DLN: 93493064005411

OMB No. 1545-0047

2019

Form **990**

Department of the

Internal Revenue Service

Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A Fo	or the	e 2019 c	alendar year, or tax year begin	ning 06-01-2019 , and ending 05	-31-2020			
3 Che	ck if a	pplicable:	C Name of organization			D Employer id	lentificati	on number
		change	Illinois Institute of Technology			36-217013	6	
	me cha tial ret	-	Doing business as					
		n/terminated				5711		
		d return	2424 COUTH CTATE CTREET TO 4 EL	ail is not delivered to street address) Room	/suite	E Telephone nu		
⊔ Ар	plicatio	on pending	City or town, state or province, coun			(312) 567-	3825	
			CHICAGO, IL 60616	cry, and ZIP or loreigh postal code		G Gross receip	ts \$ 482,5?	26,147
			F Name and address of principa	officer:	H(a) :	Is this a group returr	 1 f or	
			Alan W Cramb SUITE 1900 10 W 35TH STREET			subordinates?		□ _{Yes} ☑ _{No}
			CHICAGO, IL 60616			Are all subordinates included?		☐ Yes ☐No
[Tax	k-exen	npt status:	✓ 501(c)(3)	insert no.) \square 4947(a)(1) or \square 527		If "No," attach a list.	•	ructions)
J W	ebsit	e:▶ WW	/W.IIT.EDU		H(c)	Group exemption nui	mber ▶	
K Forn	n of or	rganization	: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other ►	L Year of	f formation: 1940 M	State of le	gal domicile: IL
De	ırt I	Sum	mary					
Га			scribe the organization's mission or	most significant activities:				
	т	TO PROVI	DE DISTINCTIVE AND RELEVANT E	DUCATION IN AN ENVIRONMENT OF	SCIENTIFIC	, TECHNOLOGICAL, A	AND PROF	FESSIONAL
oce DCe	<u>*</u>	KNOWLED	GE CREATION AND INNOVATION.					
E E	-							
- Xe	-	GL 1.11			·	250/ 6:1		
5			is box ▶ 🗀 if the organization dis of voting members of the governin	continued its operations or disposed og body (Part VI, line 1a)	f more than	i 25% of its net asse	ts. 3	67
න් ගු	l		•	the governing body (Part VI, line 1b)			4	65
Activities & Governance	5	Total nun	mber of individuals employed in cal	endar year 2019 (Part V, line 2a)			5	3,986
Ş	6	Total nun	nber of volunteers (estimate if nec	essary)			6	104
٩	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	340,902
	b	Net unrel	lated business taxable income from	Form 990-T, line 39			7b	C
						Prior Year	Cui	rrent Year
햪	l		tions and grants (Part VIII, line 1h)			84,788,322 279,548,821		111,293,48
Ravenue	l	-	service revenue (Part VIII, line 2g)		283,190,76			
å	l		ent income (Part VIII, column (A), li	· · ·		14,372,887		15,133,129
	l		enue (Part VIII, column (A), lines 5	st equal Part VIII, column (A), line 12)		380,049,108		849,474 410,466,853
	_		nd similar amounts paid (Part IX, co			122,331,391		129,709,26
	l		, , ,	lumn (A), line 4)				
SS.	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5–10)	150,501,802	148,781,0	
Expenses	16 a	Professio	onal fundraising fees (Part IX, colun	nn (A), line 11e)		99,334		76,42
e d x	b	Total fund	raising expenses (Part IX, column (D), I	ine 25) ▶7,233,938				
<u>m</u>	17	Other exp	penses (Part IX, column (A), lines 1	lla-11d, 11f-24e)		97,232,693		90,645,88
	l	•	enses. Add lines 13–17 (must equ			370,165,220		369,212,58
(A)	19	Revenue	less expenses. Subtract line 18 fro	om line 12		9,883,888		41,254,26
Net Assets or Fund Balances					Begii	nning of Current Year	Er	nd of Year
Sset	20	Total ass	ets (Part X, line 16)			631,734,129		667,676,04
Z Z	21	Total liab	ilities (Part X, line 26)			244,512,256		248,614,58
žī	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20		387,221,873		419,061,46
	rt II		ature Block					
				ned this return, including accompanyi Declaration of preparer (other than o				
	nowle							
		*****	*			2021-03-05		
Sign		Signati	ure of officer			Date		
Here		місна	EL HORAN VP FINANCE, CFO, & TREASU	IRER				
		Туре о	r print name and title					
_	_	P	rint/Type preparer's name	Preparer's signature	Date	Check I if PTIN	r 756195	
Paid		-	Firm's name CROWE LLP	1		self-employed Firm's EIN ► 35-092		
	oare	71	IIIII 5 II AIIIE F CROWE LLP			7 HHI S EIN ► 35-092	1000	
use	On	ıy F	Firm's address ► 225 West Wacker Drive	Suite 2600		Phone no. (312) 899-	7000	
			Chicago, IL 606061224	1				
Mav +	ha ID	S discuss	this return with the preparer show	in above 2 (see instructions)			V voc	□ No

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Pa	rt III Statement	of Program Ser	vice Accomplis	hments								
	Check if Sche	dule O contains a re	esponse or note to a	any line in this Part III		🗹						
1	Briefly describe the	organization's missio	on:									
			UCATION IN AN EN	VIRONMENT OF SCIEN	TIFIC, TECHNOLOGICAL, AND	PROFESSIONAL KNOWLEDGE						
CREA	TION AND INNOVATION	NIV.										
2	Did the organization	undertake any sign	ificant program ser	vices during the year w	hich were not listed on							
	the prior Form 990 o	r 990-EZ?				. 🗌 Yes 🗹 No						
	If "Yes," describe the	ese new services on	Schedule O.									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?					. 🗌 Yes 🛂 No						
	If "Yes," describe the	ese changes on Sch	edule O.									
4		nd 501(c)(4) organiz	zations are required	to report the amount of	largest program services, as of grants and allocations to o							
4a	(Code:) (Expenses \$	232,405,383	including grants of \$	129,709,267) (Revenue \$	206,207,216)						
	See Additional Data											
4b	(Code:) (Expenses \$	41,251,800	including grants of \$) (Revenue \$	35,883,712)						
	See Additional Data											
4c	(Code:) (Expenses \$	14,662,116	including grants of \$) (Revenue \$	14,056,420)						
	See Additional Data											
	See Additional Data	Table										
4d	Other program servi	ces (Describe in Sch	nedule O.)									
	(Expenses \$	27,687,694	including grants of	\$) (Revenue \$	26,702,400)						
		vice expenses ▶	316,006,9			<u> </u>						

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Par	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes Yes	No
2	Schedule A	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	100	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		NI -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
			Form CO	n (2010)

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	<u> </u>
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1 1 2	5.725 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	لــــا	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		'	1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		'	1
	(gambling) winnings to prize winners?	1c	Yes	
			form OO	0 (2019)

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and	1		
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►IN	4a	Yes	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🔽				
Se	ction	A. Governing Body and Management		•					
				Yes	No				
1a	Enter	the number of voting members of the governing body at the end of the tax year 67							
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 65								
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2	Yes					
3		e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did th	e organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes					
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6		e organization have members or stockholders?	6		No				
	memb	e organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a		No				
b	perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No				
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing:							
а	The g	overning body?	8a	Yes					
b	Each o	committee with authority to act on behalf of the governing body?	8b	Yes					
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code						
	B: 1.1			Yes	No				
		e organization have local chapters, branches, or affiliates?	10a		No				
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	form?		11a	Yes					
		ibe in Schedule O the process, if any, used by the organization to review this Form 990							
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	conflic		12b	Yes					
С		e organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in fulle O how this was done</i>	12c	Yes					
13	Did th	e organization have a written whistleblower policy?	13	Yes					
14		e organization have a written document retention and destruction policy?	14	Yes					
15		e process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?							
		rganization's CEO, Executive Director, or top management official	15a	Yes					
b	Other	officers or key employees of the organization	15b	Yes					
		" to line 15a or 15b, describe the process in Schedule O (see instructions).							
	taxab	e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a e entity during the year?	16a		No				
b	in joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt with respect to such arrangements?	16b						
		C. Disclosure							
17	List th	ne states with which a copy of this Form 990 is required to be filed▶ MD , SC							
18		on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.							
		own website \square Another's website $ ot ot other (explain in Schedule 0)$							
19		ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest, and financial statements available to the public during the tax year.							
20		the name, address, and telephone number of the person who possesses the organization's books and records: HAEL HORAN 3424 SOUTH STATE STREET TC-4TH FL CHICAGO, IL 60616 (312) 567-3825							
			F	orm 99	0 (201				

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any relat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's ta	Κ
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who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estimate amount of compensa from th	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Form 990 (2019)					_							Page 8		
Part VII Section A. Officers, Direct (A) Name and title	(B) Average hours per week (list any hours	Position than of is b	ion (do one bo both a	(C) lo not sox, u	(C) lo not check more pox, unless person an officer and a ttor/trustee)			(D) Reportable compensatior from the organization	(E) Reportable n compensatio from related organization	n a	(F Estima amount o compen from	ated of other sation the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Xey employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	· c	organization and related organizations			
See Additional Data Table					厂									
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to Total from continuation sheets to Pad Total (add lines 1b and 1c)	art VII, Section but not limited	· ·				ve) who	o rec	7,652,487 eived more than	\$100,000	0		776,449		
3 Did the organization list any former of			tee, k	—— :еу є	 empl	loyee,	or hi	ghest compensa	ted employee on		Yes	No		
Iine 1a? If "Yes," complete Schedule 3 For any individual listed on line 1a, is organization and related organization individual	the sum of repo	ortable (3	Yes			
5 Did any person listed on line 1a receive services rendered to the organization									individual for	5	165	NIO		
Section B. Independent Contract				_	<u></u>		_		<u> </u>	5		No		
1 Complete this table for your five high from the organization. Report comper										mpens	ation			
	(A) and business addre	ess	_	_	_		_		(B) Description of services		Compe	nsation		
Corvias Development LLC 1405 South County Trail								Construc	ction		9	,018,038		
East Grenwich, RI 02818 Chartwells Dining				_				Food Se	rvice Provider		8	,539,205		
PO Box 91337 Chicago, IL 60693								To constant a				. 722		
GCA Services Group 1350 Euclid Avenue								Janitoria 	al service		4	,014,782		
Cleveland, OH 44115 SOS Security LLC PO Box 6373								Security	service		2	,527,961		
PO Box 63/3 Parsippany, NJ 07054 Ventas Inc								Real est	ate rental service		2	,395,218		
353 North Clark Street Chicago, IL 60654														
2 Total number of independent contractor compensation from the organization ▶		not lim	ited t	o th	iose	listed	abov	/e) who received	more than \$100,0		Form 99			

