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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNIVERSITY OF CHICAGO

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6054 S DREXEL AVENUE

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60637

D Employer identification number
36-2177139

E Telephone number
(773) 834-5819

G Gross receipts $ 6,571,697,216

F Name and address of principal officer
ROBERT J ZIMMER
5801 S ELLIS AVENUE
CHICAGO, IL 60637

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UCHICAGO EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1890

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE UNIVERSITY OF CHICAGO HAS BEEN TO SUSTAIN AT THE HIGHEST LEVEL OF EXCELLENCE, THE COMMUNICATION OF KNOWLEDGE, THE CREATION OF KNOWLEDGE AND THE FOSTERING OF A DYNAMIC COMMUNITY OF SCHOLARS AND STUDENTS

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	51
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	46
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	25,644
6	Total number of volunteers (estimate if necessary)	**6**	4,672
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	9,768,816
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,569,030,190	2,445,344,205
	9 Program service revenue (Part VIII, line 2g)	1,588,031,381	1,597,016,834
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	467,129,348	383,711,063
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,620,456	64,505,748
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,698,811,375	4,490,577,850
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	470,880,188	505,840,723
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,982,326,402	2,068,966,429
	16a Professional fundraising fees (Part IX, column (A), line 11e)	544,801	713,255
	b Total fundraising expenses (Part IX, column (D), line 25) ▶70,769,408		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,088,973,436	1,244,095,218
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,542,724,827	3,819,615,625
	19 Revenue less expenses Subtract line 18 from line 12	156,086,548	670,962,225
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	11,669,737,422	12,698,965,590
	21 Total liabilities (Part X, line 26)	4,771,174,164	5,035,117,793
	22 Net assets or fund balances Subtract line 21 from line 20	6,898,563,258	7,663,847,797

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2020-07-10

BRETT PADGETT ASSOC VICE PRESIDENT FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE UNIVERSITY OF CHICAGO HAS BEEN TO SUSTAIN AT THE HIGHEST LEVEL OF EXCELLENCE, THE COMMUNICATION OF KNOWLEDGE, THE CREATION OF KNOWLEDGE AND THE FOSTERING OF A DYNAMIC COMMUNITY OF SCHOLARS AND STUDENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,401,583,998 including grants of $) (Revenue $ 976,775,508)

See Additional Data

4b (Code) (Expenses $ 838,339,618 including grants of $ 40,318,360) (Revenue $ 468,075,262)

See Additional Data

4c (Code) (Expenses $ 464,483,201 including grants of $ 464,483,201) (Revenue $)

See Additional Data

(Code) (Expenses $ 495,500,613 including grants of $ 1,039,162) (Revenue $ 203,625,121)

THE OTHER PROGRAM SERVICES THAT SUPPORT THE MISSION OF INSTRUCTION AND RESEARCH ARE AUXILIARY ENTERPRISESLIBRARYOTHER STUDENT SERVICESINFORMATION SERVICESOPERATION AND MAINTENANCE OF PLANT

4d Other program services (Describe in Schedule O)

(Expenses $ 495,500,613 including grants of $ 1,039,162) (Revenue $ 203,625,121)

4e **Total program service expenses ▶** 3,199,907,430

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	24,670		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	25,644		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	Yes
b	If "Yes," enter the name of the foreign country ▶ BG , BE , BR , CJ , CH , DA , EG , FI , FR , GM , HK , IN , ID , JA , KS , NL , NO , RP , AU , SN , SP , SW , SZ , TH , UK				
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	51		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	46		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ MD , KY , OK , WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶BRETT PADGETT 6054 S DREXEL AVENUE CHICAGO, IL 60637 (773) 834-5819

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								27,516,644	0	3,545,825

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4,809

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MORTENSON CONSTRUCTION 25 NORTHWEST POINT BLVD ELK GROVE VILLAGE, IL 60007	CONSTRUCTION & RELATED SERVICES	42,724,237
BULLEY & ANDREWS LLC 1755 W ARMITAGE AVENUE CHICAGO, IL 60622	CONSTRUCTION & RELATED SERVICES	34,848,312
BON APETIT MANAGEMENT CO 100 HAMILTON AVENUE SUITE 400 PALO ALTO, CA 94301	FOOD SERVICES	15,187,689
AMERICAN BUILDING MAINTAINANCE 180 N LASALLE STREET CHICAGO, IL 60601	FACILITY MAINTENANCE	14,456,838
TURNER CONSTRUCTION CO 55 E MONROE ST SUITE 1430 CHICAGO, IL 60603	CONSTRUCTION & RELATED SERVICES	9,904,272

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1,062

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	879,811			
d Related organizations	1d	71,750,000			
e Government grants (contributions)	1e	1,127,708,938			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,245,005,456			
g Noncash contributions included in lines 1a - 1f $ 498,611,947					
h **Total.** Add lines 1a-1f ▶		2,445,344,205			
Program Service Revenue	Business Code				
2a TUITION AND FEES	611310	976,775,508	976,775,508		
b SALES & SERVICES EDU	611310	468,075,262	468,075,262		
c SALES & SERVICES AUX	611710	113,740,489	113,740,489		
d FEES FROM GOVT AGENCIE	900099	38,425,575	38,425,575		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		1,597,016,834			
3 Investment income (including dividends, interest, and other similar amounts) ▶		97,523,668		2,995,410	94,528,258
4 Income from investment of tax-exempt bond proceeds ▶		210,654			210,654
5 Royalties ▶		10,699,380	4,313,237		6,386,143
	(i) Real	(ii) Personal			
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	2,357,586,024				
b Less cost or other basis and sales expenses	2,071,103,253	506,030			
c Gain or (loss)	286,482,771	-506,030			
d Net gain or (loss) ▶		285,976,741			285,976,741
Other Revenue 8a Gross income from fundraising events (not including $ 879,811 of contributions reported on line 1c) See Part IV, line 18 a	484,619				
b Less direct expenses b	597,387				
c Net income or (loss) from fundraising events ▶		-112,768			-112,768
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a	48,246,006				
b Less cost of goods sold b	8,912,696				
c Net income or (loss) from sales of inventory ▶		39,333,310	39,333,310		
Miscellaneous Revenue	Business Code				
11a ALL OTHER	900099	6,319,464	5,294,140	1,025,324	
b CONFERENCES AND CATERI	531120	5,652,850		5,652,850	
c ACTUARIAL ADJUSTMENT	900099	2,518,280	2,518,280		
d All other revenue		95,232		95,232	
e **Total.** Add lines 11a–11d ▶		14,585,826			
12 **Total revenue.** See Instructions ▶		4,490,577,850	1,648,475,801	9,768,816	386,989,028

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	38,055,346	38,055,346		
2 Grants and other assistance to domestic individuals See Part IV, line 22	459,947,639	459,947,639		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	7,837,738	7,837,738		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,586,677		13,825,455	761,222
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,643,603,784	1,343,704,871	259,694,315	40,204,598
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	111,455,997	88,122,110	20,586,502	2,747,385
9 Other employee benefits	203,975,278	163,412,472	35,279,220	5,283,586
10 Payroll taxes	95,344,693	75,965,354	16,959,649	2,419,690
11 Fees for services (non-employees)				
a Management	39,499,525	33,437,826	4,508,619	1,553,080
b Legal	9,986,064	27,116	9,958,948	
c Accounting	3,179,916	12,675	3,167,241	
d Lobbying	61,269		61,269	
e Professional fundraising services See Part IV, line 17	713,255			713,255
f Investment management fees	9,404,688	9,404,688		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	155,028,907	90,571,453	64,457,454	
12 Advertising and promotion	11,133,322	11,077,504	55,818	
13 Office expenses	200,071,284	149,724,775	44,492,740	5,853,769
14 Information technology	46,143,788	29,146,765	16,096,150	900,873
15 Royalties	5,080,278	4,957,469	122,809	
16 Occupancy	103,083,046	91,964,851	9,341,229	1,776,966
17 Travel	59,102,136	49,392,660	8,142,653	1,566,823
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,818,163	41,253,472	10,981,439	1,583,252
20 Interest	151,311,668	151,311,668		
21 Payments to affiliates	5,483,957		5,483,957	
22 Depreciation, depletion, and amortization	207,572,049	207,562,849	9,200	
23 Insurance	12,357,673	11,857,863	481,996	17,814
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EQUIPMENT RENTAL & MAIN	45,552,547	40,484,174	3,587,676	1,480,697
b ALL OTHER	38,530,907	34,046,025	1,944,500	2,540,382
c SUPPORT SERVICES	37,802,336	23,370,051	13,997,500	434,785
d ALTERATIONS & REPAIRS	28,796,846	22,163,167	5,702,448	931,231
e All other expenses	21,094,849	21,094,849		
25 **Total functional expenses.** Add lines 1 through 24e	3,819,615,625	3,199,907,430	548,938,787	70,769,408
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	4,443,704	1	59,896,183
	2	Savings and temporary cash investments	188,337,859	2	138,572,694
	3	Pledges and grants receivable, net	651,522,851	3	1,374,104,390
	4	Accounts receivable, net	126,533,078	4	130,202,771
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	121,792	5	1,484,785
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	35,948,232	7	34,122,246
	8	Inventories for sale or use	3,850,937	8	2,663,385
	9	Prepaid expenses and deferred charges	63,567,958	9	69,043,048
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 5,594,317,275			
	b	Less accumulated depreciation — 10b: 2,389,565,304	3,197,254,442	10c	3,204,751,971
	11	Investments—publicly traded securities	2,519,521,290	11	2,983,426,668
	12	Investments—other securities See Part IV, line 11	4,812,644,351	12	4,649,307,947
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	65,990,928	15	51,389,502
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	11,669,737,422	16	12,698,965,590
Liabilities	17	Accounts payable and accrued expenses	645,656,464	17	649,791,425
	18	Grants payable		18	
	19	Deferred revenue	155,190,290	19	208,117,211
	20	Tax-exempt bond liabilities	2,233,356,919	20	2,211,832,306
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	47,614,888	23	45,846,347
	24	Unsecured notes and loans payable to unrelated third parties	1,532,014,472	24	1,716,005,594
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	157,341,131	25	203,524,910
	26	**Total liabilities.** Add lines 17 through 25	4,771,174,164	26	5,035,117,793
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,103,340,819	27	1,016,410,889
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	5,795,222,439	29	6,647,436,908
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,898,563,258	33	7,663,847,797
	34	Total liabilities and net assets/fund balances	11,669,737,422	34	12,698,965,590

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,490,577,850
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,819,615,625
3	Revenue less expenses Subtract line 2 from line 1	3	670,962,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,898,563,258
5	Net unrealized gains (losses) on investments	5	95,828,968
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,506,654
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,663,847,797

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-2177139

Name: UNIVERSITY OF CHICAGO

Form 990 (2018)

Form 990, Part III, Line 4a:

INSTRUCTION IN 2018-2019, THE UNIVERSITY ENROLLED 17,100 STUDENTS, OF THAT TOTAL, 6,595 WERE UNDERGRADUATE STUDENTS IN THE COLLEGE (THE UNIVERSITY'S UNDERGRADUATE SCHOOL), 4,174 WERE GRADUATE STUDENTS, 5,715 WERE STUDENTS IN THE UNIVERSITY'S PROFESSIONAL SCHOOLS AND 616 WERE NON-DEGREE STUDENTS

Form 990, Part III, Line 4b:

RESEARCH UNIVERSITY OF CHICAGO FACULTY CROSS TRADITIONAL DISCIPLINARY BOUNDARIES TO TRANSFORM UNDERSTANDINGS IN BUSINESS, ECONOMICS, HISTORY, LAW, LITERATURE, RELIGION, PHYSICS, CHEMISTRY AND BIOLOGY AND MEDICINE, AMONG OTHER FIELDS IN PURSUIT OF THESE RESEARCH ENDEAVORS, DURING FISCAL YEAR 2018-2019 THE UNIVERSITY WAS AWARDED A TOTAL OF $616 MILLION IN RESEARCH FUNDING FROM FEDERAL AGENCIES, NON-FEDERAL GOVERNMENT ENTITIES, CORPORATIONS, FOUNDATIONS AND OTHER SOURCES THIS FISCAL YEAR $441 MILLION WAS EXPENDED FROM FEDERAL GOVERNMENT SPONSORS OF RESEARCH, WITH THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NATIONAL SCIENCE FOUNDATION PROVIDING THE LARGEST AMOUNTS OF FUNDING CORPORATE RESEARCH SPONSORSHIP AWARDS TOTALED $86 1 MILLION, FOLLOWED BY FOUNDATION RESEARCH SPONSORSHIP OF $73 2 MILLION THE UNIVERSITY ALSO CONDUCTS SCIENTIFIC RESEARCH IN COLLABORATION WITH ARGONNE NATIONAL LABORATORY, OWNED BY THE UNITED STATES GOVERNMENT AND OPERATED BY THE UNIVERSITY THROUGH A DISREGARDED ENTITY, UNDER THE TERMS OF A COST REIMBURSEMENT CONTRACT WITH THE U S DEPARTMENT OF ENERGY ARGONNE IS A MULTI-PURPOSE SCIENCE LABORATORY WITH A $797 6 MILLION ANNUAL BUDGET AND APPROXIMATELY 3600 EMPLOYEES PROGRAM SERVICE RESEARCH EXPENDITURES WERE $463 3 MILLION AND ARE INCLUDED IN THE RESEARCH PROGRAM SERVICE EXPENSE AMOUNT, AS IS REQUIRED FOR A DISREGARDED ENTITY IN ADDITION, FERMI RESEARCH ALLIANCE, LLC, AN ENTITY JOINTLY OWNED BY THE UNIVERSITY AND UNIVERSITIES RESEARCH ASSOCIATION INC , OPERATES FERMI NATIONAL ACCELERATOR LABORATORY ("FERMILAB") FOR THE U S DEPARTMENT OF ENERGY FERMILAB IS THE NATION'S PREEMINENT CENTER FOR HIGH-ENERGY PHYSICS AND AN INTERNATIONAL CENTER FOR SCIENTIFIC RESEARCH IN ELEMENTARY PARTICLE PHYSICS AND ASTROPHYSICS FERMILAB HAS A $461 MILLION ANNUAL BUDGET AND APPROXIMATELY 1850 EMPLOYEES

Form 990, Part III, Line 4c:

