	-	· · · · · · · · · · · · · · · · · · ·	JAGO.	Amended Return	- Secti	on	512(a)(7) F	Repeal	*			
	77	DOO_T		Exempt Organization	Busine	ess	Income Tax			ON	IB No 1545-068	87
F	orm -	990-T		(and proxy tax	under s	ecti	on 6033(e))	1808	5	4	2017	
			For cale	ndar year 2017 or other tax year begin	ning 09/0	1,2	2017, and ending	08/31 , 20	18	4	2W I	
	•	ent of the Treasury		► Go to www.irs.gov/Form9907					44 1401	Open to	Public Inspecti 3) Organizations	ion for
In		Revenue Service	▶ Do r	not enter SSN numbers on this form				ation is a 50				
<u>A</u>	<u> </u>	heck box if ddress changed		Name of organization (Check bo		inged a	ina see instructions)				entification nui rust, see instruct	
В		ot under section	Print	COLUMBIA COLLEGE CHICAGO Number, street, and room or suite no			th otions		{ ` `	•	6112087	,
	40	1(C)(3) 8(e) 220(e)	or	600 SOUTH MICHIGAN AVE	ii a i O box,	366 1113	itractions		É Unre		siness activity	codes
	40		Туре	City or town, state or province, country	y, and ZIP or f	foreign	postal code		(See	instructi	ons)	
	□ 52	9(a)		CHICAGO, IL 60605					52	3000	90009	9
C	Book at en	yalue of all assets of year		oup exemption number (See in								
_				neck organization type 🕨 🗸 5) trust	☐ Other	trust
<u>H</u>				n's primary unrelated business a								1 11-
1		-		e corporation a subsidiary in an af	_			controlled (roup?		∐ Yes ☑	J NO
-				and identifying number of the particleMATTHEW JAEHRLING	areni corpi	Jialio		one numbe	or D		312) 369-7162	
Ĭ				e or Business Income			(A) Income		xpenses		(C) Net	
	1a	Gross receipts			Ï				~			
	b	Less returns and			alance ►	1c	0					
	2	-		Schedule A, line 7)	、 ·	2	0					
	3	•		t line 2 from line 1c	ภ ·	3	0	4			0	
	4a			me (attach Schedule D)	7 . m 1707)	4a	3,301				3,301	
	b	-		4797, Part II, line 17) (attach Fori n for trusts		4b 4c	0				0	
	5	•		erships and S corporations (attach s		5	(4,723)				(4,723)	
	6		-	ile C)		6	0		0		0	
	7		-	ced income (Schedule E)		7	0		0		0	
	8	Interest, annuities,	, royalties,	, and rents from controlled organizations (Schedule F)	8	0		0		0	
	9			ction 501(c)(7), (9), or (17) organization (\$		9	0		0		0	
	10	•	-	ivity income (Schedule I)		10 11	0	-	0		0	
	11 12	Advertising in				12	0	-		-	0	
	13	Total. Combin	•	-		13	(1,422)		0		(1,422)	
_	Part			Taken Elsewhere (See instru				ions.) (Exc	ept for	contri		
•		deduction	ns must	be directly connected with the	e unrelate	d bu	siness income.)					
-	14	•		cers, directors, and trustees (Sc			·		.	14	0	
)	15	Salaries and v	•		REC	CEN	VED · · · ·		.	15 16	0	
	16 17			ance					•	17	0	_
•	17 18			dule)	i iui	17	2020	· · ·	:	18	0	
	19	·			'		<u> </u>		.	19	0	
	20			ons (See instructions for limitation	on rules [)FN	I U.T		[20	0	
	21	Depreciation ((attach I	Form 4562)				0				
	22	•		imed on Schedule A and elsew				0		22b	0	
	23	Depletion								23	0	
	24 25			erred compensation plans						24 25	0	
	26	Excess exemi	nt expe	nses (Schedule I)					: h	26	0	
	27		•	osts (Schedule J)					.	27	0	
	28			ach schedule)] سخ	28	2,850	
	29			dd lines 14 through 28					28	29	2,850	
	30			exable income before net operation					13	30	(4,272)	<u> </u>
	31 22	Net operating	ioss de	eduction (limited to the amount axable income before specific d	on line 30) Jedustics (Subtr	act line 21 from lin		21	31. 32	(4,272)	
	32 33			axable income before specific d Generally \$1,000, but see line 33						33	(4,272)	
	34			taxable income. Subtract line					32,	,		
_				1 00					39	3/4	(4,272)	<u> </u>
_											000 T	(0047)