orm 9										Page 9
Part	VIII				rocno	unce or note to any	line in this Part VIII			П
		Check II Sched	uule	O contains a	respo	nise of note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	aigns	s	1a	L		revenue		512 - 514
nts ants	ŀ	• Membership dues	s.	. [1b					
Gra not	,	: Fundraising even	nts .		1c	442,899				
Ę.		d Related organiza	tions	s	1d					
ia Si		Government grants	(con	tributions)	1e	41,237,650				
Sin's	f	All other contribution								
utic Je		above		L	1f	69,612,933				
흡	و	Noncash contributio lines 1a - 1f:\$	ons ir	ncluded in	1g	4,804,996				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines :	1a-1	_ .f			111 202 402			
						Business Code	111,293,482			
	2a	Tuition and Fees				611310	248,217,307	248,217,307		
E e		Sales/Services of Aux	vilian	, Enterprises			14,397,439	14,056,420	341,019	
e ve	ь	Sales/ Sel vices of Aux	XIIIai y	y criterprises		722320	,,	_ ,,,	,	
- e	c	Student Services				611710	18,951,622	18,951,622		
Program Service Revenue	Ч	Equity Interest on IIT	ΓRI			00000	1,624,399	1,624,399		
SIL	-					900000				
ogra	e									
Ě							0	0	0	0
		All other program				202 100 767				
		Total. Add lines 2 Investment income				283,190,767 nterest, and other				T .
	S	imilar amounts) .	•		•	•	5,330,04	5		5,330,045
		Income from invest			npt bo	ond proceeds	• •			
	٠.	toyanies i i i	r.	(i) Real		(ii) Personal				
	62	Gross rents	6a	1.2	19,052					
		Less: rental	-	1,2	19,032	-				
		expenses	6b	1	08,517	,				
	С	Rental income or (loss)	6с	1,1	10,535	5	0			
	d	Net rental income	or	<u>` '</u>			1,110,53	5	-2,238	1,112,773
	_	Constant		(i) Securit	ies	(ii) Other	_			
	/a	7a Gross amount from sales of assets other than inventory		83,000	477,80	01				
	b	Less: cost or other basis and sales expenses	7b	71,5	83,858	73,85	59			
	c	Gain or (loss)	7c	9,3	99,142	403,94	 .			
		Net gain or (loss) Gross income from fu		· · ·		· · · •	9,803,08	4	2,121	9,800,963
Other Revenue	oa	(not including \$ contributions reported See Part IV, line 18	d on	442,899 of line 1c).						
Rev	h	Less: direct expen			8a 8b	32,000 293,061				
er		Net income or (los					 -261,06	1		-261,061
	_			. ,						
	Уa	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	C	Net income or (los	ss) fi	rom gaming a	ctiviti	ies >	_			
	10a	Gross sales of inve								
		returns and allowa			10a					
		Less: cost of good			10b					
	С	Net income or (los Miscellaneo	_		nvent	ory ► Business Code				
	11						1			
	b									
	С									
	d	All other revenue	_				+	0 (0
		Total. Add lines 1				•		0		
	12	Total revenue. S	ee ii	nstructions .					240.005	15 002 720
						•	410,466,85	<u> </u>	340,902	15,982,720 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses		All all an annual and		(A)
Section 501(c)(3) and 501(c)(4) organizations must		_	ns must complete coll	ımn (A).
Check if Schedule O contains a response or note to Do not include amounts reported on lines 6b,		(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	129,709,267	129,709,267		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,982,960	2,308,932	2,681,668	1,992,360
6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	s 379,680	151,872	113,904	113,904
7 Other salaries and wages	115,212,500	95,038,891	17,105,873	3,067,736
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,014,466	4,694,895	1,105,616	213,955
9 Other employee benefits	14,078,199	11,923,440	1,683,056	471,703
10 Payroll taxes	6,113,210	4,766,694	1,113,174	233,342
11 Fees for services (non-employees):				
a Management				
b Legal	52,040	33,165	18,875	
c Accounting	184,819	681	184,138	
d Lobbying	121,500		121,500	
e Professional fundraising services. See Part IV, line 17	76,422		,	76,422
f Investment management fees	847,720		847,720	<u>, , , , , , , , , , , , , , , , , , , </u>
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,279,372	18,762,600	8,139,607	377,165
12 Advertising and promotion	846,778	719,157	126,807	814
13 Office expenses	5,923,531	4,215,376	1,155,375	552,780
14 Information technology	3,210,443	1,132,705	2,048,487	29,251
15 Royalties				
16 Occupancy	26,541,599	23,533,679	3,007,920	
17 Travel	2,164,903	1,792,399	274,376	98,128
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	191,756	150,281	35,097	6,378
20 Interest	7,779,841	5,431,660	2,348,181	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,831,368	11,641,299	3,190,069	
23 Insurance	670,211		670,211	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
<u>b</u>	1			
<u>c</u>				
<u>d</u>				
e All other expenses	0	0	0	0
Total functional expenses. Add lines 1 through 24e	369,212,585	316,006,993	45,971,654	7,233,938
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
Check here P = 11 following 50F 90-2 (ASC 950-720).	1			

Form 990 (2019)

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Assets

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27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 (B)

End of year

Page **11**

2,144,758

35,606,057

8,250,278

2,790,579

315,677,476

254,479,292

26,004,044

22,244,698

667,676,047

32,017,956

11,240,117

161.688.999

19,775,000

23,892,512

248.614.584

163,466,890

255,594,573

419,061,463

667,676,047

Form 990 (2019)

478.865

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Inventories for sale or use . . Prepaid expenses and deferred charges .

Cash-non-interest-bearing	L
Savings and temporary cash investments	Г
Pledges and grants receivable, net	

Check if Schedule O contains a response or note to any line in this Part IX . . .

2 3 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a 622,426,740

10b 306,749,264

Beginning of year

3,012,287

293,787

22,522,934

6.364.548

1,999,627

302,662,613

245,466,896

1.053.908

25,970,724

22,386,805

631,734,129

30,203,930

10,370,141

175.374.998

14,000,000

14,563,187

244.512.256

151,624,332

235,597,541

387,221,873

631,734,129

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3a

3b

Yes

Yes (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 36-2170136

Name: Illinois Institute of Technology

Form 990 (2019)

Form 990, Part III, Line 4a: INSTRUCTION SUPPORT: Illinois Institute of Technology's (IIT) seven colleges allow students to discover new frontiers in engineering, computing, architecture, business, law, design, and science and human sciences. The school's nationally ranked undergraduate and graduate programs offer exceptional teaching that combines hands-on learning with training in entrepreneurship, design thinking, and technology. The University's emphasis on collaboration and interdisciplinary study and research will prepare students to work across traditional boundaries and to experience a professional future where success knows no limits. The University's signature Interprofessional Projects Program (IPRO) joins together students from various academic disciplines to work as a team to tackle real-world problems, often on behalf of companies and nonprofits that sponsor the projects, using design-centered methodology and innovative thinking. All undergraduate students are required to take six credit hours of IPRO courses. Each IPRO course is a unique project with teams that include the faculty and enrolled students. The courses encourage intellectual inquiry with research on the project subject, analysis, design, and development. Such experiential learning reinforces traditional education methods, providing students a richer academic experience allowing them to gain knowledge that goes beyond the regular classroom experience. IIT's Grainger Maker Space and the Duchossois Idea Shop facility serves as a catalyst for innovation and is composed of state-of-the-art rapid prototyping labs that include 3D printers, CNC mills, electronics workstations and many hand fabrication tools; a Dell laptop lab; an iPad library; a computer lab for mobile app development and video editing; collaborative teaming areas; and flexible open spaces. Under the College of Architecture is the university's Design/Build Studio where students can experience firsthand the entire life cycle of a small-building project. The projects are entirely designed and built by architecture students at the Illinois Institute of Technology's College of Architecture. These projects are located all over the world. From Chicago, to Germany, to Ghana, to Indonesia, to Chile, and Puerto Rico, students have traveled near and far to perform their designs. Design Build focuses on inspiring and teaching through its architecture. Instruction supports over 50 academic majors, more than 75 minors, and a variety of specializations and is made up of over 6,300 students, including 3,121 undergraduate, 2.416 graduate, 788 law students, and 17 students in continuing education programs. The University offered and awarded 623 bachelor, 1.159 master, 222 J.D., and 84 Ph.D. degrees during the 2020 academic year.

RESEARCH:- Research is the hallmark of our culture of excellence. Our faculty, students, and staff are leading bold research and discovery in fields where technology and innovation are creating significant, meaningful change. Throughout our colleges and research centers, and in topics as varied as energy, theoretical physics, and social justice, our research reflects our commitment to scientific, technological, and professional knowledge creation and innovation. Research awards received in fiscal year 2020

Form 990, Part III, Line 4b:

In addition, the National Center for Food Safety and Technology received 21 awards totaling \$5.7 million.

were \$32 million. The University received awards in the areas of science, engineering, technology, and mathematics all of which are synergistic with the strategic plan. Notably, the Electrical and Computer Engineering Department received 22 awards totaling \$3.8 million and the Computer Science Department received 28 awards for \$1.3

million. Also, the Biomedical Engineering Department received 21 awards for \$3 million, the Biological Science Department 13 awards for \$2.4 million, Mechanical Material and Aerospace Engineering 35 awards totaling \$2.8 million, Physics Department 30 awards totaling \$3.4 million and the Department of Psychology 8 awards for \$1.2 million.

Form 990, Part III, Line 4c: AUXILIARY SERVICES: This provides for campus housing and dining for the students and includes residence halls and a dining room, apartment-style buildings, seven fraternity houses, and two sorority houses.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

office offers several programs that provide peer tutoring, exam reviews, advising and counseling.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 14,343,189 including grants of \$) (Revenue \$ 19,551,218)

STUDENT SERVICES:- This program provides health, academic, career services, transitional assistance, student orientation and other student services including the student finance center, admissions, and registration.

