		orm 990-T	i	Exe	empt Organ	nization E	Buşiı	ness Ind	ome Ta	x Return	ا ہ	OMB No. 1545-0047
	F	orm 330-1	L		•	proxy tax ι			,	<i></i>	020	2019
			For C		r 2019 or other tax y				and ending		020	2013
	Ocpai	tment of the Treasury at Revenue Service			o to www.irs.gov					ntormation. zation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if	┸	DOTIOL	intel 9911 Humbers				e instructions)	ation is a surecy(s).		nployer identification number mployees' trust, see
	· · L	☐ address changed		Print	UNIVERSITY	\sqcup					(E	mployees' trust, see structions)
		xempt under section (3)	ן מי	or	6054 S DRE						1 5	36-2177139
	۲	408(e) 220((e)	Type	CHICAGO, I	L 60637					FU	nrelated business activity code
		408A 5300	٠,								(2	See instructions,)
		529(a)										525990
	C B	ook value of all assets end of year		F Group	exemption number	er (See instruct	ions)	•				
		one of your		G Check	organization typ	oe ► 🛚 🗙	501(c	corporation)	on []501	(c) trust 4	0 1(a)	trust Other trust
	H E	Enter the number of t	he org	ganızatıon'	s unrelated trades	or businesses		▶ 9	De	escribe the only (o	r first)	unrelated
	t	rade or business he	ere ►	INVEST	MENT PARTNI	ERSHIP GR	OUP			If o	nly or	ne, complete Parts I-V.
		f more than one, de or each additional t						previous s	entence, co	mplete Parts I ar	id II, c	omplete a Schedule M
		During the tax year,						ouo or a oa	rent-subsidia	ary controlled or	าเกว	Yes XNo
•		f 'Yes,' enter the na					-			ary controlled give	, up .	· [] · · · · · []
		The books are in care			PADGETT	and parent do	porati	511111	Te	elephone number	· > 77	3-834-5819
	Par	t Unrelated	Tra		usiness Inco	me		(A) In	come	(B) Expense		(C) Net
	1 a	Gross receipts or s						`,				
	t	Less returns and allowa	ances			c Balance	1 c					/
	2	Cost of goods sold	l (Sch	nedule A,	line 7)	110	2					1
	3	Gross profit Subtr				W\ L	3	_			• ;	
		Capital gain net in		•	•	10.1-	4a	1,6	40,587.			1,640,587.
		Net gain (loss) (Form 4	•). L	4b					
		: Capital loss deduc Income (loss) from					4c			· · · · · · · · · · · · · · · · · · ·	,	
	3	(attach statement)			an 3 corporation	ST.1.	5	-23.3	35,493.	<i></i>	• 1	-23, 335, 493.
	6	Rent income (Scho	edule	C)			6					
	7	Unrelated debt-fina	anced	l income i	(Schedule E).		7					
	8	Interest, annuities, roya	lties, a	nd rents fro	n a controlled organi	zation (Schedule F)	8		y	y		
	9	Investment income of a					9			. <u> </u>		
-	J0	Exploited exempt		-	•		10					
ç	∑1 ∑12	Advertising income	•	•			11					
		Other income (See	e instr	ructions, a	ittach schedule)	• • • • • • • • • • • • • • • • • • • •				•	- '	
O(Total. Combine lin	oc 2 i	brough 1	,		12	21 6	04 000			21 604 006
						/See instru			94, 906.	deductions) (O.	-21,694,906. uctions must be
	ras				h the unrelate				ations on	deddclions.) (Dear	actions must be
ليا	14	Compensation of o									14	
	15	Salaries and wage	s			. /					15	
Щ	16	Repairs and maint	enand	ce	بو	/					16	
Ź	17	Bad debts .			······· ·/·						17	
SCANNE	18	Interest (attach sci									18	
\aleph	19	Taxes and licenses									19	103,318.
0,	20	Depreciation (attac							20			
	21 22	Less depreciation		ed on Scr							21b	·
	23	Depletion,				•••••					22	
	24	Employee benefit	-	, .	•						24	
	25	Excess exempt ex									25	
	26	Excess readership									26	
	27	Other deductions (attacl	h schedul	e)						27	
	28	Total deductions.									28	103,318.
	29	Unrelated business									29	-21,798,224.
	30 21	Deduction for net operated business	ting los	is arising in	tax years beginning o	on or after Januar	y 1,201 xo	& (see instructi	ions)		30	_21 700 224
1								*******		•••	31	-21, 798, 224. Form 990-T (2019)
~	DMM	For Paperyerk Re	ME	DACT NO	, पुं - पुं	Juulia.		TE	EA0201L 9/19/	19		r (2019)
		છ			3							
		E 0602	202	1 %	· ·							
		\ 	~~~	· <u>#</u>	1							

FRESNO, CA

Pa		Total Unrelated Business Taxable Income		
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see	T_(T
		uctions)	32	69,630.
33		unts paid for disallowed fringes	33	
34		Itable contributions (see instructions for limitation rules)	34	
35	Total	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from um of lines 32 and 33	35	69,630.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)	- 36	69,630.
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0.
38		ific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	<u> </u>
39	Unre	lated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,		
7.22000		the smaller of zero or line 37	39	0.
40		Tax Computation nizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	1 40	0.
41		Is Taxable at Trust Rates, See instructions for tax computation, Income tax on the amount	40	U.
- •		ne 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy	y tax. See instructions	42	
43		native minimum tax (trusts only)	43	
44		on Noncompliant Facility Income. See instructions	44	
45		. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
		Tax and Payments		
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 46 a	-823	
		r credits (see instructions)		
		it for prior year minimum tax (attach Form 8801 or 8827)	- 200	
	e Total	credits. Add lines 46a through 46d,	46 €	0.
47	Subtr	ract line 45e from line 45	47	0.
48		r taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	1	
49		Other (attach schedule)	48	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3,	50	·
51 a		nents: A 2018 overpayment credited to 2019		
		estimated tax payments 51 b		
		deposited with Form 8868		
		gn organizations. Tax paid or withheld at source (see instructions) 51 d	-1000	
		up withholding (see instructions)	-	
		r credits, adjustments, and payments. Form 2439		
•	_	orm 4136		
52	Total	payments. Add lines 51a through 51g	52	0.
53	Estin	nated tax penalty (see instructions). Check if Form 2220 is attached	53	
54		lue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	<u></u>
55		payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56		the amount of line 55 you want. Credited to 2020 estimated tax	56	<u> </u>
57		Statements Regarding Certain Activities and Other Information (see instructions) by time during the 2019 calendar year, did the organization have an interest in or a signature or other auti	horitu	over a Yes No
37		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN	-	
		rt of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here ► SEE_		1,0,00000000000000000000000000000000000
58		ig the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,		
		s,' see instructions for other forms the organization may have to file	•	
59	Enter	the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.		
Ci		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is true, correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer has	st of my any knov	knowledge and ledge.
Sig Her	n e	15/12/21 AVO-FIGURE	May t	ne IRS discuss this return with eparer shown below (see
.,	~	Signature of officer Date Tifle	เกรเบน	ctions)? X Yes No
<u> </u>		Print/Type preparer's name Preparer's signature Check Check	, 1	PIN
Paid Pre		PAUL J. SMIT PAUL J. SMPT 4 5/5/2.21 self employee	- 1	P00669815
par	er	Finn's name PAUL J. SMIT & ASSOCIATES Firm's EIN		0672939
Use	:	Firm's address 3330 181ST PLACE, SUITE 204		
Onl		LANSING, IL 60438 Phone no	(708) 889-1099
BAA	1	TEEA0202L 02/21/20		Form 990-T (2019)

5 Average adjusted basis of or allocable to debt-financed reportable (column 2 x (column 6 x total of columns 3(a) and 3(b)) acquisition debt on or divided by column 5 allocable to debt-financed property (attach schedule) column 6) property (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Total dividends-received deductions included in column 8, Form 990-T (2019) BAA TEEA0203L 09/19/19

Schedule F – Interest, A	- Intarci	cs, noyani			trolled O			o i gai	112800113	(300 11)	3truction 3	<u>''</u>
1 Name of controlled organization	ıde	Employer ' ntification number	1	Net uni ncome ee instri			4 Total of spec payments ma		5 Part of that is in the cor organia gross i	cluded trolling	in c	eductions directly onnected with ome in column 5
(1)										_		
(2)												
(3)												
(4)						1						
Nonexempt Controlled Organiza	ations											
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specifie its made	d	10 Part of included in organization	n the d	ontrolling		connecte	tions directly d with income blumn 10
(1)			T									
(2)			1									
(3)		-	\top							1		
(4)			1									
Totals			•				Add columns here and on p 8, co		, Part I, line		e and on p	6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmen					CYZ) (9	<u> </u>	or (17) Orga	nizati	Off (see ins	truction	ne)	
1 Description of income		2 Amount			3 dire	De ctly	ductions connected schedule)		4 Set-aside ttach schedi	s	5 Tota set-a	l deductions and sides (column 3 us column 4)
(1)					<u> </u>							
(2)						_	 					
(3)									 -			
(4)												
Totals	►		colui	nn (A)				_			Part I, Ii	re and on page 1, ne 9, column (B)
1 Description of exploited a	ctıvıty	2 Gross unrelate busines income fro trade of busines	d s om	conne prod of u	ses directly ected with fuction nrelated ss income	fro or 2 n	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	activi unrela	s income from ty that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				··		-						
(2)	,	1				T						1
(3)					•	\vdash						
(4)		1				┢						
Totals		Enter here on page Part I, line column (1, 10,	on p Part I	here and page 1, , line 10, mn (B)			r	· ·			Enter here and on page 1, Part II, line 25
Schedule J - Advertising	n Inco	me (see insti	cuctio	ns)				<u> </u>				1
Part I Income From Per					neolida	tes	l Racie					<u></u>
raiti income From Per	IOUIC	2 Gross			nsolida Direct			6 ^		6.0-		25,,,,,,
1 Name of periodical		advertisir		adve	ertising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7.		rculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)		ļ										1
(2)						1						-
_(3)						1						-
<u>(4)</u>		-				\vdash						
Totals (carry to Part II, line (5))		·										
BAA				TE	EA0204 L	09/19	9/19				F	orm 990-T (2019)