SCHOLARSHIPS & FELLOWSHIPS THE UNIVERSITY IS A NEED BLIND INSTITUTION WITH AN EXTENSIVE FINANCIAL AID PROGRAM WHICH IS DESIGNED TO ENABLE THE MOST QUALIFIED STUDENTS TO ATTEND THE UNIVERSITY REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES FOR THE 2018-2019 ACADEMIC YEAR, APPROXIMATELY 60 % OF ALL STUDENTS IN THE COLLEGE RECEIVED FINANCIAL AID IN THE FORM OF GRANTS AND SCHOLARSHIPS UNIVERSITY-WIDE EXPENDITURES FOR SCHOLARSHIPS AND FELLOWSHIPS AMOUNTED TO $464 5 MILLION OF THIS AMOUNT, APPROXIMATELY $355 2 MILLION WAS PROVIDED FROM UNRESTRICTED FUNDS, THE REMAINING $109 3 MILLION CAME FROM RESTRICTED SOURCES APPROXIMATELY 20% OF STUDENTS IN THE COLLEGE (THE UNIVERSITY'S UNDERGRADUATE COLLEGE) CURRENTLY RECEIVE ODYSSEY SCHOLARSHIPS THE ODYSSEY SCHOLARSHIPS PROVIDE INCREASED ACCESS BY PROVIDING SCHOLARSHIP SUPPORT FOR FIRST GENERATION STUDENTS AND STUDENTS WITH FAMILY INCOMES TYPICALLY BELOW $90,000 THE ODYSSEY SCHOLARSHIP ALSO PROVIDES FUNDS FOR OTHER EDUCATIONAL OPPORTUNITIES LIKE STUDY ABROAD, AND PROVIDING A PAID INTERNSHIP AFTER THE STUDENT'S FIRST YEAR IN THE COLLEGE IN OCTOBER 2014, THE UNIVERSITY LAUNCHED THE NO BARRIERS PROGRAM TO ELIMINATE THE STUDENT LOAN REQUIREMENT FROM ALL UNDERGRADUATE, NEED-BASED FINANCIAL AID PACKAGES THE LOANS WERE REPLACED BY THE UNIVERSITY WITH DIRECT GRANTS BEGINNING WITH THE INCOMING CLASS OF 2019, THE UNIVERSITY'S EMPOWER INITIATIVE WILL PROVIDE A GRANT/SCHOLARSHIP AWARD GUARANTEED TO COVER FULL-TUITION FOR FAMILIES EARNING LESS THAN $125,000 AND FULL-TUITION, FEES AND ROOM AND BOARD FOR FAMILIES EARNING LESS THAN $60,000 THE UNIVERSITY EXPANDED ITS GRADUATE AID INITIATIVE, A PROGRAM THAT INVESTS APPROXIMATELY $310,000 IN THE EDUCATION OF EACH PH D STUDENT IN THE HUMANITIES, SOCIAL SCIENCES AND DIVINITY SCHOOL THESE PROGRAMS ARE IN ADDITION TO THE UNIVERSITY'S LONGSTANDING COMMITMENT TO FINANCIAL ASSISTANCE FOR STUDENTS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW M ALPER TRUSTEE	2 00	X						0	0	0
FRANK A BAKER II TRUSTEE	2 00	X						0	0	0
DAVID G BOOTH TRUSTEE	2 00	X						0	0	0
DAVID B BROOKS TRUSTEE	2 00	X						0	0	0
DEBRA A CAFARO TRUSTEE	2 00	X						0	0	0
THOMAS A COLE TRUSTEE	2 00	X						0	0	0
JAMES S CROWN TRUSTEE	2 00	X						0	0	0
DANIEL L DOCTOROFF TRUSTEE	2 00	X						0	0	0
BRADY W DOUGAN TRUSTEE	2 00	X						0	0	0
CRAIG J DUCHOSSOIS TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A EDWARDSON TRUSTEE	2 00	X						0	0	0
JAMES S FRANK TRUSTEE	2 00	X						0	0	0
RODNEY L GOLDSTEIN TRUSTEE	2 00	X						0	0	0
MARY LOUISE GORNO VICE CHAIR OF THE BOARD	18 00	X						0	0	0
KENNETH C GRIFFIN TRUSTEE	2 00	X						0	0	0
SANFORD J GROSSMAN TRUSTEE	2 00	X						0	0	0
KENNETH M JACOBS TRUSTEE	2 00	X						0	0	0
ASHLEY D JOYCE TRUSTEE	2 00	X						0	0	0
KAREN L KATEN TRUSTEE	2 00	X						0	0	0
DENNIS J KELLER TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN A KERSTEN TRUSTEE	2 00	X						0	0	0
JAMES M KILTS TRUSTEE	2 00	X						0	0	0
MICHAEL J KLINGENSMITH TRUSTEE	2 00	X						0	0	0
RACHEL D KOHLER TRUSTEE	2 00	X						0	0	0
JOHN LIEW TRUSTEE	2 00	X						0	0	0
RIKA MANSUETO TRUSTEE	2 00	X						0	0	0
SATYA NADELLA TRUSTEE	2 00	X						0	0	0
JOSEPH NEUBAUER CHAIRMAN OF THE BOARD	18 00	X						0	0	0
EMILY NICKLIN TRUSTEE	2 00	X						0	0	0
BRIEN M O'BRIEN TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL P POLSKY TRUSTEE	2 00	X						0	0	0
MYRTLE S POTTER TRUSTEE	2 00	X						0	0	0
THOMAS J PRITZKER TRUSTEE	2 00	X						0	0	0
GURU RAMAKRISHNAN TRUSTEE	2 00	X						0	0	0
JOHN W ROGERS JR TRUSTEE	2 00	X						0	0	0
EMMANUEL ROMAN TRUSTEE	2 00	X						0	0	0
ANDREW M ROSENFIELD TRUSTEE	2 00	X						0	0	0
DAVID M RUBENSTEIN TRUSTEE	2 00	X						0	0	0
TANDEAN RUSTANDY TRUSTEE	2 00	X						0	0	0
ALVARO J SAIEH TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NASSEF O SAWIRIS TRUSTEE	2 00	X						0	0	0
STEVE G STEVANOVICH TRUSTEE	2 00	X						0	0	0
MARY A TOLAN TRUSTEE	2 00	X						0	0	0
BRYON D TROTT TRUSTEE	2 00	X						0	0	0
GREGORY W WENDT TRUSTEE	2 00	X						0	0	0
DONALD R WILSON JR TRUSTEE	2 00	X						0	0	0
PAULA WOLFF TRUSTEE	2 00	X						0	0	0
PAUL G YOVOVICH TRUSTEE	2 00	X						0	0	0
FRANCIS TF YUEN TRUSTEE	2 00	X						0	0	0
ROBERT J ZIMMER PRESIDENT	40 00 16 00	X						5,777,302	0	1,088,533

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC ISAACS EVP RSCH, INNOV NAT'L LABS	40 00 1 00			X				390,624	0	64,455
JUAN DE PABLO VP FOR NATIONAL LABORATORIES	40 00 4 00			X				501,874	0	110,072
DANIEL DIERMEIER PROVOST	40 00 4 00			X				997,412	0	119,175
DEREK DOUGLAS VP CIVIC ENGAGEMENT	40 00 9 00			X				628,042	0	78,339
DAVID B FITHIAN EXECUTIVE VICE PRESIDENT	40 00 7 00			X				767,992	0	40,418
KIMBERLY TAYLOR VP & GENERAL COUNSEL	40 00 14 00			X				756,799	0	86,393
SHARON MARINE VP ALUMNI RELATIONS & DEVL	40 00			X				769,134	0	37,384
JAMES G NONDORF VP ENROLL & STUDENT ADV	40 00			X				716,141	0	32,490
KENNETH S POLONSKY EXEC VP MEDICAL AFFAIRS	40 00 20 00			X				2,631,089	0	382,615
PAUL RAND VP COMMUNICATIONS	40 00			X				553,653	0	56,382

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELE RASMUSSEN DEAN OF STUDENTS	40 00			X				343,047	0	29,622
DARREN REISBERG VP STRATEGIC INITIATIVES	40 00 5 00			X				437,496	0	33,515
MARK A SCHMID VP AND CHIEF INVEST OFFICER	40 00			X				2,353,255	0	796,283
IVAN SAMSTEIN VP & CFO	40 00 11 00			X				616,230	0	71,324
BALAJI SRINIVASAN VP GLOBAL ENGAGEMENT	40 00 2 00			X				577,063	0	62,992
CATHERINE CALLOW-WRIGHT VP & SECRETARY OF THE UNIVERSITY	40 00 6 00			X				394,862	0	53,562
MADHAV RAJAN DEAN BOOTH SCHOOL OF BUSINESS	40 00				X			1,001,350	0	22,000
VALLUVAN JEEVANANDAM CHIEF CARDIAC & THORACIC SURG	40 00					X		1,341,968	0	40,390
DAVID BARCLAY CHIEF OPERATING OFFICER CRSP	40 00					X		1,447,311	0	44,232
LUIGI ZINGALES PROF OF ENTREPRENEURSHIP & FINANCE	40 00					X		1,342,779	0	151,172

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN FUNG PROF SURGERY & CHIEF OF TRANSPLANTATION	40 00					X		1,346,682	0	54,923
PRADEEP CHINTAGUNTA PROF OF MARKETING	40 00					X		1,423,579	0	53,481
JOHN R KROLL AVP FINANCE	40 00 2 00						X	400,960	0	36,073

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,524,767,840	1,621,056,667	1,667,523,784	1,569,030,190	1,516,925,595	7,899,304,076
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,524,767,840	1,621,056,667	1,667,523,784	1,569,030,190	1,516,925,595	7,899,304,076
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						7,899,304,076

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	1,524,767,840	1,621,056,667	1,667,523,784	1,569,030,190	1,516,925,595	7,899,304,076
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,217,706	84,482,512	107,059,684	88,863,114	100,751,306	478,374,322
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,390,683			3,369,159	4,759,842
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	51,176,430	42,751,921	44,049,807	49,469,843	47,145,820	234,593,821
11 **Total support.** Add lines 7 through 10						8,617,032,061

12 Gross receipts from related activities, etc (see instructions) **12** 7,369,343,770

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	91 670 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	91 430 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SECTION B LINE 10 OTHER INCOME	OTHER INCOME IS COMPRISED OF NET INCOME FROM SALE OF INVENTORY, ACTUARIAL ADJUSTMENTS AND OTHER MISCELLANEOUS INCOME

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A PART II	THE UNIVERSITY OF CHICAGO IS A SCHOOL, HOWEVER IN ORDER TO USE THE SPECIAL USE ON SCHEDULE B FOR A 501(C)(3) ORGANIZATION, IT IS NECESSARY TO COMPLETE SCHEDULE A, PART II TO DEMONS TRATE THAT THE UNIVERSITY MEETS THE 33 1/3% PUBLIC SUPPORT TEST THEREFORE THE UNIVERSITY IS CLASSIFIED IN PART I LINE 7 AS AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PAR T OF ITS SUPPORT FROM A GOVERNMENT UNIT OR FROM THE GENERAL PUBLIC

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
UNIVERSITY OF CHICAGO	36-2177139

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		262,831
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			262,831
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
FORM 990 SCH C, PART II-B, LINE 1, LOBBYING ACTIVITIES	THE UNIVERSITY OF CHICAGO IS INVOLVED IN ISSUES THAT AFFECT HIGHER EDUCATION AND RESEARCH

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☑ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,925,641,100	6,536,945,638	6,045,003,364	6,471,558,987	6,460,254,214
b Contributions . . .	182,817,930	299,641,262	197,328,418	138,940,063	159,687,348
c Net investment earnings, gains, and losses	476,958,234	548,201,127	681,260,067	-134,353,584	252,159,701
d Grants or scholarships . . .	64,583,071	61,410,267	57,769,334	52,663,062	48,895,668
e Other expenditures for facilities and programs . . .	342,442,537	376,046,512	310,974,902	360,568,009	334,354,230
f Administrative expenses	17,103,206	21,690,148	17,901,975	17,911,031	17,292,379
g End of year balance	7,161,288,450	6,925,641,100	6,536,945,638	6,045,003,364	6,471,558,986

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 29 000 %
- b Permanent endowment ▶ 30 000 %
- c Temporarily restricted endowment ▶ 41 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,782,990		82,782,990
b Buildings		4,549,614,354	1,671,308,239	2,878,306,115
c Leasehold improvements				
d Equipment		548,332,973	386,301,292	162,031,681
e Other		413,586,958	331,955,773	81,631,185
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				3,204,751,971

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) REAL ESTATE	1,025,005,867	F
(B) VENTURE CAPITAL	3,624,302,080	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	4,649,307,947	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS HELD IN CUSTODY FOR OTHERS	203,524,910
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	203,524,910

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,779,776,730
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	95,828,968		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	20,191,989		
e	Add lines **2a** through **2d**			2e	116,020,957
3	Subtract line **2e** from line **1**			3	3,663,755,773
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,404,688		
b	Other (Describe in Part XIII)	4b	817,417,389		
c	Add lines **4a** and **4b**			4c	826,822,077
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	4,490,577,850

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,844,900,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-146,368,054		
e	Add lines **2a** through **2d**			2e	-146,368,054
3	Subtract line **2e** from line **1**			3	2,991,268,784
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,404,688		
b	Other (Describe in Part XIII)	4b	818,942,153		
c	Add lines **4a** and **4b**			4c	828,346,841
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,819,615,625

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2177139
Name: UNIVERSITY OF CHICAGO

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE UNIVERSITY OF CHICAGO IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTE RNAL REVENUE CODE AND, EXCEPT FOR UNRELATED BUSINESS INCOME, IS EXEMPT FROM FEDERAL INCOME TAXES THERE WAS NO PROVISION FOR INCOME TAXES DUE ON UNRELATED BUSINESS INCOME IN FISCAL YEARS 2019 AND 2018 AND THERE ARE NO UNCERTAIN TAX POSITIONS CONSIDERED TO BE MATERIAL

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF DISPOSED EQUIPMENT 7,722,343 COST OF GOODS SOLD 8,912,696 RELATED ORGANIZATIONS 3,556,950

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DISREGARDED ENTITY 817,417,389

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DISPOSAL OF EQUIPMENT 7,722,343 COST OF GOODS SOLD 8,912,696 RELATED ORGANIZATIONS -163,003,093

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DISREGARDED ENTITY 818,942,153

Supplemental Information

Return Reference	Explanation
PART II LINE 4	THE UNIVERSITY OF CHICAGO HAS TWO MUSEUMS - THE DAVID AND ALFRED SMART MUSEUM OF ART (SMAR T MUSEUM) AND THE ORIENTAL INSTITUTE OF THE UNIVERSITY OF CHICAGO (ORIENTAL INSTITUTE MUSE UM) THE SMART MUSEUM PROMOTES THE UNDERSTANDING OF THE VISUAL ARTS AND THEIR IMPORTANCE T O CULTURAL AND INTELLECTUAL HISTORY THROUGH DIRECT EXPERIENCES WITH ORIGINAL WORKS OF ART AND THROUGH AN INTERDISCIPLINARY APPROACH TO ITS COLLECTIONS, EXHIBITIONS, PUBLICATIONS AN D PROGRAMS THE SCOPE OF ITS PERMANENT COLLECTIONS, SPECIAL EXHIBITIONS, FOCUS ON RESEARCH AND TEACHING BY THE UNIVERSITY OF CHICAGO SCHOLARS AND OUTREACH AND EDUCATIONAL PROGRAMS TO BOTH ADULTS AND SCHOOL AGE CHILDREN MAKE SMART MUSEUM ONE OF THE MIDWEST'S MOST DYNAMIC AND INNOVATIVE EDUCATIONAL INSTITUTIONS IN THE VISUAL ARTS THE ORIENTAL INSTITUTE MUSEUM IS A WORLD RENOWNED SHOWCASE FOR THE HISTORY, ART AND ARCHAEOLOGY OF THE ANCIENT NEAR EAS T THE COLLECTIONS ARE USED EXTENSIVELY FOR RESEARCH, TEACHING AND EXHIBITIONS ITS APPROA CH TO INTEGRATE ARCHAEOLOGICAL, TEXTUAL AND ART HISTORICAL DATA TO UNDERSTAND THE DEVELOPM ENT AND FUNCTIONS OF THE ANCIENT CIVILIZATIONS OF THE NEAR EAST MAKE IT AN EXCEPTIONAL RES OURCE FOR THE UNIVERSITY COMMUNITY AS WELL AS THE COMMUNITY AT LARGE PART V, LINE 4 DESCR IBE IN PART XIV THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE UNIVERSITY'S U SE OF ENDOWMENT FUNDS IS INSEPARABLE FROM THE OVERALL ACADEMIC MISSION AS ONE OF THE WORLD 'S LEADING RESEARCH UNIVERSITIES ENDOWMENT FUNDS ARE USED TO SUPPORT INSTRUCTION AND RESE ARCH PROGRAMS, SUPPORT PROFESSORSHIPS, SUPPORT FINANCIAL AID FOR UNDERGRADUATE, GRADUATE A ND PROFESSIONAL STUDENTS, SUPPORT THE ACQUISITION, RESTORATION AND PRESERVATION OF BOOKS A ND OTHER MATERIALS IN THE LIBRARIES, AND SUPPORT THE ON-GOING OPERATIONS OF THE PHYSICAL P LANT, GROUNDS, AND EQUIPMENT

