Paperwork Reduction Act Notice, see separate instructions.				Form 4626 (2017)

* SEE ALSO

STATEMENT 7 STATEMENT 8

Social security number or taxpayer identification no.

THE ART INSTITUTE OF CHICAGO

36-2167725

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 hox 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

- O) 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 (Example 100 sh. XYZ Co)	(b) Date acquired (Mo., day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	loss. If your column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FROM K-1 (1065) -						-	
ABERDEEN							
INTERNATIONAL			- <u></u>				
PARTNERS, LP							145.
FROM K-1 (1065) -							
BLACKSTONE REAL			-				
ESTATE PARTNERS							
EUROPE IV NQ LP							<41,499.>
FROM K-1 (1065) -							
CA RESOURCES FUND							
(U.S. TAX-EXEMPT),							
L.P SERIES BAIN				I			
X							<2,774.
FROM K-1 (1065) -							
CENTERBRIDGE							
CAPITAL PARTNERS							
AIV II, L.P.							45,783.
FROM K-1 (1065) -							
GS CAPITAL							
PARTNERS VI, L.P.							<22,638.
FROM K-1 (1065) -							
NATURAL GAS							
PARTNERS IX LP							<5,366.
FROM K-1 (1065) -							
NATURAL GAS	-						
PARTNERS XI LP							623.
FROM K-1 (1065) -							
NAUTIC PARTNERS							
VII-A, LP							480,345.
FROM K-1 (1065) -							
NAUTIC PARTNERS							
VIII, L.P.							863,745.
					<u> </u>		
2 Totals. Add the amounts in colu	mns (d), (e), (g) a	and (h) (subtract					
negative amounts) Enter each to	otal here and inc	lude on your					
Schedule D, line 8b (if Box D ab	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if	Box F above is o	checked)				<u> </u>	1958351.

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

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

Social security number or taxpayer identification no.

THE ART INSTITUTE OF CHICAGO 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 and may even tell you which hox 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 Adjustment, if any, to gain or loss. If you enter an amount (a) (c) (d) (e) (h) Proceeds Cost or other Gain or (loss). Date sold or Description of property Date acquired 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) see Column (e) In combine the result Amount of adjustment Code(s) the instructions with column (g) FROM K-1 (1065) SOROBAN OPPORTUNITIES FUND 426,160. LLC FROM K-1 (1065) -TRILANTIC ENERGY PARTNERS (NA)-AIV 205,865. 7,962. FORM 6781, PART I 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)

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 . INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1 AND S CORPORATIONS

DESCRIPTION	AMOUNT
ABERDEEN INTERNATIONAL PARTNERS, LP	3,429.
AXIOM ASIA PRIVATE CAPITAL FUND III, L.P.	105.
BLACKSTONE REAL ESTATE PARTNERS EUROPE IV NQ L.P.	-123,528.
BLACKSTONE REAL ESTATE PARTNERS VI TE 2-NQ L.P.	16,650.
BLACKSTONE REAL ESTATE PARTNERS VI TE 2 L.P.	-1,979.
CENTER BRIDGE CAPITAL PARTNERS AIV II	142,974.
CROW HOLDINGS REALTY PARTNERS IV-A, L.P.	-870.
ENCAP ENERGY CAPITAL FUND VI, L.P PARTNER	-9,691.
ENCAP ENERGY CAPITAL FUND X, L.P PARTNER	-74,483.
FORTRESS REAL ESTATE OPPORTUNITIES FUND II (A) LP	143,885.
FR X ONSHORE L.P.	-7,937.
GREENFIELD LAND PARTNERS I, L.P.	624.
INVESCO U.S. BUYOUT EXPANSION CAPITAL PARTNERSHIP FUND III,	
LP	159.
NATURAL GAS PARTNERS IX, L.P.	3,281.
NAUTIC PARTNERS VI, L.P.	17,527.
PROVIDENCE EQUITY PARTNERS VI	48,824.
SHOREHILL PRIVATE EQUITY, LP	19,779.
SOROBAN OPPORTUNITIES, LP	-58,335.
TRILANTIC ENERGY PARTNERS AIV (NORTH AMERICA) L.P.	223,313.
GS CAPITAL PARTNERS VI, L.P.	-2,860.
ABERDEEN VENTURE PARTNERS VI, LP	3,555.
BLACKSTONE REAL ESTATE PARTNERS EUROPE IV, LP	62,419.
CC PF AIV , LP	-40,072.
CA RESOURCES FUND (U.S. TAX-EXEMPT), L.P SERIES BAIN X	5,514.
CARLYLE CARDINAL IRELAND	84,187.
CARMELIAN ENERGY CAPITAL II	-29,427.
CCSL AIV, LP	-30,471.
DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P.	-19,148.
DEERFIELD PRIVATE DESIGN FUND IV, L.P.	-5,039.
KKR ASIA FUND III JAPAN AIV LP	-134.
KKR ASIAN FUND III. LP	-38,769.
NATURAL GAS PARTNERS XI	7,824.
POMONA CAPITAL VI LP	1,162.
VECTOR CAPITAL V, LP	-5,007.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	337,461.

