	~~~		Exempt Organization	n Rusiness	Inc	ome Tax Re	turn	O	MB No. 1545-0047
Form	990-T	"				6033(e)) (			
101111	-	L.	• • •			//	<b>√</b> -1	l	<b>2019</b>
		For cale	ndar year 2019 or other tax year be					l	
•	ent of the Treasury Revenue Service		► Go to www.irs.gov/Form9					Open	to Public Inspection for
		<b>▶</b> D0 I	not enter SSN numbers on this for						(3) Organizations Only
ALL à	Check box if address changed	ļ	Name of organization (	_	and see	instructions.)			dentification number trust, see instructions.)
	pt under section	Print	THE ART INSTITUTE OF CHIC					-	_
	)1( C ) <u>( 3 )</u> )	ОГ	Number, street, and room or suite		structio	ons.	E User		-2167725 usiness activity code
<u></u>		Туре	111 SOUTH MICHIGAN AVEN				I	instruc	•
_	98A 🗌 530(a)	1	City or town, state or province, cou	ntry, and ZIP or foreign	n postal	code			45
C Book			CHICAGO, IL 60603						45
at en	yalue of all assets d of year		roup exemption number (See			□ 501/a\ tm :at	- 401/a	۱ ۸	Other to let
		<u> </u>	neck organization type			☐ 501(c) trust	401(a		
			organization's unrelated trade						first) unrelated
			MUSEUM SHOP SALES	. If o	nly or	ne, complete Parts	-V. If more	than	one, describe the
			at the end of the previous se	ntence, complete	Parts	s i and ii, complet	e a Schedul	емт	or each additional
			omplete Parts III-V.						
	-		o corporation a subsidiary in an	• '	-	nt pubsidiary contro	olica group?	•	☐ YC3 ☑ NO
			and identifying number of the	parent corporation	on. ►	<b>-</b>			(0.40), 400, 400,
			► ALEXANDRA HOLT		-	Telephone n			(312) 499-4265
			e or Business Income	<u> </u>		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts								
b	Less returns a			c Balance ►	1c	2,208,391	<u> </u>		
2	-	•	Schedule A, line 7)	1	2	1,038,296			
3	•		t line 2 from line 1c		3_	1,170,095		/	1,170,095
4a				. 🗀 .	4a	0	<u> </u>	_	0
b			4797, Part II, line 17) (attach I		4b	0			0
c			n for trusts		4c	0			0
5			a partnership or an S corp						
	•				5	0	<u> </u>		0
6	Rent income (	Schedu	ıle C)		6	0		0	0
7	Unrelated deb	t-financ	ced income (Schedule E)		7	0		0	0
8			s, and rents from a controlled organi		8	0		0	0
9			ection 501(c)(7), (9), or (17) organiz		9/	0		0	0
10	Exploited exer	npt act	ivity income (Schedule I)	/	10	0		0	0
11	Advertising ind	come (S	Schedule J)	/.	11	0		0	0
12	Other income	(See ins	structions; attach schedule) .	/	12	0	1		0
<u> </u>	Total. Combin	<u>ie lines</u>	3 through 12	<u> </u>	13	1,170,095		0	1,170,095
§ Part			Taken Elsewhere (See ins		tation	s on deductions.)	(Deduction:	s mus	st be directly
<b>ž</b> _			he unrelated business incor						
<b>Z</b> 14	•		cers, directors, and trustees (	•				14	0
NI4 IE15 D16								15	842,708
<b>_</b> 16			ance/				<b>↑</b>	16	. 0
<b>≥</b> 17	Bad debts .		<b>/</b>				. )	17	0
<b>₽</b> 18	Interest (attacl	n sched	luie) (see instructions) .   .   .			ENER	(있)	18	0
<del></del> 19	Taxes and lice	nses .	/		01		\O\. \O67,700	19	65,750
<b>⊃</b> 20	Depreciation (a	attach F	Form (4562)		. !	20,021	\ ဟို67,700		
21 22 22	Less deprecia	tion cla	inved on Schedule A and else	where on retulm	. ( -	. N 9 24 a	7=/ 0	21b	67,700
<u>ુ</u> 22	Depletion	/	Form 4562)	\9	g/.	WEIL .	۲۰ برز ۱۲	22	0
23	Contributions	to defe	rred compensation plans .	\	<u>@</u> \	· SEN,	·/·	23	0
24	Employee bea	efit pro	grams		レノ	CODE!		24	204,755
25	Excess exemp	t exper	nses (Schedule I)		.\			25	0
26	Excess eader	ship co	sts (Schedule J)		. レ			26	0
27	Other deduction	ons (atta	ach schedule)					27	559,472
28	Total deducti	ons. Ac	dd lines 14 through 27					28	1,740,385
29			axable income before net ope					29	(570,290)
30 /			perating loss arising in tax						<u> </u>
								30	0
<b>/31</b>	Unrelated bus	iness ta	xable income. Subtract line 3	30 from line 29			<u> </u>	31	(570,290)

Form 99	0-7 (2019						Page 2
Part	<u>111</u> T	otal Unrelated Business Taxable Income					
32 (	Total c	of unrelated business taxable income computed from all unrelated trade	s or businesses (	see			
		tions)		- <b>1</b> L	32		29,506
33	Amoun	its paid for disallowed fringes		'[	33		
34	Charita	able contributions (see instructions for limitation rules)		ſ	34		0
35		nrelated business taxable income before pre-2018 NOLs and specific de		lipre	TT		
	34 fron	n the sum of lines 32 and 33		(-)	35		29,506
36		tion for net operating loss arising in tax years beginning before Ja	anuary 1, 2018 (	see			
	ınstruc	tions)		761	36	3	29,506
37		f unrelated business taxable income before specific deduction. Subtract li	ne 36 from line 35	. [	37		0
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		Γ	38		0
39/	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is	greater than line	37,			
/	enter th	ne smaller of zero or line 37		· .	39		0
		ax Computation					
40	Organi	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)		▶ [	40		0
41		Taxable at Trust Rates. See instructions for tax computation		on [			
	the am	ount on line 39 from.   Tax rate schedule or  Schedule D (Form 19)	341)	<b>&gt;</b>	41		
42	Proxy '	tax. See instructions		▶ [	42		
43 🔨	Alterna	tive minimum tax (trusts only)		. [	43		
44	Tax on	Noncompliant Facility Income. See instructions			44		
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u></u>	_ · _ l	45		0
		ax and Payments					
		n tax credit (corporations attach Form 1118, trusts attach Form 1116) .	46a				
b			46b				
C			46c				
		, ,	46d		<del></del> -y		_
е		redits. Add lines 46a through 46d		· -	464		
47		ct line 46e from line 45			47		0
		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866	•	ile)	48		<u>0</u>
		ax. Add lines 47 and 48 (see instructions)		٠	49 50		
