	1	and proxy ta				,,	2006	<u> </u>	_
	For cale	ndar year 2019 or other tax year beg	inning _	07/01,201	l9, and endl	ng06/30	0,2020	201	9
Department of the Treasury	ľ	► Go to www.irs.gov/Form99						Open to Bublic less	nostion for
ntemal Revenue Service	▶ Do	not enter SSN numbers on this form	_					Open to Public Insp 501(c)(3) Organizat	
Check box if address changed	1	Name of organization (Check	box if nar	me changed and s	ee instruction	ıs)		loyer identification r oyees' trust, see instruct	
	1								
Exempt under section	0	UNIVERSITY OF CHIC							
X 501(C Q 3)	Print	Number, street, and room or suite no	If a P O	box, see instruction	ons		<u> </u>	488183	10
408(e)220(e	Туре							lated business activ nstructions)	nty code
408A530(a		5841 SOUTH MARYLAN							
529(a)	_	City or town, state or province, cour	try, and Z	IP or foreign posta	al code				
Book value of all assets at end of year		CHICAGO, IL 60637					6200	00	
•		up exemption number (See instru			r			 	
3830593784.		ck organization type ► X 50			501(c) trust	401(a		ther trus
		nization's unrelated trades or busin	esses					y (or first) unrelated	
		ICAL LAB SERVICES			-			re than one, describ	oe the
first in the blank sp	ace at the	end of the previous sentence, of	omplete	Parts I and II, o	omplete a S	chedule M fo	r each additio	inal	
trade or business, the									
		corporation a subsidiary in an af				controlled gro	up?	▶ X Yes	No
		dentifying number of the parent of	orporation	on ▶ ATC	<u>H 1</u>				
The books are in car						,	773-834		
		or Business Income		(A) Inco	ome	(B) E)	penses	(C) Ne	τ
1 a Gross receipts or				2 25	C 0C4				
		21,201,937. c Balance		2,85	6,864.			 	
_		ule A, line 7)			5 054				6 064
		2 from line 1c		2,85	6,864.	/	-	2,85	6,864
la Capital gain net	ncome (a	ttach Schedule D)	. 4a		_/_			<u> </u>	
b Net gain (loss) (F	orm 4797,	Part II, line 17) (attach Form 4797).	. 4b					 	
c Capital loss dedi	iction for t	rusts							
		an S corporation (attach statement)						 	
Rent income (Sc	nedule C)			K BEC)[- \/F	-		ļ <u> </u>	
Unrelated debt-f	nanced in	come (Schedule E)			./ L			<u> </u>	
Interest, annuities, ro	atties, and re	nts from a controlled organization (Schedule	F) 8	<u> </u>		<u> </u>		 	
		(c)(7), (9), or (17) organization (Schedule		121 - 771	01 20	21 0		 	
		ncome (Schedule I)				<u> </u> <u>~</u>			
		ule J)		H OGi	}=N-1	IT -		ļ	
		tions, attach schedule)		000	5 054				
3 Total. Combine I	nes 3 thre	ough 12	13	2,85	6,864.	<u> </u>		2,85	
		Taken Elsewhere (See ins		ns for limitat	tions on c	leductions) (Deduct	ons must be d	irectly
		ne unrelated business incom							
		directors, and trustees (Schedule I							
		/						- 	9,602
		[
		f						 	
		see instructions), , , , , , , , ,						 	6 03.5
		<i>!</i>					<u>19</u>	3	6,918
	,	4562)		_					
		on Schedule A and elsewhere on							
		compensation plans							
								23	7,492
		Schedule I)							
		chedule J)						 	
		chedule)							0,965
		s 14 through 27							4,977
		e income before net operatin	-					39	1,887
- 1		loss arising in tax years beginn	-	-					
1 Unrelated busine	ss taxable	income Subtract line 30 from lin	e 29		<u></u>	<u> </u>	31		1,887
or Paperwork Reduc	ion Act N	otice, see instructions.						Form 990	J -T (2019
8979JO 18				9-8.3F		3193888			

