		•	T I							1	
	•	OO T	E	Exempt Organizat	ion Busin	ess	Inco	ome Tax Re	turn	01	MB No 1545-0047
F	cim 🕻	390-T		. —				6033(e)) <u>/</u> (മെ ₄ ₳
			For cale	ndar year 2019 or other tax year					-		2019
D	epartme	ent of the Treasury		► Go to www.irs.gov/For						Open	to Public Inspection for
In		Revenue Service	▶ Do i	not enter SSN numbers on this	form as it may be	e made (public	ıf your organizatıon ı	s a 501(c)(3).		(3) Organizations Only
A		heck box if ddress changed	Ι.	Name of organization (anged ar	nd see	instructions)			dentification number trust, see instructions)
В	Exempt under section Print COLUMBIA COLLEGE CHICAGO										
		1(C)()(3)	or	Number, street, and room or suit 600 SOUTH MICHIGAN AVE		k, see ins	struction	ns	E Ur		-6112087 usiness activity code
	40		Туре	City or town, state or province,		r foreign	nostal	code	_	ee instruc	-
	_	од <u> </u>		CHICAGO, IL 60605	country, and 211 of	loreign	postar	code			52
ō	Book	value of all assets of year	F Gr	oup exemption number (S	ee instructions	s.) >					
	at ent	522,591,069		neck organization type			n _	501(c) trust	401	(a) trust	Other trust
F				organization's unrelated tra						• •	r first) unrelated
				QUALIFIED PARTNERSHIP							
			•	at the end of the previous	sentence, con	nplete	Parts	I and II, complet	e a Sched	ule M f	or each additional
-				omplete Parts III-V.					صور المجال		
ı				e corporation a subsidiary in and identifying number of t				nt-subsidiary contro	niea group		☐ Yes ☑ No
		e books are in				Jorano	III. P	Telephone n	umber >		(312) 369-7162
Ĭ				e or Business Income				(A) Income	(B) Expe		(C) Net
	1a	Gross receipt			0	- [1
	b	Less returns a	and allow	wances	0 c Baland	ce ▶	1c	0			
	2	Cost of goods	s sold (S	Schedule A, line 7)	· · / \.	. [2	0			
	3	=		t line 2 from line 1c .	<i>f</i> †		3	0			0
	4a			me (attach Schedule D) .			4a	84,172			84,172
	b			4797, Part II, line 17) (attac	ch Form 4/9/)	• }	4b 4c	0		_/	0
	с 5	Capital loss d		a partnership or an S c	orporation (at	tach	40	<u></u>			<u>_</u>
	•	statement)					5	20,339			20,339
	6	Rent income (Schedu	ıle C)		İ	6	0		0	0
1707	7	Unrelated deb	t-financ	ced income (Schedule E) .		. [7	0		0	0
づ	8	•		s, and rents from a controlled org			8	0		0	0
4	9			ection 501(c)(7), (9), or (17) orga	inization (Schede	le G)	9	0		0	0
	10	•	-	tivity income (Schedule I)	·/··	-	10	0	<u>.</u> .	0	0
3	11 12	Advertising in	•	structions, attach schedule		. }	11 12	0		0	0
T.	13			3 through 12		.				0	104,511
) [Part	Deductio	ns Not	: Taken Elsewhere (See	instructions fo	or limita	ations	on deductions.)		ns mu	
•		connecte	d with t	the unrelated business in	come.)				`		
_	14	Compensatio	n of offi	cers, directors, and trustee	es (Schedule K	VED		,		14	0
	15	Salaries and v	•	/· · ·			٦٥	,	•	15	0
	16	Repairs and n	nainten	ánce	JUL 22	ัวก่วา	S-0S(·	•	16	0
	17	Bad debts	. <i>/</i>		392 2.2	.ZUZI	Š	·		17	0
	18 19	Taxes and lig	/	dule) (see instructions)	OCDEN		_1≃	1 .		18	386
	20			Form 4562)	OGDEN	r, U i		20		0 13	
	21		•	aimed on Schedule A and e	elsewhere on re	eturn		21a		0 21b	ĺ
	22									22	1,891
	23	Contributions	to defe	erred compensation plans						23	0
	24)		ograms		•	•			24	0
	25	,		nses (Schedule I)					•	25	0
	26	,		osts (Schedule J)				•		26	0 83 348
	27 28			tach schedule)			•		•	27	83,348 85,625
	28/			axable income before net of		deduct				29	18,886
	30			perating loss arising in ta						<u> </u>	10,000

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Cat No 11291J

Form **990-T** (2019)

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instructions) .