BAA

Page 5

Form 990-T (2019)

TOTAL SOUT (SOLD) DIVIANTE OF					30-21//139	
Partill Income From Periodica 7 on a line-by-line basis.)	ls Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(2) (3) (4)						
Totals from Part I				c l	*	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	1		, ,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5) ►			i		j.	
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					8	
					8	
					ક	
					8	-
Total, Enter here and on page 1 Part II.	line 14				•	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545 0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\frac{7/01}{}$, 2019, and ending $\frac{6/30}{}$, 20 $\frac{20}{}$.

▶ Go to www irs gov/Form990T for instructions and the latest information. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

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

Name of the organization

UNIVERSITY OF CHICAGO

Employer identification number

36-2177139

Unrelated Business Activity Code (see instructions) > 531120 Describe the unrelated trade or business ► CONFERENCE AND ROOM RENTALS

Par	Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
1a	Gross receipts or sales					r
Ь	Less returns and allowances c Balance ▶	1c			•	
2	Cost of goods sold (Schedule A, line 7)	2				3.4-
3	Gross profit. Subtract line 2 from line 1c	3		٠.		
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		•		
C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5		4		
6	Rent income (Schedule C)	6	4,315,604.	5,164,	887	-849,283
7	Unrelated debt-financed income (Schedule E)	7	1/220/001.	9/201/	<u> </u>	013,20.
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	·			
0	Exploited exempt activity income (Schedule I)	10				
	Advertising income (Schedule J)	11				
11	Advertising income (Schedule J)	''				
	Other income (See instructions, attach schedule)	12				
3	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	12 13	4, 315, 604.			-849, 283 e directly
2 3 Part	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions)) (Deductions	must be	
2 3 2 art 4 5	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions)) (Deductions	must be	
2 3 art 4 5 6	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions) (Deductions	14 15	
2 3 Part 4 5 6 7	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions) (Deductions	14 15 16 17	
2 3 2 4 5 6 7 8	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions) (Deductions	14 15 16 17 18	
2 3 Part 5 6 7 8	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions) (Deductions	14 15 16 17 18	
2 3 2 4 5 6 7 8 9	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions) (Deductions	14 15 16 17 18	
2 3 2 4 5 6 7 8 9	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions)	292,608.	14 15 16 17 18	
2 3 2 4 5 6 7 8 9	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions)	292,608.	14 15 16 17 18 19	
2 3 2 4 5 6 7 8 9	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions)	292,608.	14 15 16 17 18 19	
2 3 2 4 2 2 3 3 4 4	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitation	ons on deductions)	292,608. 292,608.	14 15 16 17 18 19	
2 art 4	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions)	292,608.	14 15 16 17 18 19	
11 12 13 2 art 14 15 16 17 18 19 20 21 22 22 23 24 25 26	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	ons on deductions)	292,608. 292,608.	14 15 16 17 18 19	
4 5 6 7 8 9 20 21 22 23 24 25 66	Other income (See instructions, attach schedule). Total. Combine lines 3 through 12	12 13 mitatio	20 21a	292,608. 292,608.	14 15 16 17 18 19	

BAA For Paperwork Reduction Act Notice, see instructions.

instructions).....

30

31

-849,283. Schedule M (Form 990-T) 2019

30

31

...

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

Unrelated business taxable income Subtract line 30 from line 29...

	SIII OF CH				30	-21			age
Schedule A — Cost of Go			entory valuation <a> C	OST					
1 Inventory at beginning of y	year	1	6 Invent	ory at	end of year	6			
2 Purchases		2	7 Cost o	of good	ls sold. Subtract				
3 Cost of labor		3			ne 5 Enter here	٠,			
4 a Additional section 263A costs (att	ach schedule)		and in	Pan I	iine 2	7		Yes	1
		4 a	a Do the	rulan	of cooking 2524 (cuit	.		res	No
b Other costs (attach sch) ,		4 b			of section 263A (wit luced or acquired fo				1
5 Total. Add lines 1 through	4b	5	to the	organı	zation?				X
Schedule C - Rent Incom	ie (From Rea	I Property an	d Personal Property	/ Leas	ed With Real Pr	ope	rty) (see	instruct	ions
Description of property		·							
(1) CONFERENCE CENTER	IN UNIVER	SITY BUILDI	ING						
(2) CONFERENCE CENTER	AT OES								
(3) HARPER COURT PARK	ING								
(4) LOGAN CENTER				-					
	2 Rent receiv	ed or accrued			2/10/1				
(a) From personal pro	perty	(b) From r	eal and personal propert	у	3(a) Deductions the income in	s dire	cliy conne nos 2/a) a	cted wi	th }
(if the percentage of rent for property is more than 10°	or personal % but not	(if the perc	entage of rent for person ceeds 50% or if the rent	al Is	(atta	ach so	hedule)	2(0	,
more than 50%)		based	on profit or income)	,,,	SEE STATEMEN	T 4			
(1)			3,565,	008.			3,	725,	393
(2)			37,	013.				16,1	
(3)		_	653,				1.	403,8	
(4)			59,	705.				19,4	
Fotal		Total	4,315,						
(c) Total income. Add totals of c	olumns 2(a) an	d 2(b) Enter			(b) Total deductions E here and on page 1, Part	nter			
here and on page 1, Part I, line	6, column (A).	🟲	4,315,	604.	I, line 6, column (B)	•	5,	164,8	387
Schedule E – Unrelated D	ebt-Finance	d Income (see	instructions)						
			2 Gross income from	3 De	ductions directly cor debt-finan	nnecte	ed with or	allocat	le to
1 Description of deb	ot-financed prop	perty	or allocable to debt-	-					
			financed property	depr	(a) Straight line eciation (attach sch)	۱ '	b) Other d (attach so	eauctic	ins :)
(1)	 -			 		+	· · · · · · · · · · · · · · · · · · ·		<u> </u>
(2)				 		+			
		·		 		+			
(3)					-:	+			
(3) (4)	5 Average 2	ducted basis of	6 Column 4		Cross Income		Allogoblo	dod. set	
(4) 4 Amount of average acquisition debt on or	or allocable	djusted basis of	6 Column 4 divided by		7 Gross income ortable (column 2 x		Allocable i		
(4) 4 Amount of average acquisition debt on or allocable to debt-financed	or allocable		6 Column 4 divided by column 5					x total	of
(4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	lo debt ∙financed _i	divided by column 5		ortable (column 2 x		column 6	x total	of
(4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	or allocable	lo debt ∙financed _i	divided by column 5		ortable (column 2 x		column 6	x total	of
(4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	or allocable	lo debt ∙financed _i	divided by column 5		ortable (column 2 x		column 6	x total	of
(3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	or allocable	lo debt ∙financed _i	divided by column 5 %		ortable (column 2 x		column 6	x total	of
(4) 4 Amount of average acquisition debt on or allocable to debt-financed	or allocable	lo debt ∙financed _i	divided by column 5	repo	ortable (column 2 x column 6)	co	column 6 lumns 3(a	x total) and 3	of (b))
(3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	or allocable	lo debt ∙financed _i	divided by column 5 %	repo	ortable (column 2 x column 6)	co	column 6 lumns 3(a	x total) and 3	of (b))
(3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	or allocable	to debt-financed trach schedule)	divided by column 5 %	repo	ortable (column 2 x column 6)	co	column 6 lumns 3(a	x total) and 3	of (b))
(3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	or allocable property (al	to debt-financed trach schedule)	divided by column 5	Enter Part	ortable (column 2 x column 6) here and on page 1, line 7, column (A)	, Ente	column 6 lumns 3(a	x total) and 3	of (b))

