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DLN: 93493131030345

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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| | | applicable | C Name of organization UNIVERSITY OF CHICAGO | 07-01-2013 , 2013, and ending 06- | 30-2014 | D Emplo | yer iden | tification number |
|--|--------------------------|----------------------------------|--|---|--------------|-----------------------------|----------------|------------------------------|
| Add | dress c | hange | Doing Business As | | | 36-2 | 177139 | |
| | me cha | _ | Doing business As | | | | | |
| | ial retu | | Number and street (or P O box if ma 5801 S ELLIS AVENUE | ıl ıs not delivered to street address) Room/s | suite | E Teleph | one numb | er |
| | mınate | | | | | (773) | 702-19 | 941 |
| | | return | City or town, state or province, count CHICAGO, IL 60637 | ry, and ZIP or foreign postal code | | | | |
| Apı | olicatio | n pending | | | _ | G Gross | receipts \$ | 4,524,211,001 |
| | | | F Name and address of princ ROBERT J ZIMMER | cipal officer | | this a group bordinates? | | for □ Yes 🔽 No |
| | | | 5801 S ELLIS AVENUE CHICAGO,IL 60637 | | | | | |
| | | | CHICAGO, IL 00037 | | | e all subord luded? | ınates | │ Y es │ No |
| r Ta | x-exer | npt status | 5 | sert no) | -1 | | nalıst (| see instructions) |
|) W | ebsit | e: ► W\ | WW UCHICAGO EDU | | H(c) Gr | oup exemp | tion num | ber ► |
| K For | n of o | rganızatıor | Corporation Trust Association | Other 🕨 | L Year of | formation 18 | 890 M S | State of legal domicile IL |
| | rt I | | nmary | | ' | | | |
| ance | | THE MI | | n or most significant activities CHICAGO HAS BEEN TO SUSTAI HE CREATION OF KNOWLEDGE AN | | | | |
| Governance | 2 | Check t | his box দ if the organization dis | continued its operations or disposed | of more than | n 25% of its | net ass | ets |
| | 2 | Number | of voting members of the governu | ng body (Part VI, line 1a) | | | 3 | 53 |
| Activities & | I | | | f the governing body (Part VI, line 1 | | | 4 | 42 |
| <u>₹</u> | I | | · | alendar year 2013 (Part V, line 2a) | • | | 5 | 24,745 |
| đ. | 6 | Total nu | ımber of volunteers (estımate ıf ne | cessary) | | | 6 | 12,497 |
| | 1 | | | rt VIII, column (C), line 12 | | | 7a | -3,627,420 |
| | Ь | Net unr | elated business taxable income fro | om Form 990-T, line 34 | | | 7b | C |
| | | | | 413 | | rior Year | 422 | Current Year |
| <u>o</u> | 8 | | ibutions and grants (Part VIII, line | • | | 1,464,776, 1,200,157 | | 1,572,513,441 |
| Revenue | 9 10 | _ | am service revenue (Part VIII, lin | e 2g) | | 1,200,157, 368,665, | | 1,259,804,957 371,514,837 |
| ά. | 11 | | revenue (Part VIII, column (A), li | | • | 58,299, | | 69,447,944 |
| | 12 | | | must equal Part VIII, column (A), lu | ne | | | |
| | 13 | | s and cimilar amounts haid (Part I | X, column (A), lines 1-3) | | 3,091,898, 347,581, | | 3,273,281,179 |
| | 14 | | | (, column (A), line 4) | | 347,301, | 0 | 0 02,037 |
| | 15 | | | e benefits (Part IX, column (A), lines | | | | |
| Expenses | | 5-10 | • | | | 1,663,310, | | 1,714,863,923 |
| <u>₹</u> | 16a | | ssional fundraising fees (Part IX, c | | • | 451, | 699 | 596,369 |
| Д | b 17 | | undraising expenses (Part IX, column (D), | nes 11a–11d, 11f–24e) | | 898,493, | 792 | 1,050,339,290 |
| | 18 | | | t equal Part IX, column (A), line 25) | | 2,909,837, | | 3,128,457,240 |
| | 19 | | | 8 from line 12 | | 182,061, | | 144,823,939 |
| Net Assets or Fund Balances | | | | | | ing of Curre Year | | End of Year |
| 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 | 20 | Total | assets (Part X, line 16) | | | 9,703,508, | | 10,388,536,242 |
| # E | 21 | | liabilities (Part X, line 26) | | | 3,520,333, | | 3,740,041,242 |
| | 22 11 III | | ssets or fund balances Subtract II nature Block | ine 21 from line 20 | | 6,183,175, | 000 | 6,648,495,000 |
| Unde my k | r pen nowle arer h | alties of dge and as any k | perjury, I declare that I have example the perjury, I declare that I have example the perjury of | mined this return, including accompa plete Declaration of preparer (other | | | | |
| | _ | | N R KROLL ASSOC VP FOR FINANCE e or print name and title | | | | | |
| | | <u> </u> | Print/Type preparer's name | Preparer's signature | Date C | Check I If | PTIN | |
| Paid | d | - | Firm's name 🕨 | | s | elf-employed ırm's EIN ► | | |
| | pare | er | | | | | | |
| Use | On | ıly | Firm's address 🗠 | | P | hone no | | |

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

┌ Yes ┌ No

| 1 0111 | 1330 (| 2015) | | | | raye z |
|---------|---|--|--|--|--|--|
| Par | t III | Statement of Program S Check if Schedule O contains a | - | | | |
| 1 | Brief | ly describe the organization's mi | ssion | | | |
| COM | 1 M U N I | ON OF THE UNIVERSITY OF C CATION OF KNOWLEDGE, THE S AND STUDENTS | | | | |
| | | | | | | |
| 2 | the pi | ne organization undertake any sigrior Form 990 or 990-EZ? | | | hich were not listed or | |
| _ | | es," describe these new services | | | | |
| 3 | servi | ne organization cease conducting | | | ucts, any program | |
| | If "Y∈ | es," describe these changes on S | chedule O | | | |
| 4 | exper | ribe the organization's program s nses Section 501(c)(3) and 501 otal expenses, and revenue, if an | (c)(4) organizations are r | equired to report th | | |
| 4a | (Code | e) (Expenses \$ | 947,613,871 includ | ling grants of \$ |) (Revenue | \$ 704,846,051) |
| | UNIV | RUCTION IN 2013-2014, THE UNIVERSI ERSITY'S UNDERGRADUATE SCHOOL), 3 E NON-DEGREE STUDENTS | | | | |
| | | | | | | |
| 4b | (Cod | e) (Expenses \$ ARCH UNIVERSITY OF CHICAGO FACUL | 798,731,922 includ | | 36,065,261) (Revenue | , , , |
| | HISTO ENDE NON- GOVE THE I SPON BY TH CONT APPR SERV UNIV | ORY, LAW, LITERATURE, RELIGION, PHY EAVORS, DURING FISCAL YEAR 2013-20: FEDERAL GOVERNMENT ENTITIES, CORENMENT SPONSORS OF RESEARCH, WI LARGEST AMOUNTS OF FUNDING FOUN ISORSHIP OF \$50 0 MILLION THE UNIVER UNITED STATES GOVERNMENT AND CORRECT WITH THE US DEPARTMENT OF OXIMATELY 3400 EMPLOYEES PROGRAMICE EXPENSE AMOUNT, AS IS REQUIRE ERSITY AND UNIVERSITIES RESEARCH AN ERGY FERMILAB IS THE NATION'S PRESENTARY PARTICLE PHYSICS AND ASTRO | SICS, CHEMISTRY AND BIOLOGY 1.4 THE UNIVERSITY WAS AWAR PORATIONS, FOUNDATIONS AN TH THE U S DEPARTMENT OF I DATION RESEARCH SPONSORSI RSITY ALSO CONDUCTS SCIENT PERATED BY THE UNIVERSITY ENERGY ARGONNE IS A MULTI I SERVICE RESEARCH EXPENDI IS FOR A DISREGARDED ENTITY ISSOCIATION INC, OPERATES I EMINENT CENTER FOR HIGH-E | Y AND MEDICINE, AMO DED A TOTAL OF \$450 D OTHER SOURCES THE HEALTH AND HUMAN SHE HIP AWARDS TOTALED IFIC RESEARCH IN CO THROUGH A DISREGAR -PURPOSE SCIENCE LA TURES WERE \$548 2 M IN ADDITION, FERMI M FERMI NATIONAL ACCEI NERGY PHYSICS AND A | NG OTHER FIELDS IN PUR: 8 MILLION IN RESEARCH FI HISTORY FISCAL YEAR \$320 7 MI ERVICES AND THE NATIONA \$61 1 MILLION, FOLLOWED LLABORATION WITH ARGON DED ENTITY, UNDER THE TABORATORY WITH A \$760 0 MILLION AND ARE INCLUDEL ESEARCH ALLIANCE, LLC, ALERATOR LABORATORY ("FIN INTERNATIONAL CENTER | SUIT OF THESE RESEARCH UNDING FROM FEDERAL AGENCIES, LLION WAS EXPENDED FROM FEDERAL L SCIENCE FOUNDATION PROVIDING BY CORPORATE RESEARCH INE NATIONAL LABORATORY, OWNED FERMS OF A COST REIMBURSEMENT MILLION ANNUAL BUDGET AND DIN THE RESEARCH PROGRAM IN ENTITY JOINTLY OWNED BY THE FRMILAB") FOR THE U S DEPARTMENT FOR SCIENTIFIC RESEARCH IN |
| | (Code | e) (Expenses \$ | 326,592,397 includ | ling grants of \$ | 326,592,397) (Revenue | s \$ |
| | SCHO THE I APPR EXPE UNIV INCO MANY PH D | DLARSHIPS & FELLOWSHIPS THE UNIVER MOST QUALIFIED STUDENTS TO ATTEND OXIMATELY 64 PERCENT OF ALL STUDE! NDITURES FOR SCHOLARSHIPS AND FEIESTRICTED FUNDS, THE REMAINING \$7' ERSITY'S UNDERGRADUATE COLLEGE) OF ME AND MODERATE-INCOME STUDENTS OTHERS THE UNIVERSITY EXPANDED STUDENT IN THE HUMANITIES, SOCIAL MITMENT TO FINANCIAL ASSISTANCE FOR | SITY IS A NEED BLIND INSTITU THE UNIVERSITY REGARDLESS ITS IN THE COLLEGE RECEIVED LOWSHIPS AMOUNTED TO \$326 9 8 MILLION CAME FROM RESTI URRENTLY RECEIVE ODYSSEY TO 6 BY ELIMINATING LOANS FOR TO ITS GRADUATE AID INITIATIVE, 6 SCIENCES AND DIVINITY SCHOO | TION WITH AN EXTENS OF THEIR FINANCIAL FINANCIAL AID IN THE 6 MILLION OF THIS A RICTED SOURCES ALM SCHOLARSHIPS THE O HOSE WITH FAMILY IN A PROGRAM THAT INV | IVE FINANCIAL AID PROGRA CIRCUMSTANCES FOR THE E FORM OF GRANTS AND SO MOUNT, APPROXIMATELY \$ OST ELEVEN HUNDRED STU DYSSEY SCHOLARSHIPS PR COME BELOW \$75,000 AND ESTS APPROXIMATELY \$310 | AM WHICH IS DESIGNED TO ENABLE 2013-2014 ACADEMIC YEAR, CHOLARSHIPS UNIVERSITY-WIDE 1246 8 MILLION WAS PROVIDED FROM JDENTS IN THE COLLEGE (THE OVIDE INCREASED ACCESS FOR LOW-REDUCING LOAN INDEBTEDNESS FOR 1,000 IN THE EDUCATION OF EACH |
| | | | | | | |
| | | e) (Expenses \$ OTHER PROGRAM SERVICES THAT SUPP VICESINFORMATION SERVICESOPERATIO | ORT THE MISSION OF INSTRUC | |) (Revenue ARE AUXILIARY ENTERPRIS | |
| <u></u> | - C : ! | | Cabadula O V | | | |
| 4d | | er program services (Describe in penses \$617,705,416 | including grants of \$ | |) (Revenue \$ | 195,666,864) |
| 4e | Tota | al program service expenses 🕨 | 2,690,643,606 | | | |

Form 990 (2013) 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 1 | 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 | | Νo |
| 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 |
| LO | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| L1 | 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 | | | |
| а | 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 | | Νo |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$ | 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 | |
| L3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵 | 13 | Yes | |
| L4a | 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 | |
| L 5 | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 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 | |
| L9 | 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? | 20h | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 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? <i>If "Yes," complete Schedule J.</i> | 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 | | Νo |
| С | 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) and 501(c)(4) 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 so, 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 | Yes | |
| 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) | | | |
| а | 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 | |
| С | 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 | | No |
| 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? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</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? | 38 | Yes | |

| Pai | 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 | .j∨ No |
| la | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 24,318 | | | - 110 |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | - | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| _ | gaming (gambling) winnings to prize winners? | 1 c | 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 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 1 | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| | Did the example tion have unvalated hydrogo grace income of \$1,000 or more during the year? | 2- | Vac | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3a 3b | Yes Yes | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 30 | res | |
| на | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | Yes | |
| b | BG, CH, EG, IN, IT, MY, RS, SN, SF, SW, SZ, TW, TH, | | | |
| | UK, BR, FR, AS, CA, DA, FI, GM, HK, KS, PO, RP, NL, | | | |
| | If "Yes," enter the name of the foreign country ►MX, HR, ID See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| ia | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| _ | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 30 | | |
| | 11 Tes, to fine 3a of 3b, and the organization mer of microsof-17. | 5c | | |
| 5a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | Yes | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | |
| , | | | 100 | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | 7a | Yes | |
| _ | services provided to the payor? | | | |
| 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 | | | l |
| | file Form 8282? | 7c | | No |
| a | If "Yes," indicate the number of Forms 8282 filed during the year | - | | |
| 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 | required? | 79 | | |
| " | Form 1098-C? | 7h | | |
| 3 | | | | |
| | the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | |
| | | 8 | | |
| • | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
|) _ | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| D | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| L | | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| | against amounts due or received from them) | _ | | |
| a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | a | | |
| _ | year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| 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 | | | |
| c | Enter the amount of reserves on hand | † | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | İ | l No |
| | If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14b | | ۔،، ٔ |
| _ | ,ao .:aa a . a , _a to report these payments: If ito, provide an explanation in schedule O i i | | | |

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 res | ponse or r | note to an | y line in this | Part V I | | | | | | | | | | | | | .[~ |
|---------------------|----------------|------------|------------|----------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|-----|
|---------------------|----------------|------------|------------|----------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|-----|

| | ection 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 | | | |
| | 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 | | | |
| 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 | | | |
| а | 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 |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | eveni | ie Cod | <u> </u> |
| | , | C 1 C111 | ac cou | e.) |
| | · , | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes Yes Yes | No No |

- 17 List the States with which a copy of this Form 990 is required to be filed ►OK, WA, NH, MA, AR, AK, OR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
 - 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, physical address, and telephone number of the person who possesses the books and records of the organization ►JOHN R KROLL 6054 S DREXEL AVENUE CHICAGO,IL 60637 (773) 702-1941

| Form 990 | (2013 | |
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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) A verage hours per week (list any hours for related organizations below dotted line) | more t | han o | one l both | box, an d r/tru | heck sofficer (stee) Highest compensated | Former | (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 |
|--------------------|--|--------|-------|---------------|-----------------------|--|--------|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |

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 | more t | han o | one l both | oox, an | heck unless officer stee) | 6 | from organiza | rtable nsation i the tion (W- | (E) Reportable compensation from related organizations (W | - ' | (F) Estima mount o compens from t | ted f other ation he | |
|------|--|---|-----------------------------------|-----------------------|---------------|--------------|------------------------------------|----------|------------------|--|---|--|--|---------------------------------------|---|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | | rganizati relate organiza | ed | |
| | | | | | | | | | | | | $oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | | | _ |
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| | | | | | | | <u> </u> | | | | | + | | | • |
| 1b | Sub-Total | | | ٠. | | | | | | | | | | | |
| c | Total from continuation sheet | s to Part VII, S | ection A | ١. | | | • | Þ | | | | | | | |
| d | Total (add lines 1b and 1c) . | | | | | • | | <u> </u> | | 19,594,748 | · · | 32 | | 3,844,408 | |
| 2 | Total number of individuals (in \$100,000 of reportable compe | | | | | | | /e) w | ho receive | ed more th | an | | | | |
| | | | | | | | | | | | | | Yes | No | |
| 3 | Did the organization list any f o | | | | | | | oyee, | , or highes | t compen | sated employee | | | | |
| | on line 1a? If "Yes," complete S | | | | | | | • | | | | 3 | Yes | | |
| 4 | For any individual listed on line organization and related organ | | | | | | | | | | | | | | |
| | ındıvıdual | | • • | | • | • | | • | | | | 4 | Yes | | |
| 5 | Did any person listed on line 1 services rendered to the organ | | | - | | | | • | _ | janization • • • | or individual for | 5 | | No | |
| | | | | | | | | | | | L | | | | |
| Se | ection B. Independent Co Complete this table for your five | | encate | d indi | anan | den | t contr | racto | rs that red | served mo | re than \$100 000 | | | | - |
| | compensation from the organiz | ation Report co | | | | | | | | | thin the organizati | | | | _ |
| | N | (A) ame and business | address | | | | | | | | (B) cription of services | | (C Comper | | _ |
| TURN | ER CONSTRUCTION CO 55 E MONROE | ST CHICAGO IL 606 | 503 | | | | | | | SERVICES | TION & RELATED | \perp | 41 | ,139,485 | |
| WEC | D'NEIL CONSTRUCTION CO 1245 W WA | SHINGTON BLVD C | HICAGO II | 6060 | 7 | | | | | SERVICES | TION & RELATED | | 32 | ,401,457 | |
| LEND | LEASE US 1 N WACKER DRIVE CHICAG | O IL 60606 | | | | | | | | CONSTRUC SERVICES | TION & RELATED | | 19 | ,462,746 | |
| | ARK SERVICES 1101 MARKET STREET ICAN BUILDING MAINTENANCE 111 E V | | | 60601 | | | | | | | /ICE MANAGMENT MAINTENANCE | - | | ,235,804 ,109,663 | |
| 2 | Total number of independent co \$100,000 of compensation fron | ntractors (ınclu | dıng but | not | lımıt | ed t | o thos | e lıst | ted above) | | | 十 | | · · · · · · · · · · · · · · · · · · · | • |

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| Form 99 | 90 (20 | 013) | | | | | | Page 9 |
|---|---------|--|--|---------------------------------------|-------------------|--|---|--|
| Part V | /111 | Statement of | | | | | | |
| | | Check If Schedu | ile O contains a respon | se or note to any li | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| s | 1a | Federated camp | paigns 1a | | | | | |
| m ts | ь | Membership due | es 1b | | | | | |
| Grants mounts | c | Fundraising eve | ents 1c | 809,995 | | | | |
| Giffs, I | d | Related organiz | | 71,750,000 | | | | |
| ia Ha | | Government grants | | 1,014,267,577 | | | | |
| ns, Sim | e | _ | | | | | | |
| er i | f | All other contribution similar amounts not | ns, gifts, grants, and 1f t included above | 485,685,869 | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | g | Noncash contributio 1a-1f \$ | ons included in lines | 153,746,092 | | İ | | |
| ۾ S آھ | h | Total. Add lines | 1a-1f | · · · • | 1,572,513,441 | | | |
| - O | | | | Business Code | | | | |
| eun | 2a | TUITION AND FEES | | 611310 | 704,846,051 | 704,846,051 | | |
| Fe K | ь | SALES & SERVICES | EDUCA | 900099 | 361,934,005 | 361,934,005 | | |
| - PS | c | SALES & SERVICES | AUXIL | 611710 | 144,677,360 | 144,677,360 | | |
| e. | d | ALL OTHER | | 541900 | 43,686,113 | 43,686,113 | | |
| ج د | e | FEES FROM GOVER | NMENT A | 900099 | 4,661,428 | 4,661,428 | | |
| grag | f | All other progra | m service revenue | | | | | |
| Program Serwde Revenue | g | Total. Add lines | [2a-2f | | 1,259,804,957 | | | |
| | 3 | | ome (including dividence | | 1,239,804,937 | | | |
| | | | ar amounts) | · · · · · · · · · · · · · · · · · · · | 106,038,533 | | -10,432,936 | 116,471,469 |
| | 4 | Income from invest | tment of tax-exempt bond p | proceeds 🕨 | 4,429 | | | 4,429 |
| | 5 | Royalties | | · · · • | 8,984,680 | | | 8,984,680 |
| | | | (ı) Real 7,282,180 | (II) Personal | | | | |
| | 6a b | Gross rents Less rental | 7,202,100 | | | | | |
| | | expenses | 7,282,180 | | | | | |
| | C | Rental income or (loss) | | | | | | |
| | d | Net rental incon | me or (loss) | | 7,282,180 | | | 7,282,180 |
| | | Gross amount | (ı) Securities | (II) O ther | | | | |
| | 7a | from sales of assets other than inventory | 1,503,197,348 | | | | | |
| | ь | Less cost or other basis and | 1,227,800,859 | 9,924,614 | | | | |
| | | sales expenses | | | | | | |
| | C . | Gain or (loss) | 275,396,489 | -9,924,614 | 265 471 975 | | | 265 471 975 |
| | d | | s) | | 265,471,875 | | | 265,471,875 |
| Other Revenue | 8a | Gross income frevents (not incl \$ 809, of contributions | udıng | | | | | |
| я Б | | See Part IV, line | e 18 | | | | | |
| Ā | L | 1000 | a | 375,430 | | | | |
| 둦 | b c | | oenses b [loss)from fundraising e | 327,938 | 47,492 | | | 47,492 |
| _ | 9a | | rom gaming activities | venes i i p | , | | | , |
| | | See Part IV, line | | | | | | |
| | . | | a . | | | | | |
| | b c | • | oenses b [loss)from gamıng actıv | /ities - | | | | |
| | | Gross sales of i | - | | | | | |
| | | returns and allo | | | | | | |
| | | | a | 54,884,107 | | | | |
| | Ь | Less cost of go | L | 12,876,411 | 42.007.005 | 42.007.006 | | |
| | c | Net income or (| loss) from sales of inve | Business Code | 42,007,696 | 42,007,696 | | |
| | 11a | | | 722320 | 6,694,236 | | 6,694,236 | |
| | b | CONFERENCES | | 900099 | 2,487,476 | 2,487,476 | 3,05 1,250 | |
| | | ACTUARIAL AL | | 541800 | 90,050 | _,, | 90,050 | |
| | q C | All other revenu | | 5,1000 | 1,854,134 | 1,832,904 | 21,230 | |
| | d e | | 19 · · · · [11a-11d · · · | 🕨 | 1,551,154 | 2,332,304 | 21,250 | |
| | | | | | 11,125,896 | | | |
| | 12 | iotai revenue. S | See Instructions | · · · · • | 3,273,281,179 | 1,306,133,033 | -3,627,420 | 398,262,125 |