Trusts Taxable at Trust Rates. See instructions for tax computation income tax on the amount on line 39 from 1 Tax rate schedule or Schedule D (Form 1041).		90-T (2019)		Page Page
an antivuciona) 3 Amounts paud for disallowed fringes. 3 Charatable contributions (see instructions for initiation rules) 3 Charatable contributions (see instructions for initiation substitution in a struction of initiation rules) 3 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 3 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 3 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 3 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 3 Unrollated business taxable income. Subtract line 38 instructions for	_	, 	, , ,	
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34 Chartable contributions (see instructions for inmission rules) 35 Total unreliated business taxable income before pre-2018 NOLs and specific deduction. Subtract line, 34 from fine sum of lines 32 and 33 or 35 or		•		391,887
35 Total unrelated busness taxable income before pre-2018 NOLs and specific deduction. Subtract time 34 from the sum of time 32 and 33. 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions). 37 Total of unrelated busness taxable income before specific deduction. Subtract time 38 from line 35. 38 Specific deduction (Generally \$1,000, but see time 38 instructions) for exceptions). 39 Unrelated busness taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37. 30 Unrelated busness taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37. 30 Unrelated busness taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37. 30 Unrelated busness taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37. 31 Total of unrelated busness taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37. 30 Unrelated busness taxable income. Subtract line 38 from line 37 if line 38 is greater than line 37. 31 Total of unrelated busness. Such as that the see instructions for tax computation income tax on the amount on line 39 from 1 Tax rate schedule or 1 Schedule 0 (Form 1041). 40 Great ter 39 from 1 Tax rate schedule or 1 Schedule 0 (Form 1041). 41 Tax on Ronoempillar Reside ji knome. See instructions 4. 42 Line 30 Interest than 1 Tax and 1 Payments 4. 43 Alternative minimum tax (frusts only). 44 Tax on Ronoempillar Reside ji knome. See instructions 4. 45 Total Add rines 4.2, 43, and 41 to line 40 or 41, whicheve Ropies 7. 46 Dither credits, Add lines 48 at through 46d 7. 47 Subtract line 48 from line 48 (attach Form 880 (see instructions) 6. 46 Great the prior year minimum tax (attach Form 880 or 8827). 46 Total Add rines 42. 43, and 44 to line 49 or 41. 47 Subtract line 48 from line 45. 48 Other credits, Add lines 48 at through 46d 7. 49 Total 1 Extra Add Payments 1 Form 854 or Form 854. 49 Total 1 Extra Add Payments 1 Form 854 or Form 854.		, , , , , , , , , , , , , , , , , , ,		20 100
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46 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). b Other credits (see instructions). c General business credit. Attach Form 3800 (see instructions). d Credit for prior year minimum tax (attach Form 3801 or 8827). d Credit for prior year minimum tax (attach Form 3801 or 8827). d Credit for prior year minimum tax (attach Form 3801 or 8827). d Subtract line 46e from line 45. d Su			70	.5,05
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Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information may have to file Statements S		10		288,974
Statements Regarding Certain Activities and Other Information (see instructions) 7 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here 8 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 8 If "Yes," see instructions for other forms the organization may have to file 9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 10 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belied true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 9 Print/Type preparer's name Paid Preparer Paid Print/Type preparer's name MOLLIE P LONGHOUSE Firm's name ▶ KPMG LLP Firm's name ▶ KPMG LLP Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568 Phone no 614-249-2300 Phone no 614-249-230 Phone no 614-249-2300 Phone no 614-249			56	
At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belied true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name MOLLIE P LONGHOUSE Print/Type preparer's name MOLLIE P LONGHOUSE Firm's name FRMG LLP Firm's name FRMG LLP Firm's name FRMG LLP Firm's address 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568 Phone no 614-249-2300				
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," 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 \$ Sign Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belied true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Firm's penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belied true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Firm's penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belied true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this rewrite the preparer signature Firm's name Firm's name Firm's Ein	57			authority Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				·
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			-	1 1
If "Yes," 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 Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belied true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this rewith the preparer shown be used to find the best of my knowledge and belied true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this rewith the preparer shown be used to find the p	ř	nere >	_	x
If "Yes," 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 Sign Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belie true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this rewritting the preparer shown by the preparer shown by the preparer shown by the IRS discuss this rewritting the preparer shown by the preparer shown by the preparer shown by the IRS discuss this rewritting the preparer shown by the IRS discuss this rewri	58 [During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust	2 X
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Signature of officer		•		
Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568 Phone no 614-249-2300	<u>59</u>	nter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
Here Signature of officer Date Title Officer Signature of officer Date Title Officer Signature of officer Date Title Officer Signature of officer Signature of officer Date Title Officer Signature of officer Signature Officer Of			est of m	y knowledge and belief, it
Here Signature of officer Date Title Print/Type preparer's name MOLLIE P LONGHOUSE Preparer Use Only Firm's name ▶ KPMG LLP Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568 Phone no 614-249-2300			y the	IRS discuss this return
Signature of officer Date Title Sficer (see instructions)? X Yes	Here	TOTAL PYP Chief Treasury with	h the	preparer shown below
Preparer Use Only MOLLIE P LONGHOUSE MOLLIE P LONGHOUSE Firm's name ► KPMG LLP Firm's address ► 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568 Phone no 614-249-2300		Signature of officer Date Title Officer (see	nstruction	
Preparer Use Only Firm's name KPMG LLP Firm's address 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568 Phone no 614-249-2300 JSA	Paid	Check	, [] ıf	
Use Only Firm's name Firm's EIN 13-5565207		Sell-el	<u> </u>	
Firm's address 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBOS, OH 43215-2568 Phone no 614-249-2300	•	Only Firm's name Fried LLP Firm's		
JSA Form 990-T (Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568 Phone	no 61	
8979JO 1802 V 19-8.3F 3193888	741 1 000			Form 990-T (201