Schedule F – Interest, A	i i i i i i i i i i i i i i i i i i i	cs, royard			trolled Or			o. 9a.	1120110113 (366 111	3000000	
1 Name of controlled organization	ıder	mployer htfication iumber	- 1	Net unr ncome e instri		•	4 Total of spec payments ma				in c	eductions directly onnected with ome in column 5
(1)												
(2)						Π.						
(3)						Π						
(4)						Τ.						
Nonexempt Controlled Organiza	ations		-									· -
7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specified its made	d	10 Part of included in organizatio	n the d	ontrolling		connected	tions directly d with income olumn 10
(1)			1			\neg						
(2)			1			\neg						
(3)			T									
(4)			\top			寸						
		,					Add columns here and on p 8, co		, Part I, line		e and on p	6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G — Investmen						· <u>·</u>	× (17) Organ	nizati	07 (<u></u>	>	
Schedule G - Investmen	tinco	nie Oi a Se	Cuoi	ו טכון			ductions		4 Set-asides			I deductions and
1 Description of income		2 Amount	of inc	ome	direc	ctly	connected schedule)		ttach schedu		set-a	sides (column 3 us column 4)
(1)												
(2)												
(3) (4)												
(4)												
Totals Schedule I — Exploited E 1 Description of exploited as	► xempt	Activity Ir 2 Gross unrelate busines income fro	com	3 Expen	ses directly cted with luction	4 from	Net income (loss) m unrelated trade business (column	5 Gros activi unrela	ne (see insti s income from ly that is not ated business income	6 Exp		7 Excess exempt expenses (column 6 minus column 5, but not more than
		trade or busines	·		nrelated ss income		ninus column 3) a gain, compute umns 5 through 7.					column 4)
(1)												
(2)		1										
(3)												
(4)		1	$\neg \neg$									
		Enter here on page Part I, line column (1,	on p	here and age 1, , line 10, nn (B).		, ,	-	,			Enter here and on page 1, Part II, line 25.
		ma /		\								1
Schedule J - Advertising							1 D:-					
Part I Income From Per	rodica					•						1
1 Name of periodical		2 Gross advertisin income		adve	orect ortising osts	((0	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols, 5 through 7.		rculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						Г						
(2)							,					
(3)].	•					
(4)			-			-		-				
Totals (carry to Part II, line (5))	•											
RΔΔ				TE	FA02041 (20/10	0/10				F	orm 990-T (2019)

Total. Enter here and on page 1, Part II, line 14 BAA

Form 990-T (2019)

C CONTINUE OF	Chitchioo				30 21/1139	
Part II Income From Periodica 7 on a line-by-line basis.)	is Reported or	ո a Separate ն	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)
(1)						
(2) (3) (4)						
(3)		_				
(4)						
Totals from Part I			· _	•		
	Enter here and on page 1, Part I, line 11, column (A)	on page 1,) : :		,	Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶	` '	, ,				
Schedule K - Compensation of		ctors, and Tru	istees (see instru	uctions)	<u>-</u> -	
1 Name			2 Title	3 Percent o time devote to business	d to unrela	ation attributable ated business
					k	
				9	ł	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545 0047

Department of the Treasury

For calendar year 2019 or other tax year beginning $\frac{7/01}{}$, 2019, and ending $\frac{6/30}{}$, 20 $\frac{20}{}$ ► Go to www.irs gov/Form990T for instructions and the latest information.

Internal I	Revenue Service	► Do not enter SSN numbers on this form as it may	be made p	oublic if your organizatio	n is a 501(c)(3).	501	(c)(3) Organizations Only
Name o	of the organization		···		Employer identi	fication	number
UNIV	ERSITY OF C	CHICAGO			36-217713	9	
Ur	related Busines	ss Activity Code (see instructions) > 541800)				
De	scribe the unre	lated trade or business - ADVERTISING 1	NCOME	FROM JOURNAL	s		
Part	Unrelated	Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts	or sales					
b	Less returns and a		- 1c				
2		sold (Schedule A, line 7)			<u> </u>	•	
3		ubtract line 2 from line 1c			-		
4a		et income (attach Schedule D),					
b		Form 4797, Part II, line 17) (attach Form 4797)	1 1		•		
c		eduction for trusts					
5	•		40			1.2	
9	(attach statem	from a partnership or an S corporation ent)				•	
_			, -		<u>'</u> -		
6 7		Schedule C)					
-		-financed income (Schedule E)	7				
8		ties, royalties, and rents from a controlled					
_		Schedule F)	8				
9	Investment inc	ome of a section 501(c)(7), (9), or (17)					
		Schedule G)	9				
10		npt activity income (Schedule I)					
11		ome (Schedule J)	11	19,430.	57,	774.	-38,344.
12	Other income	(See instructions, attach schedule)	12		-	•	
13	Total. Combine	e lines 3 through 12	13	19,430.	57,	774.	-38,344.
Pärt	II > Deductions	Not Taken Elsewhere (See instructions for	limitatio	ons on deductions)	(Deductions	must	he directly
<u></u>		with the unrelated business income.)		, , , , , , , , , , , , , , , , , , , ,	(52020		
		•					
14		of officers, directors, and trustees (Schedul				14	
15	Salaries and w	rages				15	
16						16	
17	Bad debts					17	
18		schedule) (see instructions)				18	
19		nses				19	
20	Depreciation (a	attach Form 4562)		20			
21		ion claimed on Schedule A and elsewhere o				21Ь	
22	Depletion, .					22	
23		o deferred compensation plans				23	
24		efit programs				24	
25	Excess exemp	t expenses (Schedule I)				25	
26		ship costs (Schedule J)				26	1,792.
27		ns (attach schedule)				27	1,152.
28	Total deduction	ns. Add lines 14 through 27	,			28	1,792.
29		taxable income before net operating loss deduction. Su				29	-40,136.
30		net operating loss arising in tax years beginn					-40,130.
-						30	
31		ness taxable income. Subtract line 30 from l				31	40 136
<u> </u>	OFFICIALED DUSII	1033 taxable income. Subtract line 30 [[0]])	1116 23			٦ I	-40,136.

BAA For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

Same and Transport and Transport	T03.00				20		77120	_	
Form 990-T (2019) UNIVERSITY OF CH Schedule A — Cost of Goods Sold. En		entory valuation	▶ CC	ST	36)-Z1	77139		age :
Inventory at beginning of year Purchases	1 2 3	6	Invento Cost of line 6 fr	ory at e	nd of year s sold. Subtract le 5 Enter here line 2	7			
b Other costs (attach sch) 5 Total. Add lines 1 through 4b	4a 4b 5		propert to the c	y prod organiz	of section 263A (will used or acquired for ation?	or resa	ile) apply	Yes	No X
1 Description of property									
(1) (2) (3) (4) 2 Rent receive (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (1) (2)	(if the perco	eal and personal enlage of rent for ceeds 50% or if t d on profit or inco	persona he rent i	al I	3(a) Deduction the income ii (ati	n colui			
(3)		- <u>-</u> -							
(4) Total (c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)					(b) Total deductions here and on page 1, Pa I, line 6, column (B)	Enter rt			
Schedule E - Unrelated Debt-Finance	d Income (see	instructions)							
1 Description of debt-financed prop	perty	2 Gross income or allocable to financed prop	debt-		ductions directly co debt-fina (a) Straight line eciation (attach sch	nced p	ed with or a property SI (b) Other de (attach so	EE ST	r 5
(1)									
(2)									
(4)						_			
(4)		I		1		- 1			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 6 Column 4 divided by column 5 7 Gross income reportable (column 2 x column 6) 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) ક (2) 욯 (3) 윰 (4) ક Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Form 990-T (2019) BAA TEEA0203L 09/19/19

Schedule F - Interest, A	nnuit	ies, Royaltio			ents Frontrolled O			Orgai	nizations (see in	struction	ns)
	_	}		<u> </u>		Ť			5 David - 6			
1 Name of controlled organization	ıde	Employer enlification number	1	Net un ncome ee instr		'	4 Total of spec payments ma		5 Part of o that is ind the conf organize gross in	luded trolling ation's	in in	Deductions directly connected with icome in column 5
(1)						✝						
(2)						1						
(3)												
(4)												
Nonexempt Controlled Organiza	ations											
7 Taxable Income	ŧD:	let unrelated come (loss) e instructions)			f specifie its made		10 Part of included in organization	n the c	ontrolling		connect	uctions directly ed with income column 10
_(1)			╅			1			• •			
(2)				-			<u>. </u>				-	
(3)	-		1			\dashv				\dagger		· · · · · · · · · · · · · · · · · · ·
(4)		-								1	•	
			<u>'</u>				Add columns here and on p 8, co		, Part I, line		e and on	ns 6 and 11 Enter page 1, Part I, line olumn (B)
Totals			· -4!		->/7> /0		- (17) 0	A:		<u> </u>		
Schedule G - Investmen	tinco	ome or a Sec	Ctior	וועכו			ductions		On (see insides			al dad alaa aa
1 Description of income		2 Amount o	of inc	ome	dire	ctly	connected schedule)		tach schedu		set-	al deductions and asides (column 3 blus column 4)
(1)				· · · · · ·							ļ	
(2)											<u> </u>	
(3)												
(4)				1								
Totals	►	Enter here and Part I, line 9,	colur	nn (A),			·		-		Part I,	ere and on page 1, line 9, column (B),
Schedule I - Exploited Ex	kemp		_	e, Oth	ner Tha	пА	dvertising l	ncon	1e (see instr	uction	ıs)	
1 Description of exploited ac	ctivity	2 Gross unrelated business income fro trade or business	d s om	conne prod of u	ses directly icted with fuction nrelated ss income	fror or t 2 m	let income (loss) m unrelated trade pusiness (column ninus column 3) a gain, compute imns 5 through 7	activi unrela	s income from ty that is not ted business income	attribu	penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		 	-			┢				-,		
(2)			\dashv			1						
(3)												
(4)							•					
Totals	,	Enter here on page Part I, line column (A	1,	on p Part I	here and page 1, , line 10, nn (B)	l				-	-	Enter here and on page 1, Part II, line 25
Schedule J - Advertising	•	_1				<u> </u>					····	J
						A	Di-					
Part I Income From Per	loaica	2 Gross				_						T
1 Name of periodical		advertisin income		adve	orect ortising osts	(lo	dvertising gain or ss) (col 2 minus ol 3) If a gain, compute cols 5 Ihrough 7		rculation come		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)
(1)												
(2)		ļ				1	[<u> </u>
(3)		 				1						- !
(4)			\dashv			-					-	<u> </u>
Totals (carry to Part II, line (5))		-										
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Total. Enter here and on page 1, Part II, line 14

