	. *		EXT	TENDED TO MA	AY 1	L7, 20	21					
 Fori	ո <b>990-T</b>	E	Exempt Orgai	nization Bus	sine	ss Inc	come T	ax Retur	'n	OMB N	No 1545-0047	
•		(and proxy tax under section 6033(e)) $2000$									040	
		For calendar year 2019 or other tax year beginning $\frac{\mathrm{JUL}}{\mathrm{JU}}$ 1, $\frac{2019}{\mathrm{Johnson}}$ , and ending $\frac{\mathrm{JUN}}{\mathrm{JUN}}$ 30, $\frac{2020}{\mathrm{JUN}}$								Z	019	
	artment of the Treasury nal Revenue Service	▶ 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)									ublic Inspection for Organizations Only	
<b>A</b> [	Check box if address changed		Name of organization (								D Employer identification number (Employees' trust, see instructions)	
В	Exempt under section	Print	UNIVERSITY (	OF NORTHERN	TOT	JA FOI	דיי ביותו	N	42-6058591			
X		or	Number, street, and room				J11D111 1 C	<u> </u>	E Unre	elated busin	ess activity code	
	408(e) 220(e)	Туре	204 COMMONS		.,				(See	instructions	3)	
	408A	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code										
C B	ook value of all assets		F Crous suggestion sugst	(Can					<u> </u>	,,,,,		
	<u> </u>	93.	G Check organization type	E ► X 501(c) corp	poration	ı 🔲	501(c) trust	401	(a) trust		Other trust	
H E	nter the number of the d	organiza	tion's unrelated trades or b	usinesses.	1		Describe	the only (or first)	unrelated			
tr	ade or business here 🕨	► <u>PAI</u>	RTNERSHIP K-	ls			. If only one,	complete Parts I-	V. If mor	e than one	е,	
de	escribe the first in the bl	lank spa	ce at the end of the previou	is sentence, complete Pa	rts I an	d II, comple	ete a Schedule	M for each addition	onal trad	e or		
_	usiness, then complete l											
			oration a subsidiary in an a		nt-subs	diary contro	olled group?	<b>&gt;</b>	Y	es X	☑ No	
			ifying number of the parent						210	050	<del></del>	
			STACY ROBINSO			(A) I	l elephi Income	one number   (B) Expens		,		
	Gross receipts or sale		To or Business me		Ι	(A) I	iliconte	(B) Expens	es	+	(C) Net	
	Less returns and allov			c Balance	1c	•				<b>」</b> /		
	Cost of goods sold (S		A. line 7)	C Dalance	2							
70 3	Gross profit. Subtract		•		3				_	1		
	Capital gain net incom				4a	2	0,605.			†	20,605.	
<b>&gt;</b> b		-	art II, line 17) (attach Form	4797)	4b							
5 5 5	Capital loss deduction	for trus	ts	,	4c							
	Income (loss) from a	partners	hip or an S corporation (at	tach statement)	5	1	4,026.				14,026.	
<b>5</b> 6	Rent income (Schedul	le C)			6							
<b>4</b> 7	Unrelated debt-finance	ed incon	ne (Schedule E)		1		_					
6 7 8 9			nd rents from a controlled o		8		_					
€9			n 501(c)(7), (9), or (17) or	ganization (Schedule G)	9					ļ		
	Exploited exempt activ		• •		10					ļ		
11	Advertising income (S		•		11					ļ		
12	Other income (See ins				12	2	1 631			-	24 (21	
	Total. Combine lines art II Deduction	ns No	ղո ոչ t Taken Elsewhere	2 (Coo motrustions to	13	3.	4,631.			]	34,631.	
	(Deductions	must b	e directly connected wit	h the unrelated busine	ess inc	come)				<del>,</del>		
14		cers, dir	ectors, and trustees (Sched	dule K)					14	ļ		
15	Salaries and wages			D=0-11					15	<u> </u>		
16	Repairs and maintena	ance		RECE!	VEL				16			
17 18	Bad debts	المرادات	o instructions)			S-OSC			17		<del></del>	
19	Interest (attach sched Taxes and licenses	uule) (Se	e mstructions)	S MAY 21	202				18	_	508.	
20	Depreciation (attach)	orm 45	62)				20		19			
21	Less depreciation da	imed on	Schedule A and elsewhere	on return GDEN	] []		21a		21b			
22	Depletion		Concessor A and Ciberriore	of total Opper	<b>v</b> , <u>U</u>	<u>'</u>	[214]		22	<del>                                     </del>		
23	Contributions to defe	rred cor	npensation plans						23			
24	Employee penefit pro		<b>F</b>						24		-	
25	Excess exempt expen	-	hedule I)						25		<del></del>	
26	Excess readership co								26			
27	Other deductions (att	ach sch	edule)			SE	E STAT	EMENT 1	27		6,812.	
28	Total deductions Ac								28		7,320.	
29			come before net operating				3		29		27,311.	
30	/	erating le	oss arising in tax years beg	inning on or after Januar	y 1, 20	18						
	(see instructions)								30		0.	
3/1			come. Subtract line 30 from				<u> </u>		31		27,311.	
9237	01 01-27-20 LHA <b>Fo</b> i	r Paper	vork Reduction Act Notice,	see instructions				WA		Form 5	<b>990-T</b> (2019)	