Form 990-T (2019)								1	Page 3
Schedule A - Cost of G	oods Sold. Er	iter metho	d of invento	ory valuation	>				
1 Inventory at beginning of	year , 1			6 Inventory	at end of ye	ar	6		
2 Purchases	2					old. Subtract line			
3 Cost of labor	3			6 from lir	ne 5 Enter	here and in Part			
4a Additional section 263A of	osts			I, line 2 .			7		
(attach schedule)	4a			8 Do the	rules of	section 263A (v	vith respect to	Yes	No
b Other costs (attach sched	, · 				•	or acquired for			
5 Total. Add lines 1 through				to the orga	anization? .	<u> </u>			Х
Schedule C - Rent Incom	e (From Real P	roperty a	nd Persoi	nai Property	Leased V	vith Real Prope	rty)		
(see instructions)									
1. Description of property				_					
(1)									
(2)								_	
(4)									
(4)	2. Rent recei	ved or accru	ed ed			T			
(a) From personal property (if the				personal property	/f the	3(a) Deductions di	rectly connected with	the inco	0ma
for personal property is more than 50%	han 10% but not	percent	age of rent for	r personal property based on profit or	exceeds		a) and 2(b) (attach sc		Ji ne
(1)			· 		 -				
(2)		·							
(3)		-	<u></u> -					_	
(4)									
Total		Total							
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	S, column (A)	, . ▶				Part I, line 6, colur	nn (B) ▶		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruction	ons)					
				income from or	3 (Deductions directly cor debt-financ		ble to	
1 Description of de	bt-financed property		1	o debt-financed operty		nt line depreciation	(b) Other ded		
			ļ <u> </u>	 	(atta	ch schedule)	(attach sche	dule)	
(1)			 						
(2)									
(4)						· -			
4 Amount of average	5 Average adjus	sted basis		-					
acquisition debt on or	of or alloca	ble to		Column divided		income reportable	8 Allocable de (column 6 x total		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche			olumn 5	(columi	n 2 x column 6)	3(a) and 3		
(1)			· · · · · ·	%					
(2)				%					
(3)				%	<u></u>				
(4)				%					
					Enter her	e and on page 1,	Enter here and	on page	1,
					Part I, lin	e 7, column (A)	Part I, line 7, co	iumn (B	5)
Totals				▶[· · —		
Total dividends-received deduct	tions included in co	lumn 8							