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Form 990-T (2019)

Form 990-T (2019) UNIVERSITY OF CHICAGO
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col. 5, but not more than col 4).
(1) AMER JRL OF EDUCATION		1,138.	-1,138.		_	
(2) AMER JRL OF SOCIOLOGY	2,050.	3,200.	-1,150.			
(3) AMERICAN NATURALIST		1,581.	-1,581.			
(4) INTL JNL PLNT SCIENCE		860.	-860.			
Totals from Part I			,	-	•	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	•		1	Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	19,430.	57,774.				1,792
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business		ation attributable ated business
	-			ફ		
		† 		9	1	

Part II	Income From Periodicals	Reported on a So	eparate Basis	(For each periodical	listed in Part II,	fill in columns 2 through
	7 on a line-by-line basis)	•	•	` '		

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1) CLASSICAL PHILOLOGY		922.	-922.			
(2) COMP. EDUCATION REVIEW		690.	-690.			
(3) CRITICAL INQUIRY	2,118.	1,545.	573.	388,379.	268,586.	
(4) ECON DEV & CULT CHG		60.	-60.			
Totals from Part I				-		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			~, .	•		
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	istees (see instr	uctions)		-
				3 Percent o	of A Company	ation attributable

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		8	
		8	
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		8	
Total. Enter here and on page 1, Part II, line 14		▶	

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Part II	Income From Periodicals Reported on a Separa	te Basis (For ea	ach periodical listed in Pa	rt II, fill in columns 2 through
	7 on a line-by-line basis.)			

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) ELEM SCHOOL JOURNAL	646.	834.	-188.			
(2) ETHICS						
(3) HISTORY OF RELIGION		1,095.	-1,095.			
(4) INTL JRL OF AMER LING.		726.	-726.			
Totals from Part I ►				,	, 4	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)) (1	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5)			-	•		
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		8	
		*	
		8	
		%	
Total. Enter here and on page 1, Part II, line 14			

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Part II	Income From	Periodicals	Reported on	a Separate	Basis	(For each	periodical	listed in	Part II, fill	ın çolumns 2	through
	7 on a line-by-lir	ne basis.)									

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(I) ISISJ	1,739.	1,695.	44.	615,117.	602,075.	
(2) JRL OF BRITISH STUDIES				·		
(3) JHC		955.	-955.			
(4) JACR1		158.	-158.			
Totals from Part I				•		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	-			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5)				•	· '	
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
				3 Percent of	of 4 Compensa	ation attributable

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
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		8	
		8	
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Total. Enter here and on page 1, Part II, line 14		.	

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Total. Enter here and on page 1, Part II, line 14

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Page 5

Form 990-T (2019)

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

7 on a line-by-line basis)	•	•	, ,			_
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) JNL OF INFECT. DISEASE						
(2) CLNICL INFECT. DISEASE						
(3) JNL OF LABOR ECON.		696.	-696.			
(4) JNL OF MODERN HISTORY		2,285.	-2,285.			
Totals from Part I,				ٔ د		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	1		.·	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) ►			•			<u> </u>
Schedule K — Compensation of	Officers, Dire	ctors, and Tri	ustees (see instri	uctions)	-	
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					8	
			•		8	
					8	
					96	

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Form 990-T (2019) UNIVERSITY OF CHICAGO
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute costs 5	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)
(1) JNL OF NEAR EAST STUD.		519.	through 7.			
(2) JNL OF POLITICAL ECON.	804.	1,842.	-1,038.			
(3) JOURNAL OF RELIGION		964.	-964.			
(4) LIBRARY QUARTERLY		466.	-466.			
Totals from Part I				• • •	,	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	, , l			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) . ►	, -		•		•	
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		,
1 Name			2 Title	3 Percent o time devote to business	d to unrela	ation attributable ated business
		1			a	

Total. Enter here and on page 1, Part II, line 14 BAA

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Total. Enter here and on page 1, Part II, line 14

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Page 5

Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7 2 Gross 3 Direct 7 Excess readership costs (col 6 minus col 5, but not more than col 4) 5 Circulation 6 Readership advertising costs advertising costs income 1 Name of periodical income (1) MODERN PHILOLOGY 1,133 991 142 202,693 194,922 (2) PHILOS. OF SCIENCE JNL
(3) OSIRIS 842 -842 (4) PHYS. ZOOLOGY 601. -601 Totals from Part I..... Enter here and Enter here and Enter here and ; on page 1, Part I, line 11, on page 1, Part I, line 11, on page 1, Part II, line 26 column (A) column (B). Totals, Part II (lines 1-5). Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to unrelated business 1 Name 2 Title 윰 용 ¥

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Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

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Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 3 Direct 2 Gross 5 Circulation 6 Readership 7 Excess readership advertising costs costs (col 6 minus col 5, but not more than col 4) advertising income costs 1 Name of periodical (1) PUBLIC OPINION QTRLY
(2) QUARTERLY REV. BIOLOGY
(3) SIGNS - JNL OF WOMEN 1,410 -1,410 (4) SOCIAL SERVICE REV 956. -956. 1 Totals from Part I. . Enter here and Enter here and Enter here and on page 1, Part II, line 26 on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B). Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to unrelated business 3 Percent of 2 Title 1 Name time devoted to business 욯 욯 å 8

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Page 5

Form 990-T (2019)

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Part II Income From Periodical 7 on a line-by-line basis)	ls Reported or	n a Separate I	Basis (For each p	periodical listed in	Part II, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col. 5, but not more than col 4)
(1) WINTERTHUR PORTFOLIO		634.	-634.			
(2) JOURNAL OF GEOLOGY		1,182.	-1,182.			
(3) JNL OF LAW AND ECON.		541.	-541.			
(4) JNL OF LEGAL STUDIES1		850.	-850.			
Totals from Part I			. 4	١.		
Totals, Part II (lines 1− 5) ►	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26
Schedule K - Compensation of	Officers, Dire	ctors, and Tr	ustees (see instr	ructions)	<u> </u>	<u> </u>
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					8	
					8	
			,		8	
	•				8	
Total. Enter here and on page 1, Part II,	line 14				>	

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Form **990-T** (2019)

Part II Income From Periodical 7 on a line-by-line basis.)	s Reported or	n a Separate E	Basis (For each p	periodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation Income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) AA	2,409.	743.	1,666.	183,339.	188,880.	1,666.
(2) ET		928.	-928.			
(3) ICHE						
(4) SI		766.	-766.			
Totals from Part I			, ,	•,		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5)				'		
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	istees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devote to business	d to unrela	ation attributable ated business
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	-				8	
Total Enter here and on page 1 Part II	line 14				D	

Form 990-T (2019) UNIVERSITY OF CHICAGO
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) AHR						
(2) SCHL		239.	-239.			
(3) CA	893.	2,754.	-1,861.			
(4) RQ						
Totals from Part I	-			••		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).		,	•	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) ▶	·		,	. '		
Schedule K - Compensation of	Officers, Dire	ctors, and Tri	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	to unrela	ation attributable ated business
· · · · · · · · · · · · · · · · · · ·				9	\$	
				٩	3	
				٩	3	
			<u>-</u>	ą	3	
Total. Enter here and on page 1, Part II,	line 14				>	

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Form **990-T** (2019)

7 on a line-by-line basis.)	2 Gross	3 Direct	4 Advertising gain or	5 Circulation	6 Readership	7 Excess readership
1 Name of periodical	advertising income	advertising costs	(loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	income	costs	costs (col 6 minus col 5, but not more than col 4).
(1) AFTERALL						
(2) HOPOS		103.	-103.			
(3) W86		319.	-319.			
(4) JLC		669.	-669.			<u> </u>
Totals from Part I ▶				,	i	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)		* * * * * * * * * * * * * * * * * * * *	* * * *	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) ▶					•	4
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	istees (see instr	uctions)		•
1 Name			2 Title	3 Percent o time devote to business	d to unrela	ation attributable ated business
					8	
			<u> </u>		8	
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Total. Enter here and on page 1, Part II,	line 14 , ,				•	
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross 6 Readership 3 Direct 5 Circulation 7 Excess readership advertising advertising costs costs (col. 6 minus col 5, but not more than col 4) costs 1 Name of periodical (1) TCJ 801 -801 (2) APT -942. 942. (3) AD 707. -707 (4) **GES** 504. -504 Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part II, line 26 on page 1, Part I, line 11, column (A) column (B). Totals, Part II (fines 1-5). Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to business to unrelated business