(Code:) (Expenses \$ 13,344,505 including grants of \$) (Revenue \$

through its several libraries and academic computing centers allowing students access to terminals. In addition, the Academic Resource Center

7.151.182 ACADEMIC SUPPORT:- IIT provides students with the information skills to compete in today's challenging and rapidly changing environment

(A) Name and Title **(D)** Reportable **(E)** Reportable (B) (C) (F) Position (do not check more Average Estimated than one box, unless person hours per compensation compensation amount of other compensation from the

organization and related organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	week (list any hours		oth ai direct			and a ee)	from the organization (W-	from related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
A Steven Crown	1.0	x		x				0	C
Vice Chair	0.0			``					
Alan Cramb	39.0								
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and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Anita M Nagler

Brian C Walker

Bruce C Liimatainen

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A Steven Crown	1.0			x		0	0	
Vice Chair	0.0	l				0	0	
Alan Cramb	39.0	×		x		862,033	0	4
President	1.0			_^_		802,033	0	
Ellen M Jordan	1.0	x		x		0	0	
Vice Chair		l		^		0	0	

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A Steven Crown	1.0							
Vice Chair	0.0	X		X		0	0	0
Alan Cramb	39.0			х		062.022		40.460
President	1.0	X		^		862,033	0	48,160
Ellen M Jordan	1.0			,				
Vice Chair	0.0	X		X		0	0	0
Michael P Galvin	1.0							
Chairman of the Board	0.0	X		X		0	0	0
Thomas E Lanctot	1.0							
Vice Chair	0.0	X		X		0	0	0
Alan W Wendorf	1.0					0	0	0

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A Steven Crown	1.0			,			0	0	
Vice Chair	0.0	X		X			U	U	0
Alan Cramb	39.0			,			062.022		40.460
President	1.0	X		X			862,033	U	48,160
Ellen M Jordan	1.0								
Vice Chair	0.0	Х		X			0	0	0
Michael P Galvin	1.0								
Chairman of the Board	0.0	X		X			0	0	0
Thomas E Lanctot	1.0								
Vice Chair	0.0	X		X			U	0	0
Alan W Wendorf	1.0								
Trustee	0.0	Х					0	0	0
Andrea L Berry	1.0								

Vice Chair	0.0				-	-	-
Alan Cramb	39.0						
President	1.0	X	Х		862,033	0	48,160
Ellen M Jordan	1.0				_	_	_
Vice Chair	0.0	X	Х		0	0	0
Michael P Galvin	1.0		,				
Chairman of the Board	0.0	X	Х		0	0	0
Thomas E Lanctot	1.0						_
Vice Chair	0.0	X	Х		0	0	0
Alan W Wendorf	1.0						
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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations from the

Officer

Institutional

Trustee

Key employee

Highest compensated employee

Former

Individual trustee or director

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organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Bryan R Dunn	1.0
Trustee	0.0
Carl S Spetzler	1.0

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Carole Browe Segal

Carter H Eckert

Craig J Duchossois

David J Miniat

Partial Year Trustee

David J Vitale

David L Crowell Trustee

Douglas M Monieson

Edward L Kaplan

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from the from related compensation from the

organization and related organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		direct			ee)		organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Efthimios J Stojka	1.0	х						0		0
Trustee	0.0									
Eric C Larson	1.0									
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and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

James Dugan

James E Cowie

James Hill Jr

Jamshyd N Godrej

Jeffrey A Karp

Harold Singleton III

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Efthimios J Stojka	1.0				0	0	
Trustee	0.0	^			0	0	
Eric C Larson	1.0						
Trustee	0.0	^			U	U	

Efthimios J Stojka	1.0				_	_	
Trustee	0.0	Х			0	0	
Eric C Larson	1.0						
Trustee	0.0	Х			0	0	
Eric G Vassilatos	1.0						
		Х			0	l o	

Litiliillos J Stojka		Х			۰ ا	۸	۸ .	
Trustee	0.0	^						
Eric C Larson	1.0							
Trustee	0.0	Х			U	0	0	
Eric G Vassilatos	1.0							
Trustee	0.0	Х			U	0	0	
Frank Clark III	1.0							

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) urs organization (Worganizations from the

Officer

Institutional

Truste

Key employee

Individual trustee or director

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Highest compensated employee

Former

2/1099-MISC)

(W- 2/1099-

MISC)

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organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Jenny Niemann	1.0
Trustee	0.0
Jimmy A Akintonde	1.0
Trustee	0.0

and Independent Contractors

Joel D Krauss Trustee

John C Walden

Trustee

Trustee

Trustee

Trustee

Trustee

John W Rowe Trustee

Judson B Althoff

Jules F Knapp

Partial Year Trustee

John G Olin

John Krenhbiel Jr

John P Calamos Sr

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from related from the compensation organization (Worganizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	director/trustee)						
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	
Kaarina Koskenalusta	1.0							
		Х						
Trustee	0.0							
Karen R Klein	1.0							
		х						
Trustee	0.0							
Kathleen Brandenburg	1.0							

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and Independent Contractors

Trustee

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Trustee

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Trustee

Kevin W Willer

Madhavan K Nayar

Partial Year Trustee

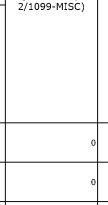
Marc R Hannah

Mark P Sexton

Martin C Jischke Trustee

Martin Cooper

Mayari Pritzker



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MISC)

organization and

related organizations

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list compensation from the from related director/trustee) ours organization (Worganizations from the

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Institutional

Truste

Key employee

Individual trustee or director

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Highest compensated employee

Former

2/1099-MISC)

(W- 2/1099-

MISC)

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organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Michael J Graff	1.0
Trustee	0.0
	1.0
Michael Palumbo	1.0
Trustee	
Hustee	l nn

and Independent Contractors

Michael Steven Seedman Partial Year Trustee

Mitchell Harris Saranow

Partial Year Trustee

Norbert O Kaiser

Pallavi Verma

Patrick J Kelly

Ralph Wanger

Richard Neil Levy

Priscilla Anne Walter

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from related compensation from the director/trustee) organization (Worganizations from the

Officer

Institutional

Trustee

Key employee

Highest compensated employee

Former

Individual trustee or director

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organization and

related

organizations

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
Robert A Cornog	1.0
Trustee	
	0.0
Robert D Hoel	1.0
Trustee	ا م ما

and Independent Contractors

Robert J Potter

Robert J Washlow

Rosemarie Mitchell

S Christopher Gladwin

Sherrie B Littlejohn

Stephen C Urrutia

Victor A Morgenstern

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Rohit Prasad

(A) (F) (B) (C) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Betsy Hughes

Darsh Wasan

Professor, ChBE

Ernest Iseminger

Edwin Watts

Jess Goode

Michael Gosz

Vice Pres, Inst Advancement termed on 5/10/19

Vice President for International Affairs/Distinguised

Vice Pres, Inst Advancement effective 9/16/19.

VP Admnstrn/Facilities/Pub Safety

Vice President, Extn'l Affairs

VP, Enrlmt/Vice Prov/AssocProf

	any hours	(direct	or/t				organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Victor Lo	1.0									
Trustee	0.0	×						0	U	0
Victoria L Noonan	1.0	l								
Trustee	0.0	×						0	U	0
Williams C Bartholomay	1.0	l								
Partial Year Trustee	0.0	×								0
Anthony D'Amata	39.0									

Williams C Bartholomay	1.0	l .			0	0	
Partial Year Trustee	0.0	_ ^			0	0	
Anthony D'Amato	39.0						
,			Х		262,744	0	
Vice Pres, Genr'l Cnsl & Secretary	1.0				, i		
Rotey Hughes	39.0						

0.0

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Williams C Bartholomay	1.0				0	0	0
Partial Year Trustee	0.0	^			0		
Anthony D'Amato	39.0				262.744		24 502
Vice Pres, Genr'l Cnsl & Secretary	1.0		×		262,744	U	31,502

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207,503

305,161

286,923

130,332

227,146

287,502

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25,482

40,474

25,355

10,836

20,379

46,481

(A) (D) (E) (F) (B) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a compensation week (list from the from related

from the organization and related organizations

32,357

40,474

35,110

47,933

32,855

40,629

37,583

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		direct			ee)	•	organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Michael Horan	39.0			V				201 200	0	
VP Finance, CFO, Treasurer	1.0			X				301,388	0	
Ophir Trigalo	39.0			x				281,215		
Vice Provost, CIO	0.0			<u> </u>				201,213	0	
Peter Kilpatrick	39.0							450 477		
Provost, SVP Academic Affairs	1.0			X				458,177	0	
Harold Krent	39.0				x			373,742	0	Г
Dean College of Law thru 7/31/19/Professor of Law	0.0				^			3/3,/42	U	

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and Independent Contractors

John Bilson

Architecture

Natacha DePaola

Robert Brackett

Michelangelo Sabatino

Kaplan Dean of Engineering

Vice President/Professor

Director, WISER/Professor

Associate Clinical Professor

Hamid Arastoopour

Heather Harper

Dean College of Architecture thru 7/31/19/Professor

Dean

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Ophir Trigalo	39.0		· ·			204 245		
Vice Provost, CIO	0.0		Х			281,215	0	
Peter Kilpatrick	39.0							
Provost, SVP Academic Affairs	1.0		Х			458,177	0	
Harold Krent	39.0							
D 0				Χ		373,742	0	

vice Provost, CIO	0.0							
Peter Kilpatrick	39.0							
Provost, SVP Academic Affairs	1.0		Х			458,177	0	39,469
Harold Krent	39.0					272 742		12.010
Dean College of Law thru 7/31/19/Professor of Law	0.0			Х		373,742	0	42,918
John Rilson	39.0							

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310,200

294,256

424,623

323,730

340,828

501,057

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Ophir Trigalo	39.0		х			281,215	0	48,161
Vice Provost, CIO	0.0		$ \hat{\ } $			281,213	0	48,101
Peter Kilpatrick	39.0					450 477		20.450
Provost, SVP Academic Affairs	1.0		X			458,177	0	39,469
Harold Krent	39.0			.,				
Dean College of Law thru 7/31/19/Professor of Law				Х		373,742	0	42,918