For Paperwork Reduction Act Notice, see instructions. 341 2/18/2020 5:30:33 PM

Cat No 11291J



Amended Return - Section 512(a)(7) Repeal

Form 99	D-T (2017)						age ∠
Part I	II Ta	ax Computation					
35		zations Taxable as Corporations. See instructions for tax computation. Controlled	roup				
	membe	ers (sections 1561 and 1563) check here		1 1	i		
а	Enter y	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r):		i		
	(1) \$	(2) \$ (3) \$			i		
b		rganization's share of: (1) Additional 5% tax (not more than \$11,750)			i		
	(2) Add	litional 3% tax (not more than \$100,000)]	i		
C		e tax on the amount on line 34		35c		0	
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax	(on				
	the am	ount on line 34 from: 🔲 Tax rate schedule or 🔲 Schedule D (Form 1041)		36			
37	Proxy 1	tax. See instructions		37			
38	Alterna	tive minimum tax		38			
39	Tax on	Non-Compliant Facility Income. See Instructions		39			
40	Total.	Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40		0	
Part I	V T	ax and Payments					
41a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) . 41a					
b	Other o	credits (see instructions)					
C	Genera	at business credit. Attach Form 3800 (see instructions)					
d	Credit 1	for prior year minimum tax (attach Form 8801 or 8827)					
e	Total c	redits. Add lines 41a through 41d		41e		0	
42		ct line 41e from line 40	•	42		0	
43	Other ta	xes. Check if from: 🗌 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🗀 Other (attach schedul	e) .	43		0	
44		ax. Add lines 42 and 43	·	44		0	
45a		nts: A 2016 overpayment credited to 2017		1			
b		Sumated tax payments	0]			
C		posited with Form 8868	9	.			
d	_	n organizations: Tax paid or withheld at source (see instructions) . 45d					
e	-	o withholding (see instructions)		1			
f		for small employer health insurance premiums (Attach Form 8941) . 45f		4			
9		credits and payments:					
	☐ Form		0				
46		payments. Add lines 45a through 45g		46	10	1,529	
47		ted tax penalty (see instructions). Check if Form 2220 is attached	▶⊔	47			
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed	∠ ►	48		0	
49	Overpa	syment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid .5.	7 ▶	49		1,529	
50		e amount of line 49 you want: Credited to 2018 estimated tax > 30,568 56 Refund		<i>[</i> 50	7(0,961	
Part		tatements Regarding Certain Activities and Other Information (see instruction				V	NI.
51		time during the 2017 calendar year, did the organization have an interest in or a signatu				Yes	No
		financial account (bank, securities, or other) in a foreign country? If YES, the organizat					
		N Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of	tne to	reign o	χουπτη		
	here >						✓
52	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	o, a tor	eign tru	ist? .		√
		see instructions for other forms the organization may have to file.			_		
<u>53</u>		he amount of tax-exempt interest received or accrued during the tax year > \$	ha thea be-	nl al	O D	anul keri	1 of 1 2-
Sign		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	owiedge.				
_	1.	0.40.00	-		he IRS discu he preparer		
Here		Jarry Arrar 6-18-20	SICFO		structions)?		
	Signat	Discourie affective C			7 -~	INI	
Paid		Print/Type preparer's name NICOLE BENCIK Preparer's signature Date 3/24/3	2026	neck -) PT	IN 00756	105
Prepa	arer	OBOUE LLD					
Use (Only	Firm's name CROWE LLP		m's EIN		99216	
		Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224	Ph	one no	(312)		
					Form 9	3U- I	(2017)