	90-T (2019		<u>42-60</u>	58591 Page 2
Par	t W	Total Unrelated Business Taxable Income		
32	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	27,311.
33	Amour	nts paid for disallowed fringes	33	
34		able contributions (see instructions for limitation rules)	34	33.
35	Total u	inrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	27,278.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	- <del> </del>
37	Total o	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	27,278.
38	Specifi	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ited business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37.		·
	enter t	he smaller of zero or line 37	39	26,278.
Par	t IV	Tax Computation	1	
40 -	Organi	zations Taxable as Corporations Multiply line 39 by 21% (0.21)	40	5,518.
41		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		
		fax rate schedule or Schedule D (Form 1041)	41	
42		tax See instructions	42	
43	-	ative minimum tax (trusts only)	43	
44		Noncompliant Facility Income. See Instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	A5	5,518.
		Tax and Payments	1/10	3,3101
46 a		n tax credit (corporations attach Form 1118; trusts attach Form 1116)  46a		
b		credits (see instructions)	1	
C		al business credit. Attach Form 3800	1 1	
d		for prior year minimum tax (attach Form 8801 or 8827)	1	
		redits. Add lines 46a through 46d	460	
47		ct line 46e from line 45	46e	5,518.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	3,310.
49		ax. Add lines 47 and 48 (see instructions)	49	5,518.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
			30	
		nts: A 2018 overpayment credited to 2019 stimated tax payments  20 3,111.	1	
			1	
		posited with Form 8868  n organizations: Tax paid or withheld at source (see instructions)  7,000.	1	
		· · · · · · · · · · · · · · · · · · ·	1 1	
			1	
		for small employer health insurance premiums (attach Form 8941)  credits, adjustments, and payments: Form 2439	1	
y				
52		orm 4136 Other Total ▶ 51g	59	10.111.
53	•	ted tax penalty (see instructions). Check if Form 2220 is attached	<del> </del>	10,111.
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	53	<del></del>
55.		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	54	4,593.
_			$\overline{}$	0.
Part		Statements Regarding Certain Activities and Other Information (see instructions)	56	<u> </u>
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	···········	Vaa I Na
0,		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	Tronii 114, hoport of foldigh bank and financial Accounts. If fest, enter the name of the foldigh country		🔻
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$-\frac{X}{X}$
30		see instructions for other forms the organization may have to file.		A
59		the amount of tax-exempt interest received or accrued during the tax year		
	111	adar papeline of paying I declare that I have examined the solution religion	dge and belief it is	s true
Sign	C	orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  ASST VP ADVANCE		
Here		5-13-21 N gyrgg	ay the IRS discus	
		Constitute of officer	e preparer shown structions)?	
				Yes No
<b>.</b> .			i   FIIN	
Paid		MICHELLE L WEBER   // WW   5/11/21   self-employed	מחמ	56798
-	oarer	Firm's name ► GRANT THORNTON LLP Firm's EIN ►		055558
use	Only	100 E WISCONSIN AVE	30-0	33330
		Firm's address ► MILWAUKEE, WI 53202 Phone no. 4	14-280	-8200
923711	01-27-20	Filorie III. 4		990-T (2019)
		_	Forn	(2019)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/	A			
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6	
2 Purchases	2		7 Cost of goods sold Subtract line 6				
3 Cost of labor	3		from line 5. Enter here and in Part 1,				
4a Additional section 263A costs			line 2			7	
(attach schedule)	_4a		8 Do the rules of section	n 263A (	with respect to		Yes No
<ul><li>Other costs (attach schedule)</li></ul>	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		<u> </u>		X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Lease	d With Real Prop	erty)	
						_	
1 Description of property							
(1)							
_(2)							
(3)							
(4)	···.				Ţ:		
		ed or accrued	·-·-·		3(a) Deductions directly	connected	with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	columns 2(a) ar		
(1)					<del></del>		
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter <b>&gt;</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0
Schedule E - Unrelated Det		Income (see	instructions)			<u> </u>	
			2. Gross income from		3. Deductions directly cont to debt-finance		or allocable
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deductions attach schedule)
(1)							** * *
(2)				Ì			
(3)							
(4)				1		T	<del></del> .
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deductions mn 6 x total of columns 3(a) and 3(b))
(1)			%	1	<u></u>	$\top$	<del></del>
(2)			%	<del>                                     </del>		_	
(3)			%				<del>-</del>
(4)		-	%			<u> </u>	
		· · · · · ·			nter here and on page 1, Part I, line 7, column (A)		here and on page 1, I, line 7, column (B)
Totals					0.		0.
Total dividends-received deductions or	ncluded in column	18		L		-	0.
		-				_1	