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k nts. A 2018 overpayment credited to 2019		. 0	<del></del>		
	-	stimated tax payments	51a 51b	- #	j		
			51¢	—∸1	l		
d	Foreign	organizations. Tax haid or withheld at source (see instructions)	518		ľ		
e	Backur	posited with Form 8868	51e	<del></del>	Ì		
f	Credit	for small employer health insurance premiums (attach Form 8941)	5 f		ŀ		
		credits, adjustments, and payments  Form 2439	<del>'' </del>	$\neg \neg$			
_	Forr		51g	اه	- 1		
		payments. Add lines 51a through 51g			52		7
		ted tax penalty (see instructions) Check if Form 2220 is attached		ri t	\$3		
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owe	d	_ ▶ [	54		0
		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>0 ▶</b> ↑	55		7
	-	e amount of line 55 you want. Credited to 2020 estimated tax	0 Refunder	d ▶ ↑	56		7
Part \	/I S	tatements Regarding Certain Activities and Other Information					
57		time during the 2019 calendar year, did the organization have an interest	<del></del>	r othe	r autho	rity Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes,					
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ent	er the name of the	foreig	ın cour	itry	'
	here 🕨	•				-	~
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of	of, or transferor to, a	foreign	trust?	.	~
	_	" see instructions for other forms the organization may have to file.	·	_			T
59	Enter th	ne amount of tax-exempt interest received or accrued during the tax year	▶ \$			52	
<b>~</b> :		penalties of perjury. I declare that I have examined this return, including accompanying schedules are orgect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which			my know	ledge and be	dief, it is
Sign	<b>  1</b>			M		discuss this	
Here			ICE & ADMINISTRATI			eparer shown lons)? <a href="Peaceto">Paren</a>	
	Signati	are of officer \ Date \ \ Title		<u> </u>		<del>-</del> -	لـــــَــ
Paid		Print/Type preparer's name Preparer's signature	Date 5/11/2021		if	PTIN	C10E
Prepa	rer	NICOLE BENCIK	1-,,		nployed	P0075	
Use C	nly	Firm's address > CROWE LLP  225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606	-1224	Firm's		35-09216 312) 899-7	
		Firm's address ► 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606	- 1627	Phone	n <b>o. (</b> •	033-1	550

	90-T (2019) dule A—Cost of Goods	Cald C	tor mothod of ir	wonton.	valuation N					Page 3
1			<del></del>	.931 6	<del></del>		and of year	6		993,507
2	Inventory at beginning of year Purchases		2 1,196		No Inventory at end of year 6 993 Cost of goods sold. Subtract line				333,307	
3	Cost of labor	<u></u>	3	0 7	_		. Enter here and in Part			
-	Additional section 263A	-	3	<del>-</del>			. Linter here and in rain	7		1.038.296
	(attach schedule)		4a	o 8	. Do the ru	اما	of section 263A (with		ect to	Yes No
ь	Other costs (attach schedu	·	4b	<u> </u>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply					
5	Total. Add lines 1 through	· ·	5 2,031	<u> </u>			zation?			
	dule C-Rent Income (F									<u></u>
	instructions)		, ,				•			
1. Desc	ription of property		•							
(1)					··					
(2)										
(3)										
(4)						****	1			
	2.	Rent receiv	red or accrued							
for personal property is more than 10% but not percentage of re			(b) From real ar percentage of rent 50% or if the rent	for personal	property exceeds		3(a) Deductions directly of in columns 2(a) and			
<u>(1)</u>						_				
(2)										
(3)	· · · · · · · · · · · · · · · · · · ·									
(4)	<del> </del>									
Total		0	Total		<del></del>	0	(b) Total deductions.			
	al income. Add totals of colum		, ,				Enter here and on page			_
	nd on page 1, Part I, line 6, colu					0	Part I, line 6, column (B)	<u> </u>		0
Sche	dule E—Unrelated Debt	-Financ	ed Income (see	instructio	ons)		3. Deductions directly con-	antad w	th or allo	anblo to
	4. Decedebres of debt for				income from or		debt-financ			Cable to
	1. Description of debt-fin	ianced prop			to debt-financed property	7	(a) Straight line depreciation (attach schedule)		Other de ttach sch	
(1)						L				
(2)										
(3)						┖				_
(4)						L				
	Amount of average acquisition debt on or illocable to debt-financed roperty (attach schedule)	of or debt-fin	ge adjusted basis allocable to anced property ch schedule)	4	. Column I divided column 5		7. Gross income reportable (column 2 × column 6)	(column		eductions I of columns 3(b))
(1)					%					
(2)					%					

% %

Enter here and on page 1, Part I, line 7, column (A)

Form **990-T** (2019)

0

Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8

(3) (4)

Page 4

Schedule F-I	nterest, Ann	uities,	Royalties,			Controlled Org	<b>janizations</b> (se	e instru	ctions)	
7.	·		······································			Organizations	·			
1. Name of organia			Employer ication number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)							-	-	-	-
(2)										
(3)										
(4)			·							
Nonexempt Cor	trolled Organiz	zations	1							
7 Tayahla Income 8. Nel			Net unrelated income ss) (see instructions)		otal of specified yments made	included in the	Part of column 9 that is included in the controlling organization's gross income		eductions directly cted with income in column 10	
(1)										
(2)										
(3)										
(4)										
							Add columns t Enter here and o Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals .					. ,			ĺ	0	0
Schedule G-	Investment I	ncom	e of a Sect	ion 501(	(c)(7), (9),	or (17) Organi	zation (see ins	tructions	s)	
1. Descrip	otlon of income		2. Amount of	Income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										···-
(4)							l		<del></del>	
			Enter here and Part I, line 9, c							re and on page 1, ne 9, column (B).
