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A							<i>i</i> Q(`	\mathcal{W}	
Form	990-T	E	empt Organization (and proxy tax					rn '	OMB No 1545-0687
		For cale	ndar year 2018 or other tax year begin					2019.	2018
Depart	tment of the Treasury		► Go to www.irs.gov/Form990						
	Revenue Service	▶ Do	not enter SSN numbers on this form	as it ma	y be made public	If your orga	nization Is a 501(Open to Public Inspection for 501(c)(3) Organizations Only
A _	Check box if address changed		Name of organization (Check b		-		s)		oyer identification number byees' trust, see instructions)
		ļ	GOVERNING COUNCIL O	F TH	E UNIVERSI	TY OF			•
	empt under section	Print	TORONTO	K = D O	hav and 100 to 1			م د	001141
1	501(C)(3)	or	Number, street, and room or suite no	ira P O	box, see instruction	ons			lated business activity code
H	408(e) 220(e)	1,700	777 BAY STREET, SUI	ጥድ 2	502				nstructions)
	408A530(a) 529(a)	1	City or town, state or province, countr			l code		1	
C Boo	ok value of all assets	1	TORONTO ONTARIO CAN					5311	20 551112
at e	end of year	F Gro	up exemption number (See instruct	ions)	>	•			
		G Che	eck organization type X 501	(c) co	rporation	501(c)	trust	401(a)	trust Other trust
H Er	nter the number of	the orga	inization's unrelated trades or busine	esses	▶ 1		Describe	e the only	(or first) unrelated
	ade or business he								e than one, describe the
	,		e end of the previous sentence, co	mplete	Parts I and II, co	omplete a S	chedule M for ea	ch additio	nal
	ade or business, th								
			corporation a subsidiary in an affil identifying number of the parent co			subsidiary o	ontrolled group?		▶ Yes X No
			NANCIAL SERVICES DEP			Telephon	e number ▶ 41	6-306	-8750
			or Business Income		(A) Inco		(B) Exper		(C) Net
1a	Gross receipts or			T					I
b	Less returns and allows	ances	c Balance ▶	1c					
2	Cost of goods so	ld (Sched	lule A, line 7)	2		_]
3	•		2 from line 1c	3					
4a			attach Schedule D)	4a	,	5,875.			75,875.
b			Part II, line 17) (attach Form 4797)	4b					
C	•		trusts	4c	_	4,332.	ATCH 2		-4,332.
5 6			r an S corporation (attach statement)	6			TITCH Z		
7	•		come (Schedule E)	7		_		-	
8			ents from a controlled organization (Schedule F	8					
9	Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					
10		•	ncome (Schedule I)	10					
11			dule J)	11					-
12			ctions, attach schedule)	-		1,543.			71,543.
13 Par			ough 12				eductions) (Excent	·
ı aı			t be directly connected with t					LACOP	1
14			directors, and trustees (Schedule K)					14	
15	Salaries and wag	es				~	<i>(</i> -3	15	
16								16	
17								17	
18	Interest (attach s	chedule)	(see instructions)			• • • • •		18	
19	Charatable control	es	See Instructions for Imitation cures	أنذ		 ДТСН		19	454
20 21	Depreciation (att	ach Form	4562)	181	· · · · · · i	21	. ~		
22	Less depreciation	n claimed	on Senedule & Englessewhere of n	eturn		22a	· · · · · · · · · · · · · · · · · · ·	226	,
23	Depletion			ڄٳٚڿ	[23	
24	Contributions to	deferred	compensation plans						
25	Employee benefit	t program	s					25	
26			Schedule I)					26	
27			Schedule J)					27	
28			schedule)				-	Z P	474.
29			es 14 through 28 ple income before net operating						71,069.
30 31			ole income before net operating ng loss arising in tax years beginni					13 30 . 1. 31	,1,009.
31			e income Subtract line 31 from line					; \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	71,069.
For F	Paperwork Reduc	tion Act I	Notice, see instructions.				, _ , _ , _ ,	- 1 - 1	Form 990-T (2018)
8X274	¹⁰ 1000 45470S E41	38		V 1	8-7.6F	9	98-6001141		A 11

	GOVERNING COUNCIL OF THE UNIVERSITY OF	90-0001141	
	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions),	33	71,069.
34	Amounts paid for disallowed fringes		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	Instructions)		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	3,6	71,069.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	> 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36	b	
	enter the smaller of zero or line 36	38	70,069.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	14,714.
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	<u> 40</u>	
41	Proxy tax. See instructions	<u> </u>	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	. 48	
44	Tax on Noncompliant Facility Income. See instructions	. 44	14,714.
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	_	
b	Other credits (see instructions)	_	
	General business credit Attach Form 3800 (see instructions)	」	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44		14,714.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	. 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	14,714.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 21	. 49	
50 a	Payments A 2017 overpayment credited to 2018	_ '	
	2018 estimated tax payments	-	
С	Tax deposited with Form 8868	⊣	
d	Foreign organizations Tax paid or withheld at source (see instructions)	<u>.</u>	
е	Backup withholding (see instructions)	_	
f	Credit for small employer health insurance premiums (attach Form 8941)	_	
g	Other credits, adjustments, and payments Form 2439	1	
	Form 4136 Other Total ▶ 50g	- <u> -</u>]	
51	Total payments. Add lines 50a through 50g	511	309,673.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		294,959.
C <u>3</u> 5	Enter the amount of line 54 you want		244,959.
Par			1, 1,,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in	•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here ► CANADA -AVAILABLE UPON REQ		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore-	eign trust?	
	If "Yes," see instructions for other forms the organization may have to file		
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	hact of my knowledge	and belief it is
0:	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	best of my knowledge	and belier, it is
Sigr	/ / /5 · · · · / / / / / / / / / / / / /	lay the IRS discuss	
Her	E LISA'S BECKER WAS IN THE MANAGEMENT OF THE MAN	vith the preparer si see instructions)? X Y	
	Print/Type preparer's name Preparer's synature Date	PTIN	es No
Paid	1 ur m/7 Eph 12/20	eck Land	42302
	larer Troug II D		
	Firm's name Freig Life	n's EIN ▶ 98-017 ne no 416-777-	
	Films address 333 BAT 31., SULTE 4000 TOKOMIO ON CA MIST 233 Pho	ne no 1101//	0000