Form 990-T (2019)

	(2010)											-3
Sche	dule A-Cost of Goods Sold.	Ente	er method of in	vent	ory va	aluation >						
`1	Inventory at beginning of year	1		0	6	Inventory a	at e	end of year	6			0
2	Purchases	2		0	7	Cost of go	00	ds sold. Subtract line				
3	Cost of labor	3		0		6 from line	5	Enter here and in Part		_i		
4a	Additional section 263A costs					I, line 2			7	1		0
	(attach schedule) .	4a		0	8	Do the rule	es	of section 263A (with	resp	ect to	Yes	No
b	Other costs (attach schedule)	4b)	0				duced or acquired for r				
5	Total. Add lines 1 through 4b	5		0				zation?				
Sche	dule C-Rent Income (From F	Real	Property and	Per	sona	Property L	Le	ased With Real Prop	erty)		
(see	instructions)											
1. Desc	ription of property											
(1)												
(2)		_										
(3)												
(4)						=						
	2. Rent rec	eived	or accrued									
	om personal property (if the percentage of rei personal property is more than 10% but not more than 50%)	nt	(b) From real and percentage of rent for 50% or if the rent is	or per	sonal pr	operty exceeds		3(a) Deductions directly of in columns 2(a) and				ne
(1)			_				7					
(2)								, <u>-</u>				
(3)								· · -			·	
(4)							7					
Total		0 T	otal			(0	43 - 4 - 4 - 4 - 4		•		
(c) Tot	tal income. Add totals of columns 2(a)		•					(b) Total deductions. Enter here and on page 1	_			
	nd on page 1, Part I, line 6, column (A)		>			1	0	Part I, line 6, column (B)				0
Sche	dule E – Unrelated Debt-Finar	ncec	l Income (see i	nstru	uctions	s)						
	Description of debt-financed p	ropert	tv	2. Gross income from or allocable to debt-financed				3. Deductions directly conr debt-finance				
	·	•			pro	perty	١ (Straight line depreciation (attach schedule)) Other de (attach sc		S
(1)							Τ					
(2)	-						T					
(3)							Ī					
(4)			-									
a	acquisition debt on or of debt-financed debt	or all	adjusted basis ocable to ced property schedule)		4 d	Column Ivided olumn 5		7. Gross income reportable (column 2 x column 6)		Allocable on 6 × tota 3(a) and	al of colu	
(1)						%						
(2)						%						
(3)						%						
(4)						%						
								inter here and on page 1, Part I, line 7, column (A)	Enter Part	here and I, line 7,	on pa	ge 1, ı (B)
Totals Total	; dividends-received deductions includ	ed in	column 8			•		0				0

Form **990-T** (2019)

Sche	edule F-Interest, Ann	uities, Royalties,			Controlled Org	janizations (se	e instruc	ctions)	
	Name of controlled organization	2. Employer redentification number	3. Net unre	elated income instructions)		Included in the o	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5
(1)				•					
(2)									
(3)	·								
(4)									
None	xempt Controlled Organi	zations							
	7. Taxable Income	8. Net unrelated in (loss) (see instruct		9. Total of specified payments made		10. Part of column included in the coorganization's great the control of the column included in the column include	controlling	conne	eductions directly cted with income in column 10
(1)	·					_			
(2)									-
(3)	·								
(4)									
						Add columns 5 Enter here and 6 Part I, line 8, co	on page 1,	Enter t	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals					<u> </u>			0	0
Sche	edule G-Investment	Income of a Sect	ion 501		or (17) Organi	1			Ant deduction
	1. Description of income	2. Amount o	f income	dıre	ctly connected ach schedule)	4. Set-aside (attach schedi		and s	otal deductions et-asides (col. 3 plus col. 4)
(1)									
(2)									
(3)									
(4)				_		<u> </u>			
		Enter here and Part I, line 9, o							re and on page 1, ne 9, column (B)
Totals		•		0					0
Sche	edule I — Exploited Ex	empt Activity Inc	ome, Ot	her Than	Advertising Ir	ncome (see inst	ructions	s)	, -
	Description of exploited activ	2. Gross unrelated business inco from trade business	ome con	Expenses directly nected with oduction of unrelated ness 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	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)	_								
(4)		Enter here and page 1, Part line 10, col (∶l, pag	r here and on ge 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 25
Totals	s	•	0	0	<u> </u>				0
Sche	edule J-Advertising								
Par	t I Income From F	Periodicals Repor	ted on a	a Consoli	dated Basis				
	1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership ists	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) EC	CHO MAGAZINE		550						
(2)									
(3)									
(4)	<u> </u>								
Totals	s (carry to Part II, line (5))	•	550		550	0		0	0
									orm 990-T (2019

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

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_			-	
(2)					_		
(3)							
(4)							
Totals from Part I	▶	550	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)	•	550	0	ı			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		>	0

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 09/01 , 2019, and ending 08/31 , 20 20

