	Form <b>990-T</b>	E	Exempt Orga	nization Bu	sine	ess Income T		ı þ	OMB No 1545-0047
		l	•	nd proxy tax und	der se	ection 6033(e))	1912	,	2019
		For ca	lendar year 2019 or other tax ye	· · ·		and ending		_	2013
	Department of the Treasury Internal Revenue Service	<b></b>	► Go to www - Do not enter SSN numbe			ons and the latest inform ade public if your organiz			Open to Public Inspection to 501(c)(3) Organizations Only
	A Check box if address changed		Name of organization ( LTHE <u>PRIT</u> ZKE		changed	d and see instructions.)	~	(Emple	oyer identification number oyees' trust, see ctions)
7	B Exempt under section	Print	PHILANTHROP	IC FUND			•	3	6-3623264
Č	X 501(cŷ(3))	or	Number, street, and roon	n or suite no. If a P.O. bo	ox, see i	nstructions.			ated business activity code instructions )
•==	408(e) 220(e)	Туре	150 N. RIVE	RSIDE PLAZZ	A, N	ro. 3300		] ``	,
U.			City or town, state or pro-			jn postal code		900	000
_	C Book value of all assets		F Group exemption num	ber (See instructions.)	<b>•</b>	N/A			
	at end of year 175, 593, 9	84.	G Check organization typ	e 🕨 🗶 501(c) co	rporatio	n 501(c) trust	401(a	) trust	Other trust
	H Enter the number of the			ousinesses.	1	Describe	the only (or first) ur	related	
-	trade or business here 🕽	► IN	VESTMENT IN	PARTNERSHI	PS	If only one,	complete Parts I-V.	If more	than one,
$\sigma$	describe the first in the b	lank spa	ce at the end of the previo	us sentence, complete F	arts I ar	nd II, complete a Schedule	e M for each addition	nal trade	or
$\subseteq$	business, then complete	Parts III	-V.						
			oration a subsidiary in an		ent-subs	sidiary controlled group?	<b>▶</b> l	Ye:	s X No
S			tifying number of the parer						
Ö	J The books are in care of				MGMT		one number 🕨 3		
$\cap$	- <del>/-</del>		de or Business Inc	come		(A) Income	(B) Expense	s	(C) Net
II	1a Gross receipts or sale	es							
	b Less returns and allow	wances		c Balance	10				
	2 Cost of goods sold (S		•		2				
	3 Gross profit. Subtract				3				
	4 a Capital gain net incon	•	•		4a		,		
			'art II, line 17) (attach Forn	า 4797)	4b	,		$\mathcal{A}$	
	c Capital loss deduction				4c	104 242	amy m		104 242
			ship or an S corporation (a	ttach statement)	5	-194,343.	STMT 1	-	-194,343.
	6 Rent income (Schedu				6				
	7 Unrelated debt-finance		,		7				
			and rents from a controlled	_	$\overline{}$				
			on 501(c)(7), (9), or (17) o	rganization (Schedule G					
	10 Exploited exempt acti				10		,		
	11 Advertising income (S		•		11				
	12 Other income (See in:		•		12	-194,343.			-194,343.
	13 Total Combine lines Part II Deduction		gn 12 ot Taken Elsewhe	ro (Coo instructions	13				-134,343.
			be directly connected w						
	14 Compensation of off	ficers, di	rectors, and trustees (Scho	edule K)				14	
	15 Salaries and wages							15	
-	16 Repairs and mainter	папсе						16	
	17 Bad debts							17	
20	18 Interest (attach sche	edule) (s	ee instructions)		RF	CEIVED		18	
7	19 Taxes and licenses							19	
	20 Depreciation (attach			re on return	MO	V <b>2 3</b> 202 (21a )			
ÖZ	21 Less depreciation cl	aimed o	n Schedule A and elsewhei	re on return	NO			21b	
≥⊴	22 Depletion			[ L	***************************************			22	
3	23 Contributions to def		mpensation plans		OG	DEN, UT		23	
	524 Employee benefit pr			<u> </u>				24	
0207. 7 SCANNED MAY 1.3	25 Excess exempt expe	,						25	
<b>₹</b>	26 Excess readership c							26	
48	Other deductions (at							27	
<u>ب تر</u>	8 Total deductions. A							28	0.
en 11	29 Unrelated business		ncome before net operatin					49	-194,343.
20	,	erating	loss arısıng ın tax years be	ginning on or after Janu	iary 1, 2		TO MESTAGE		^
2021	(see instructions)		<b>.</b>			SEE STAT	EMENT Z	30	0.
			ncome. Subtract line 30 fro					31	-194,343.