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)

| Secti | on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns A | ll other organızat | ıons must compl | ete column (A) | |
|-------|--|--------------------------------|---|--|--|
| | Check if Schedule O contains a response or note to any line in this | Part IX | | <u> </u> | <u> </u> |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 32,794,642 | 32,794,642 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 322,863,448 | 322,863,448 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 6,999,568 | 6,999,568 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 12,174,217 | | 11,644,228 | 529,989 |
| 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 | 1,320,032,761 | 1,101,566,135 | 185,109,895 | 33,356,731 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | 72,644,176 | 59,644,451 | 10,205,493 | 2,794,232 |
| 9 | Other employee benefits | 226,236,157 | 186,797,757 | 29,481,431 | 9,956,969 |
| 10 | Payroll taxes | 83,776,612 | 69,215,264 | 11,134,172 | 3,427,176 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 36,876,243 | 32,493,314 | 3,449,607 | 933,322 |
| ь | Legal | 6,044,226 | 36,678 | 6,007,548 | |
| c | Accounting | 921,379 | | 921,379 | |
| d | Lobbying | 345,528 | | 345,528 | |
| e | Professional fundraising services See Part IV, line 17 | 596,369 | | | 596,369 |
| f | Investment management fees | 7,262,081 | 7,262,081 | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 119,459,426 | 95,623,114 | 23,836,312 | |
| 12 | Advertising and promotion | 6,168,141 | 6,035,151 | 132,990 | |
| 13 | Office expenses | 179,880,885 | 142,395,243 | | 5,664,312 |
| 14 | Information technology | 38,230,714 | 26,831,627 | 10,772,955 | 626,132 |
| 15 | Royalties | 5,077,195 | 5,053,266 | | 020,132 |
| 16 | Occupancy | 101,251,513 | 94,453,005 | | 1,251,510 |
| 17 | Travel | 49,744,974 | 42,553,370 | 5,592,471 | 1,599,133 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 49,744,974 | 42,553,370 | 5,392,471 | 1,399,133 |
| 19 | Conferences, conventions, and meetings | 39,857,038 | 33,992,191 | 4,299,478 | 1,565,369 |
| 20 | Interest | 99,354,800 | 99,354,800 | | 2,000,000 |
| 21 | Payments to affiliates | 23,221,000 | 27,221,000 | | |
| 22 | Depreciation, depletion, and amortization | 159,869,788 | 159,869,788 | | |
| 23 | Insurance | 19,250,553 | 17,002,973 | | 577 |
| 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) | , , | , , | , , | |
| а | SUPPORT SERVICES | 47,827,285 | 41,848,498 | 3,928,806 | 2,049,981 |
| b | EQUIPMENT RENTAL & MAIN | 47,535,067 | 44,104,175 | 2,254,522 | 1,176,370 |
| c | ALTERATIONS & REPAIRS | 21,483,046 | 17,760,577 | 2,934,068 | 788,401 |
| d | ACTUARIAL ADJUSTMENTS | 11,977,497 | 11,977,497 | | |
| е | All other expenses | 51,921,911 | 32,114,993 | 17,665,491 | 2,141,427 |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,128,457,240 | 2,690,643,606 | 369,355,634 | 68,458,000 |
| 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) | | | | |
| | | | | | rm 990 (2013) |

Part X Balance Sheet

| | rt X | Check if Schedule O contains a response or note to any line in this Part X | | | |
|---------------|------|--|---|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | -20,839,492 | 1 | 11,624,917 |
| | 2 | Savings and temporary cash investments | 66,009,075 | 2 | 130,989,600 |
| | 3 | Pledges and grants receivable, net | 449,038,440 | 3 | 503,266,973 |
| | 4 | Accounts receivable, net | 104,130,733 | 4 | 148,416,333 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees key employees, and highest compensated employees Complete Part II of Schedule L | , 705,367 | 5 | 558,597 |
| its | 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 contribution employers and sponsoring organizations of section $501(c)(9)$ voluntary employed beneficiary organizations (see instructions) Complete Part II of Schedule L | ng | 6 | 330,397 |
| Assets | 7 | Notes and loans receivable, net | 46,448,238 | 7 | 47,126,276 |
| ₹ | 8 | Inventories for sale or use | 6,349,042 | | 6,329,145 |
| | 9 | Prepaid expenses and deferred charges | 32,968,446 | _ | 35,633,640 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 4,541,609, | , , | | 30,000,040 |
| | Ь | Less accumulated depreciation | 834 2,543,764,817 | 10c | 2,920,099,498 |
| | 11 | Investments—publicly traded securities | 1,538,104,374 | 11 | 2,275,304,116 |
| | 12 | Investments—other securities See Part IV, line 11 | 4,922,122,091 | 12 | 4,281,181,508 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 14,706,981 | 15 | 28,005,639 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,703,508,112 | 16 | 10,388,536,242 |
| | 17 | Accounts payable and accrued expenses | 593,611,490 | | 684,129,936 |
| | 18 | Grants payable | , , | 18 | |
| | 19 | Deferred revenue | 89,391,147 | 19 | 99,682,543 |
| | 20 | Tax-exempt bond liabilities | 1,864,295,796 | 20 | 1,851,159,596 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 21 | .,, |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| 졅 | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | 56,205,000 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 868,129,739 | 24 | 979,002,360 |
| | 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 | 104,904,940 | | 69,861,807 |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,520,333,112 | 26 | 3,740,041,242 |
| Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. | | | |
| lan | 27 | Unrestricted net assets | 1,478,986,000 | 27 | 1,428,810,000 |
| <u> </u> | 28 | Temporarily restricted net assets | 3,158,451,000 | 28 | 3,536,103,000 |
| 핃 | 29 | Permanently restricted net assets | 1,545,738,000 | 29 | 1,683,582,000 |
| or Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. | | | |
| 8 | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| Ą | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | 6,183,175,000 | 33 | 6,648,495,000 |
| _ | 34 | Total liabilities and net assets/fund balances | 9,703,508,112 | 34 | 10,388,536,242 |

| | | | | <u>'</u> | age == |
|-----|--|-----------|----|----------|---------------|
| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | <u> </u> | ্. ৮ |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | |
| - | Total revenue (mast equal) are viii, column (xx), mie 12) i i i i i i i i i i i i i i i i i i i | 1 | | 3,273,2 | 281,179 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3,128,4 | 57,240 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 144,8 | 323,939 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 6,183,1 | .75,000 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 413,7 | 756,469 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -93,7 | 260,408 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 6,648,4 | 195,000 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . \sqsubset |
| | <u> </u> | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| | Schedule O | | | | 1 |
| 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 revie a separate basis, consolidated basis, or both | wed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | 1 |
| 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 sepa basis, consolidated basis, or both | ırate | | | |
| | ☐ 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 audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O | n | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | е | 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 | |

Software ID: Software Version:

EIN: 36-2177139

Name: UNIVERSITY OF CHICAGO

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

| Form 990, Part VII - Compensation Compensated Employees, and Inde | of Officers, pendent Cor | Direct otracto | ors, ors | Tru | ste | es, ŀ | (ey | Employees, Higl | nest | | |
|--|---|------------------------------------|---------------------------|----------------------|------------------------|------------------------------|------------|--|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Posit more th perso and a | ion (c nan o n is b | ne b oth ctor/ | ox, ι an o /trus | inless fficer tee) | | (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 | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | | | related organizations | |
| ANDREW M ALPER | 18 00 | х | | | | | | 0 | 0 | 0 | |
| CHAIR OF THE BOARD SEKHAR BAHADUR | 2 00 | | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0 | 0 | 0 | |
| DAVID G BOOTH TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| DAVID B BROOKS TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| DEBRA A CAFARO | 2 00 | | | | | | | | | | |
| TRUSTEE THOMAS A COLE | 2.00 | × | | | | | | 0 | 0 | 0 | |
| TRUSTEE | 2 00 | x | | | | | | 0 | 0 | 0 | |
| E DAVID COOLIDGE III TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| JAMES S CROWN | 2 00 | х | | | | | | 0 | 0 | 0 | |
| TRUSTEE KATHARINE P DARROW | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| TRUSTEE DANIEL L DOCTOROFF | 2 00 | | | | | | | | | | |
| TRUSTEE | | × | | | | | | 0 | 0 | 0 | |
| BRADY W DOUGAN TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| CRAIG J DUCHOSSOIS TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| JOHN A EDWARDSON | 2 00 | х | | | | | | 0 | 0 | 0 | |
| TRUSTEE JAMES S FRANK | 2 00 | × | | | | | | 0 | 0 | 0 | |
| TRUSTEE JACK W FULLER | 2 00 | <u> </u> | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0 | 0 | 0 | |
| TIMOTHY M GEORGE TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| RODNEY L GOLDSTEIN | 2 00 | х | | | | | | 0 | 0 | 0 | |
| TRUSTEE MARY LOUISE GORNO | 2 00 | х | | | | | | 0 | 0 | 0 | |
| TRUSTEE KATHRYN C GOULD | 2 00 | X | | | | | | 0 | 0 | 0 | |
| TRUSTEE KENNETH C GRIFFIN | 2 00 | | | | | | | | | | |
| TRUSTEE SANFORD J GROSSMAN | 2 00 | × | | | | | | 0 | 0 | 0 | |
| TRUSTEE | | Х | | | | | | 0 | 0 | 0 | |
| KING W HARRIS TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| KENNETH M JACOBS TRUSTEE | 2 00 | х | | | | | | 0 | 0 | 0 | |
| KAREN L KATEN | 2 00 | х | | | | | | 0 | 0 | 0 | |
| TRUSTEE DENNIS J KELLER | 2 00 | X | | | | | | 0 | 0 | 0 | |
| TRUSTEE | J | | | | | | | <u> </u> | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Worganizations (Wany hours and a director/trustee) from the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual trustee or director organizations related Institutional Trustee mer below organizations emplo)ee dotted line) t compensated ee STEVEN A KERSTEN 2 00 Χ 0 0 TRUSTEE JAMES M KILTS 2 00 Χ 0 0 TRUSTEE MICHAEL J KLINGENSMITH 2 00 0 0 TRUSTEE MICHAEL L KLOWDEN 2 00 0 0 0 Х TRUSTEE RACHEL D KOHLER 2 00 Х 0 0 0 TRUSTEE ROBERT W LANE 2 00 Χ 0 0 TRUSTEE CHARLES ASHBY LEWIS 2 00 Χ 0 0 0 TRUSTEE JOHN LIEW 2 00 Х 0 0 0 TRUSTEE PETER W MAY 2 00 Χ 0 0 TRUSTEE JOSEPH NEUBAUER 18 00 0 0 Χ VICE CHAIR OF THE BOARD **EMILY NICKLIN** 2 00 Х 0 0 0 TRUSTEE MICHAEL P POLSKY 2 00 Χ 0 0 0 TRUSTEE MYRTLE S POTTER 2 00 Χ 0 0 TRUSTEE THOMAS J PRITZKER 2 00 0 0 0 Х JOHN W ROGERS JR 2 00 Χ 0 0 0 TRUSTEE ANDREW M ROSENFIELD 2 00 Χ 0 0 TRUSTEE DAVID M RUBENSTEIN 2 00 Χ 0 0 TRUSTEE ALVARO J SAIEH 2 00 Χ 0 0 0 TRUSTEE NASSEF O SAWIRIS 2 00 0 Χ 0 0 STEVE G STEVANOVICH 2 00 0 0 Χ TRUSTEE ELIZABETH M THOMPSON 2 00 Х 0 0 0 TRUSTEE MARY A TOLAN 2 00 0 0 Х 0 TRUSTEE BRYON D TROTT 2 00 Χ 0 0 TRUSTEE MARSHALL I WAIS 2 00

Χ

Х

2 00

TRUSTEE

TRUSTEE

GREGORY W WENDT

0

0

0

0

0

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

| Compensated Employees, and Inde | | | rs | | | , . | , | | | 1 |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related | (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 |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | -,, | | related organizations |
| DONALD R WILSON JR | 2 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE PAULA WOLFF | 2 00 | | | | | | | | | |
| TRUSTEE | | × | | | | | | 0 | 0 | 0 |
| PAUL G YOVOVICH VICE CHAIR OF THE BOARD | 18 00 | x | | | | | | 0 | 0 | 0 |
| FRANCIS TF YUEN | 2 00 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE ROBERT J ZIMMER | 40 00 | × | | | | | | 1,206,827 | 0 | 693,442 |
| PRESIDENT THOMAS F ROSENBAUM | 15 00 40 00 | | | | | | | | _ | |
| PROVOST | 10 00 | | | Х | | | | 678,123 | 0 | 87,388 |
| ERIC ISAACS PROVOST | 40 00 | | | х | | | | 47,500 | 640,632 | 81,573 |
| NIMALAN CHINNIAH | 40 00 | | | х | | | | 666,948 | 0 | 35,441 |
| EXEC VP FOR ADMIN & CFO KAREN WARREN COLEMAN | 11 00 40 00 | | | ., | | | | 070.010 | | |
| VP CAMPUS AND STUD LIFE DEREK RB DOUGLAS | 40 00 | | | Х | | | | 279,810 | 0 | 40,116 |
| VP CIVIC ENGAGEMENT | 5 00 | | | х | | | | 397,177 | 0 | 59,267 |
| DAVID B FITHIAN EXECUTIVE VICE PRESIDENT | 40 00 | | | х | | | | 380,010 | 0 | 34,844 |
| DAVID A GREENE | 4 00 | | | х | | | | 745,777 | 0 | 208,400 |
| EXECUTIVE VICE PRESIDENT BETH A HARRIS | 2 00 40 00 | | | | | | | | _ | |
| VP & GENERAL COUNSEL | 12 00 | | | X | | | | 442,326 | 0 | 91,004 |
| RICHARD IORIO VP & CHIEF HUMAN RESOURCE OFC | 40 00 | | | х | | | | 685,548 | 0 | 96,406 |
| DONALD H LEVY | 40 00 | | | х | | | | 404,659 | 0 | 33,452 |
| VP FOR RESEARCH KENNETH MANOTTI | 9 00 | | | X | | | | 508,257 | 0 | 33,935 |
| VP ALUMNI RELATIONS & DEVL JAMES G NONDORF | 40 00 | | | | | | | 300,237 | | 33,333 |
| VP ENROLL & STUDENT ADV | 10 00 | | | Х | | | | 490,354 | 0 | 29,203 |
| JULIE PETERSON VP COMMUNICATIONS | 40 00 | | | х | | | | 416,618 | 0 | 54,362 |
| KENNETH S POLONSKY | 40 00 | | | х | | | | 1,878,980 | 0 | 224,836 |
| EXEC VP MEDICAL AFFAIRS DARREN REISBERG | 21 00 40 00 | | | | | | | , , | | <u>, </u> |
| SECRETARY OF THE UNIVERSITY | | | | Х | | | | 187,425 | 0 | 26,026 |
| MARK A SCHMID VP AND CHIEF INVEST OFFICER | 40 00 | | | х | | | | 1,934,810 | 0 | 652,947 |
| IAN SOLOMON | 40 00 | | | х | | | | 236,398 | 0 | 25,911 |
| VP GLOBAL ENGAGEMENT MICHAEL EDLESON | 40 00 | - | | | | X | | 1,680,427 | 0 | 399,486 |
| INVESTMENT CHIEF RISK OFFICER PHUONG-QUE NGUYEN | 40 00 | | | | | <u> </u> | | 2,000,127 | | 222,100 |
| MTG DIRECTOR - STRATEGY | | | | | | Х | | 1,167,682 | 0 | 370,167 |
| VALLUVAN JEEVANANDAM CHIEF CARDIAC & THORACIC SURG | 40 00 | | | | | х | | 1,239,896 | 0 | 42,611 |
| ` <u> </u> | _ | | | | · | - | • | | • | |

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

| compensated Employees, and the | | | | | | | | | |
|--|--|---|--|--|---|--|-----------|---|---------|
| (A) Name and Title | (B) A verage 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) Highest compensated Officer Institutional Trustee or director | | (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 | | | |
| DAVID AWSCHALOM PROF INSTITUTE OF MOLECULAR ENGR | 40 00 | | | | х | | 1,304,103 | 0 | 36,174 |
| MATTHEW STONE MGT DIRECTOR - PUBLIC MKTS | 40 00 | | | | х | | 1,083,384 | 0 | 400,906 |
| EVERETT VOKES CHAIRMAN OF MEDICINE | 40 00 | | | | | х | 930,929 | 0 | 44,900 |
| SUNIL P KUMAR DEAN OF BOOTH SCH OF BUS | 40 00 | | | | | х | 600,780 | 0 | 41,611 |

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As Filed Data -

DLN: 93493131030345

OMB No 1545-0047

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. ► See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization UNIVERSITY OF CHICAGO

Employer identification number

36-2177139

| Pa | rt I | Reas | on for Pu | blic Charity Sta | tus (All org | anızatıons | must comp | olete this p | art.) See ır | nstruct | ions. | | |
|-------|--|--|--|---|------------------------|---------------|------------------------|----------------------|-----------------|-----------------|--------------------|--|----------|
| The | rganı | zatıon ıs | not a privat | e foundation becaus | eıtıs (Forl | ınes 1 throu | gh 11, check | only one bo | ox) | | | | |
| 1 | Γ | A chur | ch, conventi | on of churches, or as | ssociation of | churches de | escribed in s e | ection 170(b | o)(1)(A)(i). | | | | |
| 2 | Γ | A scho | ol described | in section 170(b)(1 | .)(A)(ii). (At | tach Schedu | ıle E) | | | | | | |
| 3 | Γ | A hosp | ıtal or a coo | perative hospital se | rvice organiz | atıon descrı | bed in sectio | n 170(b)(1) | (A)(iii). | | | | |
| 4 | Γ | | | n organization operat | ed ın conjun | ction with a | hospital desc | cribed in sec | tion 170(b)(| 1)(A)(i | iii). Ent | er the | |
| 5 | _ | | | ty, and state erated for the benefit | t of a collogo | or unworest | ty owned or o | norated by | government | tal unit | docenh | od in | |
| 3 | ' | _ | • | A)(iv). (Complete P | _ | or universit | Ly Owned or o | perated by a | governmen | Lai uiiit | uescrib | eu III | |
| 6 | \vdash | | | local government or | • | al unit desc | rihed in secti | on 170(h)(1 |)(A)(v) | | | | |
| 7 | <u> </u> | | | at normally receives | | | | | | rom the | nenera | Lpublic | |
| • | ' | | | n 170(b)(1)(A)(vi). | | | support morn | a governine | incar anne or n | om the | genera | , public | • |
| 8 | Γ | A comr | A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | | | | | |
| 9 | Γ | An orga | anızatıon tha | at normally receives | (1) more th | an 331/3% o | fits support | from contrib | utions, mem | bership | fees, a | nd gros | SS |
| | | receipt | s from actıv | ities related to its ex | kempt function | ons—subject | t to certain e | xceptions, a | nd (2) no mo | re than | 3 3 1/3% | of | |
| | | • | _ | oss investment inco | | | | • | | tax) fro | m busır | nesses | |
| | _ | | | janization after June | | | | | | | | | |
| 10 | | | | ganized and operated | | | | | | | | | |
| 11 | ı | 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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated | | | | | | | | | | | |
| е | Γ | other tl | | ox, I certify that the on managers and oth | | | | | | | | | |
| f | | check t | his box | received a written de | | | | | | III sup | porting | organı | zation, |
| g | | followir | g persons? | 2006, has the organi | | | | - | | | | | |
| | | | | rectly or indirectly o | | | _ | persons des | scribed in (II) | | 11(:) | Yes | No |
| | | • | • | governing body of th | | _ | 11 | | | | 11g(i) | | <u> </u> |
| | | | * | er of a person descrı lled entıty of a perso | | | hovo? | | | | 11g(ii) 11g(iii | + | |
| h | | | | ned entity of a perso ng information about | | | | | | | TIG(III) | <u>' </u> | <u> </u> |
| •• | | riovide | : the followin | ig illiorillation about | the supporte | su organizaci | 1011(5) | | | | | | |
| `s | (i) Name of supported organization (described on lines 1 - 9 above or IRC section (see | | | | | | | etary | | | | | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total | | | | | | | | | | | - 1 | | |

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) 🕨 1 Gifts, grants, contributions, and membership fees received (Do 632,997,704 704,552,617 668,467,430 1,464,776,423 1,572,513,441 5,043,307,615 not include any "unusual grants ") 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 632,997,704 704,552,617 668,467,430 1,464,776,423 1,572,513,441 5,043,307,615 Total. Add lines 1 through 3 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) Public support. Subtract line 5 5,043,307,615 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 (c) 2011 (e) 2013 (a) 2009 (d) 2012 (f) Total beginning in) 🟲 632,997,704 Amounts from line 4 704,552,617 668,467,430 1,464,776,423 1,572,513,441 5,043,307,615 Gross income from interest, dividends, payments received on securities loans, rents, 97,738,776 80,996,842 109,361,219 137,713,043 130,746,444 556,556,324 rovalties and income from sımılar sources Net income from unrelated business activities, whether or 15,944,781 10,577,578 26,522,359 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 52,130,712 34,535,765 42,445,507 41,224,252 46,375,568 216,711,804 capital assets (Explain in Part IV) 11 Total support (Add lines 7 5,843,098,102 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 86 310 % Public support percentage for 2012 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. 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 - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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

| Cale | ndar year (or fiscal year beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") 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 | | | | | | |
| 4 | business under section 513 Tax revenues levied for the | | | | | | |
| • | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf The value of services or facilities | | | | | | <u> </u> |
| 5 | 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 | | | | | | |
| ь | 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) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | () 2000 | (1) 2010 | () 2011 | (1) 2012 | () 2012 | (C) T |
| | | | | (A) 2011 I | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (4) 2012 | (-, | (-, |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (5, 2222 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | in) ► A mounts from line 6 Gross income from interest, | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (0, 2000 | (7,7,5,5,1) |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | (5,232 | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 9 10a b c 11 12 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | | | | |
| 9 10a b c 11 12 13 14 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013 | or the organizati ic Support Pe (line 8, column (| on's first, second ercentage f) divided by line | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 | , third, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 me Percenta | , third, fourth, or 13, column (f)) | fifth tax year as a | a 501(c)(3) orga 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors) | on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided | , third, fourth, or 13, column (f)) ge by line 13, colum | fifth tax year as a | 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 18 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the state of the sta | on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1 | , third, fourth, or 13, column (f)) ge by line 13, column | fifth tax year as a | 15 16 | nization, |

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|
| | | | | | | | | |
| 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 REVENUE | | | | | | | |
| SECTION C LINE 15 | THERE IS NO AMOUNT TO REPORT AS THIS IS THE FIRST YEAR THAT THE UNIVERSITY OF CHICAGO IS COMPLETING SCHEDULE A PART II | | | | | | | |
| SCHEDULE A PART II | THE UNIVERSITY OF CHICAGO IS A SCHOOL, HOWEVER IN ORDER TO USE THE SPECIAL RULE ON SCHEDULE B FOR A 501(C)(3) ORGANIZATION, IT IS NECESSARY TO COMPLETE SCHEDULE A, PART II TO DEMONSTRATE 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 PART OF ITS SUPPORT FROM A GOVERNMENT UNIT OR FROM THE GENERAL PUBLIC | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493131030345