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to *www.irs.gov/Form990EZ* for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY	THE UNIVERSITY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM ACROSS THE NATION AND AROUND THE WORLD, FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY, AS EMBODIED IN THE UNIVERSITY'S POLICY ON UNLAWFUL DISCRIMINATION AND HARASSMENT, AND INCLUDES A STATEMENT OF ITS NONDISCRIMINATORY POLICY ON ITS BROCHURES, CATALOGUES AND APPLICATION MATERIALS DEALING WITH STUDENT ADMISSIONS, PROGRAMS AND SCHOLARSHIPS
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID	THE UNIVERSITY OF CHICAGO RECEIVES FUNDING FROM VARIOUS GOVERNMENTAL AGENCIES FOR STUDENT FINANCIAL AID

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	5	76			39,231,279
b Total from continuation sheets to Part I					3,601,685,783
c **Totals** (add lines 3a and 3b)	9	208			3,640,917,062

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE UNIVERSITY WILL PERFORM A RISK ASSESSMENT AT THE PROPOSAL STAGE BEFORE FUNDING IS APPROVED UNIVERSITY DEPARTMENT ADMINISTRATORS AND THE PRINCIPAL INVESTIGATOR WILL REVIEW INVOICES AND CERTIFY AS TO ALLOWABILITY AND APPROPRIATENESS OF CHARGES CENTRAL SPONSORED AWARD ACCOUNTING WILL ALSO PERFORM A REVIEW THAT THE EXPENDITURES FALL WITHIN THE CONTRACT AMOUNT AND PERIOD OF PERFORMANCE

Additional Data

Software ID:

Software Version:

EIN: 36-2177139

Name: UNIVERSITY OF CHICAGO

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	2	35	PROGRAM SERVICES	INSTRUCTION	20,023,503
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	INSTRUCTION	85,736

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	2	29	PROGRAM SERVICES	INSTRUCTION	17,541,058
SOUTH ASIA			PROGRAM SERVICES	INSTRUCTION	91,388

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	INSTRUCTION	107,102
MIDDLE EAST AND NORTH AFRICA	1	2	PROGRAM SERVICES	INSTRUCTION	346,773

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ANTARCTICA		6	PROGRAM SERVICES	INSTRUCTION	
EUROPE (INCLUDING ICELAND & GREENLAND)		4	PROGRAM SERVICES	RESEARCH	1,035,719

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES		1	PROGRAM SERVICES	RESEARCH	17,772
EAST ASIA AND THE PACIFIC	2	6	PROGRAM SERVICES	RESEARCH	1,959,939

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	2	120	PROGRAM SERVICES	RESEARCH	4,630,008
NORTH AMERICA		1	PROGRAM SERVICES	RESEARCH	58,439

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA		4	PROGRAM SERVICES	RESEARCH	1,649,156
SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	1,380,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
ANTARCTICA			PROGRAM SERVICES	RESEARCH	469,875
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	SUBAWARDS	381,123

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB SAHARAN AFRICA			PROGRAM SERVICES	SUBAWARDS	201,297
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SUBAWARDS	108,260

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			PROGRAM SERVICES	SUBAWARDS	555,705
NORTH AMERICA			PROGRAM SERVICES	SUBAWARDS	914,676

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			PROGRAM SERVICES	SUBAWARDS	90,613
CENTRAL AMERICA			PROGRAM SERVICES	SUBAWARDS	11,789

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)			FUNDRAISING		149,246
EAST ASIA AND THE PACIFIC			FUNDRAISING		164,131

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			FUNDRAISING		1,706
SOUTH AMERICA			FUNDRAISING		22,986

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	1,362,025
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	74,028

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB SAHARAN AFRICA			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	309,483
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	1,637,059

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	575,573
NORTH AMERICA			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	546,293

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	345,661
SOUTH AMERICA			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	672,172

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA			PROGRAM SERVICES	SCHOLARSHIP & STIPENDS	52,428
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		2,795,134,025

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENTS		50,718,291
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		523,893,190

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		43,603,264
SUB-SAHARAN AFRICA			INVESTMENTS		169,995,570

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUBAWARD	90,958	WIRE	0		
		SOUTH ASIA	SUBAWARD	36,180	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	150,693	WIRE	0		
		SUB-SAHARAN AFRICA	SUBAWARD	15,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUBAWARD	43,200	WIRE	0		
		EUROPE	SUBAWARD	20,544	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUBAWARD	36,133	WIRE	0		
		SOUTH ASIA	SUBAWARD	16,378	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUBAWARD	118,040	WIRE	0		
		EUROPE	SUBAWARD	22,532	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUBAWARD	18,050	WIRE	0		
		SOUTH ASIA	SUBAWARD	17,104	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	13,225	WIRE	0		
		SOUTH ASIA	SUBAWARD	137,329	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	17,346	WIRE	0		
		SUB-SAHARAN AFRICA	SUBAWARD	6,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUBAWARD	290,922	WIRE	0		
		NORTH AMERICA	SUBAWARD	511,237	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUBAWARD	103,584	WIRE	0		
		EUROPE	SUBAWARD	8,072	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARRIBEAN	SUBAWARD	11,789	WIRE	0		
		NORTH AMERICA	SUBAWARD	14,629	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUBAWARD	5,499	WIRE	0		
		EAST ASIA AND THE PACIFIC	SUBAWARD	63,847	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	4,268	WIRE	0		
		SOUTH AMERICA	SUBAWARD	34,219	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	53,987	WIRE	0		
		NORTH AMERICA	SUBAWARD	1,600	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	10,000	WIRE	0		
		SOUTH AMERICA	SUBAWARD	55,944	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	22,103	WIRE	0		
		EUROPE	SUBAWARD	40,642	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUBAWARD	87,781	WIRE	0		
		SUB-SAHARAN AFRICA	SUBAWARD	21,000	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUBAWARD	6,000	WIRE	0		
		SUB-SAHARAN AFRICA	SUBAWARD	27,756	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	SUBAWARD	44,414	WIRE	0		
		NORTH AMERICA	SUBAWARD	3,008	WIRE	0		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUBAWARD	17,710	WIRE	0		
		SUB-SAHARAN AFRICA	SUBAWARD	64,291	WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID	CENTRAL AMERICA AND THE CARIBBEAN	1	11,428	CHECK OR WIRE	0		
STUDENT AID	EAST ASIA AND THE PACIFIC	56	1,121,924	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID	EUROPE (INCLUDING ICELAND & GREENLAND)	34	1,157,222	CHECK OR WIRE	0		
STUDENT AID	MIDDLE EAST AND NORTH AFRICA	8	261,966	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID	NORTH AMERICA	18	516,543	CHECK OR WIRE	0		
STUDENT AID	RUSSIA AND NEIGHBORING STATES	5	74,028	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID	SOUTH AMERICA	14	651,393	CHECK OR WIRE	0		
STUDENT AID	SOUTH ASIA	28	510,573	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID	SUB-SAHARAN AFRICA	6	230,483	CHECK OR WIRE	0		
SUMMER GRANTS	CENTRAL AMERICA AND THE CARIBBEAN	9	41,000	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SUMMER GRANTS	EAST ASIA AND THE PACIFIC	180	515,135	CHECK OR WIRE	0		
SUMMER GRANTS	EUROPE (INCLUDING ICELAND & GREENLAND)	77	204,803	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SUMMER GRANTS	MIDDLE EAST AND NORTH AFRICA	41	83,695	CHECK OR WIRE	0		
SUMMER GRANTS	NORTH AMERICA	8	29,750	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SUMMER GRANTS	SOUTH AMERICA	10	20,779	CHECK OR WIRE	0		
SUMMER GRANTS	SOUTH ASIA	18	65,000	CHECK OR WIRE	0		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SUMMER GRANTS	SUB-SAHARAN AFRICA	18	79,000	CHECK OR WIRE	0		

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www irs gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
RUFFALO NOEL LEVITZ 1025 KIRKWOOD PARKWAY CEDAR RAPIDS, IA 52404	TELEMARKETING		No	932,298	713,255	219,044
Total			▶	932,298	713,255	219,044

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, CA, CT, FL, GA, HI, IL, KS, LA, MN, MS, MO, NJ, NM, ND, OH, OK, PA, RI, TN, UT, VA, WI, AK, CO, KY, MD, WA

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 COURT THEATRE (event type)	(b) Event #2 LAB SCHOOL (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	516,105	264,325	584,000	1,364,430
	2 Less Contributions	276,476	200,634	402,701	879,811
	3 Gross income (line 1 minus line 2)	239,629	63,691	181,299	484,619
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	107,050	2,500		109,550
	6 Rent/facility costs	22,322	41,817	66,039	130,178
	7 Food and beverages	39,979	29,330	82,733	152,042
	8 Entertainment	53,174	11,989	1,700	66,863
	9 Other direct expenses	20,077	19,327	99,350	138,754
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				597,387
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-112,768

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	(I) NAME OF FUNDRAISER RUFFALO NOEL LEVITZ (I) ADDRESS OF FUNDRAISER 1025 KIRKWOOD PARKWAY, CEDAR RAPIDS, IA 52404
PART I LINE 2B	INSTALLMENTS $688,324 63 POSTAGE $8,805 00 MAILING $16,125 00 TOTAL $713,254 63

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UNDERGRADUATE STUDENT AID	6103	149,808,273			
(2) GRDUATE STUDENT AID	9021	310,139,365			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE UNIVERSITY WILL PERFORM A RISK ASSESSMENT AT THE PROPOSAL STAGE BEFORE FUNDING IS APPROVED UNIVERSITY DEPARTMENT ADMINISTRATORS AND THE PRINCIPAL INVESTIGATOR WILL REVIEW INVOICES AND CERTIFY AS TO ALLOWABILITY AND APPROPRIATENESS OF CHARGES CENTRAL SPONSORED AWARD ACCOUNTING WILL ALSO PERFORM A REVIEW THAT THE EXPENDITURES FALL WITHIN THE CONTRACT AMOUNT AND PERIOD OF PERFORMANCE