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other week (list is both an officer and a from the from related compensation

director/trustee)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)
ar Saniie	39.0
pt. Chair & Filmer Professor	0.0
hammad Shahidehpour	39.0

and Independent Contractors

Philip Nash

Professor

Russell Betts

Wiel Arets

Distinguished Professor / Former officer

Professor / Former key employee

0.0 39.0

0.0 38.8

0.0 38.8

0.0

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- Officer Key emp
- employee

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Former

308,583

258,926

216,780

organization (W-

organizations

(W-2/1099-

from the

organization and

9,905

19,845

19,287

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	<u>₹</u>	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Jafar Saniie	39.0					х		301,728	0	33,321
Dept. Chair & Filmer Professor	0.0							·		
Mohammad Shahidehpour	39.0					X		387,910	0	47,933
Distinguished Bodine Professor	1 00	l	l	1	l					

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493064005411
SCI	-IFD	ULE A	- Bublio 4	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service he organiza Ite of Technolo					Employer identific	ation number
IIIIIIOIS	institu						36-2170136	
	rt I		for Public Charity State a private foundation because				See instructions.	
1 1	rganiz		onvention of churches, or as	•	•		(A)(i)	
2		•	,					
3	$\overline{\mathbf{V}}$		escribed in section 170(b)(,			
		·	or a cooperative hospital serv	_			-	arka arkina da a arakta ili a
4	Ш	name, city,	esearch organization operate and state:	ed in conjunction with	a nospital descri	ided in section :	170(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	state, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7			ation that normally receives (' 0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations of a through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally integrated. A s organization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	ion-functionally integrated integrated integrated. The organization in the complete Paragonal integrated in the complete in the complete integrated in the complete in the complete integrated in the complete integrated in the complete integrated in the complete integrated in the complete in the complete integrated in the complete integrated in the complete in the complete integrated in the complete integrated in the complete integrated in the complete integrated in the complete in the complete integrated in the complete integrated in the complete integrated in the complete integrated in the complete in the complete integrated integrated in the complete in	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiv or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g			ring information about the su	· · · · · · · · · · · · · · · · · · ·	т'			1
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the Ir	-			 Schedule A (Form 9	

Page 2

	(Complete only if you cl If the organization faile						under Part III.
s	ection A. Public Support	a co quam, ama				,	
_	Calendar year	(-) 201F	(h) 2016	(-) 2017	(4) 2010	(-) 2010	(f) T-1-1
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	70,771,692	58,277,789	63,052,564	84,788,322	111,293,482	388,183,84
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	70,771,692	58,277,789	63,052,564	84,788,322	111,293,482	388,183,84
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						34,905,91
	amount shown on line 11, column (f).						
6	Public support. Subtract line 5						353,277,93
_	from line 4. ection B. Total Support					l	
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	70,771,692	58,277,789	63,052,564	84,788,322	111,293,482	388,183,84
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,450,043	5,610,143	7,715,863	7,199,534	6,549,097	32,524,68
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	
10	Other income. Do not include gain or loss from the sale of capital	0	0	45,025	56,440	32,000	133,46
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						420,841,99
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	1,409,375,92
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	ird, fourth, or fifth	ı tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ 🛚]
S	ection C. Computation of Publi						
	Public support percentage for 2019 (I			column (f))		14	83.95 %
	Public support percentage for 2018 S					15	90.9 %
	33 1/3% support test—2019. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiza	ation			▶ 🗹
	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	n qualifies as a pul st— 2019. If the or on meets the "fact:	olicly supported org ganization did not s-and-circumstance	ganization check a box on lin es" test, check this	ne 13, 16a, or 16b s box and stop he		
b	organization	est—2018. If the objection meets the "ion meets the "fact	rganization did no facts-and-circumsi s-and-circumstanc	t check a box on li cances" test, check es" test. The orga	ne 13, 16a, 16b, o this box and sto p nization qualifies a	or 17a, and line p here. as a publicly	
18	supported organization	ion did not check a		6a, 16b, 17a, or 1 7b, check this box	and see	▶□

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under t	the tests listed t	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2017	(1) 2010		(C) T
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
^	(or fiscal year beginning in) ► Amounts from line 6		· ,	. ,	, ,		
10a	Gross income from interest,						
LUG	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
_ C	Add lines 10a and 10b. Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12.) First five years. If the Form 990 is for	the organization	l 's first. second. th	l jird. fourth, or fift	l Lax vear as a sec	tion 501(c)(3) o	ganization.
	check this box and stop here						_
Se	ection C. Computation of Public S						· · · · · <u> </u>
15	Public support percentage for 2019 (lin			column (f))		15	
16	Public support percentage from 2018 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Investr	nent Income	Percentage			i I	
17	Investment income percentage for 201			line 13, column (f))	17	
18	Investment income percentage from 20	018 Schedule A,	Part III, line 17 .			18	
	331/3% support tests-2019. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						
	33 1/3% support tests—2018. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	▶ □
20	Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	. ▶□

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		14	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b. Did the approximation approximation of the provided details in Part VI. 	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		

	ule A (Form 990 or 990-EZ) 2019			Page	
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations		
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-instructions)	tegrate	d Type III supporting o	rganization (see	

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7 Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9	Distributable amount for 2019 from Section C, line 6					
10	.0 Line 8 amount divided by Line 9 amount					
	Section E - Distribution Allocations	(iii)				

7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in Part VI). See instructions					
9 Distributable amount for 2019 from Section C, line 6	Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions) (i) (ii) Underdistribut Pre-2019			(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019	2 Underdistributions, if any, for years prior to 2019				

7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide				
9 Distributable amount for 2019 from Section C, line 6	Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2019:					
a From 2014.					

Schedule A (Form 990 or 990-EZ) (2019)

b From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

Schedule A (Fo	Page 8				
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Test				
990 S chedu	ıle A, Supplemer	ntal Information			
Retur	rn Reference	Explanation			
Schedule A, F	Schedule A, Part II, Line 10 DESCRIPTION - GROSS INCOME FROM FUNDRAISING EVENTS, COLUMN A - , COLUMN B - , COLUMN C - 4				

5025.0, COLUMN D - 56440.0, COLUMN E - 32000.0, COLUMN F - 133465.0;

Schodulo A (Form 990 or 990-E7) 2019

Other Income

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493064005411

Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Illinois Institute of Technology 36-2170136 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

ACTIVITY

che	dule C (For	m 990 or 990-EZ) 2019				P	age 3
Pa	rt II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
or e	each "Yes" i	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		┿	(b)	
ctiv			Yes	No	/	Amour	nt
1		e year, did the filing organization attempt to influence foreign, national, state or local legislation, any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Voluntee	·s?		No			
b	Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media ad	vertisements?		No	1		
d	Mailings t	o members, legislators, or the public?		No	\top		
е	Publicatio	ns, or published or broadcast statements?		No	\top		
f	Grants to	other organizations for lobbying purposes?		No	1		
g	Direct co	ntact with legislators, their staffs, government officials, or a legislative body?	Yes			17	21,500
h	Rallies, d	emonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other act	ivities?		No			
j	Total. Ad	d lines 1c through 1i				12	21,500
2a	Did the a	ctivities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b		enter the amount of any tax incurred under section 4912			1		
C	If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912					
d	If the filir	g organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)$ $501(c)(6)$.	(5), o	r sect	:ion		
						Yes	No
1		stantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2		rganization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the o	rganization agree to carry over lobbying and political expenditures from the prior year?			3		
	rt III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				501(c)(6)
1	•	essments and similar amounts from members	1				
2		62(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).					
a		ear	2a				
b	•	r from last year	2b				
C		and the second second is a section CO22(a)(1)(A) relation of worded satisfies a settion 162(a) dues	2c 3				
3		e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the orgar	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does ization agree to carryover to the reasonable estimate of nondeductible lobbying and political ire next year?	4				
5		mount of lobbying and political expenditures (see instructions)	5				
Э	art IV	Supplemental Information					

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

SUCH MATTERS.

Return Reference Explanation

Schedule C, Part II-B, Line 1 DETAILED THOMSON COBURN WAS RETAINED TO HELP WITH FEDERAL LOBBY REGISTRATION AND DISCLOSURE DESCRIPTION OF THE LOBBYING REQUIREMENTS. IIT WAS REPRESENTED BY ALL CIRCO INC. AND NOBLE VENTURES FOR DEVELOPMENT OF

> LEGISLATIVE STRATEGY AND AS LIAISON WITH THE OFFICE OF THE GOVERNOR AND OTHER STATE AND CITY AGENCIES AS DIRECTED BY IIT. IN ADDITION, IIT'S VICE PRESIDENT AND ASSOCIATE VICE PRESIDENT FOR EXTERNAL AFFAIRS INTERACT WITH FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING

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As Filed Data -

DLN: 93493064005411

OMB No. 1545-0047

2019

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	me of the organization pis Institute of Technology		Employer identification number
			36-2170136
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "Y		
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year		
2	Aggregate value of contributions to (during year)		
1	Aggregate value of grants from (during year)		
ļ	Aggregate value at end of year		
•	Did the organization inform all donors and donor advis organization's property, subject to the organization's e		
i	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, or for any other purpose c	
Pai	t II Conservation Easements.		
	Complete if the organization answered "Y		
	Purpose(s) of conservation easements held by the orga	anization (check all that apply).	
	Preservation of land for public use (e.g., recreation	on or education) \square Preservation of an	historically important land area
	Protection of natural habitat	\square Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	a qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified histo	ric structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a historic	2d
1	Number of conservation easements modified, transferred tax year ▶	red, released, extinguished, or terminated by t	the organization during the
Ļ	Number of states where property subject to conservation	ion easement is located >	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold		of violations, Yes No
•	Staff and volunteer hours devoted to monitoring, insperience.	ecting, handling of violations, and enforcing co	nservation easements during the year
,	Amount of expenses incurred in monitoring, inspecting ▶ \$, handling of violations, and enforcing conserv	vation easements during the year
3	Does each conservation easement reported on line 2(c	above satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	☐ Yes ☐ No
)	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial state	nse statement, and
ar	t III Organizations Maintaining Collections Complete if the organization answered "Y	s of Art, Historical Treasures, or Otho	er Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final	16 (ASC 958), not to report in its revenue star public exhibition, education, or research in for	
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pu following amounts relating to these items:	16 (ASC 958), to report in its revenue statem	
(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	i)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS	rical treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		
	Paperwork Peduction Act Notice see the Instruction	one for Earm 000	52282D Schodula D (Form 000) 201

 ${f c}$ Leasehold improvements

d Equipment .