OMB No 1545-0047

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.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

| | Section 501(c)(4), (5), or (6) orga | anizations Complete Part III | | F | | stification number |
|-----|---|---|---|---|---------------------|---|
| | me of the organization IVERSITY OF CHICAGO | | | Employ | er ider | ntification number |
| | | | | 36-21 | | |
| Par | Complete if the or | ganization is exempt und | er section 501(| c) or is a sectio | n 527 | organization. |
| 1 | Provide a description of the or | ganızatıon's dırect and ındırect po | olitical campaign act | tivities in Part IV | | |
| 2 | Political expenditures | | | | > | \$ |
| 3 | Volunteer hours | | | | | |
| Par | t I-B Complete if the or | ganization is exempt und | er section 501(| c)(3). | | |
| 1 | Enter the amount of any excis | e tax incurred by the organization | under section 4955 | 5 | Þ | \$ |
| 2 | Enter the amount of any excis | e tax incurred by organization ma | nagers under sectio | n 4955 | F | \$ |
| 3 | If the organization incurred a s | section 4955 tax, did it file Form | 4720 for this year? | | | ☐ Yes ☐ No |
| 4a | Was a correction made? | | | | | ┌ Yes ┌ No |
| ь | If "Yes," describe in Part IV | | | | | |
| Par | | ganization is exempt und | er section 501(| c), except secti | on 50 |)1(c)(3). |
| 1 | Enter the amount directly exp | ended by the filing organization fo | r section 527 exem | pt function activities | . | \$ |
| 2 | Enter the amount of the filing of exempt function activities | organization's funds contributed t | o other organization: | s for section 527 | . | \$ |
| 3 | Total exempt function expend | tures Add lines 1 and 2 Enter he | ere and on Form 112 | 20-POL, line 17b | F | \$ |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | | ☐ Yes ☐ No |
| 5 | organization made payments amount of political contributio | nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC) | r the amount paid frond frond frond frond frond front | om the filing organiza to a separate polition | ation's cal orga | funds Also enter the anization, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid filing organizat funds If none, en | ion's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | | |
| | | | | | | |
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| Sch | nedule C (Form 990 or 990-EZ) 2013 | | | | | Page 2 |
|-----|---|---------------------------|----------------------------------|-----------------------------|--|-------------------------------------|
| Pä | art II-A Complete if the organization | is exempt under | section 501(| c)(3) and file | ed Form 5768 | |
| _ | under section 501(h)). | | Link in Doub TV an | - h - 66:1: - h - d | | a adduces FIN |
| ٠. | Check ► If the filing organization belongs to a expenses, and share of excess lobb | | iist in Part IV ea | ch amiliated gro | up members nam | e, address, EIN, |
| 3 | Check ► ☐ If the filing organization checked bo | | l" provisions app | ly | | |
| | Limits on Lobbying E (The term "expenditures" means ar | | l .) | | (a) Filing organization's totals | (b) Affiliated group totals |
| La | Total lobbying expenditures to influence public o | pinion (grass roots lob | bying) | | | |
| ь | Total lobbying expenditures to influence a legisl | ative body (direct lobby | yıng) | | | |
| c | Total lobbying expenditures (add lines 1a and 1 | o) | | Γ | | |
| d | O ther exempt purpose expenditures | | | Γ | | |
| e | Total exempt purpose expenditures (add lines 1 | c and 1d) | | Γ | | |
| f | Lobbying nontaxable amount Enter the amount is columns | rom the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| | Not over \$500,000 | 20% of the amount on lir | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 00 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,0 | 000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% of lir | ue 1f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, ent | er-0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | er - 0 - | | | | |
| j | If there is an amount other than zero on either li section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file | Form 4720 repo | orting | ┌ Yes ┌ No |
| | (Some organizations that made a columns below. See t | he instructions fo | ection do not r lines 2a thro | havè to con ough 2f on p | | ne five |
| | Lobbying Exp | enditures During | 4-Year Avera ⊤ | ging Period | 1 | 1 |
| | Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (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))

Grassroots lobbying expenditures

| | | | ganization is exempt under section 501(c)(3) and has election under section 501(h)). | NOT | | | raye J |
|-------|-------------|---|---|-----------|---------|-----------|---------------|
| For e | ach "Yes" i | response to lines 1a throug | gh 1ı below, provide in Part IV a detailed description of the lobbying | (6 | a) | (| b) |
| actıv | | • | , , , | Yes | No | Am | ount |
| 1 | | | anization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum, | | | | |
| | | the use of | | | | | |
| а | Volunte | ers? | | | Νo |] | |
| b | Paid sta | ff or management (ınclud | e compensation in expenses reported on lines 1c through 1i)? | Yes | | | |
| C | Media a | dvertisements? | | | Νo | | |
| d | Mailings | to members, legislators | , or the public? | | No | | |
| е | | ions, or published or broa | | | No | | |
| f | | o other organizations for | | | No | | |
| g | | | neir staffs, government officials, or a legislative body? | Yes | | | 497,929 |
| h | • | • | s, conventions, speeches, lectures, or any similar means? | | No | | |
| i | | tivities? | | | No | | |
| j | | dd lines 1c through 1i | | | | | 497,929 |
| 2a | | | the organization to be not described in section 501(c)(3)? | | Νo | 4 | |
| b | | | tax incurred under section 4912 | | | | |
| C C | | | tax incurred by organization managers under section 4912 a section 4912 tax, did it file Form 4720 for this year? | | l | | |
| d | | | ganization is exempt under section 501(c)(4), section | E01/6 | \/E\ . | <u> </u> | tion . |
| Pall | t III-A | 501(c)(6). | gamzation is exempt under section 501(c)(4), section | SOT(C |)(5), | or sec | LIOII |
| | | | | | | Y | es No |
| 1 | Were su | ostantıally all (90% or m | ore) dues received nondeductible by members? | | ſ | 1 | |
| 2 | Did the | organization make only ir | n-house lobbying expenditures of \$2,000 or less? | | Ī | 2 | |
| 3 | Did the | organization agree to car | ry over lobbying and political expenditures from the prior year? | | | 3 | |
| Par | t III-B | | ganization is exempt under section 501(c)(4), section ither (a) BOTH Part III-A, lines 1 and 2, are answered ' | | | | |
| | | line 3, is answere | | | | | |
| 1 | | sessments and similar a | | 1 | | | |
| 2 | | 162(e) nondeductible lob s for which the section 5 | bying and political expenditures (do not include amounts of political 27(f) tax was paid). | | | | |
| а | Current | • | | 2a | | | |
| Ь | | er from last year | | 2b | | | |
| c | Total | | | 2c | | | |
| 3 | | | ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | |
| 4 | | | unt on line 2c exceeds the amount on line 3, what portion of the excess irryover to the reasonable estimate of nondeductible lobbying and | | | | |
| | | expenditure next year? | my order to the reasonable estimate of nonacautible less, mg and | 4 | | | |
| 5 | Taxable | amount of lobbying and p | political expenditures (see instructions) | 5 | | | |
| Pa | art IV | Supplemental Info | ormation | | | | |
| | | | Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gropert for any additional information | up list), | Part II | [-A, line | 2, and |
| | Ret | urn Reference | Explanation | | | | |
| PAR | T II-B, LI | NE 1 | THE UNIVERSITY OF CHICAGO IS INVOLVED IN ISSUES THAT AF AND RESEARCH | FECT H | IIGHEF | REDUCA | NOITA |
| | | | | | | | |
| | | | | | | | |
| | | | I | | | | |

| 201104410 3 (1 3111 330 31 330 12) 2013 | | i age -i |
|---|-----------------------|---------------------|
| Part IV Supplemental Information | on <i>(continued)</i> | |
| Return Reference | Explanation | |
| | | |
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Schedule D (Form 990) 2013

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DLN: 93493131030345

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Open to Public

| | of the organization RSITY OF CHICAGO | Employer identification number | | | |
|---------------|---|--|----------|---|--|
| | | | | 2177139 | |
| Part | Organizations Maintaining Donor Advorganization answered "Yes" to Form 990 | | unds | or Accounts. Complete if t | |
| | organization answered Tes to Form 550 | (a) Donor advised funds | | (b) Funds and other accounts | |
| . Т | otal number at end of year | | | | |
| . A | ggregate contributions to (during year) | | | | |
| Α | ggregate grants from (during year) | | | | |
| А | ggregate value at end of year | | | | |
| | ld the organization inform all donors and donor adviso ands are the organization's property, subject to the or | | nor adv | vised Yes N | |
| u | old the organization inform all grantees, donors, and do sed only for charitable purposes and not for the benef onferring impermissible private benefit? | _ | | | |
| | Conservation Easements. Complete if | the organization answered "Yes" t | to Forn | m 990, Part IV, line 7. | |
| Г Г С | urpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space omplete lines 2a through 2d if the organization held a | or education) Preservation of ar Preservation of a | certifie | rically important land area ed historic structure m of a conservation | |
| e | asement on the last day of the tax year | | | | |
| . т | otal number of conservation easements | | | Held at the End of the Year | |
| | otal number of conservation easements otal acreage restricted by conservation easements | | 2a 2b | | |
| | umber of conservation easements on a certified histo | oric structure included in (a) | 20 2c | | |
| N | umber of conservation easements included in (c) acquistoric structure listed in the National Register | • • | 2d | | |
| | umber of conservation easements modified, transferr | ed, released, extinguished, or terminate | ed by th | he organization during | |
| | ne tax year 🛌 | | , | | |
| | · | | | | |
| | umber of states where property subject to conservat | | | 6lahuana and | |
| е | oes the organization have a written policy regarding t nforcement of the conservation easements it holds? | | | ГYes ГN | |
| S ► | taff and volunteer hours devoted to monitoring, inspe | cting, and enforcing conservation easei | ments o | during the year | |
| | mount of expenses incurred in monitoring, inspecting | , and enforcing conservation easement | s durin | ng the year | |
| | oes each conservation easement reported on line 2(ond section 170(h)(4)(B)(ii)? | d) above satisfy the requirements of sec | ction 17 | 70(h)(4)(B)(ı) | |
| b. tł | n Part XIII, describe how the organization reports con alance sheet, and include, if applicable, the text of the ne organization's accounting for conservation easeme | e footnote to the organization's financia ents | l stater | ments that describes | |
| art I | Organizations Maintaining Collection Complete if the organization answered "Y | | or Ot | ther Similar Assets. | |
| w | f the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide, in Part XIII, the text of the footnote t | ts held for public exhibition, education, | or rese | earch in furtherance of public | |
| I 1 W | f the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide the following amounts relating to thes | 16 (ASC 958), to report in its revenue ts held for public exhibition, education, | statem | nent and balance sheet | |
| (i | Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | |
| (i | ii) Assets included in Form 990, Part X | | | ► \$ | |
| Ιt | f the organization received or held works of art, histor ollowing amounts required to be reported under SFAS | | | · · | |
| R | evenues included in Form 990, Part VIII, line 1 | | | ► \$ | |
|) A | ssets included in Form 990, Part X | | | ► \$ | |

| Part | Organizations Maintaining Co | ollections of Art | , His | toric | al Trea | sures, or O | the | r Similar As | sets (c | ontinued) |
|---------|--|--------------------------|---------|----------|-----------------------------------|-------------------|----------|------------------------------|-------------------|--|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | sion, and other recor | ds, ch | neck a | • | _ | | - | of its | |
| а | Public exhibition | | d | <u> </u> | Loan or | exchange progr | ams | | | |
| b | Scholarly research | | e | Γ | Other | | | | | |
| c | ▼ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's c Part XIII | ollections and expla | ın hov | w they | further t | he organızatıon | 's ex | empt purpose i | n | |
| 5 | During the year, did the organization solicit | | | | | | | | - ., | E |
| Dar | assets to be sold to raise funds rather than t IV Escrow and Custodial Arrange | | | | | | | | Yes | ✓ No |
| LECT | Part IV, line 9, or reported an air | | | | | | u i | es to rolling | 790, | |
| 1a | Is the organization an agent, trustee, custo included on Form 990, Part X? | dian or other interme | ediary | forco | ontributio | ns or other ass | ets | | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | II and complete the | follov | wing ta | able | _ | | | | |
| _ | | | | | | F | _ | An | nount | |
| C | Beginning balance | | | | | F | 1c | | | |
| d e | Additions during the year | | | | | - | 1d 1e | | | |
| f | Distributions during the year Ending balance | | | | | - | 1e 1f | | | |
| ' 2а | Ending palance Did the organization include an amount on F | orm 990 Dart V I.m | _ 717 | | | L | 71 | | ☐ Yes | |
| Za h | | | | | | | | | res | , NO |
| Do | If "Yes," explain the arrangement in Part XI | | | | | | | | | |
| Ра | rt V Endowment Funds. Complete | (a)Current year | | Prior ye | | c)Two years back | | | (e) Four y | ears back |
| 1a | Beginning of year balance | 5,886,968,000 | | 5,701,4 | | 5,691,013,000 | <u> </u> | 4,904,717,000 | | 35,634,000 |
| b | Contributions | 137,041,000 | | 117,2 | 50,000 | 82,079,000 | | 128,430,000 | 1. | 26,671,000 |
| C | Net investment earnings, gains, and losses | 784,536,000 | | 399,3 | 15,000 | 265,909,000 | | 1,009,407,000 | 6 | 95,590,000 |
| d | Grants or scholarships | 44,718,000 | | 41,7 | 48,000 | 43,210,000 | | 42,632,000 | | 39,774,000 |
| е | Other expenditures for facilities and programs | 285,901,000 | | 272,2 | 26,000 | 277,366,000 | | 294,918,000 | 40 | 02,328,000 |
| f | Administrative expenses | 17,672,000 | | | 42,000 | 17,006,000 | | 13,991,000 | | 11,076,000 |
| g | End of year balance | 6,460,254,000 | | 5,886,9 | <u> </u> | 5,701,419,000 | | 5,691,013,000 | 4,9 | 04,717,000 |
| 2 | Provide the estimated percentage of the cui | • | ce (lın | ne 1g, | column (| a)) held as | | | | |
| а | Board designated or quasi-endowment ► | 31 000 % | | | | | | | | |
| b | Permanent endowment ► 24 000 % | | | | | | | | | |
| C | Temporarily restricted endowment ► 45 The percentages in lines 2a, 2b, and 2c sho | 000 % ould equal 100% | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiz | atıon | that a | re held ar | nd administered | d for | the | | |
| | organization by (i) unrelated organizations | | | | | | | 3a(| i) Yes | No No |
| | (ii) related organizations | | | · · | | | | 3a(| | No |
| ь | If "Yes" to 3a(II), are the related organization | | d on S | ched | ule R? . | · . · . · . · . | ٠. | 3I | | |
| 4 | Describe in Part XIII the intended uses of t | | | | | | | | • | |
| Par | t VI Land, Buildings, and Equipm 11a. See Form 990, Part X, line | | the o | rganı | zation a | nswered 'Yes | ' to | Form 990, Pa | ırt IV, lı | ne |
| | Description of property | | | `` | ost or other basis estment) | (b)Cost or other) | er | (c) Accumulated depreciation | (d) Bo | ok value |
| 1a | and | | | | , | 94,254,8 | 69 | | 9 | 94,254,869 |
| b i | Buildings | | | | | 3,656,049,9 | - | 1,070,837,467 | | 35,212,515 |
| | easehold improvements | | | | | | | | | |
| d i | Equipment | | | | | 465,199,2 | 32 | 303,589,939 | 16 | 51,609,293 |
| | Other | | | | | 326,105,2 | 49 | 247,082,428 | + | 79,022,821 |
| Tota | I. Add lines 1a through 1e (Column (d) must | equal Form 990, Part | X, colu | ımn (E | 3), line 10(| (c).) | • | ► | | 20,099,498 |
| | | | | | | | | Schedule D | Form 9 | 90) 2013 |

| 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 | | Cost of end-of-year market value |
| (2)Closely-held equity interests | | |
| (3)Other (A) REAL ESTATE | 1,164,505,325 | F |
| (B) VENTURE CAPITAL | 3,116,676,183 | F |
| (b) VENTORE GRITINE | 3,110,070,103 | · |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Co | 4,281,181,508 | answered 'Ves' to 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 |
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| | <u> </u> | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization | n answered 'Yes' to Form 990, | Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Descr | | (b) Book value |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 | 5.) | |
| Part X Other Liabilities. Complete if the orga | anızatıon answered 'Yes' to | Form 990, Part IV, line 11e or 11f. See |
| Form 990, Part X, line 25. 1 (a) Description of liability | (b) Book value | |
| Federal income taxes | | |
| FUNDS HELD FOR OTHERS | 69,861,807 | |
| | | |
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| | | |
| | I | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 69,861,807 | |

| Par | txI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a. | er Re | eturn Complete if |
|-----|---|-------|--------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,990,235,141 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 476,302,218 |
| 3 | Subtract line 2e from line 1 | 3 | 2,513,932,923 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 7,262,081 | | |
| b | Other (Describe in Part XIII) | | |
| C | Add lines 4a and 4b | 4c | 759,348,256 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 3,273,281,179 |
| Par | Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a. | s per | Return. Complete |
| 1 | Total expenses and losses per audited financial statements | 1 | 2,371,726,541 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 22,802,943 |
| 3 | Subtract line 2e from line 1 | 3 | 2,348,923,598 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,262,081 | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 779,533,642 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990 Part I line 18) | 5 | 3 1 2 8 4 5 7 2 4 0 |

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 |
|--|--|
| PART III, LINE 4 | THE UNIVERSITY OF CHICAGO HAS TWO MUSEUMS THE DAVID AND ALFRED SMART MUSEUM OF ART (SMART MUSEUM) AND THE ORIENTAL INSTITUTE OF THE UNIVERSITY OF CHICAGO (ORIENTAL INSTITUTE MUSEUM) THE SMART MUSEUM PROMOTES THE UNDERSTANDING OF THE VISUAL ARTS AND THEIR IMPORTANCE TO CULTURAL AND INTELLECTUAL HISTORY THROUGH DIRECT EXPERIENCES WITH ORIGINAL WORKS OF ART AND THROUGH AN INTERDISCIPLINARY APPROACH TO ITS COLLECTIONS, EXHIBITIONS, PUBLICATIONS AND 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 MIDWESTS 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 EAST THE COLLECTIONS ARE USED EXTENSIVELY FOR RESEARCH, TEACHING AND EXHIBITIONS ITS APPROACH TO INTEGRATE ARCHAEOLOGICAL, TEXTUAL AND ART HISTORICAL DATA TO UNDERSTAND THE DEVELOPMENT AND FUNCTIONS OF THE ANCIENT CIVILIZATIONS OF THE NEAR EAST MAKE IT AN EXCEPTIONAL RESOURCE FOR THE UNIVERSITY COMMUNITY AS WELL AS THE COMMUNITY AT LARGE |
| PART V, LINE 4 | THE UNIVERSITY'S USE 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 RESEARCH PROGRAMS, SUPPORT PROFESSORSHIPS, SUPPORT FINANCIAL AID FOR UNDERGRADUATE, GRADUATE AND PROFESSIONAL STUDENTS, SUPPORT THE ACQUISITION, RESTORATION AND PRESERVATION OF BOOKS AND OTHER MATERIALS IN THE LIBRARIES, AND SUPPORT THE ON-GOING OPERATIONS OF THE PHYSICAL PLANT, GROUNDS AND EQUIPMENT |
| PART X, LINE 2 | THE UNIVERSITY IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, EXCEPT TO THE EXTENT THAT THE UNIVERSITY HAS UNRELATED BUSINESS INCOME, IS EXEMPT FROM FEDERAL INCOME TAXES THERE WAS NO PROVISION FOR INCOME TAXES DUE ON UNRELATED BUSINESS INCOME IN FISCAL YEARS 2014 AND 2013 THE UNIVERSITY HAS NO UNCERTAIN TAX POSITIONS, WHICH THE UNIVERSITY CONSIDERS TO BE MATERIAL |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | RELATED ORGANIZATIONS THAT FILE THEIR OWN 990 39,744,724 COST OF DISPOSED EQUIPMENT 9,924,614 COST OF GOODS SOLD 12,876,411 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | UCHICAGO ARGONNE LLC 734,376,543 OTHER DISREGARED ENTITIES 17,624,150 ROUNDING 85,482 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | COST OF GOODS SOLD 12,876,411 COST OF DISPOSED EQUIPMENT 9,924,614 MISC 1,918 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | UCHICAGO ARGONNE LLC 734,376,543 OTHER DISREGARDED ENTITIES 14,096,095 RELATED ORGANIZATIONS 23,798,923 |

| | <u> </u> | |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret | turn Reference | Explanation |
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Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131030345

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization UNIVERSITY OF CHICAGO

Employer identification number

| | 36-2177139 | | | |
|-----|--|----------|-----|----------|
| Pai | rt 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? | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | Yes | <u> </u> |
| 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 | | | |
| | Does the organization discriminate by race in any way with respect to Students' rights or privileges? | | | No |
| b | Admissions policies? | 5b | | No |
| c | Employment of faculty or administrative staff? | 5c | | No |
| d | Scholarships or other financial assistance? | 5d | | No |
| | Educational policies? | 5e | | Νo |
| f | Use of facilities? | 5f | | No |
| g | Athletic programs? | 5g | | No |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II | 5h | | No |
| | | | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? | 6a 6b | Yes | No |
| 7 | If you answered "Yes" to either line 6a or line 6b, explain on Part II 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 complete this part to provide any other additional information (see instructions)

| Return Reference | Explanation |
|----------------------------|--|
| SCHEDULE E, PART I, LINE 3 | 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 |
| SCHEDULE E, PART I, LINE 6 | THE UNIVERSITY OF CHICAGO RECEIVES FUNDING FROM VARIOUS GOVERNMENTAL AGENCIES FOR STUDENT FINANCIAL AID |

Schedule E (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131030345

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F

(Form 990)

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. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

| | e of the organization /ERSITY OF CHICAGO | | | | Employer ident | ification number |
|------|---|--|--|---|---|--|
| ONI | | | | | 36-2177139 | |
| Pa | rt I General Information "Yes" to Form 990, Par | | | e United States. C | omplete if the organiz | ation answered |
| 1 | For grantmakers. Does the o other assistance, the grantee to award the grants or assista | es' eligibility fo | r the grants or | assistance, and the | selection criteria used | nd Yes No |
| 2 | For grantmakers. Describe in assistance outside the United | | ganızatıon's pr | rocedures for monitori | ng the use of its grant | ts and other |
| 3 | Activites per Region (The follow | ing Part I, line 3 | table can be du | iplicated if additional sp | ace 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 |
| (1) | See Add'l Data | | - | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| За | Sub-total | 4 | 59 | | | 38,080,464 |
| | • Total from continuation sheets to Part I | 2 | 26 | | | 3,266,636,951 |
| c | : Totals (add lines 3a and 3b) | 6 | 85 | | N- 50003W | 3,304,717,415 |

| 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) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|---|-------------------|-------------------------|------------------------------|---------------------------------------|--|--|--|
| (1) See Add'l Data | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
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| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |
| _ | | | 1 | | | | 1 | <u> </u> |

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

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.