FORM 990-T OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
RENTAL INCOME CATERER COMMISSION OUNLIETED TRANSPORTATION FRINCE RENEELES PROVIDED TO	98,623. 23,723.
QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES	426,931.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	549,277.

FORM 990-T	CONTRI		STATEMENT	3			
DESCRIPTION/KIND OF PROPERTY	METHOD	USED T	O DETERMINE	FMV		AMOUNT	
CHARITABLE CONTRIBUTIONS	N/A			•	. :		21.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20			ı		•	21.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
CATALOG PRODUCTION/PROCESSING ADMINISTRATION ALLOCATION ACCOUNTING FEE MISCELLANEOUS EXPENSES INTANGIBLE DRILLING COSTS		17. 376,559. 6,425. 414,944. 1,595,801.
TOTAL TO FORM 990-T, PAGE 1, LIN	E 28	2,393,746.

FORM 990-T CONTRIBUTIONS SU	MMARY	STATEMENT	5
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIN	міт		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTION FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016	ONS 158 82 82 29 36		
TOTAL CARRYOVER . TOTAL CURRENT YEAR 10% CONTRIBUTIONS	387 21		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	408	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	408 0 408	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		-	0
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	195,884.	195,884.	0.	0.
06/30/07	3,486,368.	1,112,503.	2,373,865.	2,373,865.
06/30/08	516,762.	0.	516,762.	516,762.
06/30/09	508,185.	0.	508,185.	508,185.
06/30/10	1,695,940.	0.	1,695,940.	1,695,940.
06/30/11	413,822.	0.	413,822.	413,822.
06/30/12	1,059,661.	0.	1,059,661.	1,059,661.
06/30/13	593,900.	0.	593,900.	593,900.
06/30/16	1,582,222.	0.	1,582,222.	1,582,222.
06/30/17	2,336,620.	0.	2,336,620.	2,336,620.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	11,080,977.	11,080,977.

ORM 4626	AMT CONTRIBUTION LIMITATION	STATEMENT 7
AND DOMESTIC 2) ADD: OTHER A	LE INCOME BEFORE NOL, CHARITABLE CONTRIBU PRODUCTION ACTIVITIES DEDUCTION (DPAD) . MT ADJUSTMENT AND PREFERENCE ITEMS OTHER ACE, CHARITABLE CONTRIBUTIONS AND DPAD .	1,278,246
NOL AND D	AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, PAD	
6) LINE 5 LESS L 7) MULTIPLY LINE 8) ENTER EXCESS IN AMTI DU 9) ACE ADJUSTMEN IF LINE 6 IS FROM LINE IF LINE 6 IS	CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE INE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT) 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT OF THE CORPORATION'S PRIOR YEAR NET INCREST TO ACE	OUNT . ASES
10) AMTI WITHOUT (LINE 3 P 11) CONTRIBUTION FOR NOL . NOT PREVI ABOVE, MU	CHARITABLE CONTRIBUTIONS, NOL AND DPAD LUS LINE 9)	1,322,717 TION IONS INE 9 132,272
	DEDUCTION TO CALCULATE 90% AMTI LIMITAT LESSER OF LINE 11 OR LINE 12)	
LINE 13) 15) NOL LIMITATI	POSES OF 90% NOL LIMITATION (LINE 10 LES ON (90% OF LINE 14)	1,322,309 1,190,078
17) AMT NOL (LES	SER OF LINE 15 OR LINE 16)	1,190,078
	RITABLE DEDUCTION LIMITATION (LINE 10 IAL DEDUCTIONS LESS AMT NOL ON LINE 17).	132,639 13,264
	LE DEDUCTION (LESSER OF LINE 12 OR LINE 1 RIBUTION DEDUCTION	9) 408
22) AMT CONTRIBU	TION ADJUSTMENT (LINE 21 LESS LINE 20) .	-408

FORM 4626 AMT CONTRIBUTIONS		2	STATEMENT 8
CARRYOVER OF PRIOR YEAR FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016	S UNUSED CONTRIBUTIONS	158 82 82 29 36	
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTI	ONS		387 21
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME A	S ADJUSTED		408 13,264
EXCESS CONTRIBUTIONS	•		. 0
ALLOWABLE CONTRIBUTIONS		=	` 408

FORM 4626 OTH	ER AMT ADJUSTMENTS	STATEMENT 9
DESCRIPTION		TRUOMA
CHARITABLE CONTRIBUTIONS		-408.
TOTAL TO FORM 4626, LINE 20		-408.