윰 Total. Enter here and on page 1, Part II, line 14. • BAA Form 990-T (2019) TEEA0204 L 09/19/19

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) CHS		285.	-285.			
(2) FWS				-		
(3) ITS		388.	-388.			
(4) JAERE						
Totals from Part I					· 1	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	1 ' ,	. , .	r	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) . ▶	1		-			,
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
				9	ł	
				9	ł .	
	-			9	b	
				9	B	
Total. Enter here and on page 1, Part II,	line 14				P	
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Form 990-T (2019)

Part II Income From Periodica 7 on a line-by-line basis.)	····		Basis (For each p	periodical listed in l	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)
(1) MRE		830.	-830.		<u> </u>	
(2) SSWR						
(3) RD		123.	-123.			
(4) TPE						
Totals from Part I				*	<u> </u>	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	,	ر جا	*	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) ▶						
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devoted to business		ation attributable ited business
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Form 990-T (2019) UNIVERSITY OF CHICAGO

Page

Part/II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)
(1) JOP						
(2) PBSA		1,041.	-1,041.			
(3) SPECULUM	2,813.	2,687.	126.	217,450.	405,859.	126.
(4) HOH		354.	-354.			
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	-	,		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			. (
Schedule K - Compensation of	Officers, Dire	ctors, and Tri	ustees (see instr	uctions)		

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
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		8	
		*	
		8	
Total. Enter here and on page 1, Part II, line	14.,,	· •	
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Page 5

Part'll Income From Periodica 7 on a line-by-line basis)	ls Reported or	a Separate	Basis (For each periodical list	ed in Part II, fill in co	lumns 2 through
	2 Gross	3 Direct	4 Advertising gain or 5 Circulation	on 6 Readership	7 Excess readershir

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) JAR		594.	-594.	- "		
(2) SOU		502.	-502.			
(3) BBL1	1,888.	902.	986.	246,264.	245,395.	
(4) ELR		668.	-668.			
Totals from Part I		_	, -	4	·	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)			*	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 − 5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Nam	e	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
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			ક્ષ	
			ફ	-
			ફ	
Total. Enter here and on page 1,	Part II, line 14			
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Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)
(1) JP	514.	1,180.	-666.			
(2) KNOW		236.	-236.			
(3) POLITY	-	1,318.	-1,318.			
(4) RES		172.	-172.			
Totals from Part I ▶		,	,	· .		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	- C	· · ·	1	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		8	
		8	
		8	
		8	
Total. Enter here and on page 1, Part II, line 14			

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) HAU		291.	-291.		<u></u>	
(2) JAAH	1,573.	1,732.	-159.			
(3) SPS1						
(4) BBL2		720.	-720.			
Totals from Part I			,		•	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	' '	•		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) ▶					-	
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
		i i		9	3	
				9	5	
			•	9	;	
				9	5	
Total. Enter here and on page 1, Part II,	line 14				P	· · · · · · · · · · · · · · · · · · ·
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Form 990-T (2019)

Total. Enter here and on page 1, Part II, line 14

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4 Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols 5 through 7 3 Direct advertising 7 Excess readership costs (col 6 minus col 5, but not more than col 4) 2 Gross advertising 6 Readership costs 5 Circulation income 1 Name of periodical income costs (1) JACR2 217 -217 -1,211. 850 (2) LIBRARY QUARTERLY2 2,061 (3) SPS2 -354 354. (4) JNL OF LEGAL STUDIES2 , ; ; Totals from Part I. Enter here and Enter here and Enter here and on page 1, Part I, line 11, column (A) on page 1, Part I, line 11, column (B) on page 1, Part II, line 26 Totals, Part II (lines 1 - 5).... Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted 4 Compensation attributable to unrelated business 1 Name 2 Title to business 8 ¥ 용 용

Total. Enter here and on page 1, Part II, line 14....

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Form 990-T (2019)

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Part II Income From Periodica 7 on a line-by-line basis.)	ls Reported o	n a Separate I	Basis (For each p	eriodical listed	ın Pa	irt II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income		Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1) AJHE		632.	-632.		Т		
(2) SPS3		774.	-774.		1		
(3)					1		
(3)					\top		
Totals from Part I ▶				**			
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)			,		Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1 – 5) ▶		<u> </u>	'				
Schedule K - Compensation of	Officers, Dire	ctors, and Tri	ustees (see instri	uctions)			
1 Name			2 Title	time devo			ation attributable ated business
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					용		
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SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\frac{7/01}{}$, 2019, and ending $\frac{6/30}{}$, 20 $\frac{20}{}$

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

Revenue Service	▶ Do not enter SSN numbers on this form	n as it may be r	nade p	public if your organization	n is a 501(c)(3).	501(c)(3) Organizations Only
of the organization	Employer identif	ication	number				
					36-217713	9	
escribe the unre	elated trade or business - ATHLET]	C FACILI	[TY	COMMUNITY MEM	BERSHIPS		
						_	(C) Net
Officiatet	Trade of Business income			(A) moonie	(D) Expense	•	(O) Net
Gross receipts	s or sales 35, 335.						
		L		35,335.			٠
_	•						-
•				35,335.	•		35,335.
	•		4a		-		
• , ,	•	,	4b				
Capital loss de	eduction for trusts	[4c			•	
•						. '	
			5				
			6				
Unrelated deb	t-financed income (Schedule E)	[7				
			8				
Investment inc	come of a section 501(c)(7), (9), or	(17)					
organization (Schedule G)		9			- 1	
			10				
			11				
Other income	(See instructions, attach schedule).	[12			7	
Total. Combine	e lines 3 through 12		13	35,335.			35,335.
			nitatio	ons on deductions.)	(Deductions r	nust t	e directly
connected	with the differenced business income	.)					
Compensation	of officers, directors, and trustees	(Schedule K	()			14	· · · · · · · · · · · · · · · · · · ·
Salaries and w	vages					15	5,720.
Repairs and m	naintenance				<i>.</i>	16	
Bad debts						17	
Interest (attacl	h schedule) (see instructions)					18	
Taxes and lice	nses					19	
					i		
						21b	
						22	
Contributions t	to deferred compensation plans,					23	
Employee ben	efit programs					24	
Excess exemp	t expenses (Schedule I)		•			25	
Excess reader	ship costs (Schedule J)					26	
						27	9,554.
							15.274.
							20,061.
							20,001.
instructions)	** * * * * * * * * * * * * * * * * * * *					30	
Unrelated busi	ness taxable income. Subtract line	30 from line	29			31	20.061.
	Gross receipts Less returns and Cost of goods Gross profil S Capital gain in Net gain (loss) Capital loss di Income (loss) (attach statem Rent income (Unrelated deb Interest, annu organization (investment income and inco	of the organization VERSITY OF CHICAGO Irrelated Business Activity Code (see instructions) Escribe the unrelated trade or business ► ATHLET: I Unrelated Trade or Business Income Gross receipts or sales 35, 335. Less returns and allowances Cost of goods sold (Schedule A, line 7). Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach For Capital loss deduction for trusts	of the organization IZERSITY OF CHICAGO Trelated Business Activity Code (see instructions) → 713940 Prescribe the unrelated trade or business → ATHLETIC FACIL. III Unrelated Trade or Business Income Gross receipts or sales Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7). Gross profil Subtract line 2 from line 1c Capital gain net income (attach Schedule D). Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). Capital loss deduction for trusts. Income (loss) from a partnership or an S corporation (attach statement). Rent income (Schedule C). Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled organization (Schedule F). Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G). Exploited exempt activity income (Schedule I). Advertising income (Schedule J). Other income (See instructions, attach schedule). Total. Combine lines 3 through 12. III) Deductions Not Taken Elsewhere (See instructions for line connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule II). Compensation of officers, directors, and trustees (Schedule II). Taxes and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses. Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on repetition Contributions to deferred compensation plans. Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule I). Excess readership costs (Schedule I). Cother deductions, Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction. Subtra Deduction for net operating loss arising in tax years beginning instructions).	### ATT STATE OF CHICAGO **TREASTRY OF CHICAGO** **TREASTRY OF CHICAGOO** **TREASTRY O	### Comparization ### Capital Business Activity Code (see instructions) → 713940 ### Provided Business Activity Code (see instructions) → 713940 ### Provided Business Activity Code (see instructions) → 713940 ### Provided Business Income Gross receipts or sales	TERSITY OF CHICAGO Trelated Business Activity Code (see instructions) → 713940 Sescribe the unrelated trade or business ➤ ATHLETIC FACILITY COMMUNITY MEMBERSHIPS To a service the unrelated trade or business ➤ ATHLETIC FACILITY COMMUNITY MEMBERSHIPS To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated trade or Business Income To a service the unrelated Business Income To	Employer identification ERSTIT OF CHICAGO Tersialzed Business Activity Code (see instructions)► 713940 ascribe the unrelated trade or business ► ATHLETIC FACILITY COMMUNITY MEMBERSHIPS It! Unrelated Trade or Business Income Gross receipts or sales 35,335. Lass returns and allowances Cost of goods sold (Schedule A, line 7). Gross profit Subtract line 2 from line 1c Gross sprofit Subtract line 2 from line 1c Gross profit Subtract line 2 from line 2 from line 1c Gross profit Subtract line 2 from line 2 from line 2 from line 1c Gross profit Subtract line 2 from line 1c