			1 61 (1, 11110 3, 0	, ,	[					, , ,
Totals			A ativity I nac		0ľ	Advertising In	2000 (200 100)		<u> </u>	0
Schedule I—E	xpioited Exe	mpt	Activity inco				icome (see insi	ructions	9	
1. Description	of exploited activi	ty	2. Gross unrelated business incor from trade o business	ne coni	Expenses directly nected with duction of inrelated ness income	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	attribu	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			· · · · · · · · · · · · · · · · · · ·							
(2)										
(3)										
(4)										
Totals		•	Enter here and page 1, Part line 10, col (A	I, pag	here and on ge 1, Part I, 10, col (B).					Enter here and on page 1, Part II, line 25
Schedule J-	Advertising l	ncom	e (see instruc	<u> </u>	<u>_</u>	<u> </u>				
	ome From P				Consoli	dated Basis			<del></del>	<del></del>
						4. Advertising				7. Excess readership
1. Nam	e of periodical		2. Gross advertising income		3. Direct rtising costs	gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	1	dership osts	costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals (carry to Pa	art II, line (5)) .	<u> </u>		0	0	0				0
			<del>-</del>							QQQ-T (2010)

# 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 penodical	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)						
(2)						
(3)						
(4)						
Totals from Part I	0	0	_	<del>-</del>		0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part 1, line 11, col. (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) .	0	0	ı			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** (2019)

#### SCHEDULE M (Form 990-T)

#### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20

▶ Go to www.irs.gov/Form9907 for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number THE ART INSTITUTE OF CHICAGO 36-2167725 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ FILM CENTER RENTAL Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 0 **b** Less returns and allowances c Baiance ▶ 1c Cost of goods sold (Schedule A, line 7) . 2 0 2 0 0 3 Gross profit. Subtract line 2 from line 1c. 3 4a Capital gain net income (attach Schedule D) . . . . . 4a 0 0 **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h 0 0 4c 0 0 Income (loss) from a partnership or an S corporation (attach statement) . . . . . . . . . . . . . . . . 5 O 0 0 0 ō 6 Rent income (Schedule C) . . . . . . . 6 7 Unrelated debt-financed income (Schedule E) . . . . 7 0 0 0 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . . . . . . . . . 0 0 0 8 9 Investment income of a section 501(c)(7), (9), or (17) 0 organization (Schedule G) . . . . . . . . . . . . 9 0 0 0 0 0 10 10 Explorted exempt activity income (Schedule I) . . . 0 0 11 Advertising income (Schedule J) . . . . . 11 0 15.064 15.064 12 Other income (See instructions; attach schedule) . 12 Total. Combine lines 3 through 12 . . . . 15,064 13 0 15.064 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 0 14 Compensation of officers, directors, and trustees (Schedule K) 14 1,661 15 Salaries and wages 15 0 16 16 Repairs and maintenance n 17 17 0 18 Interest (attach schedule) (see instructions) . . . 18 880 19 19 0 20 Depreciation (attach Form 4562) . . . . . 20 21 Less depreciation claimed on Schedule A and elsewhere on return. 21a 0 21b 0 22 22 0 . . . . . . . . . . . . . . . . . . 0 23 Contributions to deferred compensation plans . . . 23 24 Employee benefit programs . . . . . . . 24 391 25 25 0 Excess exempt expenses (Schedule I) . . 0 26 Excess readership costs (Schedule J) 26 Other deductions (attach schedule) . . . . . . 4,088 27 27 7.020 28 Total deductions. Add lines 14 through 27 28 8,044 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 0

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Unrelated business taxable income. Subtract line 30 from line 29

Cat. No 71329Y

Schedule M (Form 990-T) 2019

8,044

30

#### SCHEDULE M (Form 990-T)

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

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 07/01 , 2019, and ending 06/30

► Go to www.irs.gov/Form9907 for instructions and the latest information.

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number THE ART INSTITUTE OF CHICAGO 36-2167725 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ ADVERTISING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 **b** Less returns and allowances 0 c Balance ▶ 10 2 Cost of goods sold (Schedule A, line 7) . . 2 0 0 0 3 Gross profit. Subtract line 2 from line 1c. 3 4a Capital gain net income (attach Schedule D) . . . . . 0 0 **4**a Ь Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b O 0 0 n 4c 5 Income (loss) from a partnership or an S corporation (attach 0 0 5 0 0 0 6 Rent income (Schedule C) . . . . . . . . . 6 7 Unrelated debt-financed income (Schedule E) . . . . 7 0 0 0 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 0 0 0 8 9 Investment income of a section 501(c)(7), (9), or (17) 9 0 0 0 10 Exploited exempt activity income (Schedule I) . . . 10 0 0 0 0 0 0 11 Advertising income (Schedule J) . . . . . 11 27,600 27,600 12 Other income (See instructions; attach schedule) 12 13 Total. Combine lines 3 through 12 . . . . . . 27,600 0 27,600 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 0 15 Salanes and wages 15 0 0 16 Repairs and maintenance 16 0 17 17 . . . . . . . . . . . . . . . . 18 Interest (attach schedule) (see instructions) . . . . 18 0 2,253 19 19 20 Depreciation (attach Form 4562) . . . . . . . . . 0 0 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 0 22 Depletion 22 23 Contributions to deferred compensation plans . . . 23 0 24 Employee benefit programs . . . . . 24 0 25 Excess exempt expenses (Schedule I) 25 0 26 Excess readership costs (Schedule J) 26 0 27 Other deductions (attach schedule) . . . . . 3,885 27 6,138 28 Total deductions. Add lines 14 through 27 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 21,462 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 0 30 Unrelated business taxable income. Subtract line 30 from line 29 21,462

For Paperwork Reduction Act Notice, see instructions.