Additional Data

Software ID:
Software Version:
EIN: 36-2177139
Name: UNIVERSITY OF CHICAGO

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS COMMUNITY HEALTH NETWORK 1501 S CALIFORNIA AVENUE CHICAGO, IL 60608	36-3317058	501 (C) (3)	21,500				SUBAWARD
ADVOCATE HEALTH AND HOSPITALS CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515	36-2169147	501 (C) (3)	78,373				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA STATE UNIVERSITY 915 SOUTH JACKSON STREET MONTGOMERY, AL 36104	63-6001101	501 (C) (3)	94,500				SUBAWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 104611975	13-1624225	501 (C) (3)	62,699				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE OF CHICAGO COMMUNITY HEALTH SERVICES L3C 215 W OHIO STREET 4TH FLOOR CHICAGO, IL 60654	36-4444309		112,973				SUBAWARD
AMANI INSTITUTE 1405 S FERN STREET 90212 ARLINGTON, VA 22202	46-0576685	501 (C) (3)	21,150				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN HUMAN SERVICES FAMILY HEALTH CENTER 2424 W PETERSON AVENUE CHICAGO, IL 60659	01-0567661	501 (C) (3)	42,511				SUBAWARD
AUTONOMOUS THERAPEUTICS INC 63 FLUSHING AVENUE BUILDING 128 UNIT 241 BROOKLYN, NY 112051059			118,428				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEHAVIORAL IDEAS LAB INC 242 W 30TH ST SUITE 1000 NEW YORK, NY 10001	27-1678009	501 (C) (3)	38,055				SUBAWARD
BELOVED COMMUNITY FAMILY WELLNESS CENTER 6821 S HALSTED CHICAGO, IL 606211833	04-3828358	501 (C) (3)	12,500				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVENUE BOSTON, MA 022155491	04-2103881	501 (C) (3)	49,587				SUBAWARD
BOARD OF EDUCATION OF THE CITY OF CHICAGO 42 WEST MADISON STREET CHICAGO, IL 606024309	36-6005821	GOVT	25,824				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTSTAR COMMUNITY OUTREACH INC 4518 S COTTAGE GROVE AVENUE CHICAGO, IL 606534395	26-2007088	501 (C) (3)	71,907				SUBAWARD
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BOULEVARD PASADENA, CA 911250001	95-1643307	501 (C) (3)	71,385				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 441067037	34-1018992	501 (C) (3)	27,120				SUBAWARD
CENTER FOR HEALTH CARE STRATEGIES INC 200 AMERICAN METRO BLVD SUITE 119 HAMILTON, NH 08619	22-3375015	501 (C) (3)	50,000				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL DUPAGE HOSPITAL 25 N WINFIELD ROAD WINFIELD, IL 60190	36-2513909	501 (C) (3)	336,991				SUBAWARD
CHARLES DREW UNIVERSITY 1731 E 120TH STREET LOS ANGELES, CA 900593051	95-6151774	501 (C) (3)	53,500				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHICAGO DEPARTMENT OF PUBLIC HEALTH 333 S STATE STREET ROOM 200 CHICAGO, IL 60604	36-6005820	GOVT	34,298				SUBAWARD
CHICAGO FAMILY HEALTH CENTER 9119 S EXCHANGE AVENUE CHICAGO, IL 60617	36-2893854	501 (C) (3)	97,065				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N CLYBOURN SUITE 401 CHICAGO, IL 60614	36-3376432	501 (C) (3)	20,229				SUBAWARD
CHICAGO HYDE PARK VILLAGE 5500 S WOODLAWN AVENUE CHICAGO, IL 606371621	90-0798416	501 (C) (3)	44,431				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501 (C) (3)	19,408				SUBAWARD
CHILDREN'S HOSPITAL MEDICAL CENTER (CINCINNATI) 3333 BURNETT AVENUE CINCINNATI, OH 46202	31-0833936	501 (C) (3)	34,084				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BOULEVARD PHILADELPHIA, PA 191044318	23-1352166	501 (C) (3)	89,642				SUBAWARD
COLORADO STATE UNIVERSITY 1872 CAMPUS DELIVERY FORT COLLINGS, CO 805236003	23-7098397	GOVT	86,115				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLUMBIA UNIVERSITY 615 W 135TH STREET NEW YORK, NY 10027	13-5598093	501 (C) (3)	108,223				SUBAWARD
COMMUNITY HEALTH 2611 WEST CHICAGO AVENUE CHICAGO, IL 60622	36-3831793	501 (C) (3)	179,083				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNELL UNIVERSITY 395 PINE TREE ROAD SUITE 302 ITHACA, NY 14850	15-0532082	501 (C) (3)	349,082				SUBAWARD
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET MS OS-385 BOSTON, MA 02115	04-2263040	501 (C) (3)	34,894				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, MA 03755	02-0222111	501 (C) (3)	178,441				SUBAWARD
DAYLIGHT DESIGN LLC 375 ALABAMA ST STE 380 SAN FRANCISCO, CA 94110	81-3298835		21,655				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE PAUL UNIVERSITY 1 EAST JACKSON BOULEVARD CHICAGO, IL 60604	36-2167048	501 (C) (3)	275,825				SUBAWARD
DECATUR MEMORIAL HOSPITAL 2300 NORTH EDWARD STREET DECATUR, IL 62526	37-0661199	501 (C) (3)	42,274				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DREXEL UNIVERSITY 3201 ARCH STREET STE 400 PHILADELPHIA, PA 19104	23-1352630	501 (C) (3)	24,657				SUBAWARD
DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 300 DURHAM, NC 27705	56-0532129	501 (C) (3)	225,818				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EDUCATION DEVELOPMENT CENTER INC 43 FOUNDRY AVENUE WALTHAM, MA 02453	04-2241718	501 (C) (3)	102,246				SUBAWARD
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR ATLANTA, GA 30322	58-0566256	501 (C) (3)	110,700				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FELLOWSHIP FOR INTERPRETATION OF GENOMES 15 W 155 81ST STREET BURR RIDGE, IL 60527	14-1883085	501 (C) (3)	15,787				SUBAWARD
FORALL SYSTEMS INC 1426 S FEDERAL STREET UNIT D CHICAGO, IL 606053061			37,966				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FORT WAYNE MEDICAL ONCOLOGY & HEMATOLOGY INC 4402 E STATE BLVD FORT WAYNE, IN 46815	35-1400631		7,150				SUBAWARD
FOX CHASE CANCER CENTER 333 COTTMAN AVE INSTITUTIONAL ADVANCEMENT PHILADELPHIA, PA 19111	23-2003072	501 (C) (3)	23,122				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRAUNHOFER USA INC 5825 UNIVERSITY RESEARCH COURT STE 1300 COLLEGE PARK, VA 20740	38-3203030		51,628				SUBAWARD
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE N PO BOX 19024 19024 SEATTLE, WA 981091024	23-7156071	501 (C) (3)	166,205				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIEND FAMILY HEALTH CENTER 800 E 55TH STREET CHICAGO, IL 60615	36-4161801	501 (C) (3)	308,768				SUBAWARD
GE GLOBAL RESEARCH 1 RESEARCH CIRCLE NISKAYUNA, NY 123091027	14-0689340		48,969				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE UNIVERSITY HALL FAIRFAX, VA 220304444	54-1603842	GOVT	196,378				SUBAWARD
GEORGE WASHINGTON UNIVERSITY 44983 KNOLL SQUARE BLDG II ASHBURN, VA 20147	53-0196584	501 (C) (3)	6,322				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-3238636	501 (C) (3)	10,000				SUBAWARD
HARVARD UNIVERSITY 667 HUNTINGTON AVENUE BOSTON, MA 02115	04-2103580	501 (C) (3)	476,740				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALTH RESEARCH INC-ROSWELL PARK CANCER INSTITUTE RIVERVIEW CENTER 150 BROADWAY MENANDS, NY 12204	14-1402155	501 (C) (3)	11,100				SUBAWARD
HEARTLAND HEALTH CENTERS 3048 N WILTON AVENUE CHICAGO, IL 60657	36-3843377	501 (C) (3)	39,361				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEKTOEN INSTITUTE FOR MEDICAL RESEARCH 2240 W OGDEN AVENUE 2ND FLOOR CHICAGO, IL 60612	36-2244897	501 (C) (3)	8,000				SUBAWARD
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 606132010	36-2894128	501 (C) (3)	79,355				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IIT RESEARCH INSTITUTE 10 W 35TH STREET CHICAGO, IL 606163799	36-2169122	501 (C) (3) OR GOV	73,581				SUBAWARD
ILLINOIS CANCER CARE 8940 N WOOD SAGE ROAD PEORIA, IL 616157822	37-1409840	501 (C) (3)	234,597				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH 535 WEST JEFFERSON STREET SPRINGFIELD, IL 62761		501 (C) (3) OR GOV	29,612				SUBAWARD
ILLINOIS INSTITUTE OF TECHNOLOGY 3300 S FEDERAL STREET MAIN BLDG RM 308 CHICAGO, IL 606163793	36-2170136	501 (C) (3)	1,909,710				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDIANA UNIVERSITY POPLARS 426 400 E 7TH ST BLOOMINGTON, IN 47405	35-6001673	GOVT	1,060,974				SUBAWARD
INNOVATIONS FOR POVERTY ACTION (IPA) 101 WHITNEY AVE NEW HAVEN, CT 06510	06-1660068	501 (C) (3)	55,203				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INSTITUTE FOR MEDICAID INNOVATION 1575 EYE ST NW STE 300 WASHINGTON, DC 20005	31-1661234	501 (C) (3)	32,604				SUBAWARD
JOHNS HOPKINS UNIVERSITY 1101 E 33RD STREET BALTIMORE, MD 21218	52-0595110	501 (C) (3)	1,141,361				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUSTICE RESOURCE INSTITUTE INC 160 GOULD STREET SUITE 300 NEEDHAM, MA 024942300	04-2536357	501 (C) (3)	109,742				SUBAWARD
KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET 16TH FLOOR OAKLAND, CA 946123433	94-1105628	501 (C) (3) OR GOV	404,249				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KARAMANOS CANCER CENTER 4100 JOHN R MM00RA DETROIT, MI 482012013	20-1649466	501 (C) (3)	20,026				SUBAWARD
LA RABIDA CHILDREN'S HOSPITAL 6501 S PROMONTORY DRIVE CHICAGO, IL 60649	36-2170143	501 (C) (3)	202,857				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LARKIN UNIVERSITY 18301 NORTH MIAMI AVENUE SUITE 1 MIAMI, FL 33169	46-3670992	501 (C) (3)	162,342				SUBAWARD
LATINO POLICY FORUM 180 N MICHIGAN AVENUE STE 1250 CHICAGO, IL 60601	36-3676873	501 (C) (3)	50,000				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVENUE CHICAGO, IL 606232460	36-3308953	501 (C) (3)	11,994				SUBAWARD
LAWRENCE LIVERMORE NATIONAL SECURITY LLC 7000 EAST AVE MAIL STOP L174 LIVERMORE, CA 94551	20-5624386		52,737				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LEHIGH UNIVERSITY 526 BRODHEAD AVENUE 23B BETHLEHEM, PA 180153008	24-0795445	501 (C) (3)	15,022				SUBAWARD
LOYOLA UNIVERSITY 820 N MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501 (C) (3)	105,100				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LUDWIG INSTITUTE FOR CANCER 9500 GILMAN DRIVE MC0660 LA JOLLA, CA 920930660	23-7121131	501 (C) (3)	9,188				SUBAWARD
LURIE CHILDREN'S HOSPITAL DBA CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDRENS PLAZA BOX 268 CHICAGO, IL 60614	36-2170833	501 (C) (3)	179,857				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 021142696	04-2697983	501 (C) (3)	76,864				SUBAWARD
MASSACHUSETTS INSTITUTE OF TECHNOLOGY SUITE NE49-4161 CAMBRIDGE, MA 02139	04-2103594	501 (C) (3)	222,327				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MAYO CLINIC 200 FIRST STREET SW ROCHESTER, NY 55905	41-6011702	501 (C) (3)	330,250				SUBAWARD
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 532260509	39-0806261	501 (C) (3)	577,244				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEDICAL RESEARCH ANALYTICS AND INFORMATICS ALLIANCE 20 NORTH WACKER DRIVE - SUITE 1200 CHICAGO, IL 60606	45-3007467	501 (C) (3)	55,342				SUBAWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 18 BEE ST MSC 450 CHARLESTON, SC 294258910	57-6028985	501 (C) 3	35,777				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 100656007	91-2154267	501 (C) 3	32,743				SUBAWARD
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON, MI 499311295	38-6005955	GOVT	28,250				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MIDWEST CLINICIANS' NETWORK INC 321 W LAKE LANSING ROAD EAST LANSING, MI 48823	38-3189461	501 (C) (3)	97,064				SUBAWARD
MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501 (C) (3)	24,327				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOUNT SINAI HOSPITAL MEDICAL CENTER 1500 S CALIFORNIA AVENUE CHICAGO, IL 606081797	35-1509000	501 (C) (3)	21,776				SUBAWARD
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE NEW YORK, NY 100296574	13-6171197	501 (C) (3)	8,609				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL DEVELOPMENT AND RESEARCH INSTITUTES INC 71 WEST 23RD STREET 4TH FLOOR NEW YORK, NY 100103571	23-7008089	501 (C) (3)	41,853				SUBAWARD
NATIONAL GIRLS COLLABORATIVE 4616 25TH AVENEU NE 248 SEATTLE, WA 98105	47-1608990	501 (C) (3)	13,286				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE STREET CHICAGO, IL 60603	36-2167808	501 (C) (3)	1,315,634				SUBAWARD
NEIMAND COLLABORATIVE 1025 VERMONT AVENUE NW SUITE 830 WASHINGTON, DC 20005	52-1806524		44,523				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW YORK UNIVERSITY 726 BROADWAY NEW YORK, NY 10003	13-5562308	501 (C) (3)	934,612				SUBAWARD
NEW YORK UNIVERSITY SCHOOL OF MEDICINE ONE PARK AVENUE 6TH FLOOR NEW YORK, NY 100165800	13-5562309	501 (C) (3)	22,561				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHEASTERN ILLINOIS UNIVERSITY 5500 NORTH ST LOUIS AVENUE CHICAGO, IL 60625	36-6009515	GOVT	13,751				SUBAWARD
NORTHERN ILLINOIS UNIVERSITY 301 LOWDEN HALL DE KALB, IL 601152828	10-0064401	GOVT	8,287				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSHORE UNIVERSITY HEALTH SYSTEM 2650 RIDGE AVENUE - G221 EVANSTON, IL 60201	36-2167060	501 (C) (3)	1,348,299				SUBAWARD
NORTHWEST LIPID METABOLISM AND DIABETES RESEARCH LABORATORIES 401 QUEEN ANNE AVE N SEATTLE, WA 98109	91-6000537	501 (C) (3)	31,442				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWESTERN UNIVERSITY 633 CLARK STREET SUITE G-547 EVANSTON, IL 602081112	36-2167817	501 (C) (3)	2,447,359				SUBAWARD
NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 333147721	59-1083502	501 (C) (3)	55,727				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO STATE UNIVERSITY 901 WOODY HAYES DRIVE COLUMBUS, OH 432104016	31-6025986	GOVT	26,012				SUBAWARD
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 972393098	93-1176109	GOVT	14,993				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUNCE OF PREVENTION FUND 33 WEST MONROE STREET SUITE 2400 CHICAGO, IL 606035400	36-3186328	501 (C) (3)	293,910				SUBAWARD
PENN STATE UNIVERSITY 513 JOAB L THOMAS BLDG UNIVERSITY PARK, PA 16802	24-6000376	GOVT	8,000				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLANETARY SCIENCE INSTITUTE 1700 EAST FORT LOWELL ROAD SUITE 106 TUCSON, AZ 857192395	33-0175263	501 (C) (3)	127,207				SUBAWARD
PLANNED PARENTHOOD GREAT PAINS 4401 W 109TH STREET SUITE 200 OVERLAND PARK, KS 662111303	44-0565390	501 (C) (3)	206,056				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501 (C) (3)	15,068				SUBAWARD
PRINCETON UNIVERSITY 5 NEW SOUTH BUILDING PO BOX 5292 PRINCETON, NJ 085445292	21-0634501	501 (C) (3)	245,268				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PURDUE UNIVERSITY 302 WOOD STREET WEST LAFAYETTE, IN 479072040	35-6002041	GOVT	507,422				SUBAWARD
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALL BUFFALO, NY 142607016	14-1368361	501 (C) (3)	8,674				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 432052664	31-6056230	501 (C) (3)	247,010				SUBAWARD
RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501 (C) (3)	40,746				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET ROOM NO CHICAGO, IL 60612	36-2174823	501 (C) (3)	618,745				SUBAWARD
RUTGERS UNIVERSITY 125 PATERSON STREET NEW BRUNSWICK, NJ 089011962	22-6001086	GOVT	82,864				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO STATE UNIVERSITY 5250 CAMPANILE DRIVE SAN DIEGO, CA 921821931	95-6042721	GOVT	9,270				SUBAWARD
SCHOOL OF THE ART INSTITUTE OF CHICAGO 37 S WABASH AVENUE CHICAGO, IL 606033002	36-2167725	501 (C) (3)	84,706				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SEATTLE CHILDREN'S RESEARCH INSTITUTE 1900 NINTH AVENUE MS C95-5 SEATTLE, WA 98101	91-0564748	501 (C) (3)	32,719				SUBAWARD
SETI INSTITUTE 189 BERNARDO AVENUE MOUNTAIN VIEW, CA 940435203	94-2951356	501 (C) (3)	15,639				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SINAI HEALTH SYSTEM 1500 S CALIFORNIA AVENUE CHICAGO, IL 606081797	36-3166895	501 (C) (3)	66,127				SUBAWARD
SOUTHERN ILLINOIS UNIVERSITY 801 N RUTLEDGE STREET PO BOX 19616 SPRINGFIELD, IL 627949616	37-6005961	501 (C) (3)	404,224				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST BERNARD HOSPITAL 326 WEST 64TH STREET CHICAGO, IL 60621	36-2264414	501 (C) (3)	38,821				SUBAWARD
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678	62-0646012	501 (C) (3)	242,191				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STANFORD UNIVERSITY 340 PANAMA STREET STANFORD, CA 94305	94-1156365	501 (C) (3)	330,866				SUBAWARD
STARWISE THERAPEUTICS LLC 505 S ROSA ROAD SUITE 27 MADISON, WI 53719	81-4551521		14,618				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SYMPHONY OF SOUTH SHORE 2425 E 71ST STREET CHICAGO, IL 606492612	47-3964105		78,679				SUBAWARD
TCA HEALTH INC 1029 E 130TH STREET CHICAGO, IL 60628	36-2743287	501 (C) (3)	7,128				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE BOULEVARD OF CHICAGO 3456 W FRANKLIN BLVD CHICAGO, IL 60624	36-4075641	501 (C) (3)	8,914				SUBAWARD
THE COMMUNITY ACTION PLACE INC 502 N HORN STREET FRANKFORT, IL 62896	47-5193214	501 (C) (3)	74,342				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE GENEVA FOUNDATION 917 PACIFIC AVENUE SUITE 600 TACOMA, WA 984024447	91-1593913	501 (C) (3)	31,847				SUBAWARD
THE MIND RESEARCH NETWORK 1101 YALE BOULEVARD NE ALBUQUERQUE, NM 871064188	85-0457562	501 (C) (3)	6,333				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE RESEARCH FOUNDATION FOR SUNY 750 E ADAMS ST SYRACUSE, NY 132102306	14-1368361	501 (C) (3)	30,369				SUBAWARD
TUFTS UNIVERSITY 161 COLLEGE AVENUE MEDFORD, MA 02155	04-2103634	501 (C) (3)	42,607				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UMMA COMMUNITY CLINIC 711 W FLORENCE AVENUE LOS ANGELES, CA 90044	95-4666712	501 (C) (3)	220,133				SUBAWARD
UNIVERSITY OF ALABAMA 1530 3RD AVENUE S AB 1170 BIRMINGHAM, AL 35294	63-6005996	501 (C) (3)	104,988				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF ARIZONA 888 N EUCLID ROOM 510 TUCSON, AZ 85722	74-2652689	GOVT	32,969				SUBAWARD
UNIVERSITY OF CALIFORNIA-BERKELEY 2150 SHATTUCK AVENUE SUITE 300 BERKELEY, CA 947045940	94-6002123	GOVT	57,959				SUBAWARD