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-1 (2019) UNIVERS	ITY OF CHICAGO			36-	-21//139	Page 3	
Schedule A - Cost of Goo	ds Sold. Enter method of inv	entory valuation CO	ST				
1 Inventory at beginning of ye	ear 1	6 Invento	ry at e	end of year	6		
2 Purchases	2	7 Cost of	good	s sold. Subtract			
3 Cost of labor .	3	line 6 fi	rom lır	ne 5 Enter here	<u>.</u>]		
4 a Additional section 263A costs (attac	h schedule)	and in i	Part I,	line 2	7	1 V 1 N-	
	. 4a					Yes No	
b Other costs	4 b	8 Do the	rules (v orod	of section 263A (with luced or acquired for	respect to resale) apply		
(attach sch)	b 5	to the d	rganiz	zation?		X	
Schedule C - Rent Income	(From Real Property an	d Personal Property	Leas	ed With Real Pr	operty) (see in	nstructions)	
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent received or accrued			2(a) Dadwallana		tad with	
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	real and personal property centage of rent for persona xceeds 50% or if the rent in d on profit or income)	r al s	the income in	Deductions directly connected with income in columns 2(a) and 2(b) (attach schedule)			
(1)		,					
(2)							
(3)							
(4)							
Total	Total	· · · · · · · · · · · · · · · · · · ·					
(c) Total income. Add totals of co	lumns 2(a) and 2(b) Enter	<u> </u>		(b) Total deductions E here and on page 1, Part	nter		
here and on page 1, Part I, line 6				i, line 6, column (B)	•		
Schedule E - Unrelated De	ebt-Financed Income (see	instructions)					
1 Description of debt		2 Gross income from or allocable to debt-	3 De	ductions directly cor debt-finan	nnected with or a ced property SE	allocable to EE ST 5	
T Description of desi	emilanced property	financed property		(a) Straight line eciation (attach sch)		(b) Other deductions (attach schedule)	
(1)				-	<u> </u>		
(2)							
(3)							
(4)				<u></u>			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)			7 Gross income ortable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		8			<u> </u>		
(2)		8	ļ				
(3)		જ			ļ		
(4)	<u> </u>	8	Ļ				
T-4-1-		•	Enter Part	here and on page 1 I, line 7, column (A)	Part I, line 7,	d on page 1, column (B)	
Totals		EEA0203L 09/19/19	<u></u>		Form	990-T (2019)	
	ı	CCMU203L 03/13/13			. 3	(/	

Schedule F - Interest, A	Imula	es, Royalti			trolled O			Orgai	nizations	(See In	Structions	5)	
organization ident		2 Employer identification number		3 Net unrelated income (loss) (see instructions)			4 Total of specific payments made				in c	6 Deductions directly connected with income in column 5	
(1)							-			···			
(2)	<u> </u>					†							
(3)						\top				-			
(4)						1							
Nonexempt Controlled Organiz	ations												
7 Taxable Income	ind	et unrelated come (loss) instructions)	9		f specifie nts made		10 Part of included is organization	n the c	ontrolling		connecte	ctions directly d with income olumn 10	
(1)			+			-+				+		 -	
(2)			+			-+				+			
(3)			+			-				+		<u> </u>	
(4)	ļ		+			\dashv				 			
Tabela			- !-				Add columns here and on p 8, co		, Part I, line		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)	
Schedule G - Investmen							r (17) Orga	nizati	On (see ins	truction	ns)		
			unt of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		S	5 Tota set-a	l deductions and sides (column 3 us column 4)		
(1)					·		·						
(2)					<u> </u>								
(3)										-]		
(4)												· · · · · · · · · · · · · · · · · · ·	
Totals	xemp	Enter here an Part I, line 9, t Activity In 2 Gross unrelate business income fro	colur icon d s	3 Expen	ner Tha uses directly useted with duction unrelated uss income	4 N from or b 2 m	let income (loss) n unrelated trade dusiness (column dinus column 3)	5 Gross activi unrela	ne (see inst s income from ty that is not alled business income	6 Ext	Part I, II	7 Excess exempt expenses (column 6, but not more than column 4)	
		busines	S			colu	a gain, compute mns 5 through 7						
(1)													
(2)						Γ							
(3)												ì	
(4)		1											
Totals		Enter here on page Part I, line column (10,	on p Part i	here and page 1, , line 10, mn (B).		•			Enter here and on page 1, Part II, line 25.			
	<u> </u>	mo (- : : : :	4					-			•	<u> </u>	
Schedule J – Advertisin													
Part i Income From Pe	riodica								<u></u>	,		·	
1 Name of periodical		2 Gross advertisir income		adve	Direct ertising osts	(10:	dvertising gain or ss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7		rculation icome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)						1							
(2)		ļ				┧.	'					1	
(3)		1				4						∤ ,	
(4)		 				 						ļ	
Totals (carry to Part II, line (5)))•	-											
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Partill Income From Periodica 7 on a line-by-line basis.)	is Reported or	a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(2) (3) (4)						
Totals from Part I ▶		· · · · · · · · · · · · · · · · · · ·	<i>-</i>	•	•	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)		•		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5).				•	•	
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	istees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devote to busines	d to unrela	ation attributable ated business
					ક	
			•		8	
					8	
					8	
Total. Enter here and on page 1, Part II	, line 14				>	
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SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning 7/01, 2019, and ending 6/30, 20 20.

► Go to www irs gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Públic inspection for 501(c)(3) Organizations Only

Name o	of the organization			Employer identif	ication nu	mber
UNIV	ERSITY OF CHICAGO			36-217713	9	
	related Business Activity Code (see instructions)► 211110			-		
De	escribe the unrelated trade or business > TRUST ACCOUNT-	OIL	PROPERTY INC	OME		<u> </u>
[Parl	Unrelated Trade or Business Income		(A) Income	(B) Expense	ıs	(C) Net
1a	Gross receipts or sales				$\neg \uparrow$	
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		-		,
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D) .	4a		,		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		F1		
C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5		1 . '		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7		Ţ		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		1		
11	Advertising income (Schedule J)	11		-		
12	Other income (See instructions, attach schedule)	12		. =		
13	Total. Combine lines 3 through 12	13				
	Deductions Not Taken Elsewhere (See instructions for li connected with the unrelated business income)					directly
14	Compensation of officers, directors, and trustees (Schedule				14	
15	Salaries and wages				16	
16 17	Repairs and maintenance				17	
18	Bad debts Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
	Depreciation (attach Form 4562)				' -	
20 21	Less depreciation claimed on Schedule A and elsewhere on				21b	
22	Depletion,		Ł J	 	22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	418.
28	Total deductions. Add lines 14 through 27				28	418.
29	Unrelated business taxable income before net operating loss deduction. Subtr				29	-418.
30	Deduction for net operating loss arising in tax years beginning				 	320.
	instructions) S	EE S	STATEMENT 9		30	
31	Unrelated business taxable income. Subtract line 30 from lin	e 29			31	-418.

financed property

(a) Straight line depreciation (attach sch)

(b) Other deductions (attach schedule)

(1)

(2)

(3)

(4)

4 Amount of average adjusted basis of acquisition debt on or allocable to debt-financed property (attach schedule)

(1)

(1)

(2)

(3)

(4)

4 Amount of average adjusted basis of or allocable to debt-financed property (attach schedule)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(Column 2 x column 6 x total of column 3 (a) and 3(b))

(Column 3 (a) and 3(b))

(Column 3 (a) and 3(b))

(Column 4 divided by column 5 (column 6 x total of column 3 (a) and 3(b))

(Column 5 x total of column 4 divided by column 5 (column 6 x total of column 7 x column 6)

(Column 6 x total of column 8 x column 6)

(Column 7 x column 6 x total of column 8 x column 6 x total of column 7 x column (a) x column 6 x total of column 7 x column (b) x column 6 x total of column 7 x column (column 6 x total of column 7 x column (b) x column 6 x total of column 7 x column (column 6 x total of column 7 x column (column 8 x column 6 x total of column 7 x column (column 6 x total of column 7 x column (column 8 x column 6 x total of column 7 x column (column 8 x column 6 x total of column 7 x column (column 8 x column 6 x total of column 7 x column (column 8 x column 6 x total of column 7 x column (column 8 x column 6 x total of column 8 x column 6 x total of column 6 x

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Form 990-T (2019)