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

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

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

0 0 0 0 0 0	(B) Expense	36-611200	(C) Net
0 0 0 0 0	(B) Expense	is .	
0 0 0 0 0	(B) Expense	98	
0 0 0 0 0	(B) Expense	es	
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	550 n deduction 20 21a	550 0 0 n deductions.) (Deductions) 20 0 0 21a 0 0	550 0 0 14 15 15 16 17 18 19 20 0 21b 22 23 24 25 25 26 27 28 tract line 28 from line 13 29 29 25 18 19 29 29 29 29 29 29 29 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29

Förm 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
QUALIFIED PARTNERSHIP INVESTMENTS		
(1) QUALIFIED PARTNERSHIP INTERESTS		20,339
	Total	20,339

Form 990T Part II, Line 19	Taxes and Licenses	
	Description	Amount
QUALIFIED PARTNERSHIP INVESTMEN	TS	
(1) FOREIGN TAXES		386

6

8

Form 990T Part II, Line 27 Other Deductions

Description		Amount
QUALIFIED PARTNERSHIP INVESTMENTS		
(1) QUALIFIED PARTNERSHIP INVESTMENTS		80,698
(2) PROFESSIONAL FEES		2,650
	Total	83.348

1 1	
t t	
Form 990T Part III. Line 34	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
2014	181,568		1,944		179,624	2019
2015	45,500				45,500	2020
2016	83,750				83,750	2021
2017	10,500				10,500	2022
2018	37,500				37,500	2023
2019	5,000				5,000	2024
Totals	363 818	0	1 944	0	361 874	

Form 990T Part V, Line 51b	Estimated Tax Payments	
	Date	Amount
12/15/2019	<u> </u>	28,000
	Totals	28,000

SCHEDULE D (Form 1120)

Capital Gains and Losses

Employer identification number

► 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.

COL	UMBIA COLLEGE CHICAGO			Emplo		36-6112087
Did t	he corporation dispose of any investment(s) in a qual	ified opportunity fu	und during the tax	year?		▶ ☐ Yes ☐ No
_	es," attach Form 8949 and see its instructions for add			our gain or los	s	
Pa	· · · · · · · · · · · · · · · · · · ·	See instructions.)	1		T
	See instructions for how to figure the amounts to enter on the lines below.	(g) Adjustments t or loss from Form	n(s)	(h) Gain or (loss) Subtract column (e) from		
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part I, line 2, column (g)		column (d) and combine 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 with Box B checked					0
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	297	0		0	297
4	Short-term capital gain from installment sales from Form	m 6252, line 26 or 3	7	·	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 t	hrough 6 in column	ih		7	297
Pai	t II Long-Term Capital Gains and Losses (S	See instructions.)	<u> </u>	1-		
	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	(g) Adjustments to loss from Form 8949, Part II, line	n(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	83,321	0		0	83,321
11	Enter gain from Form 4797, line 7 or 9				11	554
12	Long-term capital gain from installment sales from Form	m 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	nrough 14 in columi	nh .	• • •	15	83,875
	Enter excess of net short-term capital gain (line 7) over	net long-term capit	al loss (line 15)		16	297
17	Net capital gain. Enter excess of net long-term capital g			al loss (line 7)	17	83,875
18	Add lines 16 and 17 Enter here and on Form 1120, page	ge 1, line 8, or the p			18	84,172
_	Note: If losses exceed gains, see Capital Losses in t	ine instructions.				

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment Sequence No 12A

Name(s) shown on return COLUMBIA COLLEGE CHICAGO Social security number or taxpayer identification number 36-6112087

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 Part I 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) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-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 <i>Column</i> (e) in the separate	If you enter an enter a c See the ser	f any, to gain or loss amount in column (g), ode in column (f) parate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result	
			,	instructions	Code(s) from instructions	Amount of adjustment	with column (g)	
FROM PASS-THROUGH SCHEDULES K-1			297				297	
-								
				-				
2 Totals. Add the amounts in column negative amounts) Enter each tot Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box	al here and inc e is checked), lii	lude on your ne 2 (if Box B	297	_ 0		0	297	

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

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

Social security number or taxpayer identification number 36-6112087

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	g-term	n transa	actions	repo	rtec	d on	Forr	n(s)	1099	-B :	showing	basis	was	repor	ted t	o th	ne IF	RS (see	Note	abov	/e)
_									_			_											

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(i) Long term transactions i	not roportou	10 ,00 011 1						
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, of the sequence of	Gain 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) (g) Code(s) from Amount of adjustment		from column (d) and combine the result with column (g)	
FROM PASS-THROUGH SCHEDULES K-1			83,321				83,321	
		-						
							_	
							_	
			}					
	(N () ()	1424-5						
negative amounts) Enter each total Schedule D, line 8b (if Box D above	al here and inc e is checked), lii	lude on your ne 9 (if Box E	83.321	0		0	83,321	
	al here and inc e is checked), lii	lude on your ne 9 (if Box E	83,321	0		0	8	

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

Form **8949** (2019)