Form 990-७ (2019) Schedule F – Interest, Ann	uities. Royaltie	s. and Re	nts Fr	om Contro	lled O	rganizat	ions (se	e instructio	ons)	Page 4
- Interest, Alli	andos, respund			ontrolled Org				0 111001 00010	,,,,,	
Name of controlled organization	2 Employer identification number	JEI		lated income instructions)	1	of specified ents made	included	Part of column 4 that is cluded in the controlling ganization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)							l			
Nonexempt Controlled Organiz	zations			<u> </u>						
7 Taxable Income	8 Net unrelated i (loss) (see instruc	1		Total of specific payments made		includ	t of columned in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										******
(3)										
(4)						ļ	· <u>-</u> ·-			
					_	Enter	columns 5 a nere and on line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
Totals	acomo of a So) Orga	nization	/coo.inc	tructions\		
Schedule G-IIIvestillelit II	Come of a Sec	CHOII 50 I	<u>(C/(/),</u>	3 Deduc		Inzacion			 T	5 Total deductions
1 Description of income	2 Amount o	fincome		directly con (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)
			+	(attach son	caaley				-+	plus col 4)
(2)			_				· 		一	
(3)			- †							
(4)			+-							
	Enter here and Part I, line 9, c								•	Enter here and on page 1 Part I, line 9, column (B)
Totals ▶	L								<u> </u>	
Schedule I - Exploited Exe	mpt Activity In	come, Ot	her Th	<u>an Adverti</u>	sing Ir	ncome (s	ee instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exper direct connecte producti unrelat business ii	ly d with on of ted	4. Net incomfrom unrelated or business 2 minus colulf a gain, colucted of 5 throsphility. 5. Net incomplete	ed tradé (column umn 3) ompute	from act	s income livity that nrelated s income	6. Expen attributat column	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-							-	-	
(2)										-
(3)				<u> </u>						
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	art I,				-	<u> </u>		Enter here and on page 1, Part II, line 25
Totals	<u> </u>			<u> </u>						<u> </u>
Schedule J- Advertising In										
Part I Income From Peri	iodicals Report	ed on a C	onsol	idated Bas	is					
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adverti gain or (los: 2 minus co a gain, con cols 5 thro	s) (col I 3) If npute	5. Circ	ulation ome	6. Reader costs	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										1
(2)										
(3)							·····			
(4)							 -			
								_		
Totals (carry to Part II, line (5))	<u> </u>									
										Form 990-T (2019

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising gain or (loss) (col costs (column 6 2 Gross 3 Direct 2 minus col 3) If a gain, compute 5 Circulation 6 Readership mınus column 5, but 1. Name of periodical advertising advertising costs ıncome costs not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) 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 to 4. Compensation attributable to 1 Name 2 Title unrelated business business (1) % % (2) (3) % (4) %

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
Name of the organization

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending $\frac{06/30}{}$, 20 $\frac{20}{}$

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

(B) Expenses

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

(A) Income

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

(C) Net

UNIVERSITY OF CHICAGO MEDICAL CENTER

Unrelated Business Activity Code (see instructions) ▶ 520000

Part I Unrelated Trade or Business Income

Employer identification number 36-3488183

Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS

			ļ		L		
1 a	Gross receipts or sales						
b	Less returns and allowances c Ba	tance 🖊	1c				
2	Cost of goods sold (Schedule A, line 7)	<u>L</u>	2				
3	Gross profit Subtract line 2 from line 1c	[3				
4a	Capital gain net income (attach Schedule D)		4a				
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 47	97)	4b	74.			74.
С	Capital loss deduction for trusts	L	4c				<u> </u>
5	Income (loss) from a partnership or an S corporation (a	attach					
	statement) ATCI	н. З. L	5	<u>-4</u> ,084.			-4,084.
6	Rent income (Schedule C)	L	6	<u></u>			
7	Unrelated debt-financed income (Schedule E)	L	7			_	
8	Interest, annuities, royalties, and rents from a controlled	d					
	organization (Schedule F)	L	8				
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	L	9				
10	Exploited exempt activity income (Schedule I)	L	10				
11	Advertising income (Schedule J)		11		<u>-</u> -		
12	Other income (See instructions, attach schedule)	· · · _	12				
13	Total Combine lines 3 through 12		13	-4,010.			-4,010.
	Deductions Not Taken Elsewhere (See ins connected with the unrelated business inco	me)			· — · · · · · · · · · · · · · · · · · ·		e directly
14	Compensation of officers, directors, and trustees (Sche					14	
15	Salaries and wages					15_	
16 47	Repairs and maintenance					16	
17 18	Bad debts					17	
19	Interest (attach schedule) (see instructions) Taxes and licenses					<u>18</u> 19	
20				1 1		19	
21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhe					21b	
22	Depletion	-	-			22	
23	Contributions to deferred compensation plans					23	<u> </u>
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	
27 27	. , ,						825.
28	Other deductions (attach schedule)				ATCH 4	27	
	Other deductions (attach schedule)					27 28	825.
29	Total deductions. Add lines 14 through 27					28	ļ
29 30	•	erating k	 oss de	duction Subtract line	28 from line 13		825.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