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UNIVERSITY OF CALIFORNIA-DAVIS ONE SHIELDS AVENUE DAVIS, CA 956168677	94-6036494	GOVT	276,450				SUBAWARD
UNIVERSITY OF CALIFORNIA-IRVINE 4255 CAMPUS DRIVE IRVINE, CA 90024	95-2226406	GOVT	104,426				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF CALIFORNIA-LOS ANGELES 10920 WILSHIRE BOULEVARD SUITE 1200 1200 LOS ANGELES, CA 900241406	95-6006143	GOVT	382,638				SUBAWARD
UNIVERSITY OF CALIFORNIA-SAN DIEGO 9500 GILMAN DRIVE - RM 3041 LA JOLLA, CA 920930660	95-6006144	GOVT	720,654				SUBAWARD

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UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO, CA 94118	94-6036493	GOVT	426,323				SUBAWARD
UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE SUITE 530 CINCINNATI, OH 452210222	31-6000989	501 (C) (3)	38,692				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF COLORADO 3100 MARINE STREET BOULDER, CO 80309	39-1481425	GOVT	360,127				SUBAWARD
UNIVERSITY OF COLORADO DENVER ANSCHUTZ MEDICAL CAMPUS 13001 E 17TH PLACE AURORA, CO 800452571	85-6000555	501 (C) (3)	82,629				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT UNIT 1133 STORRS, CT 06269	06-0772160	GOVT	244,466				SUBAWARD
UNIVERSITY OF DENVER 2199 S UNIVERSITY BOULEVARD DENVER, CO 802082121	84-0404231	GOVT	105,812				SUBAWARD

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UNIVERSITY OF FLORIDA 219 GRINTER HALL PO BOX 1003628 GAINESVILLE, FL 32611	59-0974739	GOVT	92,531				SUBAWARD
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD BOX 268 HONOLULU, HI 968222234	99-0085260	GOVT	72,390				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF ILLINOIS-CHAMPAIGNURBANA 1901 S FIRST ST SUITE A MC-685 CHAMPAIGN, IL 618206242	37-6000511	GOVT	364,199				SUBAWARD
UNIVERSITY OF ILLINOIS-CHICAGO 809 SOUTH MARSHFIELD AVENUE CHICAGO, IL 606127205	37-6000511	GOVT	2,295,118				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC 300 EAST MARKET STREET SUITE 300 LOUISVILLE, KY 402021959	61-1029626	GOVT	791,955				SUBAWARD
UNIVERSITY OF MARYLAND 3300 METZEROTT ROAD ADELPHI, MD 20783	52-6002033	GOVT	331,607				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF MICHIGAN 3003 S STATE STREET 3089 WOLVERINE TOWER ANN ARBOR, MI 481091287	38-6006309	GOVT	268,632				SUBAWARD
UNIVERSITY OF MINNESOTA 200 OAK STREET SE MINNEAPOLIS, MN 55455	41-6007513	GOVT	630,291				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	85-6000642	501 (C) (3) OR GOVT	93,184				SUBAWARD
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE CB1350 CHAPEL HILL, NC 275991350	56-6001393	GOVT	98,069				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF NOTRE DAME 402 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501 (C) (3)	57,627				SUBAWARD
UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 974035219	93-6015767	GOVT	754,878				SUBAWARD

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UNIVERSITY OF PENNSLYVANIA 3451 WALNUT STREET 5TH FLOOR FRANKLIN BLDG PHILADELPHIA, PA 191046205	23-1352685	501 (C) (3)	124,539				SUBAWARD
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P-221 FRANKLIN BLDG PHILADELPHIA, PA 191046205	23-1352685	501 (C) (3)	535,905				SUBAWARD

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UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501 (C) (3)	324,064				SUBAWARD
UNIVERSITY OF ROCHESTER 107 HARKNESS HALL ROCHESTER, NY 14627	16-0743209	501 (C) (3)	45,000				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 613 COLUMBIA, SC 29208	57-6001153	GOVT	27,903				SUBAWARD
UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD SUITE 165 TAMPA, FL 336129445	59-3102112	GOVT	85,536				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS - STO 330 LOS ANGELES, CA 900891147	95-1642394	501 (C) (3)	479,407				SUBAWARD
UNIVERSITY OF TAMPA 401 W KENNEDY BLVD BOX U EAST WALKER 103 TAMPA, FL 33606	59-0624459	501 (C) (3)	86,448				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF TENNESEE UTHSC 62 S DUNLAP MEMPHIS, TN 38163	62-6001636	GOVT	90,276				SUBAWARD
UNIVERSITY OF TEXAS HSC AT HOUSTON 7000 FANNIN UCT SUITE 2514 HOUSTON, TX 770305401	74-1761309	GOVT	630,023				SUBAWARD

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER P O BOX 7159 AUSTIN, TX 78713	74-6001118	501 (C) (3) OR GOVT	59,603				SUBAWARD
UNIVERSITY OF TEXAS AUSTIN 101 E 27TH STE 5300 AUSTIN, TX 787121500	07-9497681	GOVT	19,353				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	GOVT	90,762				SUBAWARD
UNIVERSITY OF VIRGINIA P O BOX 400202 CHARLOTTESVILLE, VA 22904	54-6001796	GOVT	20,000				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 981959472	91-6001537	501 (C) (3)	575,820				SUBAWARD
UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK STREET - SUITE 6401 MADISON, WI 537151218	39-6006492	GOVT	475,893				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501 (C) (3)	58,614				SUBAWARD
VANDERBILT UNIVERSITY 3319 WEST END AVENUE SUITE 800 NASHVILLE, TN 372036876	62-0476822	501 (C) (3)	1,247,236				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 300 TURNER STREET NW SUITE 4200 BLACKSBURG, VA 24061	54-6001805	GOVT	188,803				SUBAWARD
WASHINGTON REGIONAL TRANSPLANT COMMUNITY 3190 FAIRVIEW PARK DRIVE 700 FALLS CHURCH, VA 220428030	52-1528461	501 (C) (3)	54,931				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE BOX 1034 ST LOUIS, MO 631121408	43-6053611	501 (C) (3)	504,389				SUBAWARD
WEST SIDE INSTITUTE FOR SCIENCE & EDUCATION 820 S DAMEN AVENUE 151 CHICAGO, IL 606123728	36-3712391	501 (C) (3)	38,803				SUBAWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTED 730 HARRISON STREET SAN FRANCISCO, CA 941071242	94-3233542	501 (C) (3)	156,312				SUBAWARD
YALE UNIVERSITY 155 WHITNEY AVE SUITE 230 PO BOX 208250 NEW HAVEN, CT 06520	06-0646973	501 (C) (3)	577,629				SUBAWARD

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS TRAVEL UNDER WRITTEN UNIVERSITY POLICY, FIRST CLASS AIR TRAVEL IS ONLY ALLOWED WHEN APPROVED IN ADVANCE BY A DEAN, VICE-PRESIDENT OR THE PROVOST FOUR OFFICERS WERE APPROVED FOR FIRST CLASS TRAVEL IN ACCORDANCE WITH THIS POLICY NONE OF THE BUSINESS TRIPS WERE DEEMED TAXABLE COMPENSATION TRAVEL FOR COMPANION UNDER WRITTEN UNIVERSITY POLICY, TRAVEL FOR COMPANIONS MUST BE PRE-APPROVED BY THE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER AND WILL ONLY BE APPROVED WHEN THE COMPANION TRAVEL SERVES A BONA FIDE BUSINESS PURPOSE ONE OFFICER HAS COMPANION TRAVEL APPROVED IN ACCORDANCE WITH THIS POLICY THE COST OF THE COMPANION TRAVEL WAS NOT DEEMED TAXABLE COMPENSATION TAX INDEMNIFICATION AND GROSS-UP PAYMENTS INDIVIDUALS MAY HAVE CERTAIN PAYMENTS GROSSED UP AT THE DISCRETION OF HEADS OF DEPARTMENTS, OFFICERS OR THE BOARD OF THE UNIVERSITY HOUSING ALLOWANCE OR RESIDENT FOR PERSONAL USE (PART 1A & 1B AND PART II, COLUMN D FOR ROBERT J ZIMMER) HOUSING ALLOWANCES ARE ONLY PERMITTED IF PRE-APPROVED BY THE PROVOST'S OFFICE OR UNIVERSITY HUMAN RESOURCES ONE OFFICER RECEIVED A HOUSING ALLOWANCE WHICH WAS INCLUDED IN THE INDIVIDUAL'S TAXABLE COMPENSATION OF THE AMOUNT IN COLUMN D FOR ROBERT J ZIMMER, $177,633 REPRESENTS THE VALUE OF THE UNIVERSITY-OWNED HOUSING PROVIDED TO THE PRESIDENT, WHICH IS NOT DEEMED A TAXABLE BENEFIT SOCIAL AND HEALTH CLUB DUES UNDER WRITTEN UNIVERSITY POLICY, SOCIAL AND HEALTH CLUB DUES ARE REIMBURSABLE ONLY IF THE BENEFITS OF THE MEMBERSHIP SUPPORT THE UNIVERSITY'S MISSION AND ONLY IF THE REIMBURSEMENT IS APPROVED BY A DEAN, VICE PRESIDENT, PROVOST OR PRESIDENT OF THE UNIVERSITY ANY PORTION OF THE DUES NOT USED FOR BUSINESS PURPOSES IS CONSIDERED TAXABLE COMPENSATION OFFICER OF THE UNIVERSITY MAINTAIN MEMBERSHIP IN THE QUADRANGLE CLUB, A RELATED ORGANIZATION THAT OPERATES A FACULTY CLUB ON THE CAMPUS OF THE UNIVERSITY FOR PURPOSES OF CONDUCTING MEETINGS AND OTHER UNIVERSITY BUSINESS THE UNIVERSITY REIMBURSES OFFICERS FOR THESE DUES AND THE REIMBURSEMENT IS NOT DEEMED TAXABLE COMPENSATION IN ADDITION THREE OFFICERS HAD SOCIAL CLUB DUES REIMBURSED BY THE UNIVERSITY FOR BUSINESS PURPOSES AND THE REIMBURSEMENT WAS NOT DEEMED TAXABLE COMPENSATION PERSONAL SERVICES THE UNIVERSITY PROVIDE FOR THE MAINTENANCE AND CLEANING OF THE UNIVERSITY OWNED HOUSE PROVIDED TO THE PRESIDENT THESE SERVICES WERE NOT DEEMED A TAXABLE BENEFIT

Return Reference	Explanation
PART I, LINE 4B	ROBERT J ZIMMER $ 867,200 KENNETH POLONSKY $ 336,750

Return Reference	Explanation
PART I, LINE 7	INVESTMENT OFFICE PERSONNEL PARTICIPATE IN AN INCENTIVE COMPENSATION PROGRAM BASED ON PERFORMANCE AND QUALITATIVE MEASUREMENTS

Additional Data

Software ID:
Software Version:
EIN: 36-2177139
Name: UNIVERSITY OF CHICAGO

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT J ZIMMER PRESIDENT	(I)	1,325,536	4,120,316	331,450	889,200	199,333	6,865,835	3,036,956
	(II)	0	0	0	0	0	0	0
ERIC ISAACS EVP RSCH, INNOV NAT'L LABS	(I)	347,945	35,500	7,179	22,000	42,455	455,079	0
	(II)	0	0	0	0	0	0	0
JUAN DE PABLO VP FOR NATIONAL LABORATORIES	(I)	470,994	0	30,880	22,000	88,072	611,946	0
	(II)	0	0	0	0	0	0	0
DANIEL DIERMEIER PROVOST	(I)	840,836	91,000	65,576	72,000	47,175	1,116,587	0
	(II)	0	0	0	0	0	0	0
DEREK DOUGLAS VP CIVIC ENGAGEMENT	(I)	538,983	85,300	3,759	22,000	56,339	706,381	0
	(II)	0	0	0	0	0	0	0
DAVID B FITHIAN EXECUTIVE VICE PRESIDENT	(I)	692,925	67,500	7,567	22,000	18,418	808,410	0
	(II)	0	0	0	0	0	0	0
KIMBERLY TAYLOR VP & GENERAL COUNSEL	(I)	666,548	65,000	25,251	22,000	64,393	843,192	0
	(II)	0	0	0	0	0	0	0
SHARON MARINE VP ALUMNI RELATIONS & DEVL	(I)	704,412	60,000	4,722	22,000	15,384	806,518	0
	(II)	0	0	0	0	0	0	0
JAMES G NONDORF VP ENROLL & STUDENT ADV	(I)	648,061	62,100	5,980	22,000	10,490	748,631	0
	(II)	0	0	0	0	0	0	0
KENNETH S POLONSKY EXEC VP MEDICAL AFFAIRS	(I)	1,784,506	500,000	346,583	22,000	23,865	2,676,954	0
	(II)	0	0	0	336,750	0	336,750	0
PAUL RAND VP COMMUNICATIONS	(I)	434,957	39,875	78,821	22,000	34,382	610,035	0
	(II)	0	0	0	0	0	0	0
MICHELE RASMUSSEN DEAN OF STUDENTS	(I)	311,467	30,000	1,580	22,000	7,622	372,669	0
	(II)	0	0	0	0	0	0	0
DARREN REISBERG VP STRATEGIC INITIATIVES	(I)	389,413	38,000	10,083	22,000	11,515	471,011	0
	(II)	0	0	0	0	0	0	0
MARK A SCHMID VP AND CHIEF INVEST OFFICER	(I)	743,556	1,597,624	12,075	762,000	34,283	3,149,538	708,448
	(II)	0	0	0	0	0	0	0
IVAN SAMSTEIN VP & CFO	(I)	537,926	76,175	2,129	22,000	49,324	687,554	0
	(II)	0	0	0	0	0	0	0
BALAJI SRINIVASAN VP GLOBAL ENGAGEMENT	(I)	511,427	47,500	18,136	22,000	40,992	640,055	0
	(II)	0	0	0	0	0	0	0
CATHERINE CALLOW-WRIGHT VP & SECRETARY OF THE UNIVERSITY	(I)	357,758	35,000	2,104	22,000	31,562	448,424	0
	(II)	0	0	0	0	0	0	0
MADHAV RAJAN DEAN BOOTH SCHOOL OF BUSINESS	(I)	794,375	116,250	90,725	22,000	0	1,023,350	0
	(II)	0	0	0	0	0	0	0
VALLUVAN JEEVANANDAM CHIEF CARDIAC & THORACIC SURG	(I)	1,216,968	125,000	0	22,000	18,390	1,382,358	0
	(II)	0	0	0	0	0	0	0
DAVID BARCLAY CHIEF OPERATING OFFICER CRSP	(I)	225,290	1,222,021	0	9,520	34,712	1,491,543	0
	(II)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LUIGI ZINGALES PROF OF ENTREPRENEURSHIP & FINANCE	(I)	778,944	461,678	102,157	22,000	129,172	1,493,951	0
	(II)	0	0	0	0	0	0	0
JOHN FUNG PROF SURGERY & CHIEF OF TRANSPLANTAT	(I)	988,935	357,747	0	22,000	32,923	1,401,605	0
	(II)	0	0	0	0	0	0	0
PRADEEP CHINTAGUNTA PROF OF MARKETING	(I)	663,126	674,571	85,882	22,000	31,481	1,477,060	0
	(II)	0	0	0	0	0	0	0
JOHN R KROLL AVP FINANCE	(I)	363,730	37,230	0	22,000	14,073	437,033	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IEFA 50000000 ADJ RATE REV BONDS SERIES 2003B	52-1297563	4520017E4	08-28-2003	50,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
B	IFA 100000000 REVENUE BONDS SERIES 2004B	86-1091967	45200BHH4	11-10-2004	100,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	IFA 80000000 ADJ RATE REV REFUND BONDS 2004C	86-1091967	45200BJG4	11-30-2004	80,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
D	IFA 123604000 ADJ RATE DEMAND REV SERIES 2008	86-1091967	45200FEG0	04-03-2008	123,604,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,018,000	29,926,000	3,015,000	29,490,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,141,933	102,437,189	80,000,000	123,604,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	274,223	469,999	463,838	752,575
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	49,867,710	101,967,190		
11	Other spent proceeds			79,536,162	122,851,425
12	Other unspent proceeds				
13	Year of substantial completion	2006	2010	2006	2004