Cat. No 71329Y

Schedule M (Form 990-T) 2019

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

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

OMB No. 1545-0047

2019

Department of the Treasury

, 20 20 For calendar year 2019 or other tax year beginning 07/01 , 2019, and ending 06/30

▶ Go to www.irs.gov/Form9907 for instructions and the latest information.

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

Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number THE ART INSTITUTE OF CHICAGO 36-2167725 Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ INVESTMENT ACTIVITIES Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 0 **b** Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) . 2 0 O 3 Gross profit. Subtract line 2 from line 1c. 3 O 257,487 257,487 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 h n n C 4c 5 Income (loss) from a partnership or an S corporation (attach 170,238 statement) . . . . . . . 5 170,238 6 Rent income (Schedule C) . . . . . . . . 6 n n n 7 Unrelated debt-financed income (Schedule E) . . . . 7 0 0 0 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . . . . . . . . 0 0 0 8 9 Investment income of a section 501(c)(7), (9), or (17) 9 0 0 0 10 0 0 0 10 Exploited exempt activity income (Schedule I) . . 0 0 11 Advertising income (Schedule J) . . . . . 11 0 12 Other income (See instructions; attach schedule) 12 0 0 13 427,725 0 427,725 Total. Combine lines 3 through 12 . . . . . 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 0 15 15 0 Salaries and wages 0 16 Repairs and maintenance 16 17 0 . . . . . . . . . . . . . . . . 17 18 18 0 Interest (attach schedule) (see instructions) . . . 5.468 19 Taxes and licenses . . . . . . 19 20 Depreciation (attach Form 4562) . . . . . . . . . . . . 20 0 0 21 Less depreciation claimed on Schedule A and elsewhere on return. 21a 0 21b n 22 22 23 Contributions to deferred compensation plans 0 24 Employee benefit programs . . . . . . . 24 0 25 0 Excess exempt expenses (Schedule I) 25 26 0 Excess readership costs (Schedule J) 26 27 3.001,101 Other deductions (attach schedule) . . . . . 27 28 3,006,569 Total deductions. Add lines 14 through 27 28 29 (2,578,844)Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see O instructions) . . . . . 30 31 Unrelated business taxable income. Subtract line 30 from line 29 31 (2.578,844)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Name of Partnership	EiN	UBI
INVESTMENT ACTIVITIES		
(1) ABERDEEN INTERNATIONAL PARTNERS, LP	20-4380671	-94
(2) ABERDEEN VENTURE PARTNERS VI, LP	20-4380765	-263
(3) AECOM-CANYON EQUITY FUND L.P.	82-5260039	-129,357
(4) AXIOM ASIA IV, LP	98-1276355	-55
(5) BLACKSTONE REAL ESTATE PARTNERS EUROPE IV NQ LP	98-1131823	-1,038
(6) BLACKSTONE REAL ESTATE PARTNERS EUROPE IV, LP	98-1127295	-4,155
(7) BLACKSTONE REAL ESTATE PARTNERS VI.TE.2 L.P	20-8081716	815
(8) BLACKSTONE REAL ESTATE PARTNERS VI.TE.2-NQ L P.	26-1129052	551
(9) CARLYLE CARDINAL IRELAND DOLLAR FEEDER, L P	98-1131304	-19,145
(10) CARMELIAN ENERGY CAPITAL II, L.P	82-0888458	201,412
(11) CARNELIAN ENERGY CAPITAL III, L.P	83-4409953	-1,853
(12) CC PF AIV , LP	81-1914574	30,274
(13) CCPPV AIV, LP	82-5312597	-53,211
(14) CCSL AIV, LP	82-1548777	-29,115
(15) DEERFIELD HEALTHCARE INNOVATIONS FUND, L P	47-2351736	-191,967
(16) DEERFIELD PH HOLDINGS IV LP	83-2827770	-8,081
(17) DEERFIELD PRIVATE DESIGN FUND III L P	46-5074876	-9,067
(18) DEERFIELD PRIVATE DESIGN FUND IV, L.P.	81-3299895	-50,402
(19) DEERFIELD RE HOLDINGS IV, L.P.	82-5447209	5,624
(20) ENCAP ENERGY CAPITAL FUND VI	20-4681961	-1,887
(21) ENCAP ENERGY CAPITAL FUND X, LP	47-2732735	258,664
(22) ENERGY SPECTRUM PARTNERS VIII	35-2637262	-117,315
(23) FORTRESS REAL ESTATE OPPORTUNITIES FUND II (A) LP	36-4777258	-179,173
(24) GREENFIELD LAND PARTNERS I, LP	20-3748961	-679
(25) KKR ASIAN FUND III LP	98-1346589	-7,171
(26) NATURAL GAS PARTNERS IX LP	26-0632609	-11,503
(27) NAUTIC PARTNERS IX LP	83-3353461	-5,128
(28) NAUTIC PARTNERS VI, LP	20-5455960	-1,530
(29) NAUTIC PARTNERS VII-A, LP	45-5544303	-1
(30) NAUTIC PARTNERS VIII, L P.	81-0850534	22,812
(31) NGP NATURAL RESOURCES XI, LP	47-1245315	347,657
(32) POMONA CAPITAL VI LP	20-1779016	-58
(33) PROVIDENCE EQUITY PARTNERS VI, LP	20-5898480	1,388
(34) SHOREHILL PRIVATE EQUITY LP	47-2233583	18,053
(35) SOROBAN OPPORTUNITIES FUND LLC	47-1294174	-1,110
(36) TRILANTIC ENERGY PARTNERS (NA)-AIV, LP	46-4688952	155,079
(37) TRILANTIC ENERY PARTNERS II (NORTH AMERICA) L.P	82-1161845	-48,733
	Total	170,238

Form 990T Part I, Line 12	Other Income	<b>.</b>

Description	Amount
FILM CENTER RENTAL	
(1) RENTAL INCOME	15,064
ADVERTISING	
(2) ADVERTISING INCOME	27,600
Total for Part I,	Line 12 42,664