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Schedule F – Interest, A		,,			trolled O			yal		(200 11)	Str detroi IS	
1 Name of controlled organization	ıde	Employer Intification number	ind	ome	related (loss) uctions)	4	Total of spec payments ma			cluded	in c	eductions directly onnected with ome in column 5
(1)												
(2)						Γ						
(3)						\perp						
(4)						T						
Nonexempt Controlled Organiz	ations											
7 Taxable Income	in	let unrelated come (loss) instructions)			f specifie its made		10 Part of included i organizatio	n the c	controlling		connected	tions directly d with income olumn 10
(1)			1									
(2)			1			\neg				1		
(3)		··· <u> </u>	1 -							\top		
(4)			+-			\neg				1		
Totals				,			Add columns here and on s 8, co		, Part I, line		e and on p	6 and 11 Enter page 1, Part I, line lumn (B).
Schedule G - Investmer), o	r (17) Orga	nizati	On (see ins	structio	ns)	
1 Description of income		2 Amount o			3 dıre	Dec	ductions connected schedule)	ĺ	4 Set-aside ttach sched	s	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)							···					· · · · · · · · · · · · · · · · · · ·
(2)								 -				
(2) (3) (4)												
(4)												
Totals	., , ►	Enter here and Part I, line 9,					ı			·		re and on page 1, ne 9, column (B)
Schedule I - Exploited E	xemp	t Activity In	come	. Otl	er Tha	n A	dvertisina	ncon	ne (see ins	truction	is)	
1 Description of exploited a		2 Gross unrelated business income fro trade or business	di S im	Expen conne proi of u	ses directly cted with duction nrelated ss income	4 N from or t 2 m	let income (loss) in unrelated trade business (column linus column 3) a gain, compute lims 5 through 7	5 Gross activi unrela	s income from ty that is not ited business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						H						
(2)			$-\dagger$			\vdash						<u> </u>
(3)												
(4)		1				\vdash						-
Tatala		Enter here on page Part I, line column (A	1, 10,	on p Part I	here and page 1, , line 10, mn (B)				,		•	Enter here and on page 1, Part II, line 25
		<u> </u>				<u> </u>						<u> </u>
Schedule J - Advertising						A -	D:-					
Part I Income From Pe	riodic			_								
1 Name of periodical		2 Gross advertisin income		adve	orect ertising osts	(lo	dvertising gain or iss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7.		rculation scome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						١.	•					∤ ∙ . †
(2)			-			-	-					4
(3)		 	+	-		1	اد					1
(4)		-	\dashv			\vdash			-			
Totals (carry to Part II, line (5))	, ,	•										
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Total. Enter here and on page 1, Part II, line 14

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Form 990-T (2019)

Control (Control of the Control of t					30 2111133	
Part II Income From Periodica 7 on a line-by-line basis.)	Is Reported or	n a Separate I	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)
(1)						
(2) (3) (4)					·	
(3)						
(4)						
Totals from Part I ▶	i			- 7	•	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	1			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) ▶						į
Schedule K — Compensation of	Officers, Dire	ctors, and Tr	u stees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devote to business	d to unrela	alion attributable ated business
					윙	
					ફ	
					8	
					9.	

TEEA0204 L 09/19/19

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\frac{7/01}{}$, 2019, and ending $\frac{6}{30}$, 20 $\frac{20}{}$.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs gov/Form990T for instructions and the latest information.

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization

Employer identification number

IINT	VERSITY OF CHICAGO			36-21771	30	
	nrelated Business Activity Code (see instructions)► 423000			150 21771		
	escribe the unrelated trade or business > DISTRIBUTION O	F BOO	- OKS			
	Unrelated Trade or Business Income		(A) Income	(8) Expens	ses	(C) Net
1a	Gross receipts or sales 1,156,496.			٠,	`	•
b	Less returns and allowances	1c	1,156,496.			•
2	Cost of goods sold (Schedule A, line 7)	2	1,101,724.			44
3	Gross profit Subtract line 2 from line 1c	3	54,772.		•	54,77
4a	Capital gain net income (attach Schedule D)	4a		•		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .	4b				
C	Capital loss deduction for trusts	4c		-		
5	Income (loss) from a partnership or an S corporation	\Box		4	-	
	(attach statement)	5		· •	•	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	1				
	organization (Schedule G)	9				
0	Exploited exempt activity income (Schedule I)	10				
1	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12	·	•		-
13	Total. Combine lines 3 through 12	13	54,772.			54,772
4	connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule	K) .			14	
5 6	Salaries and wages	• • • •		• • • • • • • • • • • • • • • • • • • •	15	
7	Repairs and maintenance,				16	
	Bad debts				17	
18 19	Interest (attach schedule) (see instructions)				18	
	Taxes and licenses				19	5,203
20	Depreciation (attach Form 4562)		20	· · · · · · · · · · · · · · · · · · ·	21b	
1	Less depreciation claimed on Schedule A and elsewhere on	return.	[21a]			
2	Depletion				22	
3	Contributions to deferred compensation plans				23	
4	Employee benefit programs		· · · · · · · · · · · · · · · · · · ·		24	
5	Excess exempt expenses (Schedule I)				25	
6	Excess readership costs (Schedule J)				26	
7	Other deductions (attach schedule)				27	
8	Total deductions. Add lines 14 through 27				28	5,20
9	Unrelated business taxable income before net operating loss deduction. Subtr				29	49,56
0	Deduction for net operating loss arising in tax years beginning instructions)				30	
_						

BAA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

31

	d- C-14 5								<u> </u>	21/	,133		age c
Schedule A - Cost of Goo			of invi	entory valua			OST_						
1 Inventory at beginning of ye					1			end of year	٠	6			
2 Purchases		2			7	Cost o	f good	is sold. Subtract ne 5 Enter here					
3 Cost of labor		3	_		ļ			, line 2		7	1.	101,7	124.
4 a Additional section 263A costs (attac	ch schedule)											Yes	No
b Other costs CDD CDD	• • • • • • • • • • • • • • • • • • • •	4 a			R	Do the	rules	of section 263A ((with	respe	ect to		
(attach sch) SEE STA 5 Total. Add lines 1 through 4	TEMENT 10	4 b		01,724.		properi	v prod	duced or acquired zation?	for	resale	e) apply		х
Schedule C - Rent Income				01,724.	l al Pr							nstruct	
1 Description of property	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,			900.09					.,, (000)		
(1)	<u> </u>			-									-
(2)						-							
(3)													
(4)													
	2 Rent receiv	ed or accri	ıed					T					
(a) From personal prop				eal and pers	ennal	properly	,	3(a) Deduct	ions	direct	tly connec	ted wit	h
(If the percentage of rent for property is more than 10% more than 50%)	r pérsonal	if th	e perce	entage of re ceeds 50%	nt for or if I	r person the rent	al	the income			ns 2(a) a nedule)	nd 2(b))
(1)													
(2)													
(3)								<u> </u>					
(4)		<u> </u>		-		•		 -					
Total		Total											
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		d 2(b) Ent	er 🕨					(b) Total deduction here and on page 1, 1, line 6, column (8)	Part	ier •			
Schedule E - Unrelated De		d Income	e (see	instructions				1,, 0,(0)					
1 Description of debt			- (333	2 Gross in	come		3 De	eductions directly debt-fi	conr	nected ed pr	d with or operty SI	allocab EE ST	le to
i bescription of desi	··iiiiaiiceu prop	Эсту		financed			depr	(a) Straight line eciation (attach s		(b) Other d (attach so	eductio	ns
(1)							i						
(2)													
(3)													
(4)													
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average a or allocable property (at	tó debt-fina	inced	divid	lumn led by imn 5	у		7 Gross income ortable (column 2 column 6)	2 x	(c	illocable o column 6 umns 3(a	x total	of
(1)						g							
(2)						*]						
(3)						と							
(4)						8							
							Enter Part	r here and on pag (, line 7, column	je 1. (A)	Enter Part	r here and I, line 7,	d on pa	ige 1, 1 (B)
Totals													
Total dividends-received deducti							<u> </u>		•				
BAA				EA0203L 09/1	9/19						Form	990-T (2019)

Schedule F — Interest, /		ios, noyuna			ntrolled O			Orga	III E E CIOTIS	(366 11	IST UCTION	»)
1 Name of controlled organization	ıde	Employer entification number	- 1	ncome	related (loss) uctions)	4	Total of spec payments ma		organi		in o	eductions directly connected with come in column 5
(1)					_	T						
(2)												
(3)								-				
(4)								1				
Nonexempt Controlled Organia	zations											
7 Taxable Income	l in	let unrelated come (loss) e instructions)			of specifie nts made		included i	n the c	n 9 that is controlling oss income		connecte	ctions directly d with income olumn 10
(1)	[
(2) (3) (4)												
(3)												
(4)	<u> </u>		1		_				_			
Totals								oage 1 lumn (, Part I, line (A)	her	e and on p 8, co	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investme	nt Inco	me of a Sec	ction	501(c)(7), (9)), o	r (17) Orga	nizati	on (see in:	structio	ns)	
1 Description of income		2 Amount o			dıre	Dec	ductions connected schedule)		4 Set-aside ttach sched	s	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)												
(2)												
(3)												
(4)								L <u></u>				
Totals	►	Enter here and Part I, line 9,	d on p colur	page 1, nn (A)	-							re and on page 1 ine 9, column (B)
Schedule I - Exploited I		t Activity In	com	e. Oti	er Tha	nΑ	dvertisina	ncon	ne (see ins	truction	(s)	
1 Description of exploited a		2 Gross unrelated business income fro trade or business	m t	3 Expen conne proc of u	ses directly ected with duction nrelated ess income	4 N fron or b 2 m	let income (loss) in unrelated trade business (column inus column 3) a gain, compute imns 5 through 7	5 Gross activi unrela	s income from ty that is not ited business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		-		_		-		,				
(1)		+	\dashv			┼						
(3)		+	-									
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		Enter here on page Part I, line column (A	1, 10,	on p Part I	here and page 1, , line 10, nn (B).			,				Enter here and on page 1, Part II, line 25.
Totals,		<u> </u>				Ц						1
Schedule J - Advertisin						4. *	D !					
Part I Income From Pe	riodica		a on			~						·
1 Name of periodical		2 Gross advertisin income	g	adve	Oirect Ertising Osts	(los	dvertising gain or ss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7.		rculation icome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)		-				1						i
(2)		-				┨						4
(3) (4)			\dashv			1						1
-				·- <u>-</u>								
Totals (carry to Part II, line (5)))					ļ						
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Page 5

Part II Income From Periodical 7 on a line-by-line basis)	ls Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)			-			
(2) (3) (4)						
(3)						
(4)						
Totals from Part I				-		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	'	1	9 90°	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1- 5) ▶			1		_	
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					8	
	· · · · · · · · · · · · · · · · · · ·				ક	-
					ક	
					8	
Total. Enter here and on page 1, Part II,	, line 14				. •	
BAA	<u> </u>	TEEA0204 L (09/19/19		F	orm 990-T (2019)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 1120)

Capital Gains and Losses

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

► Go to www.lrs.gov/Form1120 for instructions and the latest information.