		THE PRITZKER FAMILY		)		<u> 36-3</u>	3623264 Page 2
		Total Unrelated Business Taxa					
32	Total of	unrelated business taxable income computed	I from all unrelated trades or businesses	(see instructions)	1	32	-194,343.
33	Amodni	ts paid for disallowed fringes	Valt.	1	•	3β	
34	Charital	ble contributions (see instructions for limitatio	n rules)	1		34	0.
35	Total ur	nrelated business taxable income before pre-2	018 NOLs and specific deduction Subtrac	ct line 34 from the sum o	of lines 32 and 35	35	-194,343.
		on for net operating loss arising in tax years t			STMT 3	36	0.
		unrelated business taxable income before sp			1	37	-194,343.
		deduction (Generally \$1,000, but see line 38			8	38	1,000.
		ted business taxable income. Subtract line 3	· · ·	ne 37	Ð	1	
		e smaller of zero or line 37	<b>g</b> ,	,	11	39	-194,343.
	_	ax Computation	<u></u>		* * *	<del>- 173 - 1</del>	
		ations Taxable as Corporations. Multiply line	9 39 by 21% (0.21)		<b></b>	40	0.
	•	Taxable at Trust Rates. See instructions for ta		nt on line 39 from:		<del>                                      </del>	
7.		ax rate schedule or Schedule D (Form		int on line 33 from.	_		
42		ax. See instructions	1 1041)			7	
	-		•			42	
		tive minimum tax (trusts only)				43	
		Noncompliant Facility Income. See instruction				44	
_		dd lines 42, 43, and 44 to line 40 or 41, which	never applies			45 -	0.
Part		Tax and Payments		<del></del>			
		tax credit (corporations attach Form 1118; tri	usts attach Form 1116)	46a			
		edits (see instructions)	Acres 111	46b			
		business credit. Attach Form 3800	VAIT III	46c			
d	Credit fo	or prior year minimum tax (attach Form 8801	or 8827)	46d		-:	
е	Total ci	redits. Add lines 46a through 46d	•			46e	
47	Subtrac	t line 46e from line 45				47	0.
48	Other ta	ixes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)				49 50	0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Fo		. 1		50	0.
51 a	Paymer	its: A 2018 overpayment credited to 2019	Ø	A 51a	50,000.		
b	2019 es	stimated tax payments		51b			
С	Tax dep	osited with Form 8868		5 c			
		organizations. Tax paid or withheld at source	(see instructions)	5 d			
	-	withholding (see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 (e			
		or small employer health insurance premiums	(attach Form 8941)	5 f		i l	`
			orm 2439				
			ther . Total	▶ 5 g			
52		ayments. Add lines 51a through 51g		- Calal		- <u>-</u> -	50,000.
		ed tax penalty (see instructions). Check if Fori	n 2220 is attached			52 53	30,000.
		e. If line 52 is less than the total of lines 49, 50	_			7.	<del></del>
		yment. If line 52 is larger than the total of lines			10-	54	50,000.
		e amount of line 55 you want; Credited to 20		0,000. Re	funded	22	0.
Part		Statements Regarding Certain				<u> </u>	
	•	ime during the 2019 calendar year, did the org	•	-			Yes No
		inancial account (bank, securities, or other) in		=			1 1 1
		Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the name of the	ne toreign country			
	here	<u> </u>					X
	_	the tax year, did the organization receive a dis		transferor to, a fore	ign trust?		X
		see instructions for other forms the organizat					
59		e amount of tax-exempt interest received or a		2,876			
٥.	Un	ider penalties of perjury, I declare that I have examined frect, and complete. Declaration of preparer (other tha	d this return, including accompanying schedules in taxpayer) is based on all information of which r	and statements, and to preparer has any knowle	the best of my know dge	ledge and b	elief, it is true,
Sign	]	1 0		•	Ma	v the IRS dis	scuss this return with
Here		1100-100	ulu zozo VICE	PRESIDENT		-	own below (see
_		Signature of officer	Date Title		ıns	tructions)?	Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
Paid					self- employed		
					•		
Prep Use		Firm's name ▶			Firm's EIN ▶		
Jae	Ulliy	-					
		Firm's address			Phone no.		
923711 0	01-27-20	N			<del></del>	F	orm <b>990-T</b> (2019)
			<i>1</i> .1				