Form 990T Part II, Line 19	Taxes and Licenses		
_			
	Description		Amount
MUSEUM SHOP SALES			
(1) FICA MUSEUM SHOP			65,750
FILM CENTER RENTAL			
(2) FICA FILM CENTER			36
(3) STATE TAX			844
		Totat	880
ADVERTISING			
(4) STATE TAX			2,253
INVESTMENT ACTIVITIES			
(5) FOREIGN TAXES			2,570
(6) STATE TAXES			2,898
		Total	5,468

### Form 990T Part II, Line 27

Other Deductions

Description	Amount
MUSEUM SHOP SALES	
(1) MISCELLANEOUS EXPENSES	263,253
(2) ADMINISTRATION ALLOCATION	294,189
(3) PROFESSIONAL FEES	2,030
Total	559,472
FILM CENTER RENTAL	
(4) FACILITY AND CONCESSION STAND COSTS	1,860
(5) ADMIN AND PROFESSIONAL SERVICE FEES	2,228
Total	4,088
ADVERTISING	
(6) ADMIN AND PROFESSIONAL SERVICE FEES	2,188
(7) PUBLICATION COSTS	1,697
Total	3,885
INVESTMENT ACTIVITIES	
(8) CARMELIAN ENERGY CAPITAL II, L.P. 820888458 - INTANGIBLE DRILLING COSTS	739,958
(9) ENCAP ENERGY CAPITAL FUND X, LP 472732735- INTANGIBLE DRILLING COSTS	1,053,210
(10) NATURAL GAS PARTNERS IX LP 260632609- INTANGIBLE DRILLING COSTS	2,032
(11) NGP NATURAL RESOURCES XI, LP 471245315- INTANGIBLE DRILLING COSTS	599,285
(12) POMONA CAPITAL VI LP 201779016- INTANGIBLE DRILLING COSTS	907
(13) TRILANTIC ENERGY PARTNERS (NA)-AIV, LP 464688952- INTANGIBLE DRILLING COSTS	272,356
(14) TRILANTIC ENERY PARTNERS II (NORTH AMERICA) L.P. 821161845- INTANGIBLE DRILLING COSTS	205,380
(15) TY16 DEPLETION AMORIZATION	111,871
(16) PROFESSIONAL FEES	16,102
Total	3,001,101

#### Form 990T Part II, Line 30

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

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
MUSEUM SHOP SALES			·		
2018	120,040		0	0	120,040
2019	570,290		0	. 0	570,290
Totals	690,330	0	0	0	690,330
INVESTMENT ACTIVITIE	S				
2018	992,010		0	0	992,010
2019	2,578,844		0	0	2,578,844
Totals	3,570,854	0	0	0	3,570,854

#### Form 990T Part III, Line 34 Chantable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	82				82	2019
2015	29				29	2020
2016	36		•		36	2021
2017	21				21	2022
2018	85				85	2023
2019	1,325				1,325	2024
Totals	1,578	0	0	0	1,578	

Form 990T Part III, Line 36	Deduction for net operating loss arising in tax years beginning before January 1, 2018
-----------------------------	----------------------------------------------------------------------------------------

Year Generated	Amount Generated	Converted Contributions	Amount Used in Pnor Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2007	3,486,368	·	1,997,481	29,506	1,459,381	2027
2008	516,762				516,762	2028
2009	508,184				508,184	2029
2010	1,695,940				1,695,940	2030
2011	413,822				413,822	2031
2012	1,059,661				1,059,661	2032
2013	593,900			1	593,900	2033
2016	1,582,222				1,582,222	2036
2017	2,336,620				2,336,620	2037
Totals	12.193.479	0	1,997,481	29,506	10.166.492	

THE ART INSTITUTE OF CHICAGO

EIN: 36-2167725 FORM 990-T

**TAX PERIOD ENDED: JUNE 30, 2020** 

#### 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

THE ART INSTITUTE OF CHICAGO

EIN: 36-2167725 FORM 990-T

**TAX PERIOD ENDED: JUNE 30, 2020** 

#### 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

#### SCHEDULE D (Form 1120)

**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,

OMB No 1545-0123

Internal Revenue Service

1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

2019 Department of the Treasury ▶ Go to www.irs.gov/Form1120 for instructions and the latest information. Employer identification number THE ART INSTITUTE OF CHICAGO 36-2167725 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ► □ Yes ☑ No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below. or loss from Form(s) Subtract column (e) from Cost 8949, Part I, Ilne 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 0 with Box B checked Totals for all transactions reported on Form(s) 8949 O 825 with Box C checked . 825 n 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 0) 6 Unused capital loss carryover (attach computation) 6 825 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below. 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 price) (or other basis) the result with column (g) column (g) whole dollars 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 0 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 0 Totals for all transactions reported on Form(s) 8949 0 0 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 164,190 0 164,190 with Box F checked 11 Enter gain from Form 4797, line 7 or 9. 92,472 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) . . . . .

Part III 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) 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . Note: If losses exceed gains, see Capital Losses in the instructions.