Schedule F - Interest, A	Annuities,	Royaltie	s, and Rent	s From Co	ntrolle	d Organiza	itions	(see ins	structio	ns)	
			Exemp	t Controlled C	rganizatio	ons					
Name of controlled organization		2. Employ identification number		let unrelated income s) (see instructions) pa		ments made included		art of column 4 that is ded in the controlling ization's gross income		connected with income	
(1)								<del></del>		<del></del>	
(2)			ĺ								
(3)											
(4)											
Nonexempt Controlled Organi	zations									<u> </u>	
7 Taxable Income		lated income (lo instructions)	oss) <b>9</b> To	al of specified pay made	ments	10. Part of colur in the controlli gross	mn 9 that i ng organiz s income	is included zation's		Deductions directly connected th income in column 10	
(1)											
(2)											
(3)										· -	
(4)				- " "			-				
						Add colum Enter here and line 8, c		1, Part I,	l	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					<b>•</b>			0.		0.	
Schedule G - Investme		of a Sec	ction 501(c)	(7), (9), or (	17) Org	anization					
(see instr	ructions)										
1 Desc	ription of income			2 Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set-	asides schedule)	<ol> <li>Total deductions and set-asides (col 3 plus col 4)</li> </ol>	
(1)											
(2)											
(3)				ļ							
(4)											
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals			ì	•	0.					0.	
Schedule I - Exploited (see instru	-	ctivity In	come, Othe	r Than Adv	ertisin/	g Income				1	
Description of exploited activity	2. Gros unrelated bus income fr trade or bus	SIRESS om IRESS	3 Expenses directly connected with production of unrelated business income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity the is not unrelate business inco	hat ed	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)	_										
Totals -	Enter here a page 1, Pa line 10, col	art I,	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25	
Schedule J - Advertisir	ng Income			<u></u>							
Part I Income From F	Periodical	s Report	ed on a Co	nsolidated	Basis						
1 Name of periodical	ac	Gross dvertising income	3 Direct advertising cost	or (loss) (c		5 Circulati	ion	6. Reade		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))	<b>•</b>	0.		o.						0.	
										Form 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	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)		<u>-</u>					
Totals from Part I	<b>•</b>	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.				l 0