Sche	edule D (Form 990) 2019					Page 2
Pai	t III Organizations Maintaining Coll	ections of Art, I	listorical Treas	sures, or Othe	r Similar Assets ((continued)
3	Using the organization's acquisition, accession items (check all that apply):	, and other records	, check any of the	following that are	a significant use of it	s collection
а	Public exhibition		d Loa	n or exchange pro	ograms	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's coll Part XIII.	ections and explain	how they further t	he organization's	exempt purpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					es 🗆 No
Pa	rt IV Escrow and Custodial Arranger Complete if the organization answ X, line 21.		m 990, Part IV,	line 9, or repor	ted an amount on	Form 990, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					es 🗆 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	allowing table:		Amount	
c	Beginning balance	'	3	1c	Amount	
d	Additions during the year			·		
e	Distributions during the year			· · · · . 		
f	Ending balance			· · · 		
	Did the organization include an amount on Fo				liability2	es 🗆 No
2a	<u>-</u>	, ,	•		·	es 🗆 NO
b	<u> </u>	Check here if the e	xplanation has bee	n provided in Pari	XIII L	_
126	ert V Endowment Funds. Complete if the organization answ	ered "Yes" on Fo	m 990 Part IV	line 10		
	complete if the organization and	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
1 a	Beginning of year balance	242,994,501	251,798,501	243,746,50	226,847,501	240,752,501
b	Contributions	18,590,000	1,349,000	5,825,00	2,246,000	4,929,000
c	Net investment earnings, gains, and losses	6,574,000	2,074,000	14,727,00	27,253,000	-6,234,000
d	Grants or scholarships	6,212,900	6,065,360	5,671,39	5,903,690	5,407,125
е	Other expenditures for facilities and programs	5,983,100	6,161,640	6,828,60	6,696,310	7,192,875
f	Administrative expenses					
g	End of year balance	255,962,501	242,994,501	251,798,50	243,746,501	226,847,501
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as:	•	
а	Board designated or quasi-endowment ▶	25 %				
b	Permanent endowment ► 75 %					
c	Temporarily restricted endowment ▶ 0	%				
Ĭ	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.				
3a	Are there endowment funds not in the possess organization by:	sion of the organiza	tion that are held a	nd administered f	or the	Yes No
	(i) unrelated organizations				3	a(i) No
b	(ii) related organizations		on Schedule R?			a(ii) No 3b
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.		_	
Pa	rt VI Land, Buildings, and Equipmer					
	Complete if the organization answ					
	Description of property (a) Cost or oth (investme		or other basis (other	(c) Accumulated	i depreciation	(d) Book value
1-	Land		10 504 50	3		10 504 502
	Land		19,594,59 475,009,61		237,980,641	19,594,593
	Buildings Leasehold improvements		4,497,01		4,497,011	237,028,970
U	Leasendia illiproveriletits	[7,72/,01	∸ [7,701,011	U

94,067,261

29,258,264

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

30,387,965

28,665,948

315,677,476

63,679,296

592,316

-CILL VIII	Complete if the organization answered "Yes" on Form 990, I	Part IV. line	11b.See Form 990	Part X. line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: year market valu	ıe
	I derivatives				
¥)					
В)					
C)					
D)					
≣)					
-)					
G)					
⊣)					
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	<u> </u>	11c Soc Form 990	Part V line 13	
	(a) Description of investment	rait IV, iiile	(b) Book value	(c) Method of Cost or end-of- valu	f valuation: year market
1)					
2)					
3)					
1)					
5)					
5)					
)					
)					
)					
tal. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
art IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	Part IV. line	11d. See Form 990 Par	t X. line 15	
	(a) Description	inio			ook value
)					
)					
3)					
i)					
5)					
6)					
7)					
8)					
9)					
otal. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			•	
	Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11e or 11f.See Form	990, Part X, lin	e 25.
 1 \ Fadaral i	(a) Description of liability			value value	
	ncome taxes s from U.S. Government for student loans			5,356,078	
2) Obligatio	n under split interest			684,420	
	by students & others ement benefit obligation			1,354,499 1,055,570	
5) Asset ret	irement obligation			936,983	
5) Lease lia				1,422,379	
7) Bond Pre 8) Cost of I:	mium Payable ssuance			14,938,017 -1,855,434	
9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the orac		23,892,512	ts the organi
	or uncertain tax positions. In Part XIII, provide the text of the foothot $lpha$ positions under FIN 48 (ASC 740). Check here if the text of the foot	_			is the organiz

Schedule D (Form 990) 2019

	Complete if the organi	ization answered 'Yes' on Form 990, Part	IV, li	ine 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) $\ .$		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	·	zation answered 'Yes' on Form 990, Part			T .	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,		I		
a	Donated services and use of facili		2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c		_	
d	Other (Describe in Part XIII.) .		2d		_	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F			1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b		_	
С	Add lines 4a and 4b				4c	
5		1c. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
Prov XI,	ride the descriptions required for P ines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ s 2d and 4b. Also complete this part to provide	4; Pari any a	t IV, lines 1b and 2b; Par Idditional information.	t V, line	e 4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

Page 4

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 36-2170136

Name: Illinois Institute of Technology

Supplemental Information

Supplemental Imormation	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The purpose of the endowment funds is to facilitate donors' desires to make substantial lo ng-term gifts to the University and to develop a new and significant source of revenue for the University. In doing so, the endowment fund will provide a secure, long-term source o f funds to: (a) fund special programs; (b) ensure long-term growth; (c) enhance the University's ability to meet changing community needs; and (d) support the administrative expens es of the University as deemed appropriate.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University has received a determination letter from the Internal Revenue Service (IRS) stating that they are exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code except for tax on unrelated business income. It is management's belief that none of its activities have produced material unrelated business income, and that the University has operated in a manner that qualifies it for tax-exempt status. U.S. generally accepted accounting principles require University management to evaluate tax positions taken by the University and recognize a tax liability (or asset) if the University has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed tax positions taken by the University and has concluded that as of May 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the consolidated financial statements. The University is subject to routine audits by taxing juris dictions; however, there are currently no audits for any tax periods in progress. The University management believes it is no longer subject to income tax examinations for years prior to 2017.

DLN: 93493064005411 efile GRAPHIC print - DO NOT PROCESS As Filed Data -OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Illinois Institute of Technology 36-2170136 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)	, , , ,					
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.						
Return Reference	Explanation					
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	POLICY PUBLISHED YEARLY IN VARIOUS STUDENT BULLETINS. IT ALSO APPEARS ON APPLICATIONS, AND OTHER FORMS, AND IT IS POSTED ON THE UNIVERSITY'S WEBSITE.					
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	Department of Education:- Federal Supplemental Education Opportunity Grants Federal Direct Loans Federal Work Study Program Federal Pell Grant Program Federal Higher Education- Emergency Relief Funds Illinois Student Assistance Commission:- Illinois Monetary Award Program Grants Grant Program for Descendants of Police, Fire, or Correctional Officers					

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCE		PROCESS	As Filed Data	-	DLI	N: 93493064005411	
SCHEDULE F (Form 990)	State	ement of	Activities	Outside the Un	ited States	OMB No. 1545-0047	
(FOIII 330)	► Comp	lete if the organ		Yes" to Form 990, Part IV, I to Form 990.	es" to Form 990, Part IV, line 14b, 15, or 16. Form 990.		
Department of the Treasury Internal Revenue Service	•	► Go to www.irs	.gov/Form990 for i	nstructions and the latest in	nformation.	Open to Public Inspection	
Name of the organization Illinois Institute of Techno					36-2170136	entification number	
	nformation Part IV, line		s Outside the l	Jnited States. Comple	ete if the organization	answered "Yes" on	
-	the grantees'	eligibility for t	he grants or assi	substantiate the amoun stance, and the selection	•	☐ Yes ☐ No	
outside the United	States.	_	•	dures for monitoring the	-	other assistance	
3 Activites per Region (a) Region	n. (The followin	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of		
See Add'l Data				regiony			
3a Sub-total b Total from continual Part I .	tion sheets to		3 9			4,175,927	
c Totals (add lines 3			0 0 3 9			4,175,922	

Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
							• • • • • • • • • • • • • • • • • • • •

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	∐ Yes	✓ No

Schedule F (Form 99	2 0) 2019	Page 5			
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.					
990 Schedule F,	Supplemental Information Explanation	1			
Schedule F, Part I, Lir DESCRIPTION OF ACTIVITY OUTSIDE UNITED STATES	ne 3 EUROPE/SOUTH AMERICA: IIT IS MAINLY ENGAGED IN THE RECRUITMENT OF EUROPEAN AND LATIN AMER TO THE PROGRAMS OF THE UNIVERSITY OFFERED AT IIT'S CHICAGO CAMPUS. SOUTH ASIA: TO FACILITAT	E IIT'S ABILITY TO S IN INDIA AND AGO CAMPUS.			

TO THE PROGRAMS OF THE UNIVERSITY OFFERED AT IIT'S CHICAGO CAMPUS.

Additional Data

Software ID: 19010655 **Software Version:** 2019v5.0 **EIN:** 36-2170136

Name: Illinois Institute of Technology

000 Schodule E Bart T. Activities Outside The United States

Form 990 Schedule F Par	t I - Activities	Outside The C	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	2	Program Services	STUDENT RECRUITING.	145,145
South Asia	3	3	Program Services	FACILITATE DELIVERY OF	257,936

ON-LINE EDUCATIONAL PROGRAMS AND STUDENT

RECRUITING.

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region service(s) in region region services, grants to recipients located in the reaion) Fast Asia and the Pacific 3 Program Services ISTUDENT RECRUITING 373,636 AND ON-LINE MAS DEGREE PROGRAM. South America L Program Services ISTUDENT RECRUITING. 62,205

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region region recipients located in the reaion) Central America and the 3,337,000 Investments Caribbean

DLN: 93493064005411

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

►Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer identification number** Illinois Institute of Technology 36-2170136 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants Phone solicitations ✓ Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) (or retained by) from activity (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No PHONE SOLICITING Ruffalo Noel Levitz LLC 1025 Kirkwood Pkwy SW Nο 29,396 24,787 4,609 Cedar Rapids, IA 52404 CONSULT ON WASHBURN & MCGOLDRICK RAISING FUNDS 24 N Bryn Mawr Avenue Suite Nο 30,395 -30,395 252 Bryn Mawr, PA 19010 FUND RAISING Ruffalo Noel Levitz ISOFTWARE 1025 Kirkwood Pkwy SW Nο 21,240 -21,240 Cedar Rapids, IA 52404 29,396 76,422 -47,026 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

licensing.

