

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e)) **2006**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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

**A**  Check box if address changed

**B** Exempt under section  
 501(c) 03 )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
3830593784.

**D** Employer identification number (Employees' trust, see instructions)  
36-3488183

**E** Unrelated business activity code (See instructions)  
620000

Name of organization (  Check box if name changed and see instructions )  
UNIVERSITY OF CHICAGO MEDICAL CENTER

Number, street, and room or suite no. If a P O box, see instructions  
5841 SOUTH MARYLAND AVENUE MC #1086

City or town, state or province, country, and ZIP or foreign postal code  
CHICAGO, IL 60637

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

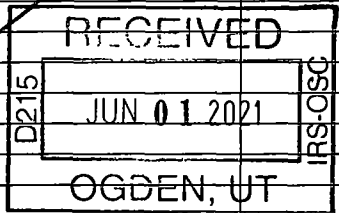
**H** Enter the number of the organization's unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ MEDICAL LAB SERVICES If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶ ATCH 1

**J** The books are in care of ▶ JUSTIN KATS Telephone number ▶ 773-834-2065

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>24,058,801.</u>			
b Less returns and allowances <u>21,201,937.</u> c Balance ▶	1c <u>2,856,864.</u>		
2 Cost of goods sold (Schedule A, line 7) . . . . .	2		
3 Gross profit Subtract line 2 from line 1c . . . . .	3 <u>2,856,864.</u>		<u>2,856,864.</u>
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		
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) organization (Schedule G) . . . . .	9		
10 Exploited exempt activity income (Schedule I) . . . . .	10		
11 Advertising income (Schedule J) . . . . .	11		
12 Other income (See instructions, attach schedule) . . . . .	12		
13 Total. Combine lines 3 through 12 . . . . .	13 <u>2,856,864.</u>		<u>2,856,864.</u>



**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14		
15 Salaries and wages . . . . .	15		<u>879,602.</u>
16 Repairs and maintenance . . . . .	16		
17 Bad debts . . . . .	17		
18 Interest (attach schedule) (see instructions) . . . . .	18		
19 Taxes and licenses . . . . .	19		<u>36,918.</u>
20 Depreciation (attach Form 4562) . . . . .	20		
21 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	21a		
22 Depletion . . . . .	22		
23 Contributions to deferred compensation plans . . . . .	23		
24 Employee benefit programs . . . . .	24		<u>237,492.</u>
25 Excess exempt expenses (Schedule I) . . . . .	25		
26 Excess readership costs (Schedule J) . . . . .	26		
27 Other deductions (attach schedule) . . . . . <u>ATCH. 2</u>	27		<u>1,310,965.</u>
28 Total deductions. Add lines 14 through 27. . . . .	28		<u>2,464,977.</u>
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 . . . . .	29		<u>391,887.</u>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	30		
31 Unrelated business taxable income Subtract line 30 from line 29 . . . . .	31		<u>391,887.</u>

For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2019)

SCANNED JUN 30 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, Yes, and No. Includes questions 57-59 regarding foreign activities and interest.

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, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer, Date (5/13/2021), Title (VP Chief Treasury officer)

Paid Preparer Use Only: Print/Type preparer's name (MOLLIE P LONGHOUSE), Preparer's signature, Date (5/12/2021), Firm's name (KPMG LLP), Firm's EIN (13-5565207), Firm's address (191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH 43215-2568), Phone no (614-249-2300)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					X
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
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)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25

Totals

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

**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 (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**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
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> 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**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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 MEDICAL CENTER** Employer identification number **36-3488183**

Unrelated Business Activity Code (see instructions) ▶ **520000**

Describe the unrelated trade or business ▶ **PARTNERSHIP INVESTMENTS**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit Subtract line 2 from line 1c	<b>3</b>		
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>	74.	74.
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from a partnership or an S corporation (attach statement) <b>ATTCH 3</b>	<b>5</b>	-4,084.	-4,084.
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions, attach schedule)	<b>12</b>		
13	<b>Total</b> Combine lines 3 through 12	<b>13</b>	-4,010.	-4,010.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	
16	Repairs and maintenance	<b>16</b>	
17	Bad debts	<b>17</b>	
18	Interest (attach schedule) (see instructions)	<b>18</b>	
19	Taxes and licenses	<b>19</b>	
20	Depreciation (attach Form 4562)	<b>20</b>	
21	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
22	Depletion	<b>22</b>	
23	Contributions to deferred compensation plans	<b>23</b>	
24	Employee benefit programs	<b>24</b>	
25	Excess exempt expenses (Schedule I)	<b>25</b>	
26	Excess readership costs (Schedule J)	<b>26</b>	
27	Other deductions (attach schedule) <b>ATTCH 4</b>	<b>27</b>	825.
28	<b>Total deductions.</b> Add lines 14 through 27	<b>28</b>	825.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>	-4,835.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
31	<b>Unrelated business taxable income</b> Subtract line 30 from line 29	<b>31</b>	-4,835.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