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 300 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 300 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X	X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								0 040 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			X
b	Exception to rebate?	X		X		X			X
c	No rebate due?	X		X			X	X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider					MORGAN STANLEY CAP		MERRIL LYNCH CAPITAL SERVICES	
c	Term of hedge					3500 0000000000 %		3300 0000000000 %	
d	Was the hedge superintegrated?						X		X
e	Was the hedge terminated?						X		X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C	(A) ISSUER NAME IEFA 50,000,000 ADJ RATE REV BONDS,SERIES 2003B DATE THE REBATE COMPUTATION WAS PERFORMED 04/02/2009 (A) ISSUER NAME IFA 100,000,000 REVENUE BONDS, SERIES 2004B DATE THE REBATE COMPUTATION WAS PERFORMED 12/22/2009 (A) ISSUER NAME IFA 80,000,000 ADJ RAT REV REFUNDING BONDS 2004C DATE THE REBATE COMPUTATION WAS PERFORMED 12/22/2011 (A) ISSUER NAME IFA 123,604,000 ADJ RATE DEMAND REV SERIES 2008 DATE THE REBATE COMPUTATION WAS PERFORMED 03/26/2013 (A) ISSUER NAME IFA 369,570,000 REVENUE BONDS SERIES 2012A DATE THE REBATE COMPUTATION WAS PERFORMED 01/31/2017 (A) ISSUER NAME IFA 149,090,000 REVENUE BONDS SERIES 2013A DATE THE REBATE COMPUTATION WAS PERFORMED 03/01/2018

Return Reference	Explanation
PART II, LINE 3	SERIES 2003B THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF $141,933 SERIES 2004B THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF $2,437,189 SERIES 2012A THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF $8,068 SERIES 2013A THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF $4,887 SERIES 2014A THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF $3,893 SERIES 2015A THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF $248,055 SERIES 2018A THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF $482,872 PART II, LINE 11 SERIES 2004B THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW SERIES 2012B THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW SERIES 2013A THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW SERIES 2014A THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW SERIES 2015A THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW SERIES 2018A THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

Return Reference	Explanation
PART I COLUMN F DESCRIPTION OF PURPOSE	$50,000,000 ILLINOIS EDUCATIONAL FACILITIES AUTHORITY ADJUSTABLE RATE REVENUE BONDS, THE U NIVERSITY OF CHICAGO, SERIES 2003B, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE OR RE IMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPIN G OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING A NEW GRADUATE SCHOOL OF BUSINESS BU ILDING, A NEW INTERDIVISIONAL RESEARCH BUILDING AND A NEW ATHLETICS AND RECREATION CENTER, AND PAY CERTAIN COSTS OF ISSUANCE $100,000,000 ILLINOIS FINANCE AUTHORITY ADJUSTABLE RAT E REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2004B, (F) DESCRIPTION OF PURPOSE TO FI NANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING THE NEW GRADU ATE SCHOOL OF BUSINESS, A NEW RESEARCH BUILDING, A NEW INTERDIVISIONAL RESEARCH BUILDING, AND NEW RESIDENCE HALLS, AND CERTAIN COSTS OF ISSUANCE $80,000,000 ILLINOIS FINANCE AUTHO RITY ADJUSTABLE RATE REVENUE REFUNDING BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2004C, (F) DESCRIPTION OF PURPOSE TO ADVANCE REFUND $70,965,000 OF THE UNIVERSITY'S SERIES 2001A BON DS, AND PAY CERTAIN COSTS OF ISSUANCE $123,604,000 ILLINOIS FINANCE AUTHORITY ADJUSTABLE RATE REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2008, (F) DESCRIPTION OF PURPOSE TO CURRENTLY REFUND THE UNIVERSITY'S SERIES 1998A BONDS, AND (B) PAY CERTAIN COSTS OF ISSUANC E $369,570,000 ILLINOIS FINANCE AUTHORITY REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIE S 2012A, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, RENOVATION, IMPROVEMENT AND E QUIPPING OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING THE WILLIAM ECKHARDT RESEARCH CENTER, THE LABORATORY SCHOOLS, THE MULTIPURPOSE ECONOMICS RESEARCH BUILDING, AND VARIOUS OTHER ADMINISTRATIVE, ACADEMIC, RESEARCH, INFRASTRUCTURE AND CAMPUS PROJECTS, TO ADVANCE OR CURRENTLY REFUND ALL OR A PORTION OF THE SERIES 1985A BONDS AND THE 2004A BONDS, AND PA Y CERTAIN COSTS OF ISSUANCE $149,090,000 ILLINOIS FINANCE AUTHORITY REVENUE BONDS, THE UN IVERSITY OF CHICAGO, SERIES 2013A, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE, AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTION, R ENOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, INCLUDING THE WILL IAM ECKHARDT RESEARCH CENTER, THE LABORATORY SCHOOLS, ADAPTIVE REUSE OF 5757 S UNIVERSITY AVENUE AND VARIOUS OTHER ADMINISTRATIVE, ACADEMIC, RESEARCH, INFRASTRUCTURE AND CAMPUS PR OJECTS, TO ADVANCE OR CURRENTLY REFUND ALL OR A PORTION OF THE SERIES 2001A BONDS, THE 200 4A BONDS AND THE 2008B BONDS, AND PAY CERTAIN COSTS OF ISSUANCE $650,000,000 ILLINOIS FIN ANCE AUTHORITY REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2014A, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE CO STS OF ACQUISITION, CONSTRUCTI

Return Reference	Explanation
PART I COLUMN F DESCRIPTION OF PURPOSE	ON, RENOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, REFUND THE SE RIES 2009 ISSUE, PAY CERTAIN COSTS RELATING TO THE ISSUE OF THE SERIES 2014A BONDS AND ADV ANCED REFUNDING OF THE 2009 ISSUE $415,825,000 ILLINOIS FINANCE AUTHORITY REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2015A, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITION, CONSTRUCTI ON, RENOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, REFUND THE SE RIES 2007 ISSUE, PAY CERTAIN COSTS OF ISSUANCE $114,705 000 ILLINOIS FINANCE AUTHORITY RE VENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2018A, (F) DESCRIPTION OF PURPOSE TO FINAN CE, REFINANCE, AND REIMBURSE THE UNIVERSITY FOR ALL OR A PORTION OF THE COSTS OF ACQUISITI ON, CONSTRUCTION, RENOVATION, IMPROVEMENT AND EQUIPPING OF CERTAIN EDUCATIONAL FACILITIES, REFINANCING THE COMMERCIAL PAPER NOTES ISSUED TO REDEEM THE SERIES 2001B-3 ISSUE, AND PAY CERTAIN COSTS OF ISSUANCE

Return Reference	Explanation
PART III, LINE 6, COLUMNS A,B,C, & D	THE AMOUNT OF NON QUALIFIED USE FROM LEASES, MANAGEMENT CONTRACTS, AND/OR RESEARCH AGREEMENTS IS LESS THAN THE EQUITY CONTRIBUTION OF THE UNIVERSITY FOR THE IMPACTED PROJECTS AND THEREFORE RESULTS IN NO PRIVATE BUSINESS USE FOR THE ISSUE

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IFA 369570000 REVENUE BONDS SERIES 2012A	86-1091967	45203HFF4	02-02-2012	421,065,981	SEE SUPPLEMENTAL INFORMATION		X		X		X
B	IFA 149090000 REVENUE BONDS SERIES 2013A	86-1091967	45203HRE4	05-15-2013	159,766,350	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	IFA 650000000 REVENUE BONDS SERIES 2014A	86-1091967	45203HB68	08-12-2014	644,509,246	SEE SUPPLEMENTAL INFORMATION		X		X		X
D	IFA 415825000 REVENUE BONDS SERIES 2015A	86-1091967	45203H3H3	09-10-2015	452,070,011	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,665,000	2,420,000		2,775,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	421,074,049	159,771,237	644,513,139	452,318,067
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,982,388	1,179,561	2,131,891	1,522,422
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	150,009,360	100,004,887	175,008,593	200,331,641
11	Other spent proceeds	269,082,300	58,586,789	467,372,655	250,464,004
12	Other unspent proceeds				
13	Year of substantial completion	2013	2014	2015	2017

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?	X		X		X		X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 200 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 200 %		0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 400 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	IFA 114705000 REVENUE BONDS SERIES 2018A	86-1091967	45204ED70	03-07-2018	128,797,725	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	129,280,597			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	842,147			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	56,173,450			
11	Other spent proceeds	72,265,000			
12	Other unspent proceeds				
13	Year of substantial completion	2019			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1) MADHAV RAJAN	KEY EMPLOYEE			X	1,250,000	1,250,000		No	Yes		Yes	
(2) JUAN DE PABLO	OFFICER			X	100,000	40,000		No	Yes		Yes	
(3) DAVID FITHIAN	OFFICER			X	136,000	74,785		No	Yes		Yes	
(4) KIMBERLY TAYLOR	OFFICER			X	100,000	20,000		No	Yes		Yes	
(5) JUAN DE PABLO	OFFICER			X	100,000	100,000		No	Yes		Yes	
Total					▶ $	1,484,785						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV	JAMES S CROWN, A TRUSTEE OF THE UNIVERSITY, AND HIS FAMILY OWN AN INDIRECT INTEREST IN TISHMAN SPEYER CROWN EQUITIES, LLC (TISHMAN SPEYER), WHICH THROUGH A SUBSIDIARY OWNS AN OFFICE BUILDING IN WASHINGTON D C IN WHICH THE UNIVERSITY OF CHICAGO LEASES OFFICE SPACE THE LEASE BETWEEN THE UNIVERSITY AND TISHMAN SPEYER WAS NEGOTIATED AT ARMS' LENGTH AND WAS CONCLUDED ON FAIR MARKET TERMS THE UNIVERSITY PAID TISHMAN SPEYER A TOTAL OF $226,455 IN RENT, TAXES AND EXPENSES FOR THIS PROPERTY DURING THE TAX YEAR ENDED JUNE 30, 2019 THE UNIVERSITY ALSO LEASES OFFICE SPACE IN NEW YORK, NEW YORK FROM TISHMAN SPEYER THE LEASE BETWEEN THE UNIVERSITY AND TISHMAN SPEYER WAS NEGOTIATED AT ARMS' LENGTH AND WAS CONCLUDED ON FAIR MARKET TERMS THE UNIVERSITY PAID TISHMAN SPEYER A TOTAL OF $600,506 IN RENT, TAXES AND EXPENSES FOR THIS PROPERTY DURING THE TAX YEAR ENDED JUNE 30, 2019 EMMANUEL ROMAN, A TRUSTEE OF THE UNIVERSITY, IS THE CHIEF EXECUTIVE OFFICER OF PIMCO, A FIXED INCOME INVESTMENT FIRM WITH WHICH THE UNIVERSITY HAS INVESTED A PORTION OF ITS ENDOWMENT PIMCO RECEIVED APPROXIMATELY $262,242 IN FEES IN CONNECTION WITH THE UNIVERSITY'S INVESTMENT FOR THE TAX YEAR ENDED JUNE 30, 2019 DAVID M RUBENSTEIN, A TRUSTEE OF THE UNIVERSITY, IS A CO-FOUNDER AND CO-CEO OF THE CARLYLE GROUP, A PRIVATE EQUITY FIRM WITH WHICH THE UNIVERSITY HAS INVESTED A PORTION OF ITS ENDOWMENT THE CARLYLE GROUP RECEIVED APPROXIMATELY $251,201 IN FEES IN CONNECTION WITH THE UNIVERSITY'S INVESTMENT FOR THE TAX YEAR ENDED JUNE 30, 2019 PAUL YOVOVICH, A TRUSTEE OF THE UNIVERSITY, IS PRESIDENT, PRINCIPAL, AND CO-FOUNDER OF LAKE CAPITAL, A PRIVATE EQUITY FIRM WITH WHICH THE UNIVERSITY HAS INVESTED A PORTION OF ITS ENDOWMENT LAKE CAPITAL RECEIVED APPROXIMATELY $147,688 IN FEES IN CONNECTION WITH THE UNIVERSITY'S INVESTMENT FOR THE TAX YEAR ENDED JUNE 30, 2019 SHADI BARTSCH-ZIMMER, THE WIFE OF THE UNIVERSITY OF CHICAGO PRESIDENT ROBERT J ZIMMER, IS EMPLOYED BY THE UNIVERSITY AS A PROFESSOR OF CLASSICS MS BARTSCH-ZIMMER WAS PAID A GROSS SALARY OF $351,219 FOR THE CALENDAR YEAR 2018 IN CONNECTION WITH HER EMPLOYMENT ARIELA LAZAR, THE WIFE OF THE UNIVERSITY OF CHICAGO PROVOST, DANIEL DIERMEIER, IS EMPLOYED BY THE UNIVERSITY AS A LECTURER IN THE UNIVERSITY'S DEPARTMENT OF PHILOSOPHY AND GRAHAM SCHOOL OF CONTINUING LIBERAL AND PROFESSIONAL STUDIES MS LAZAR WAS PAID $41,880 FOR THE CALENDAR YEAR 2018 IN CONNECTION WITH HER EMPLOYMENT TAMAR POLONSKY, THE DAUGHTER OF KENNETH POLONSKY, DEAN AND EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS, IS EMPLOYED BY THE UNIVERSITY AS AN ASSOCIATE PROFESSOR IN THE DEPARTMENT OF MEDICINE DR POLONSKY WAS PAID $256,436 FOR THE CALENDAR YEAR 2018 IN CONNECTION WITH HER EMPLOYMENT