		(a)Event #1 Tech-X Award (event type)	(b) Event #2 Global Gathering (event type)	(c)Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Keverkie					
	1 Gross receipts	395,682	31,500	47,717	474,89
	2 Less: Contributions	363,682	31,500	47,717	442,89
	3 Gross income (line 1 minus line 2)	32,000	0	0	32,00
	4 Cash prizes				·
	5 Noncash prizes				
Ses	6 Rent/facility costs	25,000	9,616	902	35,51
Expenses	7 Food and beverages	63,625	8,142	5,633	77,40
ม บ	8 Entertainment		626	4,000	4,62
3 2	9 Other direct expenses	138,157	6,888	30,472	175,51
- 1	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			293,06
		in ough 5 m column (u)			293,00
	11 Net income summary. Subtract line 10	from line 3, column (d)			-261,06
	Gaming. Complete if the organization	from line 3, column (d)	s" on Form 990, Part I	V, line 19, or reported	-261,06
Par	<u> </u>	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported	-261,06 more than \$15,000 (d) Total gaming (add
Par	Gaming. Complete if the organization on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-261,06 more than \$15,000 (d) Total gaming (add
Revenue	Gaming. Complete if the organization	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-261,06 more than \$15,000 (d) Total gaming (add
Pari Keverkie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-261,06 more than \$15,000 (d) Total gaming (add
Expenses Keverine pa	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-261,06 more than \$15,000 (d) Total gaming (add
Trect Expenses Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-261,06 more than \$15,000
Trect Expenses Reversie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-261,06 more than \$15,000 (d) Total gaming (add
State Expenses Keverkie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-261,06 more than \$15,000 (d) Total gaming (add
Dieci Expenses Keveixie	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	rom line 3, column (d) anization answered "Ye (a) Bingo Yes% No	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-261,06 more than \$15,000 (d) Total gaming (add
Par Expenses Kevenue	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-261,06 more than \$15,000 (d) Total gaming (add
Par Experises Keveruse	Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes	rom line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	-261,06 more than \$15,000 (d) Total gaming (add
a Diec: Experises Keverine	Gaming. Complete if the organization form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-261,06 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
Ured Experises Reverse	Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-261,06 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019	Page 3
11	Does the organization conduct gaming	activities with nonmembers?
12	Is the organization a grantor, beneficial formed to administer charitable gamin	ary or trustee of a trust or a member of a partnership or other entity
13	Indicate the percentage of gaming acti	· I
a		
ь 14	·	
	Name •	
15a	Does the organization have a contract	with a third party from whom the organization receives gaming
b	If "Yes," enter the amount of gaming r	revenue received by the organization \$ and the the third party \$
c	If "Yes," enter name and address of th	e third party:
	Name ►	
	Address ▶	
16	Gaming manager information:	
10	-	
	Gaming manager compensation ► \$	
	Description of services provided ►	
	☐ Director/officer	☐ Employee ☐ Independent contractor
17 a b	retain the state gaming license?	te law to make charitable distributions from the gaming proceeds to
D	in the organization's own exempt activ	· · · · · · · · · · · · · · · · · · ·
Par	t IV Supplemental Information	on. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 5c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	Return Reference	Explanation
	dule G, Part I, Line 2b(v) Amounts paid ndraiser	Washburn & McGoldrick LLC was engaged to increase private philanthropic support for IIT's operating budget, endowment and facilities. All of these resources are intended to enhance the educational purposes of the institution. Washburn & McGoldrick LLC do not at any time have custody or control of contributions. IIT exercises control and approval over the content and volume of any solicitation as Washburn & McGoldrick LLC never conducts solicitations on IIT's behalf. Payments for services are based on a monthly retainer and a per diem rate. Expenses are billed separately as expended and at cost, for travel, overnight accommodations, meals, and out-of-pocket expenses. Ruffalo Noel Levitz LLC conducted telephone fundraising campaigns for IIT and provided services to secure pledges and donations to support the educational mission of IIT. Their services related to the concept, design and strategies of the campaign and telephone solicitations to individuals identified on lists supplied by IIT. All funds raised were controlled by IIT. Ruffalo Noel Levitz LLC was paid fees for services provided in conducting the telephone fundraising campaigns. In addition, Ruffalo Noel Levitz LLC's proprietary, white-labeled crowdfunding software and Giving Day Module allowed IIT to showcase institutional initiatives through a custom-branded website and thematic framework.
	dule G, Part I, Line 2b(ii) Describe the ody or control arrangement.	RUFFALO NOEL LEVITZ, LLC-RUFFALO NOEL LEVITZ LLC CONDUCTED TELEPHONE FUNDRAISING CAMPAIGNS FOR IIT AND PROVIDED SERVICES TO SECURE PLEDGES AND DONATIONS TO SUPPORT THE EDUCATIONAL MISSION OF IIT. THEIR SERVICES RELATED TO THE CONCEPT, DESIGN AND STRATEGIES OF THE CAMPAIGN AND TELEPHONE SOLICITATIONS TO INDIVIDUALS IDENTIFIED ON LISTS SUPPLIED BY IIT. ALL FUNDS RAISED WERE CONTROLLED BY IIT. RUFFALO NOEL LEVITZ LLC WAS PAID FEES FOR SERVICES PROVIDED IN CONDUCTING THE TELEPHONE FUNDRAISING CAMPAIGNS.; WASHBURN & MCGOLDRICK LLC-WASHBURN & MCGOLDRICK LLC WAS ENGAGED TO INCREASE PRIVATE PHILANTHROPIC SUPPORT FOR IIT'S OPERATING BUDGET, ENDOWMENT AND FACILITIES. ALL OF THESE RESOURCES ARE INTENDED TO ENHANCE THE EDUCATIONAL PURPOSES OF THE INSTITUTION. WASHBURN & MCGOLDRICK LLC DO NOT AT ANY TIME HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS. IIT EXERCISES CONTROL AND APPROVAL OVER THE CONTENT AND VOLUME OF ANY SOLICITATION AS WASHBURN & MCGOLDRICK LLC NEVER CONDUCTS SOLICITATIONS ON IIT'S BEHALF. PAYMENTS FOR SERVICES ARE BASED ON A MONTHLY RETAINER AND A PER DIEM RATE. EXPENSES ARE BILLED SEPARATELY AS EXPENDED AND AT COST, FOR TRAVEL, OVERNIGHT ACCOMMODATIONS, MEALS, AND OUT-OF-POCKET EXPENSES.; RUFFALO NOEL LEVITZ ALSO PROVIDED SERVICES FOR WHITE-LABELED CROWDFUNDING SOFTWARE AND GIVING DAY MODULE TO SHOWCASE INSTITUTIONAL INITIATIVES THROUGH A CUSTOM-BRANDED WEBSITE AND THEMATIC FRAMEWORK.;
	dule G, Part I, Line 2b(v) payment of or payment of expenses	RUFFALO NOEL LEVITZ, LLC-PAYMENT OF FEES.; WASHBURN & MCGOLDRICK LLC-PAYMENT OF FEES.; RUFFALO NOEL LEVITZ-PAYMENT ONLY FOR SOFTWARE.;

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493064005411

Open to Public Inspection

nternal Revenue Service							
ame of the organization linois Institute of Technology						Employer identific	ation number
						36-2170136	
Part I General Inform	nation on Grants	and Assistance					
Does the organization mai the selection criteria used						ce, and	☑ Yes ☐ No
Describe in Part IV the org	•	_	_				
Part III Grants and Other	Assistance to Don	nestic Organizations a	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)						I	
Enter total number of sectEnter total number of other							

(Form 990)

Department of the

Treasury

grant funds.

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49306	4005	411		
Sch	nedule J	Co	mpensati	ion Information	OI	ИВ No.	1545-0	0047		
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest					
		► Complete if the org		ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019				
D	to the Towns	-	▶ Attach	to Form 990. instructions and the latest inforn) Dpen i				
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	7 <u>71 01111990</u> 101	mistractions and the latest mion		Insp	ectio	n		
	me of the organization of Techi				Employer identifica	tion nu	ımber			
					36-2170136					
Pa	rt I Questi	ons Regarding Compensat	ion				I			
1 a				the following to or for a person liste y relevant information regarding thes			Yes	No		
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use					
		companions		Payments for business use of person	•					
	Tax idemi	nification and gross-up payments	. <u> </u>	Health or social club dues or initiation	on fees					
	Discretion	ary spending account		Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes			
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ne 1a? . .					
3	organization's C	EO/Executive Director. Check all	that apply. Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i						
	, 		ensation of the		iii rait III.					
		ation committee		Written employment contract						
		ent compensation consultant of other organizations	⊻	Compensation survey or study Approval by the board or compensa	tion committee					
		-	_							
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a					
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No		
b	•	r receive payment from, a supple	•	· ·		4b		No		
С	•	. , , , , , , , , , , , , , , , , , , ,	'	nsation arrangement? elicable amounts for each item in Part		4c		No		
	Only E01(a)(2) F01(a)(4) and F01(a)(20)	augamizations	must somplete lines E O						
5), 501(c)(4), and 501(c)(29) ed on Form 990. Part VII. Section	=	the organization pay or accrue any						
		ontingent on the revenues of:		, , , , ,						
а	The organization	1?				5a		No		
b		anization?				5b		No		
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any						
а	The organization	1?				6a		No		
b						6b		No		
	· ·	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed rt III		7		No		
8	subject to the in	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		No		
9				presumption procedure described in		9		INU		
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	1 9901	2019		

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII

Note. The sum of columns (B)(i)-(iii) for		otal							
(A) Name a	(A) Name and Title		(B) Break	down of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation i
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table									
						I	<u> </u>	Schedule J (Fo	orm 990) 2019

Schedule J (Form 990) 2019	Page 3						
Part III Supplemental Information							
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference	Explanation						
	The University provided membership dues for Alan Cramb, President, and Peter Kilpatrick, Provost to one business and one civic organization. These memberships served a business purpose that helped to support the mission of the University.						
	Schedule J (Form 990) 2019						