## Form 990-T (2019) PHILANTHROPIC FUND

	THE	PRITZKER	FAILLY
α١	PHTI	ANTHROPTO	מאווים י

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of inver	itory valuation N/A		<del></del>			
1 Inventory at beginning of year	1 1		6 Inventory at end of year	ìr		6		
2 Purchases	2		7 Cost of goods sold. Su	ubtract li	ine 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs		1	' line 2	,	7			
(attach schedule)	4a		8 Do the rules of section	263A (v	Ye	S No		
b Other costs (attach schedule)	4b		property produced or a	•	•			
5 Total. Add lines 1 through 4b	5		the organization?	•	, ,			
Schedule C - Rent Income	(From Real	Property an		Lease	ed With Real Pro	perl	(v)	<del></del>
(see instructions)					<u> </u>			
Description of property								
(1)			<del></del>					
(2)								·
(3)							,	
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	<b>3(a)</b> Deductions directly columns 2(a) a		cted with the incom (attach schedule)	e in
(1)	<u>-</u>		•,					
(2)								
(3)								
(4)	***							
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	instructions)		1			
			2. Gross income from		<ol> <li>Deductions directly cor to debt-finan-</li> </ol>			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedul	
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)			%			1		
(2)			%					
(3)			%	<u> </u>				
(4)			%					
	•				nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	
Totals			•		0			0.
Total dividends-received deductions II	ncluded in colum	n 8	,		Ď			0.
								T (0010)

Form **990-T** (2019)



			-	Exempt (	Controlled O	rganızatı	ons					
1. Name of controlled organizal	tion	2. Employer identification number		3. Net unre (loss) (see	elated income instructions)	4. Tota payn	iyments made 📗 ii		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)	<del>-</del>					<u> </u>						
2)								-				
3)												
4)			••••								<u>-</u>	
onexempt Controlled Organi	zations						*	•				
7 Taxable Income	T	elated income	(loss)	9. Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. Dec	ductions directly connecte	
•	(see	instructions)			made		in the controll gross	ing orgai s income	nization's	with	income in column 10	
1) "					*******							
2)								•				
3) ·	<u> </u>		•									
4)	<del> </del>			<del>                                     </del>								
<del>-1)</del>			`				Add colur Enter here and line 8, 0		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
otals						<b>▶</b>	-		0.		0	
Schedule G - Investme (see inst		e of a S	ection	501(c)(	7), (9), or	(17) Or	ganizatior	1				
1. Desc	cription of income	•			2. Amount of	income	3. Deduction directly connect (attach scheduler)	ected	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
1)	<del>444 .</del>					Î						
2)				41								
3)	-											
(4)			,									
••					Enter here and Part I, line 9, co		•				Enter here and on page Part I, line 9, column (B	
otals				<b>&gt;</b>		0.					0	
Schedule I - Exploited (see instru		Activity	Incom	e, Othe	r Than Ad	lvertisi	ng Income	е	4		•	
1. Description of exploited activity	2. Gro unrelated bu income f trade or bu	usiness rom	directly of with proof un	penses connected oduction related is income	4. Net incor from unrelate business (c minus cotur gain, comput through	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)	1-				-		-				1	
(-)	Enter here a page 1, P line 10, co	Part I, of (A)	- Enter he page line 10	1, Part I, , col (B)		,		-	,		Enter here and on page 1, Part II, line 25	
otals	1	0.		0.	L						0	
Schedule J - Advertisi Part I J Income From					solidated	l Basis			•		<del></del>	
		2. Gross	<u> </u>	3. Direct	4. Adver	tising gain	5. Circula	tion	6. Read	arabia	7. Excess readership costs (column 6 minus	
1. Name of periodical	a	idvertising income	adv	ertising costs	col 3) If a g	ain, comput hrough 7			cost		column 5, but not more than column 4)	
(1)									<u> </u>		•	
(2)		•							<u> </u>			
(3)										]		
(4)												
Totals (carry to Part II, line (5))	<b>•</b>	0		0	١.		1				0	
	******		-	_							Form <b>990-T</b> (201	

923731 01-27-20

## THE PRITZKER FAXLY Form 990-T (2019) PHILANTHROPIC FUND

Part II	ncome 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	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)			-				t .
(2)		,					
(3)		+					
(4)							1
Totals from Part I	▶	0.	0.				0.
		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
Totals, Part II (lines 1-5)	•	0.	0.				0.

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

	1. Name		2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)	•	-		%	
(2)				%	
(3)				%	
(4)				%	
Total. Enter here	and on page 1, Part II, line 14		<u></u>		0.

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT , 1
DESCRIPTION	NET INCOME OR (LOSS)
UBTI FROM PASSTHROUGHS - OTHER INCOME (LOSS)	-194,343.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-194,343.