| (1) STUDENT AID EAST ASIA AND THE PACIFIC PACIFIC (2) STUDENT AID EUROPE (INCLUDING ICELAND & GREENLAND) (ICELAND & GRANTS (ICEL | e of grant or stance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------------|-------------------------------|--------------------------|------------------------------|------------------------------------|--|--|--|
| (INCLUDING ICELAND & GREENLAND) (3) STUDENT AID MIDDLE EAST AND NORTH AFRICA 13 136,282 CHECK NORTH AFRICA 13 136,282 CHECK NORTH AFRICA 13 136,282 CHECK NORTH AFRICA 13 136,282 CHECK NORTH AFRICA 13 136,282 CHECK NORTH AFRICA 15 STUDENT AID NORTH AFRICA 15 STUDENT AID NEWLY INDEPENDENT STATES 16 STUDENT AID SOUTH AMERICA 6 70,723 CHECK 17 STUDENT AID SOUTH ASIA 25 256,526 CHECK 18 STUDENT AID SUB-SAHARAN 2 21,200 CHECK AFRICA ARD THE CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN CARIBBEAN (INCLUDING (IN | | | 42 | 601,602 | CHECK | | | |
| NORTH AFRICA 13 136,282 CHECK | () I G | INCLUDING CELAND & | 225 | | | | | |
| (5) STUDENT AID RUSSIA & THE NEWLY INDEPENDENT STATES (6) STUDENT AID SOUTH AMERICA (7) STUDENT AID SOUTH ASIA 25 256,526 CHECK (8) STUDENT AID SUB-SAHARAN AFRICA (9) SUMMER STUDENT GRANTS CENTRAL AMERICA AND THE CARIBBEAN (10) SUMMER STUDENT GRANTS CINCLUDING ICELAND & GREENLAND (11) SUMMER STUDENT GRANTS CINCLUDING ICELAND & GREENLAND (12) SUMMER STUDENT GRANTS NORTH AFRICA (13) SUMMER STUDENT GRANTS NORTH AFRICA (14) SUMMER STUDENT GRANTS NORTH AFRICA (14) SUMMER STUDENT GRANTS NORTH AFRICA (15) SUMMER STUDENT GRANTS SUB-SAHARAN TO CHECK SOUTH AMERICA SUB-SAHARAN TO CHECK CONTROL SUB-SAHARAN TO CHECK SOUTH ASIA SUB-SAHARAN TO CHECK SUB-SAHARAN TO CHECK CONTROL SUB-SAHARAN TO CHECK SUB-SAHARAN TO CHECK CONTROL SUB-SAHARAN TO CHECK CONTROL SUB-SAHARAN TO CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL SUB-SAHARAN TO COLOC CHECK CONTROL CONTROL CHECK CONTROL N | | 20 | 213,962 | CHECK | | | |
| NEWLY INDEPENDENT STATES | NT AID N | NORTH AMERICA | 13 | 136,282 | CHECK | | | |
| (7) STUDENT AID SOUTH ASIA 25 256,526 CHECK (8) STUDENT AID SUB-SAHARAN AFRICA AFRICA (9) SUMMER STUDENT CENTRAL AMERICA AND THE CARIBBEAN (10) SUMMER STUDENT EAST ASIA AND THE CARIBBEAN (11) SUMMER STUDENT EUROPE (INCLUDING ICELAND & GREENLAND) (12) SUMMER STUDENT MIDDLE EAST AND NORTH AFRICA NORTH AFRICA (13) SUMMER STUDENT NORTH AMERICA 19 16,875 CHECK (14) SUMMER STUDENT RUSSIA & THE GRANTS (14) SUMMER STUDENT RUSSIA & THE STATES (15) SUMMER STUDENT SOUTH AMERICA 23 50,500 CHECK (IS) SUMMER STUDENT SOUTH ASIA 32 28,050 CHECK (IS) SUMMER STUDENT SOUTH ASIA 32 20,200 CHECK (IS) SUMMER STUDENT SUB-SAHARAN AFRICA AFRICA | N I S | NEWLY NDEPENDENT | 2 | * | | | | |
| (8) STUDENT AID SUB-SAHARAN AFRICA (9) SUMMER STUDENT GRANTS CARIBBEAN (10) SUMMER STUDENT GRANTS CARIBBEAN (11) SUMMER STUDENT GRANTS CARIBBEAN (11) SUMMER STUDENT GRANTS CICLAND & GREENLAND) (12) SUMMER STUDENT GRANTS NORTH AFRICA (13) SUMMER STUDENT GRANTS CICLAND & GREENLAND (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS CICLAND & GREENLAND (16) SUMMER STUDENT GRANTS CICLAND & GREENLAND (17) SUMMER STUDENT GRANTS (18) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (10) SUMMER STUDENT GRANTS (11) SUMMER STUDENT GRANTS (12) SUMMER STUDENT GRANTS (13) SUMMER STUDENT GRANTS (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (18) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (10) SUMMER STUDENT GRANTS (11) SUMMER STUDENT GRANTS (12) SUMMER STUDENT GRANTS (13) SUMMER STUDENT GRANTS (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (18) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (10) SUMMER STUDENT GRANTS (10) SUMMER STUDENT GRANTS (11) SUMMER STUDENT GRANTS (12) SUMMER STUDENT GRANTS (13) SUMMER STUDENT GRANTS (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (18) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (10) SUMME | | SOUTH AMERICA | 6 | 70,723 | CHECK | | | |
| AFRICA CENTRAL AMERICA CENTRAL AMERICA AND THE CARIBBEAN | NT AID S | SOUTH ASIA | 25 | 256,526 | CHECK | | | |
| GRANTS AND THE CARIBBEAN (10) SUMMER STUDENT GRANTS FACIFIC (11) SUMMER STUDENT GRANTS (11) SUMMER STUDENT GRANTS (12) SUMMER STUDENT GRANTS (12) SUMMER STUDENT GRANTS (13) SUMMER STUDENT GRANTS (14) SUMMER STUDENT GRANTS (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (18) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS | | | 2 | 21,200 | СНЕСК | | | |
| GRANTS (11) SUMMER STUDENT GRANTS (INCLUDING ICELAND & GREENLAND) (12) SUMMER STUDENT GRANTS (13) SUMMER STUDENT GRANTS (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (18) SUMMER STUDENT GRANTS (19) SUMMER STUDENT STATES (19) SUMMER STUDENT GRANTS (10) SUMMER STUDENT GRANTS (11) SUMMER STUDENT GRANTS (12) SUMMER STUDENT GRANTS (13) SUMMER STUDENT STATES (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS (18) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (19) SUMMER STUDENT GRANTS (10) SUMMER STUDENT GRANTS (11) SUMMER STUDENT GRANTS (12) SUMMER STUDENT GRANTS (13) SUMMER STUDENT GRANTS (14) SUMMER STUDENT GRANTS (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS (17) SUMMER STUDENT GRANTS | S A | AND THE | 2 | · | | | | |
| GRANTS (INCLUDING ICELAND & GREENLAND) (12) SUMMER STUDENT MIDDLE EAST AND NORTH AFRICA (13) SUMMER STUDENT NORTH AMERICA (14) SUMMER STUDENT RUSSIA & THE STATES (15) SUMMER STUDENT STATES (15) SUMMER STUDENT SOUTH AMERICA (16) SUMMER STUDENT SOUTH ASIA SOU | | | 72 | 184,115 | CHECK | | | |
| GRANTS NORTH AFRICA (13) SUMMER STUDENT NORTH AMERICA 19 16,875 CHECK GRANTS 11,000 CHECK (14) SUMMER STUDENT STATES 5 11,000 CHECK (15) SUMMER STUDENT SOUTH AMERICA 23 50,500 CHECK GRANTS (16) SUMMER STUDENT SOUTH ASIA 32 28,050 CHECK GRANTS (17) SUMMER STUDENT SUB-SAHARAN 7 20,200 CHECK GRANTS (17) SUMMER STUDENT SUB-SAHARAN AFRICA | S (1 I G | INCLUDING CELAND & | 273 | | | | | |
| GRANTS (14) SUMMER STUDENT RUSSIA & THE NEWLY INDEPENDENT STATES (15) SUMMER STUDENT SOUTH AMERICA 23 50,500 CHECK GRANTS (16) SUMMER STUDENT SOUTH ASIA 32 28,050 CHECK GRANTS (17) SUMMER STUDENT SUB-SAHARAN AFRICA AFRICA | s N | | 33 | | | | | |
| GRANTS NEWLY INDEPENDENT STATES (15) SUMMER STUDENT GRANTS (16) SUMMER STUDENT GRANTS SOUTH ASIA GRANTS (17) SUMMER STUDENT GRANTS SUB-SAHARAN AFRICA 7 20,200 CHECK CHEC | S | | 19 | | | | | |
| GRANTS (16) SUMMER STUDENT SOUTH ASIA GRANTS (17) SUMMER STUDENT SUB-SAHARAN 7 20,200 CHECK GRANTS AFRICA | S N I S | NEWLY NDEPENDENT STATES | | | | | | |
| GRANTS (17) SUMMER STUDENT SUB-SAHARAN 7 20,200 CHECK GRANTS AFRICA | S | SOUTH AMERICA | | | | | | |
| GRANTS AFRICA | S | SOUTH ASIA | 32 | | | | | |
| (18) | | | 7 | 20,200 | CHECK | | | |
| | | | | 0 | | | | |

Part IV Foreign Forms

| 1 | 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) | দ | Yes | Γ | Νo |
|---|--|----|-----|----|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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) | Γ | Yes | ।ন | Νo |
| 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) | [৵ | Yes | Γ | Νo |
| 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) | ্ব | Yes | Γ | Νo |
| 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) | 굣 | Yes | Г | Νo |
| 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 file Form 5713, International Boycott Report (see Instructions for Form 5713). | Г | Yes | 굣 | No |

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

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 APPR OVED UNIVERSITY DEPARTMENT ADMINISTRATORS AND THE PRINCIPAL INVESTIGATOR WILL REVIEW INVO ICES AND CERTIFY AS TO ALLOWABILITY AND APPROPRIATENESS OF CHARGES CENTRAL SPONSORED AWAR D ACCOUNTING WILL ALSO PERFORM A REVIEW THAT THE EXPENDITURES FALL WITHIN THE CONTRACT AMO UNT 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 | _ |
|--|---|--|--|---|------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) | 2 | 29 | PROGRAM SERVICES | INSTRUCTION | 19,489,251 |
| RUSSIA & THE NEWLY INDEPENDENT STATES | | | PROGRAM SERVICES | INSTRUCTION | 52,701 |
| EAST ASIA AND THE PACIFIC | 1 | 17 | PROGRAM SERVICES | INSTRUCTION | 14,703,898 |

| 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 | INSTRUCTION | 149,615 | | |
| NORTH AMERICA | | | PROGRAM SERVICES | INSTRUCTION | 89,578 | | |
| MIDDLE EAST AND NORTH AFRICA | | 2 | PROGRAM SERVICES | INSTRUCTION | 206,687 | | |

| 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) | ` , | (f) Total expenditures for region | | |
| EUROPE (INCLUDING ICELAND & GREENLAND) | | 2 | PROGRAM SERVICES | RESEARCH | 60,971 | | |
| EAST ASIA AND THE PACIFIC | 1 | 9 | PROGRAM SERVICES | RESEARCH | 3,327,763 | | |
| SOUTH ASIA | | 2 | PROGRAM SERVICES | RESEARCH | 1,543,733 | | |

| Form 990 Schedule | <u> F Part I - Activit</u> | <u>ties Outside T</u> | he 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 | 1 | 12 | PROGRAM SERVICES | RESEARCH | 497,729 |
| SOUTH AMERICA | | 2 | PROGRAM SERVICES | RESEARCH | 93,759 |
| | 1 | 10 | PROGRAM SERVICES | RESEARCH | 434,810 |

| 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 | SUBAWARD | 887,152 | |
| SUB-SAHARAN AFRICA | | | PROGRAM SERVICES | SUBAWARD | 317,708 | |
| EAST ASIA AND THE PACIFIC | | | PROGRAM SERVICES | SUBAWARD | 165,957 | |

| 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 | SUBAWARD | 450,692 | | |
| NORTH AMERICA | | | PROGRAM SERVICES | SUBAWARD | 829,723 | | |
| MIDDLE EAST AND NORTH AFRICA | | | PROGRAM SERVICES | SUBAWARD | 42,217 | | |

| 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 | | | |
| RUSSIA & THE NEWLY INDEPENDENT STATES | | | PROGRAM SERVICES | SUBAWARD | 42,930 | | |
| EUROPE (INCLUDING ICELAND & GREENLAND) | | | PROGRAM SERVICES | SCHOLARSHIP AND STIPENDS | 2,573,567 | | |
| RUSSIA & THE NEWLY INDEPENDENT STATES | | | PROGRAM SERVICES | SCHOLARSHIP AND STIPENDS | 36,712 | | |

| Form 990 Schedule F | 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 | | | | SCHOLARSHIP AND STIPENDS | 41,400 | | | |
| EAST ASIA AND THE PACIFIC | | | | SCHOLARSHIP AND STIPENDS | 785,717 | | | |
| SOUTH ASIA | | | | SCHOLARSHIP AND STIPENDS | 284,576 | | | |

| 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 | | | | SCHOLARSHIP AND STIPENDS | 153,157 | | |
| MIDDLE EAST AND NORTH AFRICA | | | | SCHOLARSHIP AND STIPENDS | 260,912 | | |
| SOUTH AMERICA | | | | SCHOLARSHIP AND STIPENDS | 121,223 | | |

| 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 AND THE CARIBBEAN | | | | SCHOLARSHIP AND STIPENDS | 6,000 | | |
| SOUTH AMERICA | | | FUNDRAISING | | 53,163 | | |
| EUROPE (INCLUDING ICELAND & GREENLAND) | | | FUNDRAISING | | 176,320 | | |

| 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 | | | FUNDRAISING | | 178,095 | | |
| MIDDLE EAST AND NORTH AFRICA | | | FUNDRAISING | | 1,726 | | |
| EAST ASIA AND THE PACIFIC | | | FUNDRAISING | | 180,287 | | |

| <u>Form 990 Schedule F l</u> | <u> Part I - Activit</u> | <u>ies Outside T</u> | he 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 | | 11,647 |
| EAST ASIA AND THE PACIFIC | | | UNRELATED BUSINESS INCOME | | 94,787 |
| CENTRAL AMERICA AND THE CARIBBEAN | | | INVESTMENTS | | 2,574,478,010 |

| Form 990 Schedule F P | <u> Part I - Activit</u> | <u>ies Outside Tl</u> | ne 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 | | 27,124,725 |
| EUROPE (INCLUDING ICELAND & GREENLAND) | | | INVESTMENTS | | 462,234,606 |
| NORTH AMERICA | | | INVESTMENTS | | 61,999,343 |

| 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) | (d) is a program service, describe specific type of service | (f) Total expenditures for region | | | | |
| SUB-SAHARAN AFRICA | | | INVESTMENTS | | 130,534,568 | | | | |

| , Form 990 Schedv | ile F Part II | - Grants or Entiti | ies Outside The Un | ited States | | _ | _ | |
|--------------------------|--|---|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
| | | EAST ASIA AND THE PACIFIC | SUBAWARD | 40,250 | WIRE | | | |
| | | EAST ASIA AND THE PACIFIC | SUBAWARD | 4,878 | WIRE | | | |
| | | EAST ASIA AND THE PACIFIC | SUBAWARD | 120,829 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 799 | WIRE | | | |

| Form 990 Scheau | ile F Part II | - Grants or Entition | es Outside The Uni | ited States | | | | |
|--------------------------|--|---|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 1,883 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 6,630 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 16,104 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 86,474 | WIRE | | | |

| Form 990 Schedu | le F Part II | - Grants or Entition | es Outside The Uni | ited States | | | | |
|--------------------------|--|---|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 2,488 | WIRE | | | |
| | 1 | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 4,521 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 13,086 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 40,944 | WIRE | | | |

| Form 990 Schedu | ale F Part II | - Grants or Entiti | ies Outside The Uni | ited States | | | | · |
|--------------------------|--|---|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 6,851 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 8,512 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 32,554 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 44,569 | WIRE | | | |

| Form 990 Schedu | ile F Part II | - Grants or Entition | es Outside The Uni | ited States | | | - | |
|--------------------------|--|---|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 68,012 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 12,178 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 9,267 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 8,768 | WIRE | | | |

| Form 990 Schedu | ale F Part II | Grants or Entiti | ies Outside The Uni | ited States | | | | · |
|--------------------------|--|---|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 1,700 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 172,780 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 70,000 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 135,583 | WIRE | | | |

| , Form 990 Sched <i>v</i> | ale F Part II | – Grants or Entitie | es Outside The Un | ited States | _ | _ | _ | · . |
|---------------------------|--|---|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 78,186 | WIRE | | | |
| | | EUROPE (INCLUDING ICELAND & GREENLAND) | SUBAWARD | 65,263 | WIRE | | | |
| | | MIDDLE EAST AND NORTH AFRICA | SUBAWARD | 18,358 | WIRE | | | |
| | | MIDDLE EAST AND NORTH AFRICA | SUBAWARD | 23,859 | WIRE | | | |

| Form 990 Schedu | ile F Part II | - Grants or Entitie | s Outside The Uni | ited States | | | | |
|--------------------------|--|---------------------|----------------------|------------------------------|---------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
| | | NORTH AMERICA | SUBAWARD | 24,740 | WIRE | | | |
| | | NORTH AMERICA | SUBAWARD | 61,525 | WIRE | | | |
| | | NORTH AMERICA | SUBAWARD | 37,800 | WIRE | | | |
| | | NORTH AMERICA | SUBAWARD | 16,721 | WIRE | | | |

| Form 990 Schedu | ıle F Part II | - Grants or Entitie | es Outside The Ur | ited States | | | | |
|--------------------------|--|---------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
| | | NORTH AMERICA | SUBAWARD | 507,313 | WIRE | | | |
| | | NORTH AMERICA | SUBAWARD | 41,695 | WIRE | | | |
| | | NORTH AMERICA | SUBAWARD | 39,929 | WIRE | | | |
| | | NORTH AMERICA | SUBAWARD | 303 | WIRE | | | |
| ' | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

| Form 990 Schedu | ıle F Part II | - Grants or Entitie | es Outside The Uni | ited States | | | | |
|--------------------------|--|--|----------------------|------------------------------|---------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
| | | NORTH AMERICA | SUBAWARD | 7,407 | WIRE | | | |
| | | NORTH AMERICA | SUBAWARD | 92,289 | WIRE | 1 | | |
| | | RUSSIA & THE NEWLY INDEPENDENT STATES | SUBAWARD | 42,930 | WIRE | | | |
| | | SOUTH ASIA | SUBAWARD | 319,500 | WIRE | | | |

| Form 990 Schedu | ıle F Part II | - Grants or Entitie | es Outside The Uni | ited States | | | | |
|--------------------------|--|-----------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | SUBAWARD | 33,896 | WIRE | | | |
| | | SOUTH ASIA | SUBAWARD | 97,296 | WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBAWARD | 33,666 | WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBAWARD | 70,807 | WIRE | | | |

| , rorm 990 Scheau | ie F Part II | - Grants or Entitle | as Outside The Un | ited States | | | | · . |
|--------------------------|--|-----------------------|----------------------|------------------------------|------------------------------------|---|--|--|
| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | SUBAWARD | 85,621 | WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBAWARD | 15,450 | WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBAWARD | 96,524 | WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBAWARD | 15,640 | WIRE | 1 | | |

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DLN: 93493131030345

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| | ne of the organization | | | | | Employer ident | ification number | |
|------|--|--------------------------|--|--------------------------|-----------------------------------|--|---------------------------------------|--|
| 141 | VERSITY OF CHICAGO | | | | | 36-2177139 | | |
| Pa | | ctivities. Complete | | | on answered "Yes" to part. | Form 990, Part IV, | line 17. | |
| L | Indicate whether the orga | ınızatıon raısed funds t | :hrough a | ny of the f | following activities Chec | ck all that apply | | |
| a | Mail solicitations | | _ | | Solicitation of non- | | | |
| b | ✓ Internet and email so | licitations | | f | Solicitation of gove | - | | |
| c | Phone solicitations | | | g | Special fundraising | events | | |
| d | ✓ In-person solicitation | าร | | | | | | |
| 2a | Did the organization have or key employees listed in | | | | | | Γ _{Yes} Γ _N | |
| b | If "Yes," list the ten higher to be compensated at leas | | | fundraıseı | rs) pursuant to agreeme | nts under which the fun | | |
| | (i) Name and address of individual | (ii) Activity | fundrai |) Dıd ser have | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) | (vi) A mount paid to (or retained by) | |
| | or entity (fundraiser) | | custody or control of contributions? | | | fundraiser listed in col (i) | organization | |
| | | | Yes | No | | | | |
| 1 | BULEFALO COBY | TELEMARKETING | | | | | | |
| | RUFFALO CODY 65 KIRKWOOD NORTH | | | | | | | |
| | ROAD SW | | | No | 1,152,428 | 596,369 | 556,059 | |
| | CEDAR RAPIDS, IA 52404 | | | | | | | |
| 2 | | | | | | | | |
| | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
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| 5 | | | | | | | | |
| 6 | | | | | | | | |
| | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| | | | | | | | | |
| 10 | | | | | | | | |
| ot a | al | | | | 1,152,428 | 596,369 | 556,059 | |
| ot a | List all states in which the registration or licensing | | | censed to | | • | | |

| Pa | rt II | Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g | aising event contributi | | | |
|-------------|-------|---|---------------------------------------|--|-------------------------------------|--|
| | | <u> </u> | (a) Event #1 LAB SCHOOL (event type) | (b) Event #2 COURT THEATRE (event type) | (c) O ther events 1 (total number) | (d) Total events (add col (a) through col (c)) |
| ₽ | 1 | Gross receipts | 870,000 | | 38,000 | 1,185,425 |
| Revenue | 2 | Less Contributions | 602,036 | | | 809,995 |
| ~ | 3 | Gross income (line 1 minus line 2) | 267,964 | | | 375,430 |
| | 4 | Cash prizes | 5,000 | | | 5,000 |
| ي د | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | 16,737 | 56,563 | 9,000 | 82,300 |
| ă ă | 7 | Food and beverages . | 127,117 | | 5,354 | 132,471 |
| Direct | 8 | Entertainment | 3,000 | 21,658 | 1,750 | 26,408 |
| à | 9 | Other direct expenses . | 78,146 | 3,113 | 500 | 81,759 |
| | 10 | Direct expense summary Add lin | es 4 through 9 ın column | (d) | | (327,938) |
| | 11 | Net income summary Subtract lin | ne 10 from line 3, column | (d) | • | 47,492 |
| Par | t II | Gaming. Complete if the or \$15,000 on Form 990-EZ, lir | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | rted more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>~</u> | 1 | Gross revenue | | | | |
| Ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Non-cash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| Direct | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ┌ Yes% ┌ No | ┌ Yes | │ Yes % % % | |
| | | Direct expense summary Add lines | | | . | |
| 9 a b | Ist | ter the state(s) in which the organiza the organization licensed to operate 'No," explain | gaming activities in each | n of these states? | | |
| 10a b | | re any of the organization's gaming l Yes," explain | icenses revoked, suspen | ded or terminated during | the tax year? | |

|--|

| Page |
|------|
|------|

| Sche | edule G (Form 990 or 990-EZ) 2 | 013 | | Page 3 |
|-----------------|----------------------------------|--|--|------------------------------------|
| Does | s the organization operate gamin | ng activities with nonmembers | , | 11 Tu Eu |
| 12 | | | t or a member of a partnership or other entity | Yes I No |
| 12 | | · | | |
| 12 | | | | · Yes No |
| 13 | Indicate the percentage of gan | · · | 40 | 0/ |
| a | | | | ⁹ / ₀ |
| ь 14 | • | | organization's gaming/special events books and recor | |
| | Name ▶ | | | |
| | Address 🟲 | | | |
| | | | | |
| 15a | Does the organization have a c | ontract with a third party from | whom the organization receives gaming | |
| | revenue? | | | . Г _{Yes} Г _{No} |
| b | If "Yes," enter the amount of g | aming revenue received by the | e organization 🟲 \$ and the | |
| | amount of gaming revenue reta | nned by the third party 🕨 \$ | | |
| c | If "Yes," enter name and addre | ess of the third party | | |
| | Name 🟲 | | | |
| | Address 🏲 | | | |
| 16 | Gaming manager information | | | |
| | Name 🟲 | | | |
| | Gaming manager compensation | n 🟲 \$ | | |
| | Description of services provide | ed 🟲 | | |
| | Director/officer | □ Employee | Independent contractor | |
| 17 | Mandatory distributions | . Employee | - Independent contractor | |
| - <i>-</i> а | · | der state law to make charitat | ole distributions from the gaming proceeds to | |
| | | | | Tyes TNo |
| ь | | | stributed to other exempt organizations or spent | I Yes I No |
| _ | in the organization's own exem | • | · - | |
| Pai | rt IV Supplemental Info | prmation. Provide the exp 10b, 15b, 15c, 16, and 17b | planations required by Part I, line 2b, columns (p, as applicable. Also complete this part to prov | |
| | Return Reference | , | Explanation | |
| <u></u> | EDULE G, PART I, | RUFFALO CODY PRC | VIDED PROFESSIONAL FUNDRAISING SERVICES | FOR FISCAL YEAR 2014 |
| | E 2B, COLUMN (V) | DETAIL OF ALL PAY | MENTS IS AS FOLLOWS MONTHLY INSTALLMENT STAGE CHARGES 6,662 TOTAL PAID 596,369 | |