Additional Data

Software ID:
Software Version:
EIN: 36-2177139
Name: UNIVERSITY OF CHICAGO

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TISHMAN SPEYER CROWN EQUITIES	SEE PART V	600,506	SEE PART V		No
TRIAN PARTNERS	SEE PART V	661,018	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PIMCO	SEE PART V	262,242	SEE PART V		No
THE CARLYLE GROUP	SEE PART V	251,201	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAKE CAPITAL PARTNERS	SEE PART V	147,688	SEE PART V		No
SHADI BARTSCH-ZIMMER	SEE PART V	351,234	SEE PART V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ARIELA LAZAR	SEE PART V	41,880	SEE PART V		No
TAMAR POLONSKY	SEE PART V	288,352	SEE PART V		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	9		
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		2,541,730	OPINION OF EXPERTS
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	333	63,477,777	COST/ELLLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (LIBRARY, NON-BOOK)	X	0	5,935	COST/SELLING PRICE
26	Other ▶ (INSTRUMENTS)	X	0	5,224	COST/SELLING PRICE
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 25

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	RELATED ORGANIZATIONS IN THE UK, FRANCE, SINGAPORE, HONG KONG AND INDIA SOLICIT CHARITABLE CONTRIBUTIONS FOR THE BENEFIT OF THE UNIVERSITY AND ITS PROGRAMS THE UNIVERSITY USES AN OUTSIDE BROKER TO SELL GIFTS OF SECURITIES
PART I, LINE 33	THE UNIVERSITY OF CHICAGO DOES NOT RECORD GIFTS OF ART AS REVENUE AS PERMITTED UNDER SFAS 116

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	FORM 990, PART V LINE 16 AS OF JUNE 30, 2018 THE AGGREGATE FAIR MARKET VALUE OF ASSETS NOT USED DIRECTLY IN CARRYING OUT THE UNIVERSITY OF CHICAGO'S EXEMPT PURPOSE IS LESS THAN $500,000 PER STUDENT AS SUCH, THE UNIVERSITY HAS DETERMINED IT IS NOT SUBJECT TO AN EXCISE TAX ON NET INVESTMENT INCOME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ANDREW M ALPER, KENNETH M JACOBS AND TIMOTHY H GEORGE, ALL TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP ANDREW M ALPER AND JAMES S CROWN, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS AND JAMES S CROWN, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP KENNETH C GRIFFIN AND JAMES S CROWN, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP KENNETH C GRIFFIN AND BRADY W DOUGAN, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP KENNETH C GRIFFIN AND BYRON D TROTT, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP KENNETH C GRIFFIN, A TRUSTEE, AND MADHAV RAJAN, A KEY EMPLOYEE OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP BYRON D TROTT AND THOMAS J PRITZKER, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS, ASHLEY D JOYCE AND BYRON D TROTT, ALL TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP JOSEPH NEUBAUER AND BYRON D TROTT, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP JOHN W ROGERS AND PAULA WOLFF, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING THE FORM 990, MEMBERS OF THE EXECUTIVE COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES WERE GIVEN AN OPPORTUNITY TO REVIEW PORTIONS OF THE FORM 990 RELEVANT TO THE THEIR AREAS OF OVERSIGHT THESE PORTIONS OF THE FORM 990 WERE DISTRIBUTED TO COMMITTEE MEMBERS FOR CONVENED MEETINGS IN FEBRUARY 2020, AT WHICH TRUSTEES OF THESE COMMITTEES WERE GIVEN THE OPPORTUNITY TO DISCUSS THE RELEVANT SECTIONS OF THE FORM 990 AND ASK QUESTIONS IN ADDITION, IN EARLY APRIL 2020, THE COMPLETED DRAFT FORM 990 (AND FORM 990-T), INCLUDING ALL SCHEDULES, WAS POSTED ON A SECURE WEBSITE ACCESSIBLE TO ALL TRUSTEES TO ALLOW THEM TO REVIEW THE FORM, PROVIDE COMMENTS, AND ASK ANY QUESTIONS INFORMATION ABOUT ACCESSING THE WEBSITE WAS DISTRIBUTED IN ADVANCE TO ALL TRUSTEES THE DRAFT FORM REMAINED AVAILABLE ON THE WEBSITE FOR APPROXIMATELY TWO WEEKS, AFTER WHICH ONLINE ACCESS ENDED TO ALLOW THE UNIVERSITY TIME TO FINALIZE THE FORM 990 AND FORM 990T FOR FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICIES ALL TRUSTEES, OFFICERS, FACULTY, SENIOR ADMINISTRATORS, AND OTHER EMPLOYEES OF THE UNIVERSITY ARE SUBJECT TO CONFLICT OF INTEREST POLICIES THAT, AMONG OTHER THINGS, DEFINE MATERIAL FINANCIAL CONFLICTS OF INTEREST, IDENTIFY THE CLASSES OF IN DIVIDUALS COVERED BY THE POLICIES, FACILITATE DISCLOSURE OF INFORMATION, AND SPECIFY PROCE DURES TO BE FOLLOWED IN MANAGING THE CONFLICTS THESE CONFLICT OF INTEREST POLICIES AND PR OCEDURES INCLUDE (1) THE UNIVERSITY OF CHICAGO CONFLICT OF INTEREST POLICY FOR TRUSTEES A ND OFFICERS REQUIRES TRUSTEES AND OFFICERS TO ALERT THE CHAIR OF THE BOARD, THE COMMITTEE ON TRUSTEESHIP AND GOVERNANCE, OR THE UNIVERSITY'S VICE PRESIDENT AND GENERAL COUNSEL OF A NY POTENTIAL CONFLICT OF INTEREST, AND ABSTAIN FROM PARTICIPATING IN OR VOTING ON THE MATT ER THE POLICY ALSO REQUIRES TRUSTEES AND OFFICERS TO DISCLOSE ON AN ANNUAL BASIS, ACTUAL AND POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A CONFLICT OF INTEREST DISCLOSURE STATEM ENT ALL CONFLICT OF INTEREST DISCLOSURES AND RELATED DISCUSSIONS ARE SHARED WITH THE CHAI R OF THE BOARD, THE COMMITTEE ON TRUSTEESHIP AND GOVERNANCE, AND THE UNIVERSITY'S PRESIDEN T, ITS GENERAL COUNSEL, AND ITS EXTERNAL AUDITORS THE UNIVERSITY'S VICE PRESIDENT AND GEN ERAL COUNSEL, IN CONSULTATION WITH THE COMMITTEE ON TRUSTEESHIP AND GOVERNANCE AND SENIOR UNIVERSITY ADMINISTRATORS, COMPILES THE DISCLOSURES INTO A CONFIDENTIAL DATABASE THE CHAI R OF THE BOARD ALSO REVIEWS ALL DISCLOSED POTENTIAL CONFLICTS OF INTEREST BEFORE MAKING BO ARD COMMITTEE ASSIGNMENTS (2) THE UNIVERSITY'S POLICY ON SERVICE TO OUTSIDE ORGANIZATIONS BY SENIOR ADMINISTRATORS REQUIRES OFFICER AND SENIOR ADMINISTRATORS TO DISCLOSE ALL OFFIC ER, DIRECTOR, OR TRUSTEE POSITIONS THEY HOLD OR INTEND TO HOLD IN OUTSIDE ORGANIZATIONS, I NCLUDING BUT NOT LIMITED TO ORGANIZATIONS IN WHICH THEY HAVE A FINANCIAL INTEREST OR FROM WHICH THEY RECEIVE COMPENSATION THE UNIVERSITY'S OFFICE OF LEGAL COUNSEL MONITORS SUCH PO TENTIAL CONFLICTS BY CIRCULATING ANNUALLY A DISCLOSURE FORM THAT MUST BE UPDATED AS CIRCUM STANCES CHANGE, AND SENIOR ADMINISTRATORS AND OFFICERS ARE ALSO REQUIRED TO DISCLOSE ALL S UCH RELATIONSHIPS IN ADVANCE TO THEIR IMMEDIATE SUPERVISOR THIS INFORMATION MAY BE SHARED WITH THE UNIVERSITY'S TRUSTEES, PRESIDENT, PROVOST, VICE PRESIDENT AND GENERAL COUNSEL, A ND OTHERS AS NECESSARY, COMPENSATED OUTSIDE SERVICE IS ALSO SUBJECT TO REVIEW BY THE EXECU TIVE COMMITTEE OF THE BOARD OF TRUSTEES (3) ACADEMIC EMPLOYEES, INCLUDING THE PRESIDENT A ND THE PROVOST, ARE SUBJECT TO THE UNIVERSITY'S CONFLICT OF INTEREST AND CONFLICT OF COMMI TMENT POLICY FOR FACULTY AND OTHER ACADEMIC APPOINTEES THE OFFICE OF THE PROVOST IS THE A DMINISTRATIVE OFFICE CHARGED WITH ASSURING COMPLIANCE WITH THE FACULTY CONFLICT OF INTERES T POLICY THE PROVOST HAS DELEGATED OVERSIGHT OF THIS POLICY TO THE VICE PROVOST AS ITS CH AIR THE PROVOST ALSO APPOINTS THE MEMBERS OF THE STANDING COMMITTEE ON INDIVIDUAL CONFLIC TS OF INTEREST AND DESIGNATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE DEPUTY PROVOST FOR RESEARCH AS ITS CHAIR THE PROVOST REPORTS PERIODICALLY TO THE STAN DING COMMITTEE ON THE STATUS OF FACULTY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY, T HE REPORT INCLUDES HOW RISKS HAVE BEEN ADDRESSED THROUGH MANAGEMENT PLANS OR OTHER PRACTIC ES INTENDED TO PROVIDE FOR THE REDUCTION, ELIMINATION OR MANAGEMENT OF FINANCIAL CONFLICTS OF INTERESTS THE VICE PROVOST SEEKS ASSESSMENTS OF THE RISKS AND RECOMMENDATIONS FOR RES PONSIBLE MANAGEMENT FROM DEPARTMENT CHAIRS AND DEANS AND OTHERS SUCH AS THE DIRECTOR OF UN IVERSITY RESEARCH ADMINISTRATION AND THE OFFICE OF LEGAL COUNSEL (4) THE UNIVERSITY'S CON FLICT OF INTEREST POLICY REQUIRES ALL NON-ACADEMIC EMPLOYEES TO AVOID INVOLVEMENT IN ACTIV ITIES WHICH MIGHT CONFLICT, OR MIGHT APPEAR TO CONFLICT, WITH THEIR INSTITUTIONAL RESPONSI BILITIES, INCLUDING, BUT NOT LIMITED TO BUSINESS OR FINANCIAL INTERESTS, TRANSACTIONS INVO LVING THE USE OF CONFIDENTIAL INFORMATION OR KNOWLEDGE GAINED AS A RESULT OF THE EMPLOYEE' S RELATIONSHIP WITH THE UNIVERSITY, THE USE OF UNIVERSITY RESOURCES FOR PERSONAL BENEFIT O R THE BENEFIT OF OTHERS, THE ACCEPTANCE OF GIFTS OF MORE THAN NOMINAL VALUE, AND NEPOTISM CONFLICT OF INTEREST POLICY REQUIRES STAFF TO PROVIDE FULL DISCLOSURE OF ANY INTEREST THA T MIGHT INFLUENCE, OR APPEAR TO HAVE THE CAPACITY TO INFLUENCE, THE STAFF MEMBER'S OFFICIA L DECISIONS OR ACTIONS ON UNIVERSITY MATTERS THE DISCLOSURES ARE TO BE IN WRITING, TENDER ED TO THE EMPLOYEE'S IMMEDIATE SUPERVISOR, DEPARTMENT HEAD, OR THE APPROPRIATE VICE PRESID ENT OF THE UNIVERSITY (5) THE UNIVERSITY'S POLICY ON BUSINESS CONDUCT AT THE UNIVERSITY O F CHICAGO REQUIRES ALL UNIVERSITY EMPLOYEES TO, AMONG OTHER THINGS, AVOID REAL OR PERCEIVE D CONFLICTS OF INTEREST, USE UNIVERSITY RESOURCES ONLY FOR LEGITIMATE UNIVERSITY BUSINESS, AND REPORT POSSIBLE VIOLATIONS OF THE POLICY, OTHER UNIVERSITY POLICIES, OR APPLICABLE LA W MEMBERS OF THE UNIVERSITY COMMUNITY ARE ENCOURAGED TO REPORT COMPLIANCE CONCERNS THROUG H NORMAL LINES OF COMMUNICATION INCLUDING DISCUSSIONS WITH SUPERVISORS OR ADVISORS AND, IF NECESSARY, THROUGH THE TOLL-FREE HOTLINE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DURING THE TAX YEAR, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES CONDUCTED ITS ANNUAL REVIEW OF COMPENSATION FOR THE UNIVERSITY'S PRESIDENT AND ALL OTHER UNIVERSITY OFFICERS, BASED ON A RECOMMENDATION FROM THE CHAIRMAN OF THE BOARD OF TRUSTEES IN THE CASE OF THE PRESIDENT'S COMPENSATION, AND RECOMMENDATIONS FROM THE PRESIDENT IN THE CASE OF OFFICER COMPENSATION THE EXECUTIVE COMMITTEE REVIEWED THESE RECOMMENDATIONS, INCLUDING A REVIEW OF COMPARABILITY DATA PROVIDED BY EXTERNAL CONSULTANTS, AND MADE FINAL DECISIONS REGARDING COMPENSATION ALL DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN MINUTES MAINTAINED BY THE UNIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE UNIVERSITY'S ARTICLES OF INCORPORATION AND BYLAWS, CONFLICT OF INTEREST POLICIES, AND MOST RECENT FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ON THE UNIVERSITY'S WEBSITE, WWW UCHICAGO EDU