-4,835.

30

Unrelated business taxable income Subtract line 30 from line 29

* mm*	~TTTN 6 TT 3 TCT	-
$\Delta \cdot \Gamma \cdot \Gamma \cdot \Delta$	CHMENT	- 1

NAME AND FEIN OF PARENT CORPORATION

UNIVERSITY OF CHICAGO 36-2177139

ATTACHMENT 1 8979JO 1802 V 19-8.3F 3193888

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES	123,313.
TRAINING AND RESEARCH SUPPORT PROGRAM	423,256.
SUPPLIES	396,459.
TAX PREP FEES	10,000.
LAB/BLOOD INDIRECT COSTS	267,619.
TRAVEL AND OTHER	3,246.
COURIER AND TRANSPORTATION	87,072.

PART II - LINE 27 - OTHER DEDUCTIONS

1,310,965.

ATTACHMENT	3

PARTNERSHIP INVESTMENTS

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS INCOME (LOSS) FROM PARTNERSHIP INVESTMENTS -4,084.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-4,084.

8979JO 1802 V 19-8.3F 3193888

ATTACHMENT	4		

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREP FEES

825.

PART II - LINE 27 - OTHER DEDUCTIONS

825.

8979JO 1802

V 19-8.3F 3193888

SCHEDULE D (Form 1120)

Capital Gains and Losses

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

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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

Name						Employer identification number			
UNIVERSITY OF CHICAGO MEDICAL CENTER	₹				36-3488	183			
Did the corporation dispose of any investment(s) in a lf "Yes," attach Form 8949 and see its instructions for				▶	Yes	X No			
Part Short-Term Capital Gains and Losses			Your gain or io	33					
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to (d) (e) (g) Adjustme or loss from Froceeds Cost (sales price) (or other basis)								
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			Goldini (g)			with column (g)			
1b Totals for all transactions reported on Form(s) 8949 with Box A checked									
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									
4 Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4					
5 Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5					
6 Unused capital loss carryover (attach computation)				6_	(
7 Net short-term capital gain or (loss) Combine lines Part II Long-Term Capital Gains and Losses			· · · · · · · · · ·	. 7_					
See instructions for how to figure the amounts to enter on	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	(g) Adjustments	to gain	(h) Gain or	(loss)			
the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from For 8949, Part II, lir column (g)	m(s)	column (d)	olumn (e) from) and combine with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.			Column (g)		inc result v	with column (g)			
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					-				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	-305.			·		-305.			
11 Enter gain from Form 4797, line 7 or 9				11					
12 Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	, 		12					
13 Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13					
14 Capital gain distributions (see instructions)				14					
15 Net long-term capital gain or (loss) Combine lines 8 Part III Summary of Parts I and II	a through 14 in column	h	<u></u>	15		-305.			
16 Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	l loss (line 15)		16					
17 Net capital gain Enter excess of net long-term capit				17					
18 Add lines 16 and 17 Enter here and on Form 1120, Note: If losses exceed gains, see Capital Losses in the		roper line on other reti	urns	18	L				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120. JSA 9E1801 1 000 8979JO 1802