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DLN: 93493131030345

OMB No 1545-0047

Schedule I (Form 990)

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

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

Open to Public **Inspection**

► Attach to Form 990 Department of the Treasury ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

| Name of the organization | | | | | | Employer identificati | on number |
|--|--|--|-----------------------------|---|---|--|--------------------------------------|
| UNIVERSITY OF CHICAGO | | | | | | 36-2177139 | |
| Part I General Informatio | n on Grants and | l Assistance | | | | ' | |
| Does the organization maintain the selection criteria used to aw Describe in Part IV the organization | vard the grants or as ation's procedures fo | sistance? r monitoring the use o | f grant funds in the Unite | ed States | | | ✓ Yes |
| Part II Grants and Other A Form 990, Part IV, line | | | | | | | es" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gran or assistance |
| See Addıtıonal Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 50 | | | | | | - | 160 |

| Schedule I | (Form 990) 2013 | | |
|------------|---|-----------------|----|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F | Part IV, line 2 | 22 |
| | Part III can be duplicated if additional space is needed. | | |

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance | |
|---|---------------------------------|--------------------------|-----------------------------------|--|---|--|
| | | | | | | |
| (1) UNDERGRADUATE STUDENT AID | 3210 | 101,360,223 | | | | |
| (2) GRADUATE STUDENT AID | 6264 | 221,503,225 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | |
| Poture Poforonce Evaluation | | | | | | |

| 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 | | | | | |
| , | ORGANIZATIONS PROCEDURES FOR MONITORING USE OF GRANTS FUNDS INSIDE THE US SCHEDULE I, PART IV PART I, LINE 2, THE UNIVERSITY OF CHICAGO FOLLOWS THESE PROCEDURES TO MONITOR THE USE OF GRANTS FUNDS IN THE UNITED STATES 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 Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|
| BATTELLE INSTITUTE 1160 DUBLIN ROAD SUITE 500 COLUMBUS,OH 43215 | 31-1781583 | 501 (C)(3) OR GOV | 25,000 | | | | SUBA WARD |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BATTELLE PACIFIC NORTHWEST NATIONAL LABORATORY 902 BATTELLE BLVD RICHLAND,WA 99354 | 31-4379427 | 501 (C)(3) OR GOV | 130,001 | | | | SU BA WA RD |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| BAYLOR UNIVERSITY ONE BAYLOR PLAZA HOUSTON,TX 77030 | 74-1613878 | 501 (C)(3) OR GOV | 34,187 | | | | SUBA WARD | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
| BECKMAN RESEARCH INSTITUTE 1450 EAST DUARTE ROAD DUARTE,CA 91010 | 95-3432210 | 501 (C)(3) OR GOV | 47,866 | | | | SUBA WA RD | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| BELOVED COMMUNITY FAMILY 6430 SOUTH HARVARD CHICAGO,IL 60621 | 20-2273383 | 501 (C)(3) OR GOV | 40,192 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| BIOSPHERICAL INSTRUMENTS 5340 RILEY STREET SAN DIEGO,CA 92111 | 95-3292603 | | 72,021 | | | | SUBA WARD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| BOARD OF EDUCATION - CHICAGO 125 S CLARK STREET 14TH FL CHICAGO,IL 60603 | 36-6005821 | 501 (C)(3) OR GOV | 72,004 | | | | SUBA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-----------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| BOSTON COLLEGE 140 COMMONWEATLH AVENUE CHESTNUT HILL, MA 02467 | 04-2103545 | 501 (C)(3) OR GOV | 28,475 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE 4TH FLOOR BOSTON,MA 02215 | 04-2103547 | 501 (C)(3) OR GOV | 5,473 | | | | SUBA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| BRIGHAM AND WOMEN'S HOSPITAL 101 HUNTINGTON STREET SUITE 305 BOSTON,MA 02199 | 04-2312909 | 501 (C)(3) OR GOV | 28,233 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| BRIGHAM YOUNG UNIVERSITY A-261 ASB PROVO,UT 84602 | 87-0217280 | 501 (C)(3) OR GOV | 10,558 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CALIFORNIA STATE UNIVERSITY 401 GOLDEN SHORE LONG BEACH,CA 90802 | 94-7381554 | 501 (C)(3) OR GOV | 75,000 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH,PA 15213 | 25-0969449 | 501 (C)(3) OR GOV | 115,394 | | | | SUBA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 44106 | 34-1018992 | 501 (C) (3) OR GOV | 279,221 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| CENTERS FOR NEW HORIZONS 4150 SOUTH KING DRIVE CHICAGO,IL 60653 | 36-2729721 | 501 (C)(3) OR GOV | 38,963 | | | | SU BA WA RD | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET CHICAGO,IL 60637 | 36-2167012 | 501 (C)(3) OR GOV | 154,829 | | | | SU BA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 ASSOCIATION FOR RESEARCH & EDUCATION IN SCIENCE 5000 SOUTH 5TH AVE BUILDING ONE C347 HINES,IL 60141 | 36-3334177 | 501 (C)(3) OR GOV | 114,508 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 BLACK GAY MEN'S CAUCUS 180 N MICHIGAN AVENUE SUITE 1200 CHICAGO,IL 60601 | 01-0977178 | 501 (C)(3) OR GOV | 14,981 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 | 501 (C)(3) OR GOV | 20,401 | | | | SU BA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 FAMILY HEALTH CENTERFORMERLY CLARETIAN MED CTR 9119 S EXCHANGE AVENUE CHICAGO,IL 60617 | 36-2893854 | 501 (C)(3) OR GOV | 80,929 | | | | SU BA WA RD | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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) OR GOV | 101,969 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 LOS ANGELES 4650 SUNSET BLVD LOS ANGELES,CA 90027 | 95-1690977 | 501 (C)(3) OR GOV | 7,681 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 MEDICAL CENTER (CINCINNATI) 3333 BURNETT AVENUE CINCINNATI,OH 46202 | 31-0833963 | 501 (C)(3) OR GOV | 269,851 | | | | SUBA WA RD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CLARETIAN ASSOCIATES 9108 SOUTH BRANDON AVENUE CHICAGO,IL 60617 | 36-4087259 | 501 (C)(3) OR GOV | 6,067 | | | | SU BA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| CLARK UNIVERSITY 20 DOWNING STREET WORCESTER,MA 01610 | 04-2111203 | 501 (C)(3) OR GOV | 6,193 | | | | S U B A W A R D | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COLLEGE OF WILLIAM AND MARY 102 RICHMOND ROAD WILLIAMSBURG,VA 23187 | 54-6001718 | 501 (C)(3) OR GOV | 53,083 | | | | SUBA WARD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (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) OR GOV | 293,299 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| COMBLU INC 875 N MICHIGAN AVE SUITE 1340 CHICAGO,IL 60611 | 36-3037806 | | 45,000 | | | | SUBA WARD | | |

| Form 990,Schedule I, Pa | form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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) OR GOV | 612,196 | | | | SUBA WA RD | | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| DANA FARBER CANCER INSTITUTE 44 BINNEY STREET MS OS- 385 BOSTON,MA 02115 | 04-2263040 | 501 (C)(3) OR GOV | 49,764 | | | | SUBA WARD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER,NH 03755 | 02-0222111 | 501 (C)(3) OR GOV | 210,184 | | | | SUBA WARD | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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) OR GOV | 106,099 | | | | SUBA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| DECATUR MEMORIAL HOSPITAL 2300 NORTH EDWARD STREET DECATUR,IL 62526 | 37-0661199 | 501 (C)(3) OR GOV | 55,182 | | | | SU BA WA RD | | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| DENVER HEALTH AND HOSPITAL AUTHORITY 777 BANCOCK STREET DENVER,CO 80204 | 84-1343242 | 501 (C)(3) OR GOV | 61,432 | | | | SUBA WARD | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| DUKE UNIVERSITY 2200 WEST MAIN STREET SUITE 300 DURHAM,NC 27705 | 56-0532129 | 501 (C)(3) OR GOV | 328,896 | | | | SUBA WA RD | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| EDVANCE RESEARCH INC 9901 IH-10 WEST SUITE 1000 SAN ANTONIO,TX 78230 | 13-4307214 | | 60,086 | | | | SU BA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|---|--|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FELLOWSHIP FOR INTERPRETATION OF GENOMES 15 W 155 81ST STREET BURR RIDGE,IL 60527 | 14-1883085 | 501 (C)(3) OR GOV | 664,438 | | | | SU BA WA RD | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FIELD MUSEUM 1400 SOUTH LAKE SHORE DRIVE CHICAGO,IL 60605 | 36-2167011 | 501 (C)(3) OR GOV | 36,277 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FLORIDA INSTITUTE OF TECHNOLOGY 150 W UNIVERSITY BLVD MELBOURNE,FL 32901 | 59-6046500 | 501 (C)(3) OR GOV | 60,752 | | | | SUBA WARD | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-----------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET CSC 310 MIAMI,FL 33199 | 65-0177616 | 501 (C)(3) OR GOV | 192,153 | | | | SUBA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FORT WAYNE MEDICAL ONCOLOGY & HEMATOLOGY INC 4402 E STATE BLVD FORT WAYNE,IN 46815 | 35-1400631 | | 5,150 | | | | SUBA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FRANKLIN COUNTY HISTORICAL SOCIETY DBA COSI COLUMBUS 333 WEST BROAD STREET COLUMBUS,OH 43215 | 31-4383802 | 501 (C)(3) OR GOV | 9,978 | | | | SUBA WARD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE N PO BOX 19024 19024 SEATTLE, WA 98109 | 23-7156071 | 501 (C)(3) OR GOV | 20,273 | | | | SU BA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FREQUENCY 540 LLC 640 NORTH LASALLE SUITE 490 CHICAGO,IL 60654 | 61-1652976 | | 694,556 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FRIEND FAMILY HEALTH CENTER 800 E 55TH STREET CHICAGO,IL 60615 | 36-4161801 | 501 (C)(3)OR GOV | 226,537 | | | | SU BA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| FSG INC 500 BOYLSTON STREET SUITE 600 BOSTON,MA 02116 | 20-2776974 | 501 (C)(3) OR GOV | 24,875 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE UNIVERSITY HALL FAIRFAX,VA 22030 | 54-1603842 | 501 (C)(3) OR GOV | 31,872 | | | | SU BA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GEORGE WASHINGTON UNIVERSITY 44983 KNOLL SQUARE BLDG II ASHBURN,VA 20147 | 53-0196584 | 501 (C)(3) OR GOV | 42,413 | | | | SUBA WARD | | | |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GLOBAL GIRLS INC 8151 SOUTH CHICAGO AVENUE CHICAGO,IL 60617 | 36-4367027 | 501 (C)(3) OR GOV | 17,872 | | | | SU BA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION 1159 WEST 79TH STREET CHICAGO,IL 60620 | 36-4377387 | 501 (C)(3) OR GOV | 37,094 | | | | SUBA WARD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| HARVARD UNIVERSITY 667 HUNTINGTON AVENUE BOSTON,MA 02115 | 04-2103580 | 501 (C)(3) OR GOV | 703,930 | | | | SU BA WA RD | | | |

| Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| HEALTH RESEARCH INC- ROSWELL PARK CANCER INSTITUTE RIVERVIEW CENTER 150 BROADWAY MENANDS,NY 12204 | 14-1402155 | 501 (C)(3) OR GOV | 5,425 | | | | SU BA WA RD | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| HEKTOEN INSTITUTE 2240 WOGDEN AVENUE 2ND FLOOR CHICAGO,IL 60612 | 36-2244897 | 501 (C)(3) OR GOV | 75,981 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| HOLY CROSS HOSPITAL 2701 W 68TH STREET CHICAGO,IL 60629 | 36-2170133 | 501 (C)(3) OR GOV | 57,981 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| ILLINOIS CANCER CARE 8940 N WOOD SAGE ROAD PEORIA,IL 61615 | 37-1409840 | 501 (C)(3) OR GOV | 43,415 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| ILLINOIS INSTITUTE OF TECHNOLOGY 3300 S FEDERAL STREET MAIN BLDG RM 308 CHICAGO,IL 60616 | 36-2170136 | 501 (C)(3) OR GOV | 297,222 | | | | SU BA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| INDIANA UNIVERSITY POPLARS 426 400 E 7TH ST BLOOMINGTON,IN 47405 | 35-6001673 | 501 (C)(3) OR GOV | 1,027,799 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| INGALLS MEMORIAL HOSPITAL ONE INGALLS DRIVE HARVEY,IL 60426 | 36-2170866 | 501 (C)(3) OR GOV | 19,385 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| INNOVATIONS FOR POVERTY ACTION 101 WHITNEY AVE NEW HAVEN,CT 06510 | 06-1660068 | 501 (C)(3) OR GOV | 75,593 | | | | SU BA WA RD | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| JOHNS HOPKINS UNIVERSITY 1101 E 33RD STREET BALTIMORE,MD 21218 | 52-0595110 | 501 (C)(3) OR GOV | 742,098 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| KANSAS CITY UNIVERSITY 1750 INDEPENDENCE AVENUE KANSAS CITY,MO 64106 | 44-0545280 | 501 (C)(3) OR GOV | 54,373 | | | | SUBA WARD | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LAWRENCE BERKELEY NATIONAL LAB ONE CYCLOTRON ROAD BERKELEY,CA 94704 | 94-2951741 | 501 (C)(3) OR GOV | 108,911 | | | | SUBA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE 1124 WEST CARSON STREET TORRANCE,CA 90502 | 95-2138184 | 501 (C)(3) OR GOV | 89,160 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOUISIANA STATE UNIVERSITY 202 HIMES HALL BATON ROUGE,LA 70803 | 72-6000848 | 501 (C)(3) OR GOV | 178,697 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LOYOLA UNIVERSITY 820 N MICHIGAN AVENUE CHICAGO,IL 60611 | 36-1408475 | 501 (C)(3) OR GOV | 149,293 | | | | SUBA WARD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| LURIE CHILDREN'S HOSPITAL 2300 CHILDRENS PLAZA BOX 268 CHICAGO,IL 60614 | 36-2170833 | 501 (C)(3) OR GOV | 18,856 | | | | SUBA WARD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|------------------------------------|---|--|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MASSACHUSETTS INSTITUTE OF TECHNOLOGY SUITE NE49-4161 CAMBRIDGE,MA 02139 | 04-2103594 | 501 (C)(3) OR GOV | 392,848 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MATHALICIOUS 112 FOURTH STREET NE CHARLOTTESVILLE,VA 22902 | 27-0640991 | | 75,000 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905 | 41-6011702 | 501 (C)(3) OR GOV | 18,100 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MDRC RESEARCH CORPORATION 16 EAST 34TH STREET NEW YORK, NY 10016 | 23-7379473 | 501 (C)(3) OR GOV | 261,760 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226 | 39-0806261 | 501 (C)(3) OR GOV | 586,527 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MEDICAL UNIVERSITY OF SOUTH CAROLINA 18 BEE STREET CHARLESTON,SC 29425 | 57-6028985 | 501 (C)(3) OR GOV | 9,600 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MERCY HOSPITAL ST LOUIS 615 S NEW BALLAS ROAD ST LOUIS,MO 63141 | 56-2410020 | 501 (C)(3) OR GOV | 5,150 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|--|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MICHIGAN STATE UNIVERSITY 301 ADMINISTRATION BLDG EAST LANSING,MI 48917 | 38-6005984 | 501 (C)(3) OR GOV | 191,561 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MISSISSIPPI STATE UNIVERSITY P O BOX 5227 MS STATE UNIV,MS 39762 | 64-6000819 | 501 (C)(3) OR GOV | 46,399 | | | | SUBA WA RD | | | |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MONTERAY BAY RESEARCH INSTITUTE 7700 SANDHOLDT ROAD MOSS LANDING,CA 95039 | 77-0150580 | 501 (C)(3) OR GOV | 30,089 | | | | SUBA WA RD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| MS BIO WORKS LLC 3950 VASITY DRIVE ANN ARBOR, MI 48108 | 27-2507618 | | 169,105 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| NATIONAL BUREAU OF ECONOMIC RESEARCH 1050 MASSACHUSETTS AVENUE CAMBRIDGE,MA 02138 | 13-1641075 | 501 (C)(3) OR GOV | 344,133 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE STREET CHICAGO,IL 60603 | 36-2167808 | 501 (C)(3) OR GOV | 317,031 | | | | SUBA WARD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| NEAR NORTH HEALTH SERVICE 1276 N CLYBOURN AVENUE CHICAGO,IL 60610 | 36-3197647 | 501 (C)(3) OR GOV | 36,674 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| NEW YORK UNIVERSITY 726 BROADWAY NEW YORK, NY 10003 | 13-5562308 | 501 (C)(3) OR GOV | 268,559 | | | | SUBA WARD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 UNIVERSITY 360 HUNTINGTON AVENUE 960 RP BOSTON,MA 02115 | 04-1679980 | 501 (C)(3) OR GOV | 42,821 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Pa | form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| NORTHERN ILLINOIS UNIVERSITY LOWDEN HALL SUITE 201 DEKALB,IL 60201 | 10-0064401 | 501 (C)(3) OR GOV | 17,576 | | | | SUBA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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) OR GOV | 233,194 | | | | SUBA WARD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|--|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 60208 | 36-2167817 | 501 (C)(3) OR GOV | 2,273,691 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 43210 | 31-6025986 | 501 (C)(3) OR GOV | 552,434 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| ORLIN RESEARCH INC 97 ORLIN AVENUE MINNEAPOLIS,MN 55414 | 20-2552087 | | 25,000 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| OUNCE OF PREVENTION FUND 33 W MONROE STREET SUITE 2400 CHICAGO,IL 60603 | 36-3186328 | 501 (C)(3) OR GOV | 211,481 | | | | SUBA WA RD | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PENN STATE UNIVERSITY 513 JOAB L THOMAS BLDG UNIVERSITY PARK, PA 16802 | 24-6000376 | 501 (C)(3) OR GOV | 269,726 | | | | SUBA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO,IL 60603 | 36-2710901 | 501 (C)(3) OR GOV | 78,515 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PMAC LABORATORIES INC 10636 SCRIPPS SUMMIT CT SAN DIEGO,CA 92131 | 27-0938257 | | 219,000 | | | | SUBA WA RD | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PRINCETON UNIVERSITY 5 NEW SOUTH BUILDING PO BOX 5292 PRINCETON,NJ 08544 | 21-0634501 | 501 (C)(3) OR GOV | 176,017 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| PROJECT HOPE 255 CARTER HALL LANE MILLWOOD,VA 22646 | 53-0242962 | 501 (C)(3) OR GOV | 19,852 | | | | SUBA WARD | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| PURDUE UNIVERSITY 302 WOOD STREET WEST LAFAYETTE,IN 47907 | 35-6002041 | 501 (C)(3) OR GOV | 266,724 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEWYORK,NY 10065 | 13-1624158 | 501 (C)(3) OR GOV | 241,014 | | | | SUBA WARD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET ROOM NO CHICAGO,IL 60612 | 36-2174823 | 501 (C)(3) OR GOV | 71,927 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Pa | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|---|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SANTA FE INSTITUTE 1399 HYDE PARK ROAD SANTA FE,NM 87501 | 85-0325494 | 501 (C)(3) OR GOV | 17,720 | | | , | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SANTEC SYSTEMS 2924 MALMO DRIVE ARLINGTON HEIGHTS,IL 60005 | 36-3635977 | | 37,195 | | | | SU BA WA RD | | |