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

Schedule D (Form 1120) 2019

256,662

256,662

257,487

825

Cat No 11460M

15

16

17

18

## Form **8949**

Department of the Treasury

Internal Revenue Service

#### **Sales and Other Dispositions of Capital Assets**

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

OMB No. 1545-0074

Name(s) shown on return
THE ART INSTITUTE OF CHICAGO

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

2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A Social security number or taxpayer Identification number

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-D. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). 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 (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g), enter a code in column (f) (c) (d) Cost or other basis Gain or (loss). (b) (a) See the separate instructions. Date sold or Proceeds Subtract column (e) See the Note below Description of property Date acquired from column (d) and and see Column (e) disposed of (sales price) (Example, 100 sh XYZ Co.) (Mo, day, yr) (Mo , day, yr.) (a) combine the result (see instructions) in the separate Code(s) from with column (g) instructions Amount of instructions adjustment FROM SCHEDULE K-1 (FORM 1065) 825 825 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 825 0 825 above is checked), or line 3 (if Box C above is checked) ▶

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

5/11/2021 2:53:15 PM

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side THE ART INSTITUTE OF CHICAGO

Social security number or taxpayer identification number 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 box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). 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)	I consterm transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

✓ (F) Long-term transactions not reported to you on Form
----------------------------------------------------------

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below			(h) Gain or (loss). Subtract column (e)
(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	e(s) from Amount of	from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (FORM 1065)			164,191				164,191
FROM FORM 6781			(1)				(1)
-							
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and incl is checked), tir	lude on your ne 9 (if Box E	164,190	0		0	164,190

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** (2019)

**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 Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number

36-2167725

THE A	ART INSTITUTE OF CHICAGO	36-2	167725
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (Ti	MT)	
	(See instructions and complete Part(s) III before Parts I and II.)	•	
1	General business credit from line 2 of all Parts III with box A checked	. 1	0
2	Passive activity credits from line 2 of all Parts III with box B checked 2	0	
3	Enter the applicable passive activity credits allowed for 2019. See instructions	. 3	2,859
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with bo	x C	_
	checked. See instructions for statement to attach		0
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with bo		
	checked. See instructions		0
6	Add lines 1, 3, 4, and 5	. 6	2,859
	II Allowable Credit		
7	Regular tax before credits:		
	<ul> <li>Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44</li></ul>	7	0
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return		
8	Alternative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0	. 8	0
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
•	Add ( 7 4 0	. 9	0
9	Add lines 7 and 8	.   9	
10a	Foreign tax credit		
b	Certain allowable credits (see instructions)		
c	Add lines 10a and 10b	. 10c	0
·	Add mies tod and tob	. 100	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line	16 11	0
••	The most and cubit act the roo non-time of the end of the and office of the end of the e	, ii	
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0   12		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions		
14	Tentative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52		
15	Enter the greater of line 13 or line 14	. 15	
16	Subtract line 15 from line 11. If zero or less, enter -0	. 16	0
17	Enter the smaller of line 6 or line 16	. 17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition	, or	
	reorganization.	ŀ	
For Pa	perwork Reduction Act Notice, see separate instructions. Cat. No 12392F		Form <b>3800</b> (2019)

Part	II Allowable Credit (continued)		
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11. If zero or less, enter -0	20_	0
21	Subtract line 17 from line 20. If zero or less, enter -0	21	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked 23 0		
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 2,859	 	
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	2,859
34	Carryforward of business credit to 2019. 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	7,025
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	9,884
37	Enter the smaller of line 29 or line 36	37	0
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 II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.  • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51  • Corporations. Form 1120, Schedule J, Part I, line 5c  • Estates and trusts. Form 1041, Schedule G, line 2b	38	0

Name(s) shown on return Identifying number THE ART INSTITUTE OF CHICAGO 36-2167725 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. E 🗐 Reserved A General Business Credit From a Non-Passive Activity F Reserved **B** General Business Credit From a Passive Activity **G** Eligible Small Business Credit Carryforwards **C** ☐ General Business Credit Carryforwards H 🔳 Reserved **D** General Business Credit Carrybacks 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 III with box A or B checked. Check here if this is the consolidated Part III . . . . . . . . . (c) (a) Description of credit Enter the If claiming the credit 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 entity, enter the EIN appropriate pass-through entity amount 0 Investment (Form 3468, Part II only) (attach Form 3468) . . . 1a b 1b 0 C Increasing research activities (Form 6765) 1c 0 d 1d 0 e Disabled access (Form 8826) (see instructions for limitation) . . . . . . 1e 0 1f f Renewable electricity, refined coal, and Indian coal production (Form 8835) . 0 1g 0 1h New markets (Form 8874) . . . . . . . 0 1i 0 Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions 0 1k 0 Biodiesel and renewable diesel fuels (attach Form 8864) 11 0 Low sulfur diesel fuel production (Form 8896) . . . . . 1m m Distilled spirits (Form 8906) . . . . . . . . . . . . . . . . 1n 0 n 0 Nonconventional source fuel (carryforward only) . . . . . . 10 0 0 p 1p 0 q 1q 0 Alternative motor vehicle (Form 8910) . . . . 1r 0 Alternative fuel vehicle refueling property (Form 8911) . . . 1s Enhanced oil recovery credit (Form 8830) . . . . . . . . . . 0 1t t 0 1u u 0 Agricultural chemicals security (carryforward only) . . . . . . . . . 1v 0 Employer differential wage payments (Form 8932) . . . . . . . . . . 1w w 0 Carbon oxide sequestration (Form 8933) . . . . . . . . . . . . . . . 1x X 0 Qualified plug-in electric drive motor vehicle (Form 8936) . . . . 1y Qualified plug-in electric vehicle (carryforward only) . . . . . . 0 1z z 0 aa 1aa 0 bb General credits from an electing large partnership (carryforward only) . . . . 1bb Other. Oil and gas production from marginal wells (Form 8904) and certain other ZZ 0 credits (see instructions) 1zz 0 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 0 3 Enter the amount from Form 8844 here and on the applicable line of Part II 3 0 Investment (Form 3468, Part III) (attach Form 3468) 4a 4a 0 4b Ь 4c 0 C Biofuel producer (Form 6478) 0 d **4d** 0 е Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . 4e 0 Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f f 0 **4**g g 0 Small employer health insurance premiums (Form 8941) . . . . . . . 4h h 2,859 4i Increasing research activities (Form 6765) . . . . . i 0 Employer credit for paid family and medical leave (Form 8994) . . . 4j j 0 4z z 2,859 5 Add lines 4a through 4z and enter here and on the applicable line of Part II 2,859 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Nan		hown on return			Identifying nur	nber
	,	T INSTITUTE OF CHICAGO			36-	2167725
Pa	irt II	General Business Credits or Eligible Small Business Credits (see inst	ructi	ons)		
		te a separate Part III for each box checked below. See instructions.				