Form 990-T (2017)									Page 3
Schedule A—Cost of Go	ods Sold. Er	iter method	of invento	ory va	aluation 🕨				
1 Inventory at beginnin	g of year	1	0	6	Inventory at	t end of year	6		0
2 Purchases	· · · [2	0	7	Cost of g	goods sold. Subtract			
3 Cost of labor		3	0		line 6 from	line 5. Enter here and	<u>*</u>		
4a Additional section 2	263A costs				ın Part I, lin	e2	7]	0
(attach schedule)		4a	0	8	Do the rule	es of section 263A (with	h res	pect to Ye	s No
b Other costs (attach s	chedule)	4b	0			oduced or acquired for			
5 Total. Add lines 1 thr	_	5	0			nization?			✓
Schedule C-Rent Incor	ne (From Re		and Pers	onal					
(see instructions)		,,					•		
Description of property					·				
(1)								-	
(2)									
(3)									
(4)	2. Bent receiv	red or accrued				T			
		T				3(a) Deductions directly	conna	cted with the inc	ome
 (a) From personal property (if the p for personal property is more that 			eal and person		perty (if the operty exceeds	in columns 2(a) and			ome
more than 50%)					ofit or income)				
(1)						-			
(2)									
(3)									
(4)									
Total	0	Total				(b) Total deductions.			
(c) Total income. Add totals of		d 2(b) Enter				Enter here and on page	-		^
here and on page 1, Part I, line	6, column (A)	<u> </u>		_		Part I, line 6, column (B)	<u> </u>		0
Schedule E—Unrelated	Debt-Financ	ed Income	(see instru	ctions	S)	3. Deductions directly con	nected	with or allocabl	e to
4 0	4-1-4-6				come from or	debt-finance			C 10
1. Description of	debt-financed proj	репу	alloca		debt-financed perty	(a) Straight line depreciation	[(b) Other deduct	
						(attach schedule)	<u> </u>	(attach schedu	ie)
(1)							ļ		
(2)							<u> </u>		
(3)		 .					┞		
(4)							<u> </u>		
 Amount of average acquisition debt on or 		ge adjusted basis allocable to			olumn	7. Gross income reportable		Allocable deduc	
allocable to debt-financed	debt-fir	anced property			vided olumn 5	(column 2 × column 6)	(COIL	mn 6 × total of onu (a) and 3(b)	
property (attach schedule)	(atta	ch schedule)					<u> </u>		
(1)					%		<u> </u>		
(2)					%		<u> </u>		
(3)					%		L		
(4)					%				
						Enter here and on page 1,		r here and on	
						Part I, line 7, column (A)	Par	t I, line 7, colui	mn (B)
Totals .					▶	0			0
Total dividends-received ded	uctions included	l ın column 8				•			0
								Form 990	T (2017)

Schedule F-Interes	st, Annuities	, Royalties,				anizations (se	e instruc	ctions)	
			Exempt	Controlled	l Organizations				
Name of controlle organization		. Employer fication number		lated income instructions)	4. Total of specified payments made	5. Part of colum included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)				-					
(2)									
(3)							_		
(4)									
Nonexempt Controlled	Organizations	S				·			
7. Taxable Income		. Net unrelated in loss) (see instruct			otal of specified yments made	10. Part of column included in the corganization's gro	controlling	connec	eductions directly cted with income in column 10
(1)									
(2)				_					
(3)				_					
(4)									
						Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	Enter h Part I,	columns 6 and 11 here and on page 1, line 8, column (B)
Totals	tmont Incon	as of a Soot	ion EO1/	· a)(7) (0)	or (17) Organi	zation (assume	(0
Schedule G-Inves	unent incon	ile of a Sect	1011 501		Deductions	4. Set-aside			otal deductions
1. Description of it	ncome	2. Amount o	f income	dire	ctly connected ach schedule)	(attach sched		and s	et-asides (col 3 plus col 4)
(4)	-			latt	acti scrieddiej			l l	pida coi 4)
(1) (2)				-					
(3)									
(4)									
		Enter here and	on page 1					Enter he	re and on page 1,
		Part I, line 9, o	column (A)	<u> </u>					ne 9, column (B)
Totals .				0					0
Schedule I - Exploi	ted Exempt	Activity Inc		-	Advertising In	come (see inst	ructions	3	
1. Description of expl		2. Gross unrelated business inco from trade of business	me conr	Expenses directly nected with duction of nrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		6. Exp	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1							
(2)									
(3)									
(4)									
T		Enter here and page 1, Part line 10, col (I, pag A) line	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
Totals Schedule J—Adver		10 (see instru	otions)	0					<u>, </u>
				Consoli	dated Basis				
Talet moonic	1101111 01100		100 011 0	. 001.001.	4. Advertising	· ·	<u> </u>	-	7. Excess readership
1. Name of per	iodical	2. Gross advertising income		3. Direct rtising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership osts	costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)							<u> </u>		
(4)									
Totals (carry to Part II, lir	ne (5))	<u> </u>	0	0	0		<u> </u>		0 T (2047)
								F	orm 990-T (2017)

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.) 4. Advertising gain or (loss) (col 2 minus col 3) If 7. Excess readership costs (column 6 2. Gross 5. Circulation 6. Readership 3. Direct advertising minus column 5, but 1. Name of periodical advertising costs ıncome costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) (2) (3) (4) 0 0 0 Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) 0 0 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) ▶ 0 Total. Enter here and on page 1, Part II, line 14

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.