| Form 990,Schedule 1, Pai | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SARAH CANNON RESEARCH INSTITUTE LLC 3322 WEST END AVENUE SUITE 900 NASHVILLE,TN 37203 | 20-1557751 | 501 (C)(3) OR GOV | 31,710 | | | | SUBA WARD | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SCHOOL OF THE ART INSTITUTE OF CHICAGO 37 S WABASH AVENUE CHICAGO,IL 60603 | 36-2167725 | 501 (C)(3) OR GOV | 7,246 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037 | 33-0435954 | 501 (C)(3) OR GOV | 312,379 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SEATTLE CHILDREN'S RESEARCH INSTITUTE 1900 NINTH AVENUE MS C95-5 SEATTLE,WA 98101 | 91-0564748 | 501 (C)(3) OR GOV | 273,771 | | | | SUBA WARD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| SMITHSONIAN ASTROPHYSICAL OBSERVATORY 60 GARDEN STREET CAMBRIDGE,MA 02138 | 53-0206027 | 501 (C)(3) OR GOV | 79,295 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SOUTHERN RESEARCH INSTITUTE 2000 NINTH AVENUE SOUTH BIRMINGHAM,AL 35205 | 63-0288868 | 501 (C)(3) OR GOV | 355,965 | | | | SU BA WA RD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| ST JUDE CHILDREN'S RESEARCH HOSPITAL 332 NORTH LAUDERDALE STREET MEMPHIS,TN 38105 | 62-0646012 | 501 (C) (3) OR GOV | 111,330 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| ST LOUIS UNIVERSITY 221 NORTH GRAND BLVD ST LOUIS,MO 63103 | 43-0654872 | 501 (C)(3) OR GOV | 38,629 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| STANFORD UNIVERSITY 340 PANAMA STREET STANFORD,CA 94305 | 94-1156365 | 501 (C)(3) OR GOV | 1,074,045 | | | | SUBA WA RD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| SUNY RESEARCH FOUNDATION 1300 ELMWOOD AVE BISHOP HALL B17 BUFFALO,NY 14222 | 14-1368361 | 501 (C)(3) OR GOV | 102,413 | | | | SU BA WA RD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| TCA HEALTH INC 1029 E 130TH STREET CHICAGO,IL 60628 | 36-2743287 | 501 (C)(3) OR GOV | 60,086 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| TEMPLE UNIVERSITY 1805 NORTH BROAD STREET PHILADELPHIA,PA 19122 | 23-1365971 | 501 (C)(3) OR GOV | 149,071 | | | | SUBA WARD | | | |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| THE MARINE BIOLOGICAL LABORATORY 7 MBL STREET WOODS HOLE, MA 02543 | 04-2104690 | 501 (C)(3) OR GOV | 135,000 | | | | SUBA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| TUFTS UNIVERSITY 136 HARRISON AVENUE BOSTON,MA 02111 | 04-2103634 | 501 (C)(3) OR GOV | 85,992 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 ALABAMA 1530 3RD AVENUE S AB 1170 BIRMINGHAM,AL 35294 | 63-6005996 | 501 (C) (3) OR GOV | 80,716 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 ALASKA P O BOX 756540 FAIRBANKS,AK 99775 | 91-6000147 | 501 (C)(3) OR GOV | 53,287 | | | | SUBA WARD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|------|--|--|------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF ARIZONA 888 N EUCLID ROOM 510 TUCSON,AZ 85722 | 74-2652689 | 501 (C)(3) OR GOV | 107,370 | | | | SUBAWARD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| UNIVERSITY OF CALIFORNIA-BK 2150 SHATTUCK AVENUE SUITE 300 BERKELEY,CA 94704 | 94-6002123 | 501 (C)(3) OR GOV | 797,220 | | | | SUBA WA RD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 CALIFORNIA-DV ONE SHIELDS AVENUE DAVIS,CA 95616 | 94-6036494 | 501 (C)(3) OR GOV | 178,446 | | | | SUBA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 CALIFORNIA-IR 4255 CAMPUS DRIVE IRVINE,AZ 90024 | 95-2226406 | 501 (C)(3) OR GOV | 143,216 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 CALIFORNIA-LA 10920 WILSHIRE BOULEVARD SUITE 1200 1200 LOS ANGELES,CA 90024 | 94-3067788 | 501 (C)(3) OR GOV | 288,208 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 CALIFORNIA-SC 1156 HIGH STREET SANTA CRUZ,CA 95064 | 94-1539563 | 501 (C)(3) OR GOV | 24,706 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF CALIFORNIA-SD 9500 GILMAN DRIVE - RM 3041 LA JOLLA,CA 92093 | 95-6006144 | 501 (C)(3) OR GOV | 742,057 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 CALIFORNIA-SF 3333 CALIFORNIA STREET SUITE 315 SAN FRANCISCO,CA 94118 | 94-6036493 | 501 (C)(3) OR GOV | 1,054,617 | | | | SUBA WARD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PARKWAY SUITE 501 ORLANDO,FL 32826 | 59-2924021 | 501 (C)(3) OR GOV | 14,057 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 COLORADO 3100 MARINE STREET BOULDER,CO 80309 | 39-1481425 | 501 (C)(3) OR GOV | 329,202 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT UNIT 1133 STORRS,CT 06269 | 06-0772160 | 501 (C)(3) OR GOV | 9,855 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 DENVER 2199 S UNIVERSITY BOULEVARD DENVER,CO 80208 | 84-0404231 | 501 (C)(3) OR GOV | 118,384 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 FLORIDA 219 GRINTER HALL PO BOX 1003628 GAINESVILLE,FL 32611 | 59-0974739 | 501 (C) (3) OR GOV | 56,717 | | | | SUBA WARD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 GEORGIA 394 SOUTH MILLEDGE AVENUE SUITE 10 ATHENS,GA 30602 | 58-6033837 | 501 (C)(3) OR GOV | 34,749 | | | | SUBA WA RD | | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 ILLINOIS- CHICAGO 809 SOUTH MARSHFIELD AVENUE CHICAGO,IL 60612 | 37-6000511 | 501 (C)(3) OR GOV | 1,332,630 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 ILLINOIS- URBANACHAMPAIGN 1901 S FIRST ST SUITE A MC-685 CHAMPAIGN,IL 61820 | 37-6000511 | 501 (C) (3) OR GOV | 760,285 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HILL ROAD LAWRENCE,KS 66045 | 48-0680117 | 501 (C)(3) OR GOV | 119,583 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF KENTUCKY 109 KINKEAD HALL LEXINGTON,KY 40506 | 61-6001218 | 501 (C)(3) OR GOV | 90,350 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF MARYLAND 3300 METZEROTT ROAD ADELPHI, MD 20783 | 52-6002033 | 501 (C)(3) OR GOV | 197,276 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| UNIVERSITY OF MARYLAND BALTIMORE 220 ARCH STREET OFFICE LEVEL 2 BALTIMORE,MD 21201 | 52-6002033 | 501 (C)(3) OR GOV | 9,341 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|------------|------------------------------------|-------------------------------------|---|---|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER,MA 01655 | 04-3167352 | 501 (C)(3) OR GOV | 75,055 | | | | SUBA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 MICHIGAN 3003 S STATE STREET 3089 WOLVERINE TOWER ANN ARBOR,MI 48109 | 38-6006309 | 501 (C)(3) OR GOV | 978,036 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 MINNESOTA 200 OAK STREET SE MINNEAPOLIS, MN 55455 | 41-6007513 | 501 (C)(3) OR GOV | 103,309 | | | | SUBA WA RD | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------|------|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF MISSOURI 310 JESSE HALL COLUMBIA,MO 65211 | 43-6003859 | 501 (C)(3) OR GOV | 57,732 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|--|---|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131 | 85-6000642 | 501 (C)(3) OR GOV | 230,655 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 NORTH CAROLINA 104 AIRPORT DRIVE CB1350 CHAPEL HILL,NC 27599 | 56-6001393 | 501 (C)(3) OR GOV | 43,854 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF NOTRE DAME 402 GRACE HALL NOTRE DAME,IN 46556 | 35-0868188 | 501 (C)(3) OR GOV | 222,855 | | | | SUBA WA RD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|---|---------------------------------------|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 PENNSYLVANIA 3451 WALNUT STREET P- 221 FRANKLIN BLDG PHILADELPHIA,PA 19104 | 23-1352685 | 501 (C)(3) OR GOV | 157,417 | | | | SUBA WA RD | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 PITTSBURGH 3100 CATHEDRAL OF LEARNING PITTSBURGH,PA 15260 | 25-0965591 | 501 (C)(3) OR GOV | 502,096 | | | | SU BA WA RD | | |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|---|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 SCIENCES IN PHILADELPHIA 600 SOUTH 43RD STREET PHILADELPHIA,PA 19104 | 23-1352668 | 501 (C)(3) OR GOV | 19,384 | | | | SUBA WARD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET SUITE 613 COLUMBIA,SC 29208 | 57-6001153 | 501 (C)(3) OR GOV | 125,694 | | | | SUBA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK CAMPUS - STO 330 LOS ANGELES,CA 90089 | 95-1642394 | 501 (C) (3) OR GOV | 24,547 | | | | SUBA WARD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (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 GOV | 11,220 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|------------|------------------------------------|------------------------------|------|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UNIVERSITY OF TEXAS-AU 101 E 27TH STE 5300 AUSTIN,TX 78712 | 07-9497681 | 501 (C)(3) OR GOV | 58,513 | | | | SUBA WARD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 VIRGINIA P O BOX 400202 CHARLOTTESVILLE,VA 22904 | 54-6001796 | 501 (C)(3)OR GOV | 457,303 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 1100 NE 45TH STREET SUITE 300 SEATTLE, WA 98105 | 91-6001537 | 501 (C)(3) OR GOV | 231,092 | | | | SUBA WARD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 WISCONSIN-MADISON 21 NORTH PARK STREET - SUITE 6401 MADISON,WI 53715 | 39-6006492 | 501 (C)(3) OR GOV | 1,239,613 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 WISCONSIN-MILWAUKEE 2310 E HARTFORD AVE CHAPMAN HALL 345 MILWAUKEE,WI 53211 | 39-1805963 | 501 (C)(3) OR GOV | 21,480 | | | | SU BA WA RD | | | |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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) OR GOV | 146,471 | | | | SUBA WA RD | | |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 TEACHER RESIDENCY UNITED 1332 N HALSTED STREET SUITE 304 CHICAGO,IL 60642 | 26-0869607 | 501 (C)(3) OR GOV | 40,000 | | | | SU BA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| USDA- US DEPARTMENT OF AGRICULTURE 1030 BALTIMORE AVE BLD 003 BARC-WEST BELTSVILLE,MD 20705 | | 501 (C)(3) OR GOV | 110,145 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| VANDERBILT UNIVERSITY 3319 WEST END AVENUE SUITE 800 NASHVILLE,TN 37203 | 62-0476822 | 501 (C)(3) OR GOV | 97,407 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 COMMONWEALTH UNIVERSITY 800 EAST LEIGH ST SUITE 113 PO BOX 980568 RICHMOND,VA 23298 | 54-6001758 | 501 (C)(3) OR GOV | 31,313 | | | | SUBA WARD | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount 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 201 SOUTHGATE CENTER DRIVE BLACKSBURG,VA 24061 | 54-6001805 | 501 (C)(3) OR GOV | 69,791 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 PARK CONSORTIUM 6357 S COTTAGE GROVE CHICAGO,IL 60637 | 26-3873131 | 501 (C) (3) OR GOV | 11,485 | | | | SUBA WARD | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount 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 63112 | 43-6053611 | 501 (C) (3) OR GOV | 249,441 | | | | SUBA WA RD | | | |

| Form 990,Schedule I, Pa | rt II, Grants an | d Other Assistance | e to Governments | and Organizations | <u>s in the United Sta</u> | tes | |
|---|------------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WESTERN MICHIGAN UNIVERSITY 1903 W MICHIGAN AVE KALAMAZOO,MI 49008 | 38-6007327 | 501 (C)(3) OR GOV | 32,557 | | | | SUBA WA RD |

| Form 990,Schedule I, Pa | <u>rt II, Grants an</u> | d Other Assistance | e to Governments | and Organizations | <u>s in the United Sta</u> | tes | |
|---|-------------------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WOLFBROWN LLC 808A OAK STREET SAN FRANCISCO,CA 94117 | 80-0314888 | | 6,000 | | | | SUBA WARD |

| Form 990,Schedule 1, Pa | rt II, Grants an | d Otner Assistance | e to Governments | and Organizations | s in the United Sta | tes | |
|---|------------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WORLD SPORT CHICAGO 200 E RANDLOLPH STREET 20TH FLR CHICAGO,IL 60601 | 20-8845277 | 501 (C)(3) OR GOV | 43,862 | | | | SU BA WA RD |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States | | | | | | | | | | | | | |
|--|----------------|---------------------------------------|-------------------------------------|------|---|--|---------------------------------------|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | | | |
| YALE UNIVERSITY 155 WHITNEY AVE SUITE 230 PO BOX 208250 NEW HAVEN,CT 06520 | 06-0646973 | 501 (C) (3) OR GOV | 94,070 | | | | SUBA WARD | | | | | | |

| Form 990,Schedule 1, Pai | t II, Grants and | <u>d Otner Assistance</u> | to Governments | and Organizations | s in the United Sta | tes | |
|---|------------------|------------------------------------|-------------------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YMCA OF METROPOLITAN CHICAGO 801 N DEARBORN CHICAGO,IL 60610 | 36-2179782 | 501 (C)(3) OR GOV | 15,000 | | | | SU BA WA RD |

| Form 990,Schedule I, Pa | rt II, Grants an | <u>id Other Assistance</u> | <u>e to Governments</u> | and Organization | <u>s in the United Sta</u> | tes | |
|---|------------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| YOUTH GUIDANCE 1 NORTH LASALLE ST SUITE 900 CHICAGO,IL 60602 | 36-2167032 | 501 (C)(3) OR GOV | 19,995 | | | | SU BA WA RD |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131030345

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Compensation Information

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization UNIVERSITY OF CHICAGO

Employer identification number

| _ | | | | 36-21//139 | | | |
|----|------|---|----------|--|----|-----|----|
| Pa | rt I | Questions Regarding Compensation | | | | | |
| | | | | | | Yes | No |
| 1a | | ck the appropiate box(es) if the organization provid), Part VII, Section A, line 1a Complete Part III to | | | | | |
| | 굣 | First-class or charter travel | <u> </u> | Housing allowance or residence for personal use | | | |
| | ~ | Travel for companions | \sqcap | Payments for business use of personal residence | | | |
| | ~ | Tax idemnification and gross-up payments | <u> </u> | Health or social club dues or initiation fees | | | |
| | Γ | Discretionary spending account | 굣 | Personal services (e g , maid, chauffeur, chef) | | | |
| b | | ny of the boxes in line 1a are checked, did the orgai nbursement or provision of all of the expenses desc | | | 1b | Yes | |
| 2 | | the organization require substantiation prior to rein ctors, trustees, officers, including the CEO/Executi | | | 2 | Yes | |
| 3 | orga | icate which, if any, of the following the filing organiza anization's CEO/Executive Director Check all that d by a related organization to establish compensati | appl | | | | |
| | | Compensation committee | Γ | Written employment contract | | | |
| | ~ | Independent compensation consultant | <u> </u> | Compensation survey or study | | | |
| | ~ | Form 990 of other organizations | | Approval by the board or compensation committee | | | |
| 4 | | ing the year, did any person listed in Form 990, Par related organization | t VII | , Section A, line 1a with respect to the filing organization | | | |
| а | Rec | eive a severance payment or change-of-control pay | ymen | t? | 4a | | Νo |
| b | Par | ticipate in, or receive payment from, a supplementa | l non | qualified retirement plan? | 4b | Yes | |
| С | Par | ticipate in, or receive payment from, an equity-base | d co | mpensation arrangement? | 4c | | Νo |
| | If" | Yes" to any of lines 4a-c, list the persons and provi | de th | e applicable amounts for each item in Part III | | | |
| | Onl | y 501(c)(3) and 501(c)(4) organizations only must | comp | olete lines 5-9. | | | |
| 5 | | persons listed in Form 990, Part VII, Section A, lin opensation contingent on the revenues of | ie 1a | , did the organization pay or accrue any | | | |
| а | The | organization? | | | 5a | | Νo |
| b | Any | related organization? | | | 5b | | Νο |
| | If" | res," to line 5a or 5b, describe in Part III | | | | | |
| 6 | | persons listed in Form 990, Part VII, Section A, lin | ne 1a | , did the organization pay or accrue any | | | |
| а | The | organization? | | | 6a | | Νo |
| ь | Αny | related organization? | | | 6b | | Νo |
| | If" | Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | | persons listed in Form 990, Part VII, Section A, lin ments not described in lines 5 and 6? If "Yes," des | | | 7 | Yes | |
| 8 | Wei | re any amounts reported in Form 990, Part VII, paid | dora | ccured pursuant to a contract that was | | | |
| | sub | ject to the initial contract exception described in Re | | | | | |
| | ın P | art III | | | 8 | | Νo |
| 9 | | fes" to line 8, did the organization also follow the re tion 53 4958-6(c)? | butt | able presumption procedure described in Regulations | 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 in 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)(1)-(111) 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 o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of | (F) Compensation |
|---------------------------|--------------------------|---|---|--------------------------------|----------------|-----------------------|---|
| | (i) Base compensation | (ii) Bonus & ıncentıve compensatıon | (iii) Other reportable compensation | other deferred compensation | benefits | columns (B)(ı)-(D) | reported as deferred in prior Form 990 |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2013

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 SIX OFFICERS AND ONE FORMER OFFICER WERE APPROVED FOR FIRST CLASS TRAVEL IN ACCORDANCE WITH THIS POLICY, TRAVEL FOR COMPANIONS WERE DEEMED TAXABLE COMPENSATION TRAVEL FOR COMPANION UNDER WRITTEN UNIVERSITY POLICY, TRAVEL FOR COMPANIONS MUST BE PRE-APPROVED BY THE EXECUTIVE VICE-PRESIDENT FOR ADMINISTRATION AND CHIEF FINANCIAL OFFICER AND WILL ONLY BE APPROVED WHEN THE COMPANION TRAVEL SERVES A BONA FIDE BUSINESS PURPOSE ONE OFFICER HAD COMPANION TRAVEL APPROVED WHEN THE COMPANION TRAVEL SERVES A BONA FIDE BUSINESS PURPOSE ONE OFFICER HAD 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 OR OFFICERS OF THE UNIVERSITY NO LISTED PERSON HAD A GROSS-UP PAYMENT HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE (PART 1A & 1B AND PART II, COLUMN D FOR ROBERT J ZIMMER, HOUSING ALLOWANCES ARE ONLY PERMITTED IT PRE-APPROVED BY THE PROVOST'S OFFICE OR UNIVERSITY HUMAN RESOURCES SIX OFFICERS AND ONE HIGHLY COMPENSATED INDIVIDUAL RECEIVED HOUSING ALLOWANCES, WHICH WERE INCLUDED IN THE INDIVIDUAL'S TAXABLE COMPENSATION OF THE AMOUNT IN COLUMN D FOR ROBERT J ZIMMER, \$106,580 REPRESENTS THE VALUE OF THE UNIVERSITY-OWNED HOUSING PROVIDED TO THE PRESIDENT, WHICH IS NOT DEEMED A TAXABLE BENEFIT 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 SMISSION AND ONLY IF THE REIMBURSEMENT IS APPROVED BY A DEAN, VICE PRESIDENT, PROVOST OR PRESIDENT OF THE UNIVERSITY SMISSION AND ONLY IF THE REIMBURSEMENT IS APPROVED BY A DEAN, VICE PRESIDENT, PROVOST OR PRESIDENT OF THE UNIVERSITY SMISSION AND ONLY IF THE REIMBURSES PURPOSES IS CONSIDERED TAXABLE COMPENSATION OFFICERS OF THE UNIVER |
| | FOR USE ON UNINVESITY BUSINESS IN ADDITION, THE UNIVERSITY PROVIDES FOR THE MAINTENANCE AND CLEANING OF HTE UNIVERSITY-OWNED HOUSE PROVIDED TO THE PRESIDENT THESE SERVICES WERE NOT DEEMED A TAXABLE BENEFIT |
| PART I, LINE 4B | ROBERT J ZIMMER \$542,000 DAVID GREENE \$125,000 RICHARD IORIO \$50,000 KENNETH POLONSKY \$183,381 |
| PART I, LINE 7 | INVESTMENT OFFICE PERSONNEL PARTICIPATE IN AN INCENTIVE COMPENSATION PROGRAM BASED ON PERFORMANCE AND QUALITATIVE MEASUREMENTS |

Software ID: Software Version:

EIN: 36-2177139

Name: UNIVERSITY OF CHICAGO

| Form 990, Schedule J, I (A) Name | | | of W-2 and/or 1099-MIS | | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---|-------------|--------------------------|-------------------------------------|--------------------------|-------------------|------------------|----------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| ROBERT J ZIMMER PRESIDENT | (1) (11) | | 200,000 | 32,365 | 562,400 0 | 131,042 0 | 1,900,269 | 0 |
| THOMAS F ROSENBAUM PROVOST | (1) | | 26,600 | 9,867 | 20,400 | 66,988 0 | 765,511 0 | 0 |
| ERIC ISAACS PROVOST | (1) (11) |) 0) 580,106 | 0 5 57,209 | 47,500 3,317 | 0 | 51,635 29,938 | | 0 |
| NIMALAN CHINNIAH EXEC VP FOR ADMIN & CFO | (1) | | 15,400 | 11,079 | 20,400 | 15,041 0 | 702,389 0 | 0 |
| KAREN WARREN COLEMAN VP CAMPUS AND STUD LIFE | (I) (II) | | 13,200 | 1,033 | 20,400 | 19,716 0 | 319,926 0 | 0 |
| DEREK RB DOUGLAS VP CIVIC ENGAGEMENT | (1) | | 24,700 | 1,276 | 20,400 | 38,867 0 | 456,444 0 | 0 |
| DAVID B FITHIAN EXECUTIVE VICE PRESIDENT | (1) | | 28,400 | 7,811 | 20,400 | 14,444 0 | 414,854 0 | 0 |
| DAVID A GREENE EXECUTIVE VICE PRESIDENT | (1) | | 60,400 | 67,439 | 145,400 0 | 63,000 0 | 954,177 0 | 0 |
| BETH A HARRIS VP & GENERAL COUNSEL | (ı) (ıı) | | 20,800 | 7,954 | 20,400 | 70,604 0 | 533,330 0 | 0 |
| RICHARD IORIO VP & CHIEF HUMAN RESOURCE OFC | (1) | | 89,730 | 70,691 | 70,400 0 | 26,006 0 | 781,954 0 | 0 |
| DONALD H LEVY VP FOR RESEARCH | (I) (II) |) 379,559) 0 | 25,100 | 0 0 | 20,400 | 13,052 0 | 438,111 | 0 |
| KENNETH MANOTTI VP ALUMNI RELATIONS & DEVL | (1) | | 43,700 | 13,327 | 20,400 | 13,535 0 | 542,192 0 | 0 |
| JAMES G NONDORF VP ENROLL & STUDENT ADV | (1) |) 428,573) 0 | | 1,781 | 20,400 | 8,803 0 | 519,557 0 | 0 |
| JULIE PETERSON VP COMMUNICATIONS | (I) (II) |) 383,375) 0 | 22,600 | 10,643 | 20,400 | 33,962 0 | 470,980 0 | 0 |
| KENNETH S POLONSKY EXEC VP MEDICAL AFFAIRS | (1) | | 400,000 | 15,407 | 20,400 183,381 | 21,055 0 | 1,920,435 183,381 | 0 |
| DARREN REISBERG SECRETARY OF THE UNIVERSITY | (1) | | 0 0 | | 15,352 0 | 10,674 0 | 213,451 0 | 0 |
| MARK A SCHMID VP AND CHIEF INVEST OFFICER | (1) | | 1,321,300 | 15,885 | 605,400 0 | 47,547 0 | 2,587,757 0 | 550,000 0 |
| IAN SOLOMON VP GLOBAL ENGAGEMENT | (1) | | 30,900 | 24,797 | 14,772 0 | 11,139 0 | 262,309 0 | 0 |
| MICHAEL EDLESON INVESTMENT CHIEF RISK OFFICER | (1) | | 1,208,495 | 0 0 | 377,578 0 | 21,908 0 | 2,079,913 | 336,960 0 |
| PHUONG-QUE NGUYEN MTG DIRECTOR - STRATEGY | (I) (II) | | 740,076 | 0 0 | 344,724 | 25,443 0 | 1,537,849 0 | 308,880 0 |

| Form 990, Schedule J, F | Part I. | <u>l - Officers, Direct</u> | tors, Trustees, Ke | y Employees, and | Highest Compens | sated Employees | . | |
|---|-------------|-----------------------------|---|-----------------------------|-----------------|-----------------|----------------------|--|
| (A) Name | | (B) Breakdown of | f W-2 and/or 1099-MI | SC compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ |
| VALLUVAN JEEVANANDAM CHIEF CARDIAC & THORACIC SURG | (I) (II) | | 223,862 0 | 0 | 20,400 0 | 22,211 0 | 1,282,507 | 0 |
| DAVID AWSCHALOM PROF INSTITUTE OF MOLECULAR ENGR | (I) | · · | 695,000 0 | 200,000 | 20,400 0 | 15,774 0 | 1,340,277 0 | 0 |
| MATTHEW STONE MGT DIRECTOR - PUBLIC MKTS | (I) (II) | · · | 694,498 0 | 0 | 317,322 0 | 83,584 0 | 1,484,290 0 | 0 |
| EVERETT VOKES CHAIRMAN OF MEDICINE | (I) | · | 200,000 | 0 | 20,400 0 | 24,500 0 | 975,829 0 | 0 |
| SUNIL P KUMAR | (1) | 535,954 | 62 400 | 2 4 2 6 | 20 400 | 21 211 | 642 391 | 0 |

DEAN OF BOOTH SCH

OF BUS

DLN: 93493131030345

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

| UNI | IVERSITY OF CHICAGO | | | | | | | | | 36 | -21771 | 39 | | | |
|---------------|--|---|-------------|-----------------|-----------|--------------------------|---------------------------------|--|---------------------------------------|--------|---------|---------------|---------------------|---------|---------------|
| Pa | art I Bond Issues | | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue | price | (1 | (f) Descriptio | on of purpose | (g) De | efeased | beha | On alf of uer | | Pool ncing |
| | | | | | | | \perp | | | Yes | No | Yes | No | Yes | No |
| A | IFA 100000000 REVENUE BONDS SERIES 2004B | 86-1091967 | 45200BHH4 | 11-10-2004 | 100,00 | | SEE SUPPLEMENTAL INFORMATION | | | | × | | × | | х |
| В | IFA 80000000 ADJ RATE REV REFUNDING BONDS 2004C | V REFUNDING BONDS 86-1091967 45200BJG4 11-30-2004 | | | | 000,000 | SEE SUPPLEMENTAL INFORMATION | | | | х | | х | | Х |
| С | IFA 244030000 REVENUE BONDS SERIES 2007 | | | | | | | E SUPPLEMEN FORMATION | NTAL | | Х | | Х | | х |
| D | IFA 123604000 ADJ RATE DEMAND REV SERIES 2008 | 04-03-2008 | 123,60 | | | E SUPPLEMEN FORMATION | NTAL | | Х | | Х | | х | | |
| Pa | Part II Proceeds | | | | | | | | | | | | | | |
| | | | | | A | | | В | | | С | | | D | |
| 1 | A mount of bonds retired A mount of bonds legally defea | | | | 1 | 15,709,0 | ,000 | <u> </u> | 2,265,000 | | 6,19 | 0,000 | | 14, | ,434,000 |
| 2 | Total proceeds of issue | sea | | | 1. | - 127 | | | - 350,000 | | | | | | |
| 3 4 | Gross proceeds in reserve fun | | | | 10 | 02,437, | ,189 | 0 | 30,000,000 | · | 256,00 | 1,810 | | 123, | ,604,000 |
| <u>4</u> 5 | Capitalized interest from proce | | | | - | | -+ | | | | | \rightarrow | | | |
| 6 | Proceeds in refunding escrows | | | | + | | -+ | | + | | | \rightarrow | | | |
| 7 | Issuance costs from proceeds | | | | | 469,9 | ,999 463,838 | | 1,630, | | 0 377 | | | 752,575 | |
| 8 | Credit enhancement from proc | | | | | | ,,,,, | 403,838 | | | | 5,5 | | | 752,5. |
| 9 | Working capital expenditures f | | | | | | | | | | | $\overline{}$ | | | |
| 10 | Capital expenditures from prod | ceeds | , | | 10 | 01,967, | ,190 | | | | 254,37 | 1,433 | | | |
| 11 | O ther spent proceeds | | | - | | | | + | 9,536,162 | | - | | | 122, | ,851,425 |
| 12 | Other unspent proceeds | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | n | | | 201 | 10 | | 200 |)6 | 2 | 010 | | | 2004 | |
| | | | | | Yes | No | , | Yes | No | Yes | N | lo | Yes | | No |
| 14 | Were the bonds issued as part | | | Х | | | Х | | <u> </u> | × | Х | | | | |
| 15 | Were the bonds issued as part | | | Х | | Х | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | x | | | X | | |
| 16 | Has the final allocation of proc | Has the final allocation of proceeds been made? | | | | | | Х | | Х | | | Х | | |
| 17 | Does the organization maintain allocation of proceeds? | ort the final | × | | | х | | Х | | | Х | | | | |
| Pai | rt IIII Private Business U | Jse | | | | | | | | | | | | | |

property financed by tax-exempt bonds?

financed property?