FORM 4626	ALTERNAT	IVE MINIMUM TAX N	OL DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
06/30/05	195,884.	195,884.	0.	
06/30/07	3,486,368.	981,664.	2,504,704.	
06/30/08	516,762.	0.	516,762.	
06/30/09	508,185.	0.	508,185.	
06/30/10	1,695,940.	0.	1,695,940.	
06/30/11	413,822.	0.	413,822.	
06/30/12	1,059,661.	0.	1,059,661.	
06/30/13	593,900.	0.	593,900.	
06/30/16	1,582,222.	0.	1,582,222.	
06/30/17	2,336,620.	0.	2,336,620.	
AMT NOL CA	RRYOVER AVAILABLE !	THIS YEAR	11,211,816.	

. TENTATIVE MINIMUM TAX (TMT) PRORAT	ION STATEMENT 11
TENTATIVE MIMIMUM TAX FOR THE ENTIRE YEAR	18,446.
TMT IN EFFECT BEFORE 01/01/2018	18,446.
TMT IN EFFECT AFTER 12/31/2017	0.
DAYS	
TMT PRORATED FOR NUMBER OF DAYS IN 2017 184 TMT PRORATED FOR NUMBER OF DAYS IN 2018 181	9,299.
TMT PRORATED	9,299.

SCHEDULE D	C	CAPITAL LOSS CARRYOVER		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2012			
	2013 2014			
	2015			
	2016	274,981		274,981
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR	ર	274,981

Section 1.263(a)-3(n) Capitalization Election

The Art Institute of Chicago hereby elects to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.

Taxpayer Name	EIN	Address
The Art Institute of Chicago	36-2167725	111 South Michigan Avenue
		Chicago, IL 60603



Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) 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

Identifying number

THE A	ART INSTITUTE OF C	HICAGO	<u> </u>	FORM	990-T	ı		36-2167725
Part I	Election To Expense Certain Property	Under Section 17	79 Note: If you	have any listed	property,	complete Part	V before yo	ou complete Part I
1 Maxii	mum amount (see instructions)						1	510,000.
2 Total	cost of section 179 property place	d in service (see	instructions)				2	
3 Thres	shold cost of section 179 property b	efore reduction	ın lımıtatıon				3	2,030,000.
4 Redu	iction in limitation. Subtract line 3 fr	om line 2. If zero	or less, enter -	0-			4	
5 Dollar I	imitation for tax year. Subtract line 4 from line 1	If zero or less, enter -	0- If married filing s	eparately, see instruc	ions		5	510,000.
6	(a) Description of prop			(b) Cost (business us		(c) Elected of	cost	

7 Lieto	d property. Enter the amount from I	no 20			7			
	• • •						\neg	
	elected cost of section 179 proper	•	in column (c),	ines 6 and 7			8	
	ative deduction Enter the smaller of		340 E 4500				9	
•	rover of disallowed deduction from	•					10	
	ness income limitation. Enter the sm		•	•	line 5		11	
	on 179 expense deduction. Add line			_			12	
	over of disallowed deduction to 20				13			
	n't use Part II or Part III below for I							
Part II	Special Depreciation Allowan	ce and Other D	epreciation (D	on't include list	ed proper	ty)	1 1	
14 Spec	ial depreciation allowance for qualif	ied property (oth	er than listed p	roperty) placed	ın service	during		
the ta	ax year						14	
15 Prope	erty subject to section 168(f)(1) elec	tion					15	
	depreciation (including ACRS)						16	
Part II	MACRS Depreciation (Don't	nclude listed pro	perty) (See ins	tructions)				
			Sect	ion A				
17 MAC	RS deductions for assets placed in	service in tax ye	ars beginning b	efore 2017			17	162,060.
18 If you a	re electing to group any assets placed in service	e during the tax year in	ito one or more gene	ral asset accounts, cl	eck here	>		
	Section B - Assets F	Placed in Servic	e During 2017	Tax Year Using	the Gen	eral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see ins	stment use	d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3	-year property							
b 5	-year property							
	-year property							· · · · · · · · · · · · · · · · · · ·
	0-year property							
	5-year property							
_	0-year property					-		
•	5-year property				25 yrs		S/L	
	o your property	/			27 5 yrs	ММ	S/L	
h B	lesidential rental property	,			27 5 yrs	MM	S/L	
ı N	Ionresidential real property	/			39 yrs	MM	S/L	
	Castina C. Assata Di	/ d Samiles	D	av Vaar Haima	- Alan	MM	S/L	
	Section C - Assets Plants	aced in Service	During 2017 I	ax Year Using	ne Alteri	ative Depreci	r	em
	Class life						S/L	•
	2-year	•			12 yrs		S/L	
	0-year				40 yrs	MM	S/L	
Part IV								
21 Listed	d property Enter amount from line 2	28					21	
	. Add amounts from line 12, lines 1 here and on the appropriate lines of	-					22	162,060.
	• • •	•	•	•	See insti		22	102,000.
	ssets shown above and placed in s	-	current year, e	mer me	22			