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OMB No 1545-0123

Department of the Treasury Internal Revenue Service

COLUMBIA COLLEGE CHICAGO

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

Employer identification number 36-6112087

Par	Short-Term Capital Gains and Losses —	Assets Held O	ne Year or Less	<u> </u>		
	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) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part I, line 2	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(or other basis)	column (g)		the 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 adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	,				0
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					0
2	Totals for all transactions reported on Form(s) 8949					0
3	Totals for all transactions reported on Form(s) 8949					0
	with Box C checked			1	1	
4	Short-term capital gain from installment sales from Form	n 6252, line 26 or 3			4	
5	Short-term capital gain or (loss) from like-kind exchange	es from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(0)
7	Net short-term capital gain or (loss). Combine lines 1a tl	hrough 6 in column	nh		7	0
Par				'ear		
	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) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part II, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(or other basis)	column (g)		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 adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					0
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					0
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					0
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					0
11	Enter gain from Form 4797, line 7 or 9				11	3,301
12	Long-term capital gain from installment sales from Form	n 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchange	es from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
	Net long-term capital gain or (loss). Combine lines 8a th	rough 14 in columi	nh		15	3,301
16	Enter excess of net short-term capital gain (line 7) over	net long-term capit	al loss (line 15)		16	0
17	Net capital gain. Enter excess of net long-term capital g	gain (line 15) over n	et short-term capit	al loss (line 7)	17	3,301
18	Add lines 16 and 17. Enter here and on Form 1120, pag Note: If losses exceed gains, see Capital losses in t		roper line on other	returns	18	3,301

The Form 990-T for the tax year ending August 31, 2018 is being amended due to the repeal of Section 512(a)(7). As a result, the following changes have been made:

2		(a) As originally reported or as previously		(c) Correct
_	Reason for change	adjusted	(b) Net change	amount
Income				
Line 4a Capital Gain Net Income		3,301		3,301
Line 5 Income/Loss from Partnerships/S		(4.700)		(4.700)
Corps	D1-£ \$540(-)(7)	(4,723)	(250.440)	(4,723)
Line 12 - Other Income	Repeal of §512(a)(7)	350,140	(350,140)	
Total Income		348,718	(350,140)	(1,422)
Deductions			•	
Line 19 - Taxes and Licenses	Repeal of §512(a)(7)	30,001	(30,001)	-
Line 20 - Charitable Contributions	Repeal of §512(a)(7)	31,487	(31,487)	-
Line 28 - Other Deductions		2,850	<u>-</u>	2,850
Total Deductions ,		64,338	(61,488)	2,850
Specific Deduction		1,000	(1,000)	<u>-</u>
Unrelated Business Taxable Income		283,380	(287,652)	(4,272)
Total Tax		70,691	(70,691)	-
Payments and Credits				
Overpayment in prior year allowed as a	credit	-	-	-
Estimated tax payments				-
Subtotal	r	-	-	-
Tax deposited with Form 8868		101,529		101,529
Tax deposited or paid with (or after) the	filing of the original return			-
Subtotal		-		101,529
Less overpayment as shown on origina	l return or as later adjusted		1.	(30,568)
Subtotal				70,961
Tax Due or Overpayment				
Tax Due				-
Overpayment				(70,961)
Enter the amount of overpayment you v	vant			
Credited	to 2018 estimated tax 🕨	-	Refunded 🕨	70,961

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
AIM ACTIVITY		
(1) DAVIDSON KEMPNER INSTITUTIONAL PARTNERS L P	13-3597020	-4,723
	Total for Part I, Line 5	-4,723

1

Form 990T Part II	Line 20	Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2012	97,000				97,000	2017
2013	283,890				283,890	2018
2014	181,568				181,568	2019
2015	45,500				45,500	2020
2016	83,750				83,750	2021
2017	10,500				10,500	2022
Totals	702,208	0	0	0	702,208	

Form 990T Part II, Line 28	Other Deductions	
	Description	Amount
OTHER		
(1) PROFESSIONAL FEES		2,850
	Total for Part II. Line 28	2,850

Form 990T P	art II, Line 31	Net Operating L	oss Deduction Carryfo	orward Schedule		
Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2017	4,272				4,272	2037
Totals	4.272	0	0	0	4.272	