Farm **990-T** (2018)

Form 990-T (2018)

Total dividends-received deductions included in column 8

Page 4

Schedule F-Interest, Annu	mues, Noyanies		pt Controlled C				. manucio	113)	
Name of controlled organization	2 Employer identification numb	er 3. Ne	t unrelated income) (see instructions)	4. Total	of specified included in		5. Part of column 4 that is included in the controlling irganization's gross income		6. Deductions directly connected with income in column 5
(1)				_		↓			
(2)	<u>.</u>					ļ			
(3)				-					
(4)	 -								
Nonexempt Controlled Organiz					40.0		O short to	- 44	Dodustions directly
7. Taxable Income	8. Net unrelated in (loss) (see instruc	1	9. Total of spec		inclu	art of column ded in the co zation's gros	ntrolling		Deductions directly nected with income in column 10
(1)	_	<u>_</u>						_	
(2)									
(3)									
(4)						columns 5 a			d columns 6 and 11
Totals	come of a Sec)(7), (9), or (1	▶ 7) Orga	Part	here and on I, line 8, colui	mn (A)		r here and on page 1, t I, line 8, column (B)
1. Description of income	2. Amount of	fincome	directly of (attach s	onnected		4. Set-asides (attach schedule)			and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)	Enter here and	on nage 1			t				Enter here and on page 1
Totals	2 Gross unrelated business income from trade or	3. Expense directly connected production	es 4. Net inc from unre or busines 2 minus 1 of 1f a gain	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute 5. Gross income from activity that is not unrelated column 5				7. Excess exempt expenses (column 6 minus column 5, but not	
	business	unrelated business inc	J cole 5 ti		busine	ss income			more than column 4)
(1)				_					
(2)									<u> </u>
(3)									1
(4)									
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rtl,						Enter here and on page 1, Part II, line 26
Schedule J- Advertising In Part I Income From Per			onsolidated B	asis					- I
1. Name of periodical	2. Gross advertising income	3. Direct advertising o	gain or (costs 2 minus a gain,	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)				-					
(2)									7
(3)								-	7
(4)		_				<u>-</u>			1
Totals (carry to Part II, line (5))									Form 990-T (2018

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, bu not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	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 27
Totals, Part II (lines 1-5) ▶						

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

Form **990-T** (2018)

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

Name GOVERNING COUNCIL OF THE UNIVERSITY OF

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

2018

Employer Identification number

7	CORONTO				2	98-6001141
Part	Short-Term Capital Gains and Losses	(See instructions	.)			
	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 (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	whole dollars 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			<u>.</u>		
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	······································		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	
Part					<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 (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Forr 8949, Part II, lin	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
- 02	whole dollars Totals for all long-term transactions reported on Form	(sales price)	(Or Other basis)	column (g)		the result with column (g)
	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					75,875.
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				,	
11	Enter gain from Form 4797, line 7 or 9				11	:
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	nh		15	75,875.
Part						
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capita	al loss (line 15)		16	
4-	Not contain and Enter account of anti-	tal soin (line 45) sizzz =	ot about tour	oo (line 7)		75 075
17 18	Net capital gain Enter excess of net long-term capital lines 16 and 17 Enter here and on Form 1120				17	75,875. 75,875.
10	Note: If losses exceed gains, see Capital losses in th		proper line on other re	· · · · · · · · · · · · · · · · · · ·	10	1 ,3,0,3.
For Pa	aperwork Reduction Act Notice, see the Instruction		<u> </u>		5	Schedule D (Form 1120) 2018

JSA 8E1801 1 000 4 5 4 7 OS E 4 8 8

Name(s) shown on re	tum Name and S	SSN or 1	taxpayer	identification no	not requi	red if s	shown on other si	de
COVEDNITAG	COINCIL	OΕ	тиг	TINITYPED	שידיב	$\cap \mathbb{F}$	TODONTO	

Social security number or taxpayer identification number

98-6001141

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

X	(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

(a) Description of property	(b) Date acquired (Mo , day, yτ)	(c) Date sold or disposed of (Mo , day, yr)	(sales price)		Adjustment, if If you enter an a enter a co See the sepa		
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
SCHEDULE K-1							76,765
SCHEDULE K-1							-890

Totals. Add the amounts in columns (negative amounts) Enter each total Schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box	here and include on your is checked), line 9 (if Box E F above is checked)			-		75,87
lake, If you absolved Day D above but	t the been reported to the I	DC was inserrest	antar in californ	(a) the beere	as rapared to the	IDC and onter

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 (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENT HOLDING COMPANY AND COMMERCIAL REAL ESTATE INVESTMENTS

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

77,16633,57025,587591424. 20248,740.
-48,740. 4,679. -4,332.

ATTACHMENT 3

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	71,543. 0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	0.
	<u>0.</u> * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	7,154.
CHARITABLE CONTRIBUTION	474.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	474.