Software ID: 19010655 **Software Version:** 2019v5.0

EIN: 36-2170136

Name: Illinois Institute of Technology

	· J,			ey Employees, and H			(-)	
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS (ii)		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(I) base Compensation	Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Belletites		reported as deferred on prior Form 990
1Alan Cramb	(i)	664,175	172,000	25,858	25,200	22,960	910,193	0
President	(ii)	0	0	0	0	0	0	0
1Peter Kilpatrick	(i)	435,613	0	22,564	25,200	14,269	497,646	0
Provost, SVP Academic Affairs	(ii)	0	0	0	0	0	0	0
2Darsh Wasan	(i)	276,389	25,773	2,999	25,200	15,274	345,635	0
Vice President for International Affairs/Distinguised Professor,ChBE	(ii)	0	0	0	0	0	0	0
3Michael Horan	(i)	297,824	0	3,564	25,200	7,157	333,745	0
VP Finance, CFO, Treasurer	(ii)	0	0	0	0	0	0	0
4 Michael Gosz	(i)	286,260	0	1,242	25,200	21,281	333,983	0
VP, Enrlmt/Vice Prov/AssocProf	(ii)	0	0	0	0	0	0	0
5Ophir Trigalo	(i)	278,893	0	2,322	25,200	22,961	329,376	0
Vice Provost, CIO	(ii)	0	0	0	0			
6 Edwin Watts	(i)	283,359	0	3,564	25,200	155	312,278	0
VP_Admnstrn/Facilities/Pub	(ii)	0						
Safety 7 Anthony D'Amato	(i)	261,934	0	810	24,013	7,489	294,246	0
Vice Pres, Genr'l Cnsl &						7,409	254,240	
Secretary 8Jess Goode	(ii)	226,439	0	0	0	0	0	0
Vice President, Extn'l Affairs	(i)	220,439	0	707 	20,379	0	247,525	0
	(ii)	0	0	0	0	0	0	0
9 Betsy Hughes	(i)	172,920	33,615	968	15,915	9,567	232,985	0
Vice Pres, Inst Advancement termed on 5/10/19	(")	0	0	0	0	0	0	0
10 Natacha DePaola	(i)	403,301	0	21,322	25,200	22,733	472,556	0
Kaplan Dean of Engineering	(ii)	0	0	0	0	0	0	0
11Harold Krent	(i)	338,803	0	34,939	25,200	17,718	416,660	0
Dean College of Law thru 7/31/19/Professor of Law	(ii)	0	0	0	0	0	0	0
12Robert Brackett	(i)	318,076	0	5,654	25,200	7,655	356,585	0
Vice President/Professor	(ii)	0	0	0	0	0	0	0
13John Bilson	(i)	304,448	0	5,752	25,200	15,274	350,674	0
Dean	(ii)	0		0	0	0		
14Michelangelo Sabatino	(i)	222,501	70,752	1,003	20,682	14,428	329,366	0
Dean College of Architecture thru 7/31/19/Professor Architecture	(ii)	0	0	0	0	0	0	0
15Heather Harper	(i)	155,170	345,585	302	14,850	22,733	538,640	0
Associate Clinical Professor	(ii)	0	0	0	0	0	0	0
16 Mohammad Shahidehpour	(i)	384,346	0	3,564	25,200	22,733	435,843	0
Distinguished Bodine Professor	(ii)	0	0	0	0	0	0	0
17Hamid Arastoopour	(i)	316,311	0	24,517	25,200	15,429	381,457	0
Director, WISER/Professor	(ii)	0	0	0	0	ი	0	
18 Philip Nash	(i)	287,816	0	20,767	9,905	0	318,488	0
Professor	(ii)	0						
19Jafar Saniie	(i)	211,225	68,282	22,221	18,047	15,274	335,049	0
Dept. Chair & Filmer	(ii)	0		0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Professor	1, ,		0	١	<u> </u>	O O		<u> </u>

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns **(F)** Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation

19,845

278,771

21Wiel Arets	(i)	213,778	0	3,002	19,287	0	236,067	
Professor / Former key employee	(ii)	0	0	0	0	0	0	

22,692

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

35,000

201.234

1Russell Betts

Former officer

Distinguished Professor /

(ii)

(Form 990)

17

Part III

Department of the Treasury

DLN: 93493064005411

Note: To capture the full content of this document, please select landscape mode $(11" \times 8.5")$ when printing. Schedule K

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Name of the organization **Employer identification number** Illinois Institute of Technology 36-2170136 Part I **Bond Issues** (c) CUSIP # (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No ILLINOIS FINANCE AUTHORITY 86-1091967 000000000 01-31-2019 22,278,000 REFUND A PRIOR TAX-EXEMPT Χ Χ Χ ISSUE DATED 7/22/2009 AND FOR FACILITY RENOVATION AND EQUIPMENT. ILLINOIS FINANCE AUTHORITY 86-1091967 000000000 06-28-2018 17,972,000 REIMBURSEMENT FOR THE Χ Χ Χ ACQUISITION OF STUDENT RESIDENT FACILITIES. ILLINOIS FINANCE AUTHORITY 86-1091967 45204E7F9 12-20-2019 138,525,900 REFUND A PRIOR TAX-EXEMPT Χ Χ ISSUE DATED 3/23/2006 AND TO REIMBURSE ISSUANCE AND REFUNDINGS COSTS. Part ${f I}$ **Proceeds** Α C D 1,476,000 0 2 3 22,278,000 17,972,000 138,525,900 4 5 0 6 0 7 300,999 92,573 1,519,760 8 0 9 0 10 321,404 17,879,427 11 21,655,597 137,006,140 12 0 13 2019 2020 2018 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Х Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Was the organization a partner in a partnership, or a member of an LLC, which owned property

Are there any lease arrangements that may result in private business use of bond-financed

Private Business Use

Χ Cat. No. 50193E

No

Χ

Χ

Yes

В

No

Χ

Χ

Χ

Yes

No

Χ

Χ

Χ

Yes

Α

Yes

D

No

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

В

No

Х

Χ

0 %

0 %

0 %

Χ

Х

Yes

Χ

Yes

Χ

No

Χ

Χ

Χ

Χ

Α

Nο

Χ

Χ

0 %

0 %

0 %

В

Yes

Χ

Χ

Χ

Χ

Yes

Χ

Α

No

Χ

Χ

Χ

Х

Yes

Χ

Χ

C

No

Χ

Χ

0 %

0 %

0 %

Χ

Χ

Yes

Χ

No

Х

Χ

Χ

Χ

Х

C

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes

Χ

No

Explanation

If the total proceeds of the issue exceeds the issue price of the respective bond, the difference is due to investment earnings. Earnings are included in the total

Χ

Yes

R

No

Yes

Χ

Nο

Page 3

D

Nο

Yes

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

proceeds of each issue.

Schedule K (Form 990) 2019

period?

Part V

Part VI

bonds on Schedule K.

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

Schedule K, Part II, Line 3 All listed

Return Reference	Explanation
	Issuer name: ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 02/25/2019

Return Reference	Explanation
, ,	Issuer name: ILLINOIS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 02/25/2019

efile GRAPHIC print - DO NOT PROCESS				As Filed Data -					DL	DLN: 93493064005411				
Schedule L Transac				ctions with Interested Persons					0	OMB No. 1545-0047				
(Form 990 or 990	-EZ) ► Comple		28b, or 2	ion answered "Yes" on Form 990, Part IV, lines 25a, 3 or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.				25a, 2	25b, 26	^{26,} 2019				
Department of the Trea	,	Go to <u>www.ii</u>		m990 for inst			forma	tion.			Open (Insp	o Pul		
Name of the orga Illinois Institute of								mplo ¹ 5-217	-	entifica	ation n	umbei	r	
	ss Benefit Tra						(29)	orga	nizatior					
	Name of disqual			(b) Relationship between disqualified person and				(c) Description of				(d) Corrected?		
				organization				transaction			Ye	es	No	
Part II Loa Con repo (a) Name of	mount of tax, if are ans to and/or an plete if the orgar orted an amount of the with organization	From Internization answer form 990, (c) Purpose	rested Perested "Yes" of Part X, line	rsons. n Form 990-EZ, 5, 6, or 22	organization .		(g)	rt IV, In	line 26	h)	(i	anizati) Writt reemei	en	
					amount					nittee?				
			То	From			Yes	No	Yes	No	Yes	N	0	
Total .	<u> </u>			<u> </u>	<u> </u> ▶ \$									
Part IIII Gra	nts or Assista		_	ested Perso	ns.									
Complete if the organization answere (a) Name of interested person (b) Relationship betwinterested person and organization		o between on and the	een (c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance						
						1								

Complete ii the organi.	zation answered res on Fo	rin 990, Part IV, line 286	a, 280, 01 28C.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?				
				Yes	No			
(1) POWER UJAMAA 3 LLC	Trustee James A. Akintonde is an executive of Power Ujamaa 3 LLC's parent company.	,	INDEPENDENT CONTRACTOR		No			
Part V Supplemental Information Provide additional information	mation ation for responses to questions	on Schedule L (see instructi	ons).					
Return Reference	Explanation							
Schedule L, Part IV BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	BUSINESS TRANSACTIONS WITH INTERESTED PERSONS SCHEDULE L, PART IV THE TRANSACTIONS LISTEI IN SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS, WERE CONSISTENT WITH THE CONFLICT OF INTEREST POLICY DESCRIBED IN SCHEDULE O. ILLINOIS INSTITUTE OF TECHNOLOGY REQUIRES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL BUSINESS TRANSACTIONS WITH INTERESTED PERSONS. IN FY 2020, TRUSTEE JAMES A. AKINTONDE WAS AN							

IN SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTÉRESTED PERSONS, WERE CONSISTENT WITH THE CONFLICT OF INTEREST POLICY DESCRIBED IN SCHEDULE O. ILLINOIS INSTITUTE OF TECHNOLOGY REQUIRES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL BUSINESS TRANSACTIONS WITH INTERESTED PERSONS. IN FY 2020, TRUSTEE JAMES A. AKINTONDE WAS AN EXECUTIVE FOR THE PARENT COMPANY WHICH HAD A JOINT VENTURE, POWER UJAMAA 3 LLC. POWER UJAMAA 3 LLC WAS AWARDED A CONTRACT, PURSUANT TO AN RFP, TO CONSTRUCT A CAMPUS INNOVATION CENTER. PAYMENTS FOR THIS CONSTRUCTION WERE MADE FROM TEMPORARILY RESTRICTED GIFTS THAT WERE RECEIVED AS A RESULT OF AN INTERNAL CAPITAL CAMPAIGN.