	•	General Business Credit From a Non-Passive Activity E Reserved				
	_	General Business Credit From a Passive Activity F Reserved				
С	$\Box$	General Business Credit Carryforwards G 🔲 Eligible Small Busin	ess C	redit	Carryforward	s
		General Business Credit Carrybacks H  Reserved			•	
		u are filing more than one Part III with box A or B checked, complete and attach first an	additio	nal Pa	art III combini	ng amounts from
		arts III with box A or B checked. Check here if this is the consolidated Part III				
		(a) Description of credit		Ī	(b)	(c)
		n any line where the credit is from more than one source, a separate Part III is needed for each ough entity.		from a	ming the credit a pass-through , enter the EIN	Enter the appropnate amount
1	la	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
	b	Reserved	1b	<u> </u>		
	С	Increasing research activities (Form 6765)	1c			
	d	Low-income housing (Form 8586, Part I only)	1d			
	e	Disabled access (Form 8826) (see instructions for limitation)	1e			
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f_	<u> </u>		
	g	Indian employment (Form 8845)	1g			·
	h	Orphan drug (Form 8820)	1h			
	İ	New markets (Form 8874)	1i_	<u> </u>		
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
	k	Employer-provided child care facilities and services (Form 8882) (see instructions				
		for limitation)	1k	ļ		
	ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11	<u></u>		
	m	Low sulfur diesel fuel production (Form 8896)	1m			
	n	Distilled spirits (Form 8906)	1n			
	0	Nonconventional source fuel (carryforward only)	10		-	
	Р	Energy efficient home (Form 8908)	1p			
	q	Energy efficient appliance (carryforward only)	1q			
	r	Alternative motor vehicle (Form 8910)	1r	-		
	S	Alternative fuel vehicle refueling property (Form 8911)	1s			
	t	Enhanced oil recovery credit (Form 8830)	1t			
	u	Mine rescue team training (Form 8923)	1u 1v	-		
	٧	Agricultural chemicals security (carryforward only)	1w			
	W	Carbon oxide sequestration (Form 8933)	1x		•	
	X	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		· <del></del>	
	y z	Qualified plug-in electric vehicle (carryforward only)	1z			
	aa	Employee retention (Form 5884-A)	1aa			
	bb	General credits from an electing large partnership (carryforward only)	1bb			
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other	100			
		credits (see instructions)	1zz			
2	<b>&gt;</b>	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		-	0
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3			
	la	Investment (Form 3468, Part III) (attach Form 3468)	4a			. "
	b	Work opportunity (Form 5884)	4b			
	С	Biofuel producer (Form 6478)	4c			
	d	Low-income housing (Form 8586, Part II)	4d			•
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	T		
	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			-
	i	Increasing research activities (Form 6765)	4i	81	1-1914574	15
	j	Employer credit for paid family and medical leave (Form 8994)	4j			
	z	Other	4z			
5		Add lines 4a through 4z and enter here and on the applicable line of Part II	5			15
6		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			15

$\overline{}$	shown on return		Ī	ldentifying nun	nber
	RT INSTITUTE OF CHICAGO				2167725
	III General Business Credits or Eligible Small Business Credits (see inst	ructio	ons)		<del>.</del>
	ete a separate Part III for each box checked below. See instructions.				<del></del>
A 🗆	General Business Credit From a Non-Passive Activity E Reserved				
B 🗹	General Business Credit From a Passive Activity F Reserved				
_ =	General Business Credit Carryforwards  G   Eligible Small Busin	ess C	redit (	Carryforward	S
	General Business Credit Carrybacks H Reserved			,	
	ou are filing more than one Part III with box A or B checked, complete and attach first an	additio	nal Pa	ırt III combinir	a amounts from
	Parts III with box A or B checked. Check here if this is the consolidated Part III				
	(a) Description of credit			(b)	(c)
	On any line where the crodit is from more than one source, a separate Part III is needed for each arough entity.		from a	ning the credit pass-through enter the EIN	Enter the appropnate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	J,,		
b	Reserved	1b			
C	Increasing research activities (Form 6765)	1c			
d	Low-income housing (Form 8586, Part I only)	1d			
е	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
g	Indian employment (Form 8845)	1g		Ì	
h	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i			
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
k	Employer-provided child care facilities and services (Form 8882) (see instructions				
	for limitation)	1k			
i	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
កា	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (carryforward only)	10			
Р	Energy efficient home (Form 8908)	1p			
q	Energy efficient appliance (carryforward only)	1q			
r	Alternative motor vehicle (Form 8910)	1r			
S	Alternative fuel vehicle refueling property (Form 8911)	1s			
t	Enhanced oil recovery credit (Form 8830)	1t			
u	Mine rescue team training (Form 8923)	1u			
v	Agncultural chemicals security (carryforward only)	1v			
w	Employer differential wage payments (Form 8932)	1w			
x	Carbon oxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>			
Z	Qualified plug-in electric vehicle (carryforward only)	1z			
aa	Employee retention (Form 5884-A)	1aa	<u> </u>		
bb	General credits from an electing large partnership (carryforward only)	1bb			
ZZ	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			0
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)	4a			
b	Work opportunity (Form 5884)	4b		· ·	
C	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d	1		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e_	-		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		-	
9	Qualified railroad track maintenance (Form 8900)	4g	-		
h	Small employer health insurance premiums (Form 8941)	4h		1045045	0.044
	Increasing research activities (Form 6765)	4i	4/	-1245315	
j	Employer credit for paid family and medical leave (Form 8994)	4j	-		
z	Other	4z			2044
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			2,844
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			2,844

Name(s	) shown on return			Identifying nun	nber
THE A	IRT INSTITUTE OF CHICAGO			36-2	2167725
Part	General Business Credits or Eligible Small Business Credits (see ins	truction	ons)		
Comp	lete a separate Part III for each box checked below. See instructions.				