Schedule D (Form 1120) 2019

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return

UNIVERSITY OF CHICAGO MEDICAL CENTER

Social security number or taxpayer identification number

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

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 (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(a) Description of property	(b) Date acquired	(c)	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a cod See the sepa	(h) Gaín or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the result with column (g)
					_		
					<u> </u>		
						·- <u>-</u>	
							<u></u>
						· · · · · · · · · · · · · · · · · · ·	
			·				<u></u>
				_			
2 Totals Add the amounts in column negative amounts) Enter each tot Schedule D, line 1b (if Box A abov above is checked), or line 3 (if Box C)	tal here and incl ve is checked), line	ude on your 2 (if Box B					

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

For Paperwork Reduction Act Notice, see your tax return instructions 9X2615 2 000

Form 8949 (2019)

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

Social security number or taxpayer identification number

UNIVERSITY OF CHICAGO MEDICAL CENTER

36-3488183

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)

	u must check Box D, E, or F beparate Form 8949, page 2, fo							
moi	re of the boxes, complete as m	-		-				·
	(D) Long-term transactions r						e Note above)	
-	(E) Long-term transactions r				wasn't reporte	d to the IRS		
1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales proce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss if you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and
						(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FRON	4 SCHEDULE K-1	VARIOUS	VARIOUS	-305				-305
				_				
						1		
							···	
				-				
			··· -	· ,				
п	otals Add the amounts in columns (legative amounts) Enter each total Schedule D, line 8b (if Box D above	here and inclu	ide on your					

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

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Form **8949** (2019)

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JSA 9X2616 2 000

above is checked), or line 10 (if Box F above is checked) ▶

Form 3800

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895
2019
Attachment
Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number

UNIVI	ERSITY OF CHICAGO MEDICAL CENTER	36	-3488183
Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT	')	
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1_	48,734
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with		
	box D checked See instructions	5_	
6	Add lines 1, 3, 4, and 5	6	48,734
Part I			
7	Regular tax before credits		
	Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44	7	73,857
8	Alternative minimum tax Individuals Enter the amount from Form 6251, line 11	8	
9	Add lines 7 and 8	9	73,857
10a	Foreign tax credit		
	Certain allowable credits (see instructions)	1	
	Add lines 10a and 10b	10c	
_			
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	73,857
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12 73,857		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
•	instructions		
14	Tentative minimum tax		
	• Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0		
	Estates and trusts Enter the amount from Schedule I (Form 1041),		
	line 52		10.014
15	Enter the greater of line 13 or line 14	15	12,214
16	Subtract line 15 from line 11 If zero or less, enter -0	16	61,643
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	48,734
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		

Part	Allowable Credit (continued)		
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0- (on line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	
21	Subtract line 17 from line 20 If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	61,643
28	Add lines 17 and 26	28	48,734
29	Subtract line 28 from line 27 If zero or less, enter -0	29	12,909
30	Enter the general business credit from line 5 of all Parts III with box A checked	30_	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32	-	
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	38	48,734
			Form 3800 (2019)

Page 3 Name(s) shown on return ldentifying number UNIVERSITY OF CHICAGO MEDICAL CENTER 36-3488183 General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions General Business Credit From a Non-Passive Activity Α Reserved В General Business Credit From a Passive Activity F Reserved G Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards D General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III . (a) Description of credit (b) (c) If claiming the credit Enter the Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through appropriate pass-through entity entity, enter the EIN amount Investment (Form 3468, Part II only) (attach Form 3468) 1b Reserved Increasing research activities (Form 6765) 1c Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) 1g 1h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1<u>j</u> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) 48,734 11 Low sulfur diesel fuel production (Form 8896) 1m 1n Nonconventional source fuel (carryforward only) 10 Energy efficient home (Form 8908) 1p 1q 1r 1s 1t 111 Agricultural chemicals security (carryforward only) 1v 1w Carbon oxide sequestration (Form 8933)..... 1x Qualified plug-in electric drive motor vehicle (Form 8936). **1**y Qualified plug-in electric vehicle (carryforward only)....... 1z aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (carryforward only) 1bb zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 48,734 Enter the amount from Form 8844 here and on the applicable line of Part II 3 Investment (Form 3468, Part III) (attach Form 3468) 4a 4b Biofuel producer (Form 6478)...... c 4c Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f 4g 4h Increasing research activities (Form 6765)....... i 4i Employer credit for paid family and medical leave (Form 8994)...... 4j Other 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 48,734