2

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Χ

Yes

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Yes

No

Χ

Χ

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

| | Α | | В | | С | | D | |
|----------|---|---------|---------|-----|-----|---------|---------|--|
| Yes | No | Yes | No | Yes | No | Yes | No | |
| s use X | | Х | | Х | | х | | |
| nnced X | | х | | х | | х | | |
| - x | | х | | Х | | х | | |
| ty? X | | Х | | Х | | х | | |
| S . | 0 300 % | | 0 900 % | | 0 % | | 1 100 % | |
| It of on | 0 % | | 0 % | | 0 % | | 0 % | |
| | 0 300 % | | 0 900 % | | 0 % | 1 100 % | | |
| | Х | | Х | | Х | | Х | |
| | х | | х | | х | x | | |
| d of | | | | | | | 0 400 % | |
| 5 | | | | | | | Х | |
| х | | х | | Х | | х | | |
| | suse X Inced X Ity? X It of In In In In In In In In In In In In In | X X | X | X | X | | X | |

| | Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
|-----|--|---------------|----|----------|--------|---------|---------|----------------|-------------|
| Par | t IV Arbitrage | | | | | | | | |
| | | Α | | | В | C | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the Issuer filed Form 8038-T? | | X | | Х | | × | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | Х | | Х | | Х | | Х |
| b | Exception to rebate? | Х | | Х | | Х | | | Х |
| С | No rebate due? | Х | | Х | | Х | | Х | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | Х | | Х | | | Х | Х | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | × | X | | | X | × | |
| b | Name of provider | | | MORGAN S | TANLEY | | | | |
| С | Term of hedge | 35 0000000000 | | | | 33 0000 | 0000000 | | |
| d | Was the hedge superintegrated? | | | | Х | | | | Х |
| е | Was the hedge terminated? | | | | Х | | | | Х |
| | | | | | | | Sc | hedule K (Forr | n 990) 2013 |

| Part IV | Arbitrage | (Continued) |
|---------|-----------|-------------|
|---------|-----------|-------------|

| | | Α | | В | | С | | D | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | Х | | x | | Х |
| b | Name of provider | | | | | | | | |
| С | 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? | | х | | Х | | х | | Х |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | × | | × | |

Part V Procedures To Undertake Corrective Action

| 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? |

| Α | | В | | С | | D | | |
|-----|----|-----|----|-----|----|-----|----|--|
| Yes | No | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | |
| X | | X | | х | | x | | |
| | | | | | | | | |

| Part VI | Supplemental Info | ormation. Provide additional | information for res | ponses to q | uestions on Schedule K (| see instructions) | |
|---------|-------------------|-------------------------------------|---------------------|-------------|--------------------------|-------------------|--|
| | | | | | | | |

| Return Reference | Explanation |
|--------------------------------------|---|
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME IFA 100,000,000 REVENUE BONDS, SERIES 2004B DATE THE REBATE COMPUTATION WAS PERFORMED 12/22/2009 ISSUER NAME IFA 80,000,000 ADJ RATE REV REFUNDING BONDS 2004C DATE THE REBATE COMPUTATION WAS PERFORMED 12/22/2011 ISSUER NAME IFA 244,030,000 REVENUE BONDS, SERIES 2007 DATE THE REBATE COMPUTATION WAS PERFORMED 07/12/2012 ISSUER NAME IFA 123,604,000 ADJ RATE DEMAND REV SERIES 2008 DATE THE REBATE COMPUTATION WAS PERFORMED 03/26/2013 ISSUER NAME IEFA 50,000,000 ADJ RATE REV BONDS,SERIES 2003B DATE THE REBATE COMPUTATION WAS PERFORMED 04/02/2009 ISSUER NAME IFA |
| | 500,000,000 REVENUE BONDS, SERIES 2008B DATE THE REBATE COMPUTATION WAS PERFORMED 03/01/2014 |

| Return Reference | Explanation |
|---|---|
| PART I COLUMN F DESCRIPTION OF PURPOSE | \$100,000,000 ILLINOIS FINANCE AUTHORITY ADJUSTABLE RATE REVENUE BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2004B, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING THE NEW GRADUATE SCHOOL OF BUSINESS, A NEW RESEARCH BUILDING, A NEW INTERDIVISIONAL RESEARCH BUILDING, AND NEW RESIDENCE HALLS, AND CERTAIN COSTS OF ISSUANCE \$40,000,000 ILLINOIS FINANCE AUTHORITY ADJUSTABLE RATE REVENUE REFUNDING BONDS, THE UNIVERSITY OF CHICAGO, SERIES 2004C, (F) DESCRIPTION OF PURPOSE TO ADVANCE REFUND \$70,965,000 OF THE UNIVERSITY SERIES 2001A, (F) DESCRIPTION OF PURPOSE TO ADVANCE REFUND \$244,030,000 ILLINOIS FINANCE AUTHORITY REVENUE BONDS, THE UNIVERSITY FOR COSTS OF THE ACQUISITION OF PURPOSE TO ENANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, OF PURPOSE TO ENANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, OF DURPOSE TO FINANCE, REFINANCE AND REMOVED THE UNIVERSITY FOR COSTS OF THE ACQUISITION, THE CENTER FOR BIOMEDICAL DISCOVERY, AND AN OFFICE BUILDING, 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 OF CHICAGO, SERIES 2008, (F) DESCRIPTION OF PURPOSE TO CURRENTLY REFUND THE UNIVERSITY OF CHICAGO, SERIES 2008, (F) DESCRIPTION OF PURPOSE TO CURRENTLY REFUND THE UNIVERSITY OF CHICAGO, SERIES 2003B, (F) DESCRIPTION OF PURPOSE TO FINANCE, REFINANCE OR REIMBURSE THE UNIVERSITY FOR COSTS OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING AN EWE ATHLETICS AND RECREATION OF THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPPING OF CERTAIN OF ITS EDUCATIONAL FACILITIES, INCLUDING AND ANEW ATHLETICS AND RECREATION OF HE COSTS OF ACQUISITION, OF PURPOSE TO FINANCE, REFINANCE AND REIMBURSE THE UNIVERSITY FOR COST OF THE AC |

Explanation

Return Reference

| Return Reference | Explanation |
|------------------|--|
| PART II LINE 3 | 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 2007 THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$6,005,381 SERIES 2003B THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$141,933 SERIES 2008B THE DIFFERENCE BETWEEN THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE PRICE AND TOTAL PROCEEDS OF THE ISSUE IS THE INTEREST EARNED ON INVESTMENTS OF \$646,698 SERIES 2012A THE DIFFERENCE BETWEEN 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 |
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DLN: 93493131030345

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization UNIVERSITY OF CHICAGO

Department of the Treasury

Internal Revenue Service

Employer identification number

36-2177139

| | | | | | | | | | | 36- | -21771 | 39 | | | |
|----|---|------------------------|--------------------|-----------------|-----------|---------------|-----|-----------------------|---------------|---------------|--------------------|--------------------|-----------|---------|---------------|
| Pa | Bond Issues | | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue | price | (f | f) Description | on of purpose | (g) De | feased | (h) beha ISS | alfof (1) | | Pool ncing |
| | | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | IEFA 50000000 ADJ RATE REV BONDSSERIES 2003B | 52-1297563 | 4520017E4 | 08-28-2003 | 50,00 | 1111 111111 1 | I | SUPPLEMEI ORMATION | NTAL | | x | | х | | Х |
| В | IFA 500000000 REVENUE BONDS SERIES 2008B | 86-1091967 | 45203HC42 | 01-07-2009 | 502,3 | | | SUPPLEMEI ORMATION | NTAL | | × | | Х | | Х |
| c | IFA 369570000 REVENUE BONDS SERIES 2012A | 86-1091967 | 45203HFF4 | 02-02-2012 | 421,0 | | | SUPPLEMEI ORMATION | NTAL | | х | | Х | | x |
| D | IFA 149090000 REVENUE BONDS SERIES 2013A | 86-1091967 | 45203HRE4 | 05-15-2013 | 159,76 | 56 35N I | | SUPPLEMEI ORMATION | NTAL | | х | | Х | | Х |
| Pa | rt III Proceeds | | | | | | • | | | • | • | | | | |
| | | | | | | 4 | | В | 3 | | С | | | D | |
| 1_ | | | | | | 9,813,0 | 000 | 4 | 14,325,000 | | 230 | 0,000 | | | |
| _2 | A mount of bonds legally defea | ised | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | | 50,141, | 933 | 50 | 3,017,434 | 4 | 121,074 | 1,049 | | 159, | 771,237 |
| 4 | Gross proceeds in reserve fun | | | | | | | | | | | | | | |
| 5 | Capitalized interest from proc | eeds | | | | | | | | | | | | | |
| 6 | Proceeds in refunding escrows | 5 | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | 5 | | | | 274, | 223 | | 3,487,166 | | 1,982,388 1,179,56 | | | 179,561 | |
| 8 | Credit enhancement from proc | eeds | | | | | | | | | | | | | |
| 9 | Working capital expenditures | from proceeds | | | | | | | | | | | | | |
| 10 | Capital expenditures from pro | ceeds | | | | 49,867, | 710 | 49 | 5,530,268 | 1 | 150,009 | ,360 | | 100, | 004,887 |
| 11 | Other spent proceeds | | | | | | | | | - | 269,082 | 2,300 | | 58, | 583,789 |
| 12 | Other unspent proceeds | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | า | | | 20 | 04 | | 20: | 1 2 | 2 (| 012 | | | 2014 | |
| | | | | | Yes | No | | Yes | No | Yes | N | 0 | Yes | | No |
| 14 | Were the bonds issued as part | t of a current refundı | ng issue? | | | Х | | | Х | | X | | Х | | |
| 15 | Were the bonds issued as part | t of an advance refur | nding issue? | | | Х | | | Х | Х | | | Х | | |
| 16 | Has the final allocation of prod | ceeds been made? | | | Х | | | Х | | Х | | | Х | | |
| 17 | Does the organization maintai | n adequate books ar | nd records to supp | ort the final | Х | | | Х | | Х | | | Х | | |
| Pa | rt IIII Private Business U | Jse | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Х

В

No

Χ

Χ

Yes

Α

Yes

Yes

D

No

Χ

Χ

С

No

Χ

Χ

Yes

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

| | | | Α | | В | С | | 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? | Х | | Х | | Х | | × | | |
| 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 | | × | | Х | | x | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | Х | | Х | | Х | | Х | | |
| 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? | Х | | Х | | Х | | Х | | |
| 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 | | 0 100 % | | 0 % | | 0 200 % | | 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 | | 0 100 % | | 0 % | | 0 200 % | | 0 % | |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | Х | | Х | | Х | |
| 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? | | х | | х | | х | | х | |
| ь | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | • | | | | • | |
| С | 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 | | Х | | Х | | × | | |

| Par | Part IV Arbitrage | | | | | | | | |
|-----|--|-----|----|-----|----|-----|----|-----|----|
| | | Α | | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | Х | | Х | | Х | | Х |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | Х | | Х | Х | | Х | |
| ь | Exception to rebate? | Х | | | Х | | Х | | Х |
| С | No rebate due? | Х | | Х | | | Х | | Х |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | | Х | | Х | | Х |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | Х | | X |
| b | Name of provider | | | | | | | | |
| С | Term of hedge | | | _ | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| е | Was the hedge terminated? | | | | | | | | |
| | Schedule K (Form 990) 2013 | | | | | | | | |

period?

Χ

Χ

| Par | Part IV Arbitrage (Continued) | | | | | | | | |
|-----|---|-----|----|-----|----|-----|----|-----|----|
| | | Α | | В | В | | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | X | | X | | Х |
| ь | Name of provider | | | | | | | | |
| С | 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 | | | | | | V | | |

Χ

Χ

the requirements of section 148? Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to monitor

| 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? |

| Α | | В | | С | | D | | |
|-----|----|-----|----|-----|----|-----|----|--|
| Yes | No | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | |
| X | | X | | X | | X | | |
| | | | | | | | | |

Χ

Χ

Χ

Χ

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

DLN: 93493131030345

Employer identification number

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Part I Exc | acc Ranas | Fit T- | ancactic | ne (coctic | n 501/c\/2 | and section | 501(c)(4) o | | | 77139 | | | |
|---------------------|---------------|--------------------------------------|-------------|--------------|---------------|-----------------------------------|---|---------------|----------------|----------------|----------|-----------------|--------|
| | | | | | |), Part IV, line | | | | | | 40b | |
| | ne of disqual | | | | ship between | | (c) Desc | | | | - | (d) Corr | ected |
| | | | | perso | n and organiz | ation | | | | | | Yes | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Enterthe | amount of ta | y inci | irred by or | ganization n | nanagers or d | lisqualified pers | sons during th | ne vear | under | section | | | |
| 4958 . | | | | | | · · · · | | · | • | > \$ | | | |
| 3 Enter the | amount of ta | x, ıf a | ny, on line | 2, above, re | eimbursed by | the organization | on | | | > \$ | | | |
| | | | | | | | | | | | | | |
| | | | | | d Persons. | 90-EZ, Part V , | lina 282 or 1 | Form 00 | 10 Da | et IV/ lu | 26 | or if the | |
| | | | | | | ine 5, 6, or 22 | illie 30a, 01 f | פפ ווווטי | , O , P a | IICIV, III | ne 20, t | or in the | |
| (a) Name of | (b) | | (c) | (d) Loan | | (e)O riginal | (f) Balance | (g) In | | (h) | | (i)Wr | tten |
| ınterested | Relations | ship | Purpose o | | | principal | due | default | ? | Approv | ed | agreen | nent? |
| person | | with loan organizati organization | | on? amount | | | by board | | | | | | |
| | | | | | | | | | | or | | | |
| | | | | T- | T | - | | V | N ₂ | commit | | V | T No. |
| (1) IAN | | | | То | From X | 300,000 | 300,000 | Yes | No No | Yes Yes | No | Yes | No |
| SOLOMON | | | | | ^ | , | , | | NO | '63 | | 1 65 | |
| (2) NIM | | | | | Х | 167,000 | 92,734 | | No | Yes | | Yes | |
| CHINNIAH | | | | | | 60,000 | 60,000 | | | ļ | | | + |
| (3) DAVID GREENE | | | | | X | 60,000 | 60,000 | | Νo | Yes | | Yes | |
| (4) DAVID | | | | | X | 136,000 | 105,863 | | No | Yes | | Yes | |
| FITHIAN | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | |
| | | | | | | | | | | | | _ | |
| Total | | | <u>► \$</u> | 6 : | | | 558,597 | ' | | | | | |
| | | | | | | i Persons. Form 990, Pa | rt IV line 2 | 7 | | | | | |
| (a) Name of I | | _ | _ | np between | _ | it of assistance | | | stanc | e (e) | Purnos | se of ass | ıstano |
| perso | | | rested per | son and the | | | (-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | () | , | | |
| | | | organiza | | | | | | | | | | |
| 1) NOT REQUI | RED | NOT | REQUIRE | D | | 13,18 | 6 STUDENT | AID | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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 (c) Amount of (d) Description of the second content of the second

| complete if the organization | n answered res on i | Ollin 220, raiciv, illi | c 20a, 20b, 01 20c. | | |
|-------------------------------|--|-------------------------------|--------------------------------|----------------------------------|---------------|
| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sh of organiz reven | f zatıon's |
| | | | | Yes | No |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

Return Reference
SCHEDULE L, PART IV

Explanation

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 \$163.381 IN RENT. TAXES AND EXPENSES FOR THIS PROPERTY DURING THE TAX YEAR ENDED JUNE 30, 2014 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 \$461,115 IN RENT, TAXES AND EXPENSES FOR THIS PROPERTY DURING THE TAX YEAR ENDED JUNE 30, 2014 DANIEL L DOCTOROFF, A TRUSTEE OF THE UNIVERSITY, IS CHIEF EXECUTIVE OFFICER OF BLOOMBERG LP, FROM WHICH THE UNIVERSITY PURCHASED VARIOUS INVESTMENT DATA PRODUCTS ON STANDARD, ARMS' LENGTH TERMS THE UNIVERSITY PAID BLOOMBERG LP AND ITS AFFILIATES APPROXIMATELY \$725,130 FOR THESE PRODUCTS DURING THE TAX YEAR ENDED JUNE 30, 2014 JOHN A EDWARDSON, A TRUSTEE OF THE UNIVERSITY, DURING A PORTION OF THE TAX YEAR WAS CHAIRMAN OF CDW LLC, FROM WHICH THE UNIVERSITY FROM TIME TO TIME PURCHASES CERTAIN COMPUTER HARDWARE AND SOFTWARE PRODUCTS, AND RELATED SERVICES DURING THE TAX YEAR ENDED JUNE 30, 2014, THE UNIVERSITY PAID CDW LLC APPROXIMATELY \$544,960 IN CONNECTION WITH SUCH PURCHASES PETER MAY, A TRUSTEE OF THE UNIVERSITY, IS PRESIDENT AND FOUNDING PARTNER OF TRIAN PARTNERS, AN INVESTMENT MANAGEMENT FIRM WITH WHICH THE UNIVERSITY HAS INVESTED A PORTION OF ITS ENDOWMENT TRIAN PARTNERS RECEIVED APPROXIMATELY \$2,145,729 IN MANAGEMENT AND INCENTIVE FEES IN CONNECTION WITH THE UNIVERSITY'S INVESTMENT FOR THE TAX YEAR ENDED JUNE 30, 2014 JOSEPH NEUBAUER, A TRUSTEE OF THE UNIVERSITY, SERVED DURING A PORTION OF THE TAX YEAR ENDED JUNE 30, 2014, AS CHAIRMAN AND DIRECTOR OF ARAMARK HOLDINGS CORPORATION, WHICH OWNS A MAJORITY OF ARAMARK CORPORATION, A DIVERSIFIED MANAGEMENT COMPANY THE UNIVERSITY HAS RETAINED ARAMARK CORPORATION TO PROVIDE FOOD SERVICE IN VARIOUS UNIVERSITY RESIDENCE HALLS AND FACILITIES, AND TO PROVIDE CERTAIN UNIFORM AND VENDING SERVICES TO THE UNIVERSITY DURING THE TAX YEAR ENDED JUNE 30, 2014, THE UNIVERSITY PAID ARAMARK CORPORATION APPROXIMATELY \$16,787,306 FOR THESE SERVICES, AND ARAMARK CORPORATION PAID THE UNIVERSITY APPROXIMATELY \$726,770 IN CONNECTION WITH THESE SERVICES THE CONTRACTS FOR THESE SERVICES WERE NEGOTIATED AT ARMS' LENGTH AND WERE CONCLUDED ON MARKET TERMS THOMAS J PRITZKER , A TRUSTEE OF THE UNIVERSITY, IS EXECUTIVE CHAIRMAN OF THE HYATT HOTELS CORPORATION, AND RACHEL D KOHLER, A TRUSTEE OF THE UNIVERSITY, IS MARRIED TO THE CEO OF HYATT HOTELS CORPORATION DURING THE TAX YEAR ENDED JUNE 30, 2014, THE UNIVERSITY SPENT APPROXIMATELY \$1,683,087 ON FOOD, LODGING AND EVENTS AT VARIOUS HYATT HOTELS THESE TRANSACTIONS WERE ALL DONE IN THE ORDINARY COURSE OF BUSINESS DAVID M RUBINSTEIN, 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 \$348,383 IN FEES IN CONNECTION WITH THE UNIVERSITY'S INVESTMENT FOR THE TAX YEAR ENDED JUNE 30, 2014 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 \$220,192 IN FEES IN CONNECTION WITH THE UNIVERSITY'S INVESTMENT FOR THE TAX YEAR ENDED JUNE 30, 2014 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 \$256,520 FOR THE CALENDAR YEAR 2013 IN CONNECTION WITH HER EMPLOYMENT SUMATI MURLI, THE WIFE OF SUNIL KUMAR, DEAN OF THE BOOTH SCHOOL OF BUSINESS, IS EMPLOYED BY THE UNIVERSITY AS A DIRECTOR FOR CLINICAL RESEARCH OPERATIONS MS MURLI WAS PAID \$133,663 FOR THE CALENDAR YEAR 2013 IN CONNECTION WITH HER EMPLOYMENT DANIEL ROSENBAUM. THE SON OF THOMAS ROSENBAUM, THE FORMER PROVOST OF THE UNIVERSITY, IS EMPLOYED AT THE UNIVERSITY MR ROSENBAUM WAS PAID \$49,196 FOR THE CALENDAR YEAR 2013 IN CONNECTION WITH HIS EMPLOYMENT FRANCES J SCHMID, THE DAUGHTER OF MARK SCHMID, VICE PRESIDENT AND CHIEF INVESTMENT OFFICER, IS EMPLOYED BY THE UNIVERSITY AS AN ASSISTANT IN THE OFFICE OF DEVELOPMENT MS SCHMID WAS PAID \$39,061 FOR THE CALENDAR YEAR 2013 IN CONNECTION WITH HER EMPLOYMENT TAMARA VOKES, THE WIFE OF EVERETT VOKES, THE FORMER DEAN AND VICE PRESIDENT OF MEDICAL AFFAIRS, IS EMPLOYED BY THE UNIVERSITY AS A PROFESSOR IN CLINICAL MEDICINE DR VOKES WAS PAID \$245,495 FOR THE CALENDAR YEAR 2013 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 ASSISTANT PROFESSOR IN THE DEPARTMENT OF MEDICINE DR POLONSKY WAS PAID \$214,758 FOR THE CALENDAR YEAR 2013 IN CONNECTION WITH HER EMPLOYMENT