A 🗀	General Business Credit From a Non-Passive Activity E  Reserved				
в□	General Business Credit From a Passive Activity F 🔳 Reserved				
c 🔽	General Business Credit Carryforwards G ☐ Eligible Small Busin	ness C	redit (	Carryforward	s
	General Business Credit Carrybacks H 🔳 Reserved			•	
	you are filing more than one Part III with box A or B checked, complete and attach first an	additio	nni Pa	ort III combinii	na amounts from
all	Parts III with box A or B checked Check here if this is the consolidated Part III				▶ □
	(a) Description of credit			(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for each brough entity		from a	ning the credit pass-through enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
Ь	Reserved	1b			
С	Increasing research activities (Form 6765)	1c			
d	Low-income housing (Form 8586, Part I only)	1d			
е	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	11			
g	Indian employment (Form 8845)	1g	ļ		
h	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i			
i	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	<del>-''</del>			<del></del>
Α.	for limitation)	1k			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
m	Low sulfur diesel fuel production (Form 8896)	1m			
n	Distilled spirits (Form 8906)	1n			
0	Nonconventional source fuel (carryforward only)	10			
р	Energy efficient home (Form 8908)	1p			
q	Energy efficient appliance (carryforward only)	1q			
r	Alternative motor vehicle (Form 8910)	1r			
s	Alternative fuel vehicle refueling property (Form 8911)	1s			
ť	Enhanced oil recovery credit (Form 8830)	1t			
u	Mine rescue team training (Form 8923)	1u			
v	Agricultural chemicals security (carryforward only)	1v			
w	Employer differential wage payments (Form 8932)	1w			
X	Carbon oxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
z	Qualified plug-in electric vehicle (carryforward only)	1z			
aa	- · · · · · · · · · · · · · · · · · · ·	1aa			-
bb		1bb			
ZZ					
	credits (see instructions)	1zz			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			0
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)	4a			
b	Work opportunity (Form 5884)	4b			
С	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
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			
i	Increasing research activities (Form 6765)	4i	81	-1914574	16
j	Employer credit for paid family and medical leave (Form 8994)	4j			
Z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			16
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			16

Name(s)	shown on return			dentifying nun	nber
THE AF	RT INSTITUTE OF CHICAGO			36-2	2167725
Part I	General Business Credits or Eligible Small Business Credits (see inst	ruction	ons)		
	ete a separate Part III for each box checked below. See instructions.				
-	General Business Credit From a Non-Passive Activity E   Reserved				
в 🗆	General Business Credit From a Passive Activity F 🔲 Reserved				
	General Business Credit Carryforwards G 🔲 Eligible Small Busin	ess C	Credit C	arryforward	s
	General Business Credit Carrybacks H  Reserved			•	
	ou are filing more than one Part III with box A or B checked, complete and attach first an a	additio	onal Par	t III combini	ng amounts from
all F	Parts III with box A or B checked Check here if this is the consolidated Part III				ĭ ▶ □
	(a) Description of credit			(b)	(c)
	n any line where the credit is from more than one source, a separate Part III is needed for each rough entity		from a r	ing the credit cass-through enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
b	Reserved	1b			
c	Increasing research activities (Form 6765)	1c			
d	Low-income housing (Form 8586, Part I only)	1d	<u> </u>		
e	Disabled access (Form 8826) (see instructions for limitation)	1e			
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
g	Indian employment (Form 8845)	1g			
h	Orphan drug (Form 8820)	1h			
i	New markets (Form 8874)	1i			
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j			
, k	Employer-provided child care facilities and services (Form 8882) (see instructions				<del> </del>
ĸ	for limitation)	1k			
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
n m	Low sulfur diesel fuel production (Form 8896)	1m			
		10			
n	Distilled spirits (Form 8906)				
0	Nonconventional source fuel (carryforward only)	10	<del> </del>		
P	Energy efficient home (Form 8908)	1p			
q	Energy efficient appliance (carryforward only)	1q			
r -	Alternative motor vehicle (Form 8910)	1r		-	
S	Alternative fuel vehicle refueling property (Form 8911)	15			
t	Enhanced oil recovery credit (Form 8830)	1t			
u	Mine rescue team training (Form 8923)	1u			
V	Agricultural chemicals security (carryforward only)	10			
w	Employer differential wage payments (Form 8932)	1w			
X	Carbon oxide sequestration (Form 8933)	1x			
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y			
Z	Qualified plug-in electric vehicle (carryforward only)	1z	-		
aa	Employee retention (Form 5884-A)	1aa			
bb	General credits from an electing large partnership (carryforward only)	1bb	ļ		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other				
	credits (see instructions)	1zz	ļ	-	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	ļ		0
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)	4a			
b	Work opportunity (Form 5884)	4b			
С	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f			
9	Qualified railroad track maintenance (Form 8900)	4g			
h	Small employer health insurance premiums (Form 8941)	4h			
i	Increasing research activities (Form 6765)	4i	47-	1245315	7,009
j	Employer credit for paid family and medical leave (Form 8994)	4j		-	·
z	Other	4z			
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		<del></del>	7,009
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			7,009

THE ART INSTITUTE OF CHICAGO

EIN: 36-2167725 FORM 990-T

**TAX PERIOD ENDED: JUNE 30, 2020** 

#### GENERAL BUSINESS CREDIT CARRYFORWARD INCREASING RESEARCH CREDITS

Pass Through FEIN	Year Generated	Research Credit	Credit Utilized Prior Years	Credit Utilized Current Year	Amount Remaining	Expiration Date	Total Carryforward Changed from Original
81-1914574	6/30/2019	16			16	6/30/2039	NO
47-1245315	6/30/2019	7,009		·	7,009	6/30/2039	NO
81-1914574	6/30/2020	15			15	6/30/2040	NO
47-1245315	6/30/2020	2,844			2,844	6/30/2040	NO
Total to Carryforward		9,844			9,844		