OMB No. 1545 0123

2019

Name			Employer (lentific:	ation number
UNIVERSITY OF CHICAGO			36-217	7713	9
Did the corporation dispose of any investment	(s) in a qualified opp	ortunity fund during	the tax year? .	. , . >	Yes X No
If "Yes," attach Form 8949 and see its instruct	ions for additional re	quirements for repo	rting your gain oi	r loss	. — —
Part I - Short-Term Capital Gains and L	osses (See instru	ctions.)			
See instructions for how to figure the amounts to enter on the lines below.	_ (d)	_(e)	(g) Adjustment to gain or loss fi		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round	Proceeds (sales price)	Cost (or other basis)	Form(s) 8949, P	art I,	column (d) and combine the
off cents to whole dollars.	(4)	(======================================	line 2, column	(g)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported			•		
to the IRS and for which you have no adjust- ments (see instructions). However, if you			ł	. :	
choose to report all these transactions on			•		
Form 8949, leave this line blank and go to line 1b.	:				
line 1b					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	,				-37,043.
4 Short-term capital gain from installment sales	from Form 6252, line 2	26 or 37		4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form	8824		5	
6 Unused capital loss carryover (attach computa	tion)			6	-
Net short-term capital gain or (loss). Combine				7	-37,043.
Part II Long-Term Capital Gains and L	osses (See instruc	ctions.)	1		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss fr	om l	(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art II, (g)	column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099 B for which basis was reported			,		
to the IRS and for which you have no adjust-					
ments (see instructions). However, if you choose to report all these transactions on					
Form 8949, leave this line blank and go to					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					- 11 11
10 Totals for all transactions reported on					1 242 505
Form(s) 8949 with Box F checked			1		-1,342,595.
11 Enter gain from Form 4797, line 7 or 9				11	3,020,225.
12 Long-term capital gain from installment sales t	from Form 6252, line 2	6 or 37	,	12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form	8824		13	
14 Capital gain distributions (see instructions)				14	
15 Net long-term capital gain or (loss). Combine l	ines 8a through 14 in c	olumn h		15	1,677,630.
Part III Summary of Parts I and II					
16 Enter excess of net short-term capital gain (lin	, <u>-</u>	, , ,		16	
17 Net capital gain Enter excess of net long-term				17	1,640,587.
18 Add lines 16 and 17 Enter here and on Form Note: If losses exceed gains, see Capital Loss.	· -	the proper line on oth	er returns {	18	1,640,587.
mote. Il lusses exceeu gallis, see Capital LOSS	es in the matructions				

Form **8949**

Sales and Other Dispositions of Capital Assets

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

OMB No, 1545 0074

2019

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

SSN or taxpayer identification number

UNIVERSITY OF CHICAGO

36-2177139

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

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

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

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

ĺ		(A) Short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS (see Note above)
ĺ	٦	(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
ľ	X	(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo. day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis, See the Note below	i entera d	If any, to gain or loss a amount in column (g). code in column (f), parate instructions.	Gain or (loss) Subtract column (e)
		(Mo , day, yr.)	(see instructions)	and see Column (c) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULES K-1	(FORM 1065)					-31,185
FORM 6781, PART I							-5,858.
	-						
		(-) (-) (-)					
2 Totals. Add the amount (subtract negative amo include on your Schedu checked), line 2 (if Box Box C above is checked	is in columns (d), (unts). Enter each t ile D, line 1b (if Bo i B above is checki d)	e), (g), and (h) otal here and ox A above is ed), or line 3 (if	0.	0.		0.	-37,043

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

Form 8949 (20 19	Form	8949	<i>(</i> 201	9)
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of the adjustment

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side.

SSN or taxpayer identification number.

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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

(E) Long-term transact	n applicable box. If th the same box ch ions reported on Fori actions reported on	you have more I lecked as you ne m(s) 1099-B showin Form(s) 1099-B	ong term transaci ed ng basis was reporti showing basis wa	tions than will fit o	on this page lote above)	ipiete a separate for one or more	of the boxes,
1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of (Mo , day yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the soparate instructions	If you enter an enter a co	any, to gain or loss. amount in column (g), ide in column (n) arate instructions (g) Amount of adjustment	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
FROM SCHEDULES K-1	(FORM 1065)					-1333807
FORM 6781, PART I							-8,788.
2 Totals. Add the amounts (subtract negative amoun include on your Schedule checked), line 9 (if Box E Box F above is checked)	its) Enter each tot D, line 8b (if Box above is checked)	al here and D above is), or line 10 (if	0.	0.		0.	-1342595.
Note: If you checked Box D a	above but the basis	s reported to the	IRS was incorrect	t, enter in column	(e) the basi	s as reported to	the IRS, and

enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount

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FEDERAL STATEMENTS

PAGE 1

UNIVERSITY OF CHICAGO

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STATEMENT 1
FORM 990-T, PART I, LINE 5
INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME	GROSS INCOME	DEDUCTIONS	INCOME (LOSS)
INCOME (LOSS) FROM PARTNERSHIPS	\$ - 23335493.	•	\$ -23335493. \$ -23335493.

STATEMENT 2 FORM 990-T, PART III, LINE 36 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	 ORIGINAL LOSS	LOS PREVIC USE	USLY	AV	LOSS AILABLE
6/30/09 6/30/10 6/30/13 6/30/14 6/30/15 6/30/17 6/30/18 NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS	 	\$ 1	,108,189. 0. 0. 0. 0. 0. 0. 		16,446,446. 23,114,062. 7,770,227. 9,605,546. 2,510,132. 709,910. 3,773,245. \$ 63,929,568. \$ 69,630. \$ 69,630.

STATEMENT 4 SCHEDULE M, SCHEDULE C, LINE 3 DEDUCTIONS DIRECTLY CONNECTED WITH INCOME

CONFERENCE CENTER IN UNIVERSITY BUILDING DEPRECIATION. \$ 290 CATERING EXPENSES. 1,524 SALARIES AND WAGES. 811 ALLOCABLE PORTION OF BLDG MGMT FEE. 802 OTHER CONF CENTER EXPENSES. 211 BOOTH UNIV. CENTRAL ADMIN&DEPT SUPPORT. 85	4,139. 1,086. 2,270. 1,831. 5.955.
CONFERENCE CENTER AT OES WAGES AND SALARIES\$ 14 CENTRAL OVERHEAD ALLOCATION	4,470. 1,683. 6,153.
HARPER COURT PARKING OPERATING EXPENSES\$1,403	3,891. 3,891.
	2,496. 5,164. 107.

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	UNIVERSITY	OF CHICAGO	36-217713
	E C, LINE 3 CONNECTED WITH INCOME	E RT	TOTAL \$ 683.
STATEMENT 6 SCHEDULE M, PART II, LIN NET OPERATING LOSS DE			
LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVATLABLE
6/30/19 NET OPERATING LOSS AV TAXABLE INCOME	\$ 43,598. VAILABLE CDUCTION (LIMITED TO T	\$ 0.	\$ 43,598. \$ 43,598. \$ -40,136. \$ -32,109. \$ 0.
STATEMENT 7 SCHEDULE M, PART II, LIN OTHER DEDUCTIONS ATHLETICS MEMBERSHIP FACILITY OPERATIONS TAXES	CENTRAL OVERHEAD	······································	\$ 4,856. 2,592. 2,106. TOTAL \$ 9,554.
STATEMENT 8 SCHEDULE M, PART II, LIN OTHER DEDUCTIONS CHESTER TRIPP ACCOUNT			TOTAL \$ 418.
STATEMENT 9	NE 30		
SCHEDULE M, PART II, LIN NET OPERATING LOSS DE	EDUCTION	* 0.00	
SCHEDULE M, PART II, LIN	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE

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	UNIVERSITY OF CHICAGO	36-217713
STATEMENT 10 SCHEDULE M, SCHED OTHER COST OF GOO	JLE A, LINE 4B DS SOLD	
FOR PROFIT DOMESTI FOR PROFIT FOREIGN	C TOTAL	157,259. 944,465. DTAL \$ 1,101,724.