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)UCHICAGO (BEIJING) CONSULTING COMPANY LTD CHINA UNIT 1-10 CULTURE PL OF REMMIN UNI BEIJING CH	CONSULTING	CH	UNIVERSITY OF CHICAGO		1,017,853	3,388,372	100 000 %		No
(2)UCHICAGO CENTER IN INDIA PRIVATE LIMITED UNIT 5-10 GRD FL DLF CAPITAL POINT NEW DEHLI IN	CONSULTING	IN	UNIVERSITY OF CHICAGO		1,606,713	1,543,705	51 000 %		No
(3)SC CURRICULUM INC 70 WEST MADISON ST CHICAGO, IL 60602	SCIENCE CURRICULUM	IL	UNIVERSITY OF CHICAGO		-19,043	184,920	100 000 %		No
(4)CHARITABLE REMAINDER TRUSTS (76) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHARITABLE RMDR TRUST	IL	UNIVERSITY OF CHICAGO				94 000 %		No
(5)CHARITABLE LEAD TRUST (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHARITABLE LEAD TRUST	IL	UNIVERSITY OF CHICAGO				100 000 %		No
(6)POOLED INCOME FUND (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	POOLED INCOME FUND	IL	UNIVERSITY OF CHICAGO				100 000 %		No
(7)PHOENIX OVERLAY FUND LTD 401 N MICHIGAN AVE C/O INVST OFFICE CHICAGO, IL 60611	INVESTMENT	CJ	UNIVERSITY OF CHICAGO		-41,491	207,310	100 000 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
PART I IDENTIFICATION OF DISREGRDED ENTITIES	THEORY & COMPUTING SCIENCES BUILDING TRUST - THE UNIVERSITY IS THE 100% BENEFICIARY OF THE TRUST, BUT DOES NOT CONTROL THE TRUST AS SUCH, THE INCOME AND ASSETS OF THE TRUST ARE NOT SHOWN ON THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS WHICH ARE THE BASIS FOR THE 990 PART VIII, LINE 12 AND PART X, LINE 16 THE END OF THE YEAR ASSET BALANCE IS $134,517,674 AND THE INCOME FOR THE PERIOD ENDING DECEMBER 31, 2018 IS $10,475,936 UCHICAGO ARGONNE LLC, A DISREGARDED ENTITY OF THE UNIVERSITY OF CHICAGO, MANAGES ARGONNE NATIONAL LABORATORY UCHICAGO ARGONNE LLC EARNED A MANAGEMENT FEE OF $4,110,598 FOR THE TAX YEAR THE TOTAL EXPENDITURES AT ARGONNE NATIONAL LABORATORY WERE APPROXIMATELY $ 797 MILLION FOR THE TAX YEAR THE FUNDING AND THE EXPENDITURES OF ARGONNE HAVE BEEN INCLUDED IN PARTS III, VIII, AND IX OF THE FORM 990 FOR PURPOSES OF COMPLETENESS, PLEASE NOTE THE FOLLOWING THE ENTITIES LISTED BELOW ARE DISREGARDED ENTITIES OF THE UNIVERSITY OF CHICAGO MEDICAL CENTER UCMC COMMUNITY PHYSICIANS LLC, 5841 S MARYLAND AVE , CHICAGO, IL 60637 EIN 38-3865637 PRIMARY ACTIVITY PHYSICIAN SERVICES LEGAL DOMICILE ILLINOIS UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK LLC, 5841 S MARYLAND AVE , CHICAGO, IL 60637 EIN 47-4222269 PRIMARY ACTIVITY HEALTHCARE LEGAL DOMICILE ILLINOIS UCM GLOBAL LLC, 5841 S MARYLAND AVE , CHICAGO, IL 60637 EIN 32-0579811 PRIMARY ACTIVITY INTERNATIONAL MEDICAL CONSULTING LEGAL DOMICILE ILLINOIS ALSO NOTE THE UNIVERSITY OF CHICAGO MEDICAL CENTER IS A LESS THAN 50% MEMBER IN A JOINT VENTURE WITH UCMC/SCH ONCOLOGY JV LLC, A TAX EXEMPT ENTITY, 1850 SILVER CROSS BLVD, NEW LENOX, IL 60451, EIN 32-2436795 AND THE UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK, LLC, A DISREGARDED ENTITY OF THE UNIVERSITY OF CHICAGO MEDICAL CENTER, IS THE SOLE MEMBER OF THE FOLLOWING RELATED ENTITIES UCM CARE NETWORK MEDICAL GROUP INC 5841 S MARYLAND AVE , CHICAGO, IL 60637 EIN 47-4221241 PRIMARY ACTIVITY HEALTHCARE LEGAL DOMICILE ILLINOIS UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK AFFILIATED PHYSICIANS LLC, 5841 S MARYLAND, CHICAGO, IL 60637, EIN 47-4233918 PRIMARY ACTIVITY HEALTHCARE LEGAL DOMICILE ILLINOIS THE FOLLOWING ENTITY IS A DISREGARDED ENTITY OF UCHICAGO RESEARCH INTERNATIONAL, A RELATED ENTITY UCHICAGO RESEARCH BANGLADESH LLC, 5801 S ELLIS AVENUE, CHICAGO, IL 60637 PRIMARY ACTIVITY SUPPORT RESEARCH LEGAL DOMICILE ILLINOIS

Additional Data

Software ID:
Software Version:
EIN: 36-2177139
Name: UNIVERSITY OF CHICAGO

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) UCHICAGO ARGONNE LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637 68-0628477	MANAGE LAB	IL	797,629,495		UNIV OF CHICAGO
(1) UNIV OF CHICAGO FOUNDATION LTD 5TH FL ALDER CASTLE 10 NOBLE LONDON UK 98-0525557	FUNDRAISING	UK	3,284,709	5,915	UNIV OF CHICAGO
(2) THEORY AND COMPUTING SCIENCES 5801 S ELLIS AVENUE CHICAGO, IL 60637 51-6596577	RESEARCH BUILDING	IL	10,475,936	134,517,674	UNIV OF CHICAGO
(3) UCHICAGO TRADING 5801 S ELLIS AVENUE CHICAGO, IL 60637 30-0517735	INVESTING	CJ	906,345	1,607,730	UNIV OF CHICAGO
(4) MAROON INVESTMENTS LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637	HOLDING COMPANY	IL	0	0	UNIV OF CHICAGO
(5) UCHICAGO IMPACT LLC 1307 E 60TH STREET CHICAGO, IL 60637 61-1682394	EDUCATION	IL	7,274,096	6,170,972	UNIV OF CHICAGO
(6) HARPER COURT LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637	HOLDING COMPANY	IL	3,870,356	1,290,065	UNIV OF CHICAGO
(7) LPA MANAGEMENT LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637	PROPERTY MANAGEMENT	IL	110,604	365,772	UNIV OF CHICAGO

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
180 W WASHINGTON ST SUITE 1000 CHICAGO, IL 60602 31-1607193	HEALTHCARE ACCESSIBILITY	IL	501 (C) (3)	LINE 10	UNIV OF CHICAGO	Yes	
5555 S WOODLAWN AVENUE CHICAGO, IL 60637 36-3485244	TECH TRANSFER	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	
1313 E 60TH STREET CHICAGO, IL 60637 36-2167012	POLICY RESEARCH CENTER	IL	501 (C) (3)	LINE 7			No
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-2169138	SUPP RESEARCH	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 23-7136019	SUPP RESEARCH	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	
5535 S ELLIS AVENUE CHICAGO, IL 60637 36-3203660	SUPP THE ARTS	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	
PO BOX 500 BATAVIA, IL 60510 57-1239010	MANAGE LAB	IL	501 (C) (3)	LINE 7	N/A		No
33 NLASALLE ST SUITE 2131 CHICAGO, IL 60602 46-6789522	SUPP EDUCATION RESEARCH	VA	501 (C) (3)	LINE 12D, III-O			No
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6111317	PROPERTY HOLDING	IL	501 (C) (2)		UNIV OF CHICAGO	Yes	
55 E MONROE AVENUE CHICAGO, IL 60603 36-2167808	SO SCI SURVEYS	IL	501 (C) (3)	LINE 7	N/A	Yes	
5730 S ELLIS AVENUE CHICAGO, IL 60637 36-3155157	SUPPORT THE LIBRARY	IL	501 (C) (3)	LINE 12D, III-O			No
7 MBL STREET WOODS HOLE, MA 02543 04-2104690	RESEARCH AND EDUCATION	MA	501 (C) (3)	LINE 7	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-1655190	SOCIAL CLUB	IL	501 (C) (7)		UNIV OF CHICAGO	Yes	
HSE 388 ROAD 24 NEW DOH DHAKA BG	RESEARCH	BG			UCHGO RSCH INTL	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 26-2741573	RESEARCH	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	
WOOLGATE EXCHANGE 25 BASINGHAL LONDON UK	EDUCATION	UK			UNIV OF CHICAGO	Yes	
101PENANG RD 238466 SINGAPORE SN	EDUCATION	SN			UNIV OF CHICAGO	Yes	
RM100 FAR EAST CTR C/O WM FAN CO HONG KONG HK	FUNDRAISING	HK			UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-4225812	EDUCATION	IL	501 (C) (3)	LINE 2	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6056201	SUPP RESEARCH	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6 RUE THOMAS MANN 75013 PARIS FR	EDUCATION	FR			UNIV OF CHICAGO	Yes	
1212 E 59TH STREET CHICAGO, IL 60637	SOCIAL CLUB	IL			UNIV OF CHICAGO	Yes	
5841 S MARYLAND AVENUE CHICAGO, IL 60637 36-3488183	HOSPITAL	IL	501 (C) (3)	LINE 3	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6108743	PROPERTY HOLDING	IL	501 (C) (2)		UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3999692	MEDICAL TRUST	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3020034	MALPRACTICE TRUST	IL	501 (C) (3)	LINE 12A, I	UNIV OF CHICAGO	Yes	
L-9 EAST WING RAHEJA TOWERS MG R BANGALORE, KARNATAKA IN	FUNDRAISING	IN			UNIV OF CHICAGO	Yes	
208 SOUTH LASALLE STREET CHICAGO, IL 60604 36-3181170	PROMOTE HEALTHY COMMUNITIES & HEALTHCARE SERVICES	IL	501 (C) (3)	LINE 12B, II	UNIV OF CHICAGO MEDICAL CENTER	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) UCHICAGO (BEIJING) CONSULTING COMPANY LTD CHINA UNIT 1-10 CULTURE PL OF REMMIN UNI BEIJING CH	CONSULTING	CH	UNIVERSITY OF CHICAGO		1,017,853	3,388,372	100 000 %		No
(1) UCHICAGO CENTER IN INDIA PRIVATE LIMITED UNIT 5-10 GRD FL DLF CAPITAL POINT NEW DEHLI IN	CONSULTING	IN	UNIVERSITY OF CHICAGO		1,606,713	1,543,705	51 000 %		No
(2) SC CURRICULUM INC 70 WEST MADISON ST CHICAGO, IL 60602	SCIENCE CURRICULUM	IL	UNIVERSITY OF CHICAGO		-19,043	184,920	100 000 %		No
(3) CHARITABLE REMAINDER TRUSTS (76) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHARITABLE RMDR TRUST	IL	UNIVERSITY OF CHICAGO				94 000 %		No
(4) CHARITABLE LEAD TRUST (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHARITABLE LEAD TRUST	IL	UNIVERSITY OF CHICAGO				100 000 %		No
(5) POOLED INCOME FUND (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	POOLED INCOME FUND	IL	UNIVERSITY OF CHICAGO				100 000 %		No
(6) PHOENIX OVERLAY FUND LTD 401 N MICHIGAN AVE C/O INVST OFFICE CHICAGO, IL 60611	INVESTMENT	CJ	UNIVERSITY OF CHICAGO		-41,491	207,310	100 000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	UNIVERSITY OF CHICAGO MEDICAL CENTER	A	203,755	CASH VALUE
(1)	UNIVERSITY OF CHICAGO MEDICAL CENTER	C	71,750,000	CASH VALUE
(2)	UNIVERSITY OF CHICAGO MEDICAL CENTER	N	14,806,787	CASH VALUE
(3)	UNIVERSITY OF CHICAGO MEDICAL CENTER	O	61,403,223	CASH VALUE
(4)	UNIVERSITY OF CHICAGO MEDICAL CENTER	P	334,071,327	CASH VALUE
(5)	UNIVERSITY OF CHICAGO MEDICAL CENTER	Q	217,175,501	CASH VALUE
(6)	UNIVERSITY OF CHICAGO MEDICAL CENTER	S	22,187,628	CASH VALUE
(7)	UNIVERSITY OF CHICAGO PROPERTY HOLDING CORPORATION	O	4,270	CASH VALUE
(8)	UNIVERSITY OF CHICAGO PROPERTY HOLDING CORPORATION	S	996,815	CASH VALUE
(9)	LAKE PARK ASSOCIATES	A	80,554	CASH VALUE
(10)	LAKE PARK ASSOCIATES	B	3,029,719	CASH VALUE
(11)	LAKE PARK ASSOCIATES	Q	1,176,694	CASH VALUE
(12)	LAKE PARK ASSOCIATES	S	432,403	CASH VALUE
(13)	UNIVERSITY OF CHICAGO CHARTER SCHOOL CORPORATION	B	2,020,404	CASH VALUE
(14)	UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION	C	1,726,882	CASH VALUE
(15)	UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION	O	251,779	CASH VALUE
(16)	UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION	P	465,549	CASH VALUE
(17)	UNIVERSITY OF CHICAGO SELF INSURANCE TRUST	R	12,139,654	CASH VALUE
(18)	UNIVERSITY OF CHICAGO RETIREE MEDICAL TRUST	R	13,904,858	CASH VALUE
(19)	NATIONAL OPINION RESEARCH CENTER	A	942,081	CASH VALUE
(20)	THE QUADRANGLE CLUB	P	80,555	CASH VALUE
(21)	FERMI RESEARCH ALLIANCE LLC	S	895,110	CASH VALUE
(22)	UNIVERSITY OF CHICAGO CENTER IN PARIS	R	1,889,891	CASH VALUE
(23)	UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK	N	2,500,288	CASH VALUE
(24)	UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK	O	1,421,588	CASH VALUE

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK	Q	2,286,521	CASH VALUE
(1)	UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK	R	381,646	CASH VALUE
(2)	UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE	Q	181,689	CASH VALUE
(3)	UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE	R	399,870	CASH VALUE
(4)	UCHICAGO RESEARCH INTERNATIONAL LIMITED	R	1,955,631	CASH VALUE
(5)	UCHICAGO RESEARCH BANGLADESH LLC	P	662,203	CASH VALUE
(6)	UCHICAGO CENTER IN INDIA PRIVATE LIMITED	P	561,290	CASH VALUE
(7)	UCHICAGO CENTER IN INDIA PRIVATE LIMITED	R	3,551,985	CASH VALUE
(8)	THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD	O	1,967,432	CASH VALUE
(9)	THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD	Q	4,402,750	CASH VALUE
(10)	THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD	S	6,988,114	CASH VALUE
(11)	HYMEN MILGROM SUPPORTING ORGANIZATION	C	743,264	CASH VALUE
(12)	CHAPIN HALL CENTER FOR CHILDREN	R	433,583	CASH VALUE
(13)	JOHN CRERAR FOUNDATION	C	29,000	CASH VALUE
(14)	THE MARINE BIOLOGICAL LABORATORY	R	13,360,078	CASH VALUE
(15)	ASIAN HEALTH COALITION	Q	511,961	CASH VALUE
(16)	CHICAGO HOME FOR THE INCURABLES	C	877,668	CASH VALUE