Form 4562 (2017)	тня	ART IN	STTT	UTE	OF C	HTCA	GO				36-	2167	725	Page 2
Part V Listed Prop	erty (Include a							rtain comp	outers, ar	nd prop				
recreation, o	or amusement) ny vehicle for w	bich vou are u	eina tho	etandar	d milesc	a rata o	r dodu	ctina leasi	a evnens	e comr	lete on	ly 24a 1	24h coli	ımne
(a) through	c) of Section A	all of Section	B, and	Section	C if appl	cable	i dedd	curiy icasi	- expens	e, comp		ıy 270, i		
Section	A - Depreciation	on and Other	Informa	tion (Ca	ution: S	See the r	nstruc	tions for li	mits for p	asseng	er auton	nobiles)		
24a Do you have evidence	to support the bu	siness/investme	nt use cla	aimed?	Y	es 🗌	_ No	24b If "Y	es," is th	e evidei	nce wntt	en?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	(hu	(e) sis for depre siness/inve use only	stment	(f) Recovery period			Depré	h) eciation action	(i) Elected section 179 cost	
25 Special depreciation	•		property	placed	ın servic	e during	the ta	x year and	t	25				
used more than 50% 26 Property used more to			SC LICA							25	<u> </u>			
Zo Froperty used more	man 5076 III a q		% USE					<u> </u>	Γ		1			
			% %		\dashv									
-			%										-	
27 Property used 50% o	r less in a guali	1							J					
Zi Troperty daed 0070 0	Ticss III a quali	Ĭ	%						S/L -		1		T	
			%						S/L·				1	
		•	%						S/L -				1	
28 Add amounts in colu	mn (h) lines 25		- 1	e and on	line 21	page 1	_	I	1 4	28			1	
Complete this section for to your employees, first a				-									vehicles	
	-		(a)		(b)		(c) (d)			(e)		(f)		
30 Total business/investme	ent miles driven d	uring the	Vel	hicle	Vehicle		\ \	Vehicle Ve		/ehicle Vehi		nicle Vehicle		
year (don't include com	• ,						ļ	.						
31 Total commuting mile	_	•												
32 Total other personal	(noncommuting) miles												
driven			-		 				_					
33 Total miles driven du	•]			
Add lines 30 through		alaa	V	No.	V	No.	Vac	Na	Vac	No	Von	Ma	Yes	No
34 Was the vehicle avail	•	ai use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	res	No
during off-duty hours 35 Was the vehicle used		mara		 	+	1		+	 					
		more	1											
than 5% owner or rel 36 Is another vehicle ava	•	mal				 								
use?	allable for perso	niai		ļ										
use.	Section C	- Questions f	or Empl	Overs V	Vho Pro	vide Vet	icles (for Use h	Their F	mnlove	es.			L
Answer these questions	to determine if		•	•				-				ren't mo	ore than	5%
owners or related person													1	T
37 Do you maintain a wi employees?	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?					Yes	No							
38 Do you maintain a wi	ritten policy stat	tement that pr	ohibits p	ersonal	use of v	ehicles,	except	commute	ng, by yo	ur				}
employees? See the	instructions for	vehicles used	by corp	orate of	ficers, di	rectors,	or 1%	or more o	wners					1

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		
1 -			

Part VI Amortization						
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization penod or percent		(f) Amortization for this year
42 Amortization of costs that begins during your	2017 tax year					
		·				
43 Amortization of costs that began before your 2	2017 tax year				43	
44 Total. Add amounts in column (f) See the inst		44				

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The Art Institute of Chicago Center is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

Taxpayer Name	EIN	Address
The Art Institute of Chicago	36-2167725	111 South Michigan Avenue
		Chicago, IL 60603