DLN: 93493064005411 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Illinois Institute of Technology 36-2170136 Types of Property Part I (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 4,780,096 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Oualified conservation contribution-Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 20,000 Market value Five IC Χ Sentinel Other ► (sensor units) 25 Other ► (Yamaha Piano) Χ 1 4,900 Market value 27 Other ▶ (_ 28 Other ▶ (_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Securities - Publicly traded - number of contributions Other - Five IC Sentinel sensor units number of contributions Other - Yamaha Piano number of contributions
	Schedule M (Form 990) (2019)

efile GRAPH	IIC print - I	DO NOT PROCESS	As Filed Data -		DLI	N: 93493064005411
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to pro Form 990 o	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.		ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Betherofe Illinois Institute of 990 Schedul	Technology	emental Informatio	n		36-2170136	ntification number
Return Reference				Explanation		
Form 990, Part III, Line 4d Description of other program services	s program p	provides health, academid d other student services i	c, career services, trar	19,551,218) STUDENT SERVIO nsitional assistance, student ori nance center, admissions, and	CES:- Thi	

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 13,344,505 including grants of \$)(Revenue \$ 7,151,182) ACADEMIC SUPPORT:- IIT provides students with the information skills to compete in today's challenging and rapidl y changing environment through its several libraries and academic computing centers allowing students access to terminals. In addition, the Academic Resource Center office offers several programs that provide peer tutoring, exam reviews, advising and counseling.

from the regularly elected members of the Board.

Doturn

Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	As stated in Article 5, Section 5 of the organizations By-Laws, there shall be an Executiv e Committee of the Board of Trustees. With the caveat that the Board of Trustees may overr ide the Executive Committee and except as otherwise provided in Article 5, Section 6, the Board of Trustees delegates to the Executive Committee all the powers vested in the Board of Trustees by law or by these Bylaws in the management of the property, business and affa irs of the corporation. The Executive Committee shall include, as ex officio members, the Chair of the Board, the immediate past Chair, any Vice Chairs, the Chairs of all committee s listed in Article 5, Sections 3 and 4, and the President. If the Chair of the Board of t he IIT Alumni Association is a regularly elected or life trustee, then that individual sha II be an ex officio member of the Executive Committee for the term of his or her office as Chair of the Board of the IIT Alumni Association. Up to eight additional members of the E

xecutive Committee shall be annually elected for three-year terms by the Board of Trustees

Evolunation

Return Reference	Explanation
VI, Line 2	A. Steven Crown and Craig J. Duchossois - Business relationship, Patrick J. Kelly, James E . Cowie, Craig J. Duchossois, and Thomas E. Lanctot - Business relationship, Victor A. Mor genstern and Anita M. Nagler - Business relationship, Eric C. Larson and Craig J. Duchosso is - Business relationship, Kevin W. Willer, Craig J. Duchossois, and Carole Browne Segal - Business relationship, S. Christopher Gladwin and James Dugan - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	The bylaws were amended to adjust the size of the Board so that is it consistent with current circumstances and applicable Illinois law.

Return Reference	Explanation
Form 990,	THE FORM 990 IS REVIEWED BY THE VP FINANCE, CFO & TREASURER, INTERIM CONTROLLER, ASSOCIATE
Part VI, Line	CONTROLLER, AND BY THE VP GENERAL COUNSEL & SECRETARY. ONCE THE FORM 990 IS APPROVED BY M
11b Review	ANAGEMENT, THE FORM IS PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE AND THE EXECUTIVE C
	OMMITTEE (ACTING FOR THE FULL BOARD OF TRUSTEES) FOR REVIEW. WHEN THIS REVEIW IS COMPLETED
by governing	, IT IS PUT ON A TRUSTEE WEBSITE GIVING ALL THE TRUSTEES THE OPPORTUNITY TO REVIEW. ONCE A
body	LL REVIEWS ARE COMPLETED. THE VP FINANCE. CFO & TREASURER SIGNS THE FORM 990.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ON AN ANNUAL BASIS, IIT EMPLOYEES AND BOARD OF TRUSTEE MEMBERS MUST REVIEW THE CONFLICT OF INTEREST POLICY. ALL EMPLOYEES AND TRUSTEES ARE REQUIRED TO SIGN AND DATE A CONFLICT OF I NTEREST ATTESTATION DOCUMENT WHETHER A CONFLICT IS PRESENT OR NOT. GENERAL COUNSEL MONITOR S THE EMPLOYEES AND TRUSTEES THAT HAVE REVIEWED THE POLICY AND DOCUMENTS THE CONFLICT OF I NTEREST INSTANCES.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE BOARD OF TRUSTEES HAS ESTABLISHED AN INDEPENDENT COMPENSATION COMMITTEE THAT IS RESPON SIBLE FOR RECOMMENDING THE PRESIDENT'S (CEO) SALARY. THE COMMITTEE WILL BASE THE SALARY ON A HUMAN RESOURCE BENCHMARK STUDY COMPARING SELECTED UNIVERSITIES HAVING SIMILAR STUDENT E NROLLMENTS AND PROGRAMS. ON AN ANNUAL BASIS, HUMAN RESOURCES WILL PROVIDE THE COMMITTEE AN UPDATED BENCHMARK SURVEY FOR THEIR REVIEW. BASED ON THE ANNUAL SURVEY, THE COMMITTEE MAY RECOMMEND AN ADJUSTMENT TO THE PRESIDENT'S SALARY. AFTER THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION COMMITTEE RECOMMENDATIONS, IT VOTES TO APPROVE THE COMPENSATION.

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The authority to recommend the annual salaries of the Vice Presidents and other senior off icers is delegated to an independent Compensation Committee by the Board of Trustees. The Committee, with input from the President, obtains comparative analyses and studies from the Human Resource department with respect to compensation of similar organizations to ensure that the University's compensation is comparable. After the Executive Committee reviews the compensation committee recommendations, it votes to approve the compensation.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

11010101100	
Form 990,	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE LOCATED ON THE
Part VI, Line	ILLINOIS INSTITUTE OF TECHNOLOGY'S WEBSITE.
19 Required	
documents	
available to	
the public	

Return Reference	Explanation
,	CHANGE IN ASSET RETIREMENT OBLIGATION, NET - 740391; OTHER, NET317776; EXTINGUISHMENT OF DEBT - 822000; RESTRUCTURING EXPENSES1937970;

SCHEDULE R

(Form 990)

Related

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

➤ Go to www.irs,gov/Form990 for instructions and the latest information.

2019

DLN: 93493064005411 OMB No. 1545-0047

> Open to Public Inspection

Name of the organization Illinois Institute of Technology								loyer iden 170136	tificatior	n number		
Part I Identification of Disregarded Entities. Complete in	f the orgar	nization ansv	vered "Yes	s" on Forr	n 990, Part	IV, line						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act		Legal dor	(c) nicile (state n country)	(d) Total income		(e) ne End-of-year assets		assets (f Direct col		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns. Compl	ete if the org	janization	answere	d "Yes" on F	orm 990	, Part I	V, line 34	because	e it had one or	more	
(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile (sta or foreign country				(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		Section (13) co	
(1)IIT RESEARCH INSTITUTE 10 WEST 35TH STREET	RESEARCH		I	L	501(c)(3)	1	1		ILLINOIS TECHNOL	INSTITUTE OF LOGY	Yes	No
CHICAGO, IL 60616 36-2169122											<u> </u>	
											1	-
											+	\vdash
											+	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t. No. 501	35Y				Sch	edule R (Form	990) 2	019

																_
Part III Identification of Related Organizations tre				ete if t	he org	anizatio	n ans	wered "Y	es" on Forr	n 990,	Part 1	IV, line 34	, beca	iuse i	t had	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	Dir contr	d) rect rolling tity	(e) Predomi income(re unrelat excluded tax un sections 514	inant elated, ted, d from ider 512-	(f) Share of total incom	(g) Share of e end-of-year assets	Disprop		(i) Code V-UE amount in b 20 of Schedule K (Form 106	I General Mar par (5)	j) eral or aging tner?	(Percel owne	ntage
									+							
Part IV Identification of Related Organiza because it had one or more related o								zation ans	swered "Ye	s" on F	orm 9	990, Part :	:V, line	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	dom (state o	gal nicile r foreign ntry)		Direct co	d) ontrolling tity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of tota income		(g) e of end year assets	l-of- Pei	(h) centage nership		(i) Section (b)(: contro entit	l3) olled
(1)	DISTRIBUTION OF TRUST	II			NA		Trust			+		_			Yes	No No
PERPETUAL TRUST (7) BENEFICIAL INTEREST IN DONOR TRUSTS	ASSETS TO BENEFICIARIES															
C/O IIT 3424 SOUTH STATE STREET TC-4 FL CHICAGO, IL 60616																
(2) ILLINOIS INSTITUTE OF TECHNOLOGY (INDIA) PRIVATE LTD	FACILITATES EDUCATIONAL PROGRAMS	II.	N	I	LLINOIS NSTITU	ΓE OF	C Corp	oration	236,23	39	159,	716 100	%		Yes	
677 16th Main 6th Cross 3rd Block Koramangala Behind BDA complex BENGALORE 560034 IN					rechnol	-OGY										
				\perp										\perp		
													D / E		0) 20	

(1)IIT India

(2)IIT Research Institute

(3)IIT Research Institute

(4)IIT Research Institute

(5)IIT Research Institute

Loans or loan guarantees by related organization(s) . . .

Sale of assets to related organization(s).

Purchase of assets from related organization(s) .

Reimbursement paid by related organization(s) for expenses . . .

Lease of facilities, equipment, or other assets to related organization(s) . . .

No

No

No

No

No No

No

No

No

No

No

No

Yes

1e

1f

1g

1k

11 Yes

1m

1p **1**q Yes

1r

1s

Schedule R (Form 990) 2019

(d)

Method of determining amount involved

1n Yes 10

Yes

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)		No

Loans or loan guarantees to or for related organization(s) . . . **1**d

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(b)

Transaction type (a-s)

Q

Amount involved

260,000

242,598

242,598

575.871

1,709,069

FMV

FMV

FMV

FMV

Performance of services or membership or fundraising solicitations for related organization(s)

Name of related organization

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Retu	ırn Reference	Explanation		