NAME AND FEIN OF PARENT CORPORATION

UNIVERSITY OF CHICAGO  
36-2177139

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.



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	<u>-4,084.</u>

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREP FEES

825.

PART II - LINE 27 - OTHER DEDUCTIONS

825.

**SCHEDULE D  
(Form 1120)**

**Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information

**2019**

Name <b>UNIVERSITY OF CHICAGO MEDICAL CENTER</b>	Employer identification number <b>36-3488183</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

**Part I Short-Term Capital Gains and Losses (See instructions)**

See instructions for how to figure the amounts to enter on the lines below <small>This form may be easier to complete if you round off cents to whole dollars</small>	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss) Combine lines 1a through 6 in column h . . . . .				<b>7</b>

**Part II Long-Term Capital Gains and Losses (See instructions)**

See instructions for how to figure the amounts to enter on the lines below <small>This form may be easier to complete if you round off cents to whole dollars</small>	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	-305.			-305.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>13</b>
<b>14</b> Capital gain distributions (see instructions) . . . . .				<b>14</b>
<b>15</b> Net long-term capital gain or (loss) Combine lines 8a through 14 in column h . . . . .				<b>15</b> -305.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .		<b>16</b>
<b>17</b> Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .		<b>17</b>
<b>18</b> Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . .		<b>18</b>

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

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

Schedule D (Form 1120) 2019



Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side  
 UNIVERSITY OF CHICAGO MEDICAL CENTER

Social security number or taxpayer identification number  
 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).

You **must** check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (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 combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM SCHEDULE K-1	VARIOUS	VARIOUS	-305				-305
<b>2 Totals</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			-305				-305

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

Name(s) shown on return

Identifying number

UNIVERSITY 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 <b>2</b> . . . . .		
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 II** **Allowable Credit**

7	Regular tax before credits		
	<ul style="list-style-type: none"> <li>• Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44. . . . .</li> <li>• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return . . . . .</li> <li>• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return . . . . .</li> </ul>	7	73,857
8	Alternative minimum tax		
	<ul style="list-style-type: none"> <li>• Individuals Enter the amount from Form 6251, line 11. . . . .</li> <li>• Corporations Enter -0- . . . . .</li> <li>• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 . . . . .</li> </ul>	8	
9	Add lines 7 and 8 . . . . .	9	73,857
10a	Foreign tax credit . . . . .	10a	
b	Certain allowable credits (see instructions). . . . .	10b	
c	Add lines 10a and 10b . . . . .	10c	
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 . . . . .	11	73,857
12	<b>Net regular tax.</b> 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 . . . . .	13	12,214
14	Tentative minimum tax		
	<ul style="list-style-type: none"> <li>• Individuals Enter the amount from Form 6251, line 9. . . . .</li> <li>• Corporations Enter -0- . . . . .</li> <li>• Estates and trusts Enter the amount from Schedule I (Form 1041), line 52. . . . .</li> </ul>	14	
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 <b>smaller</b> of line 6 or line 16 . . . . .	17	48,734
	<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization . . . . .		

**Part II Allowable Credit (continued)**

Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

18	Multiply line 14 by 75% (0.75) See instructions . . . . .	18	
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 <u>23</u>		
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 <u>32</u>		
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 <b>smaller</b> of line 29 or line 36 . . . . .	37	
38	<b>Credit allowed for the current year.</b> 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 <ul style="list-style-type: none"> <li>• Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 . . . . .</li> <li>• Corporations Form 1120, Schedule J, Part I, line 5c . . . . .</li> <li>• Estates and trusts Form 1041, Schedule G, line 2b . . . . .</li> </ul>	38	48,734

Name(s) shown on return

Identifying number

UNIVERSITY OF CHICAGO MEDICAL CENTER

36-3488183

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

I 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) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	48,734
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
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
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	48,734