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

1 Name	<b>2</b> 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		<b>&gt;</b>	0.

Form 990-T (2019)

## **SCHEDULE D** (Form 1120)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0123

Name

Employer identification number

UNIVERSITY OF NORT		42-6058591			
Did the corporation dispose of any investme		Yes X No			
If "Yes," attach Form 8949 and see its instru	ictions for additional require	ments for reporting you	r gain or loss		
Part I Short-Term Capital Ga	ins and Losses (See I	nstructions)			
See instructions for how to figure the amounts to enter on the lines below	(d)	(4)	(g) Adjustments to gair		(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g)	9.	column (e) from 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					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 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 37			4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach comput	ation)			6	(
7 Net short-term capital gain or (loss) Combin				7	
Part II Long-Term Capital Gai	ns and Losses (See in	structions)			y-
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.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair 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)
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					
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	15,494.				15,494.
11 Enter gain from Form 4797, line 7 or 9				11	5,111.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in column	h		15	20,605.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capital	loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	r capital gain (line 15) over net s	short-term capital loss (line	e 7)	17	20,605.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the prop	per line on other returns		18	20,605.
Note: If losses exceed gains, see Capital Los	ses in the instructions.		_		
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form 1	120		s	chedule D (Form 1120) 2019

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

	UNIVERSITY OF							058591 _
B	efore you check Box D, E, or F beliatement will have the same inform	ow, see whether ation as Form 10	you received any 99-B Either will	r Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker A sui reported to the IR	bstitute IS by your
	roker and may even tell you which Part II Long-Term. <sub>Transacti</sub>	ions involving capita	al assets you held i	more than 1 year are	generally long-term (s	ee instructio	ns) For short-term to	ransactions,
_	see page 1 Note: You may aggregate a							
Ψ.	codes are required Enter thou must check Box D, E, or F below.	e totals directly on a	Schedule D, line 8a	a, vou aren't required	to report these transa	actions on Fo	orm 8949 (see instru	ctions)
lf :	you have more long-term transactions than wil	I fit on this page for one	or more of the boxes	, complete as many form	s with the same box chec	ked as you ne	ed	васт аррпсавте оох
Ļ	(D) Long-term transactions re	•	•	•	•	Note abo	ve)	
Ļ	(E) Long-term transactions re			-	ported to the IRS			
_	X (F) Long-term transactions no				1	A 4*		<del></del>
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss If yo	t, if any, to gain or u enter an amount	(h) Gain or (loss).
	(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the		(g), enter a code in . See instructions.	Subtract column (e)
	( )	(,,	(Mo , day, yr )		Note below and	(f)	(g)	from column (d) &
					the instructions	Code(s)	Amount of adjustment	combine the result with column (g)
L	T GAIN -						aujustinent	(0)
	ARTNERSHIPS	VARIOUS	VARIOUS	15,494.				15,494.
_								
_					_			
_								
_	<u> </u>							
_		<b>_</b>						
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_		<del>                                     </del>						
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		-			-			
		1						
2	Totals. Add the amounts in colur	=						
	negative amounts) Enter each to		-					
	Schedule D, line 8b (if Box D abo	• •	`	15 404				15 404
	above is checked), or line 10 (if E	Box F above is ch	ecked)	15,494.				15,494.

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 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION	AMOUNT	
TAX PREPARATION FEES		6,812.
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	6,812.