Software ID: Software Version:

EIN: 36-2177139

Name: UNIVERSITY OF CHICAGO

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | | aring of zation's nues? | |
|--|--|-------------------------------|--------------------------------|-----|-------------------------------|--|
| | organization | | | Yes | No | |
| (1) TISHMAN SPEYER CROWN EQUITIES LLC | SEE PART V | 624,496 | SEE PART V | | No | |
| (2) BLOOMBERG LP | SEE PART V | 725,130 | 725,130 SEE PART V | | | |
| (3) TRIAN PARTNERS | SEE PART V | 2,145,729 | SEE PART V | | No | |
| (4) THE CARLYLE GROUP | SEE PART V | 348,383 | SEE PART V | | No | |
| (5) LAKE CAPITAL | SEE PART V | 220,192 | SEE PART V | | No | |
| (6) ARAMARK CORPORATION | SEE PART V | 16,787,306 | SEE PART V | | No | |
| (7) HYATT HOTELS CORPORATION | SEE PART V | 1,683,087 | SEE PART V | | No | |
| (8) CDW LLC | SEE PART V | 544,960 | SEE PART V | | No | |
| (9) SHADI BARTSCH-ZIMMER | SEE PART V | 256,520 | SEE PART V | | No | |
| (10) SUMATI MURLI | SEE PART V | 133,663 | SEE PART V | | No | |
| (11) DANIEL ROSENBAUM | SEE PART V | 49,196 | SEE PART V | | No | |
| (12) FRANCES J SCHMID | SEE PART V | 39,061 | SEE PART V | | Νo | |
| (13) TAMARA VOKES | SEE PART V | 245,495 | SEE PART V | | No | |
| (14) TAMAR POLONSKY | SEE PART V | 214,758 | SEE PART V | | No | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131030345

Employer identification number

OMB No 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization UNIVERSITY OF CHICAGO

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

| | | | | | 36-2177139 | | | |
|-----------|---|----------------------------------|--|--|---|-------------|---------|----|
| Pā | rt I Types of Property | | | | | | | |
| | | (a) Check ıf applıcable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line | (d Method of d noncash contrib | - etermı | | ts |
| 1 | Art—Works of art | Х | 8 | 0 | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | Х | | 632,976 | OPINION OF EXPE | RTS | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| | Cars and other vehicles | | | | | | | |
| | Boats and planes | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | Х | 370 | 96,078,527 | COST/SELLING PR | ICE | | |
| | Securities—Closely held stock . | | | | | | | |
| | Securities—Partnership, LLC, or trust interests | | | | | | | |
| | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | | | | |
| L4 | Qualified conservation contribution—Other | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| | Taxidermy | | | | | | | |
| | Historical artifacts | | | | | | | |
| | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | O ther ▶ () | | | | | | | |
| 26 | Other ▶() | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | O ther ▶ () | | | | | | | |
| 29 | Number of Forms 8283 received for which the organization comple | | | | 29 | | | 31 |
| | | | | - | | | Yes | No |
| 30a | During the year, did the organiza | tion receiv | e by contribution any prope | erty reported in Part I, lines | 1 through 28, that | | | |
| | ıt must hold for at least three ye | ars from th | e date of the initial contribu | ition, and which is not requi | red to be used | | | |
| | for exempt purposes for the enti | re holding p | period? | | | 30a | | No |
| Ŀ | If "Yes," describe the arrangeme | ent in Part 1 | II | | | | | |
| | Does the organization have a gif | | | review of any non-standard | contributions? | 31 | Yes | |
| 32a | Does the organization hire or use contributions? | e third part | | to solicit, process, or sell | noncash • • • | 32a | Yes | |
| ŀ | If "Yes," describe in Part II | | | | | J_u | , , , , | |
| | 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 | an amount | . III columni (c) for a type of | property for willen column (| a, is checked, | | | |

| 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 | | | | | | | |
| , | 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 | | | | | | | |

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131030345

Employer identification number

36-2177139

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization UNIVERSITY OF CHICAGO

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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 2 | ANDREW ALPER AND KEN JACOBS, BOTH TRUSTEES OF THE UNIVERSITY HAVE A BUSINESS RELATIONSHIP RODNEY L GOLDSTEIN AND JAMES S CROWN, BOTH TRUSTEES OF THE UNIVERSITY HAVE A BUSINESS RELATIONSHIP THOMAS J PRITZKER AND BRYON TROTT, BOTH TRUSTEES OF THE UNIVERSITY HAVE A BUSINESS RELATIONSHIP JOHN W RODGERS AND PAULA WOLFF, BOTH TRUSTEES OF THE UNIVERSITY HAVE A BUSINESS RELATIONSHIP ANDREW M ROSENFIELD AND PETER W MAY, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP ALVARO J SAIEH AND MARSHALL I WAIS, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP KING W HARRIS AND RODNEY L GOLDSTEIN, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS AND E DAVID COOLIDGE III, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS AND RODNEY L GOLDSTEIN, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS AND JOHN RODGERS, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS AND BYRON TROTT, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS AND PAUL YOVOVICH, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP CRAIG J DUCHOSSOIS AND PAUL YOVOVICH, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP E DAVID COOLIDGE III AND THOMAS A COLE, BOTH TRUSTEES OF THE UNIVERSITY, HAVE A BUSINESS RELATIONSHIP E DAVID |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11 | PRIOR TO FILING THE FORM 990, MEMBERS OF THE EXECUTIVE COMMITTEE AND AUDIT COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES WERE GIVEN AN OPPORTUNITY TO REVIEW PORTIONS OF THE FORM 990 RELEVANT TO THE AREAS OF OVERSIGHT OF THOSE COMMITTEES THESE PORTIONS OF THE FORM 990 WERE DISTRIBUTED TO COMMITTEE MEMBERS FOR CONVENED MEETINGS IN FEBRUARY - MARCH 2015, 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 2015, 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 |
| | |

| PART VI, SECTION B, LINE 12C ITY ARE SUBJECT TO CONFLICT OF INTEREST POLICIES THAT, AMONG OTHER THINGS, DEFINE MATERIAL FINANCIAL CONFLICTS OF INTEREST, IDENTIFY THE CLASSES OF INDIVIDUALS COVERED BY THE POLICIES, FACILITATE DISCLOSURE OF INFORMATION, AND SPECIFY PROCEDURES TO BE FOLLOWED IN MANAGING TO CONFLICTS THESE CONFLICT OF INTEREST POLICIES AND PROCEDURES INCLUDE. (1) THE UNIVIDENCITY OF CHICAGO CONFLICT OF INTEREST POLICY FOR TRUSTEES AND OFFICERS REQUIRES TRUSTEES AND OFFICE | Return Reference | Explanation | |
|--|---------------------|------------------------|--|
| PRESIDENT AND GENERAL COUNSEL OF ANY POTENTIAL CONFLICT OF NITEREST, AND ABSTAIN FROM PARTICIPATING IN ON VOTING ON THE MATTER THE POLICY ALSO REQUIRES INTERES AND OF ICERS TO DISCLOSE ON AN ANNUAL BASIS, ACTUAL AND POTENTIAL CONFLICTS OF INTEREST BY COMPLETING A CONFLICT OF INTEREST BY COMPLETING A CONFLICT OF INTEREST BY COMPLETING A CONFLICT OF INTEREST BY COMPLETING A CONFLICT OF INTEREST BY COMPLETING A CONFLICT OF INTEREST BY COMPLETING AND CONFLICT OF INTEREST BY COMPLETING AND THE DISCLOSURES AND ADDRESS AND ADDRESS AND CONFLICT OF INTEREST BY AND THE UNIVERSITY'S VICE PRESIDENT AND GENERAL COUNSEL, IN CONSULLATION WITH THE COMMITTEE ON TRUSTEES HE PAND SEN UNIVERSITY ADMINISTRATORS, COMPLETS THE DISCLOSURES INTO A CONFLICTION OF THE DISCLOSURE INTO PREPARES FOR EACH TRUSTEE AND OFFICIES OF WRITTEN ACKNOWLLEDGEMENT OF THE DISCLOSURE INTO PREPARES FOR EACH TRUSTEE AND OFFICIES OF WRITTEN ACKNOWLLEDGEMENT OF THE DISCLOSURE INTO PREPARES FOR EACH TRUSTEE AND OFFICIES OF WRITTEN AND THAT MAY BE AFFECTED BY THE DISCLOSURE INTO PREPARES FOR EACH TRUSTEE AND OFFICIES OF WRITTEN AND SENOR ADMINISTRATORS TO BUSICLOSE OF RAMAZING BY SENOR ADMINISTRATORS REQUIRES OFFICIES AND SENOR ADMINISTRATORS TO DISCLOSE OR CANALATION BY SENOR ADMINISTRATORS TO DISCLOSE OR CANALATION BY SENOR ADMINISTRATORS TO DISCLOSE OR CANALATIONS IN WHICH THEY RECEIVE COMPENSATION THE UNIVERSITY SO FIFICE OF LEGAL COUNSEL MONITORS SUCH POTENTIAL CONFLICTS BY CIRCULATIONS ANNUALLY A DISCLOSURE FORM THAT MUST BE UPDATE DAS CRICUMSTAIN CHANGE AND OFFICIES AND ALLS OFFICIAL SUCH RELATIONS HE IN ANY ADMINISTRATION OF SUCH POTENTIAL CONFLICTS BY CIRCULATIONS ANNUALLY A DISCLOSURE FORM THAT MUST BE UPDATE DAS CRICUMSTAIN CHANGE AND OFFICIES AND ALLS OFFICIAL SUCH RELATIONS HE IN ADVANCE TO THE RECEIVE OFFICIAL SUCH RELATIONS HE IN ADVANCE TO THE RECEIVE OFFICIAL SUCH RELATIONS HE IN ADVANCE TO THE RECEIVE OFFICIAL SUCH RESEARCH AND THE NAVIOUR OFFICIAL SUCH AND ADVANCE TO THE RESEARCH AND THE RECEIVE OFFICIAL SUCH AND ADVANCE TO THE RESTANDING CO | | PART VI, SECTION B, | FANANCAL CONFLICTS OF INTEREST, DENTRY THE CLASSES OF INDIVIDUALS COVERED BY THE POLIC ES, FACILITATE DISCLOSURE OF INFORMATION, AND SPECIPY PROCEDURES TO BE FOLLOWED IN MANAGING ING THE CONFLICT OF INTEREST POLICES AND PROCEDURES INCLUDE (1) THE UNIV BRITY OF CHICAGO CONFLICT OF INTEREST POLICES AND PROCEDURES INCLUDE (1) THE UNIV BRITY OF CHICAGO CONFLICT OF INTEREST POLICES AND PROCEDURES INCLUDE (1) THE UNIVERSITY OF CHICAGO CONFLICT OF INTEREST ROLLEY FOR THE UNIVERSITY OF ALERT THE CHARLOY THE CHARLOY FILE DAMB, THE COMMITTEE ON TRUSTEESHIP, OR THE UNIVERSITY OF THE BOARD, THE COMMITTEE ON TRUSTEESHIP OR THE UNIVERSITY OF ALERT THE POLICY ALSO REQUIRES TRUSTEES AND OFFICE'S TO DISCLOSE ON AN ANNUAL BASIS, ACTUAL AND POTENTIAL CONFLICT OF INTEREST BY COMPLETING A CONFLICT OF INTEREST DISCLOSURES AND BREATED DISCLOSIONS ARE SHARED WITH THE CHARLOY OF THE BOARD, THE COMMITTEE ON TRUSTEESHIP, AND THE UNIVERSITY'S PRESIDENT, ITS GENERAL COUNSEL, AND THE BOARD, THE COMMITTEE ON TRUSTEESHIP, AND THE UNIVERSITY'S PRESIDENT, ITS GENERAL COUNSEL, AND ONS BUT HAVE AND THE COMMITTEE ON TRUSTEESHIP, AND SENIOR UNIVERSITY ADMINISTRATORS, COMPLEST THE DISCLOSURES INTO A CONFIDENTIAL DATA BASES AND EMPEARES FOR EACH TRUSTEE AND OFFICER A WRITTEN ACKNOWLEDGEMENT OF THE DISCLOSURE THAT DESTIFIES AND PEDIAGO SERVICES AND THE DISCLOSURE THAT DESTIFIES AND PEDIAGO SERVICES AND THE UNIVERSITY FOR THE DISCLOSURE THAT DESTIFIES AND PEDIAGO SERVICES AND THE UNIVERSITY'S POLICY ON SERVICETO OUTSIDE OR GRANIZATIONS ON A CONSTITUTION OF THE DORD OF THE DISCLOSURE THAT DESTIFIES AND PEDIAGO SERVICES AND LIB COLOSE DESTIFICATION. THE DISCLOSURE THAT DESTIFIES AND PEDIAGO SERVICES AND THE UNIVERSITY'S POLICY ON SERVICETO OUTSIDE OR GRANIZATIONS ON THE OWNER SHAPE AND PEDIAGO SERVICES. AND THE SHAPE AND THE DISCLOSURE THAT DESTIFIES AND PEDIAGO SERVICES AND THE SHAPE AND THE DISCLOSURE THAT DESTIFIES AND THE DISCLOSURE THE DISCLOSURE PROVIDE THAT THE DISCLOSURE PROVIDE THAT THE DISCLOSURE FOR THAT THE DISCLOSURE THAT DESTIFIES AND THE D |

| Return Reference | Explanation | |
|---------------------|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | UNITY ARE ENCOURAGED TO REPORT COMPLIANCE CONCERNS THROUGH NORMAL LINES OF COMMUNICATION I NCLUDING DISCUSSIONS WITH SUPERVISORS OR ADVISORS AND, IF NECESSARY, THROUGH THE TOLL-FREE HOTLINE |

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY REVIEWS 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 COMPENSATION COMMITTEE REVIEWS THESE RECOMMENDATIONS, INCLUDING A REVIEW OF COMPARABILITY DATA PROVIDED BY EXTERNAL CONSULTANTS THE COMPENSATION COMMITTEE THEN MAKES A RECOMMENDATION REGARDING COMPENSATION TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WHICH ALSO REVIEWS THE COMPARABILITY DATA AND MAKES ALL FINAL COMPENSATION DECISIONS THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE AND THE DECISIONS OF THE EXECUTIVE COMMITTEE ARE DOCUMENTED IN MINUTES MAINTAINED BY THE UNIVERSITY |

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

| Return Reference | Explanation |
|------------------------------|--|
| FORM 990, PART XI, LINE 9 | ADJUSTMENT OF INVESTMENT IN RELATED ORG -95,740,000 INCLUSION OF DISREGARDED ENTITIES FUND BALANCE 1,765,089 RELATED ORGANIZATION ADJUSTMENT 714,503 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization UNIVERSITY OF CHICAGO

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. ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493131030345 OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

36-2177139

| ıf the organization | answered "Yes" or | n Form 990, Pa | art IV, line 33. | | | | |
|---|---|--|---|--|--|--|--|
| (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | Dire | (f) ect controlling entity | | |
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| tions Complete ıf t tax year. | the organization ai | nswered "Yes" | on Form 990, P | art IV, lı | ne 34 because it | had on | ne |
| (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code sec | tion (e) Public charity (if section 501) | ity status Direct contro | | Section (13) co | g) 512(ontrolle |
| | | | | | | Yes | No |
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| | L Cat No 501 | <u>I</u> 35Y | | | Schedule R (Forr | n 990) 2 | 013 |
| | tions Complete if tax year. | (b) Legal domicile (state or foreign country) tions Complete if the organization are tax year. (b) (c) Primary activity Legal domicile (state or foreign country) | (b) Primary activity Cc Legal domicile (state or foreign country) Total income tions Complete if the organization answered "Yes" tax year. (b) (c) (d) Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income Total income | tions Complete if the organization answered "Yes" on Form 990, P tax year. (b) Cc (c) (d) (e) Primary activity (if section 501) Exempt Code section (if section 501) | (c) Legal domicile (state or foreign country) Total income End-of-year assets Directions Total income End-of-year assets Directions End-of-year assets Directions Directions Complete if the organization answered "Yes" on Form 990, Part IV, It tax year. (b) Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) | tions Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it tax year. (b) (c) (d) (End-of-year assets) (I) (Direct controlling entity) (d) (End-of-year assets) (I) (End-of-year assets) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I | (c) Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Direct controlling entity **Total income or foreign country Total income or foreign country **Total income or foreign country End-of-year assets Direct controlling entity **Total income or foreign country **Total income or find of the organization answered "Yes" on Form 990, Part IV, line 34 because it had or tax year. **Total income or find of the organization answered "Yes" on Form 990, Part IV, line 34 because it had or tax year. **Total income or find of the organization answered "Yes" on Form 990, Part IV, line 34 because it had or tax year. **Total income or find of the organization answered "Yes" on Form 990, Part IV, line 34 because it had or tax year. **Total income or find of the organization answered "Yes" on Form 990, Part IV, line 34 because it had or tax year. **Total income or find of the organization answered "Yes" on Form 990, Part IV, line 34 because it had or tax year. **Total income or find of the organization answered "Yes" on Form 990, Part IV, line 34 because it had or tax year. **Total income or find or f |

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

| | · <u>·</u> | | | <u> </u> | | | | | | | | | | | |
|--|------------|-----------------------|--|--|---|---|---|---------------------------------|--|---|----|--|---------------|---------------|---------------------------------------|
| (a) Name, address, and EIN of related organization | | rimary activity Legal | Direct Predomina controlling entity unrelated excluded from tax unde | Il Direct Ille controlling ir Or entity In (y) | Predominant income(related, to unrelated, excluded from tax under sections 512- | Predominant income(related, tunrelated, excluded from tax under sections 512- | income(related, function unrelated, excluded from tax under sections 512- | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate ar allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | mana parti | aging ner? | (k) Percentage ownership |
| | | | | , | | | Yes | No | | Yes | No | | | | |
| | | | | | | | | | | | | | | | |
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Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

| | or more related organization | <u>'</u> | | | | | | | |
|--|------------------------------|--|-------------------------------|--|---------------------------------|---|---------------------------------------|---|-----------------------|
| (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 (b)(contro entr | n 512 13) olled |
| | | | | | | | | Yes | No |
| (1) UCHICAGO (BEIJING) CONSULTING COMPANY LTD CHINA | CONSULTING | СН | | | 2,320,173 | 2,910,212 | 100 000 % | | No |
| UNIT 1-10 CULTURE PL OF REMMIN UNI BEDING CH | | | | | | | | | |
| (2) CHARITABLE REMAINDER TRUSTS (89) | CHARITABLE RMDR TR | IL. | | | | | 94 000 % | | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 | | | | | | | | | |
| (1) CHARITABLE LEAD TRUST | CHARITABLE LEAD TR | IL. | | | | | 100 000 % | | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 | | | | | | | | | |
| (4) POOLED INCOME FUND (1) | POOLED INCOME FUND | IL | | | | | 100 000 % | | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 | | | | | | | | | |
| (5) UCHICAGO CENTER IN INDIA PRIVATE LIMITED | CONSULTING | IN | | | | 3,099,471 | 51 000 % | | No |
| UNIT 5-10 GRD FL DLF CAPITAL POINT NEW DEHLI IN | | | | | | | | | |
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| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | | | | | |
|--|---|---|---------------------------------------|---|------------|---------|----|--|--|
| 1 D | ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactions with one or more rela | ated organizations li | sted in Parts II-IV? | | | | | | |
| а | 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) | | | | 1 c | Yes | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | Yes | | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | No | | |
| | | | | | | | | | |
| f Dividends from related organization(s) | | | | | | | | | |
| g Sale of assets to related organization(s) | | | | | | | | | |
| 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 | | |
| 1 | l Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Yes | | | |
| | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | Yes | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1 q | 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) | | | | 1 s | Yes | | | |
| | | | | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete the | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | ount II | nvolved | | | |
| ee A | ditional Data Table | | | | | | | | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| 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) all partners section 501(c)(3) anizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations ⁷ | _ | (i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | _ | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

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

| Return Reference | Explanation |
|----------------------|---|
| DISREGARDED ENTITIES | UCHICAGO ARGONNE LLC MANAGES ARGONNE NATIONAL LABORATORY UCHICAGO ARGONNE LLC EARNED A MANAGEMENT FEE OF \$3,736,500 FOR THE TAX YEAR THE TOTAL EXPENDITURES AT ARGONNE NATIONAL LABORATORY WERE OVER \$734 MILLION FOR THE TAX YEAR THE FUNDING AND THE EXPENDITURES AT ARGONNE HAVE BEEN INCLUDED IN PARTS III, VIII AND IX OF THE FORM 990 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 |

Schedule R (Form 990) 2013

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 | 734,376,543 | | UNIV OF CHICAGO |
| (1) UNIV OF CHICAGO FOUNDATION LTD 5TH FL ALDER CASTLE 10 NOBLE LONDON UK 98-0525557 | FUNDRAISING | UK | 1,491,545 | 16,347 | UNIV OF CHICAGO |
| (2)THEORY AND COMPUTING SCIENCES 5801 S ELLIS AVENUE CHICAGO, IL 60637 51-6596577 | RESEARCH BUILDING | IL | 7,282,529 | 73,097,807 | UNIV OF CHICAGO |
| (3) UCHICAGO TRADING 5801 S ELLIS AVENUE CHICAGO, IL 60637 30-0517735 | INVESTING | IL | -28,429,046 | 3,834,182 | UNIV OF CHICAGO |
| (4) MAROON INVESTMENTS LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637 | HOLDING COMPANY | IL | | | UNIV OF CHICAGO |
| (5) UCHICAGO IMPACT LLC 1307 E 60TH STREET CHICAGO, IL 60637 61-1682394 | EDUCATION | IL | 8,850,076 | 5,672,172 | UNIV OF CHICAGO |
| (6) HARPER COURT HOLDINGS LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637 | PROPERTY HOLDING | IL | 3,251,152 | 95,033,838 | UNIV OF CHICAGO |

| Form 990, Schedule R, Part II - Identification of Rel | | I | 1 (1) | 1 7-3 | I (6) | 1 |
|--|--------------------------------|----------------------------------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state | (d) Exempt Code section | (e) Public charity status | (f) Direct controlling entity | (g) Section 512 (b)(13) |
| | | (state or foreign country) | Section | (if section 501(c) | ептіту | controlled entity? |
| | | Country, | | (3)) | | Yes No |
| (1) UNIVERSITY OF CHICAGO MEDICAL CTR | HOSPITAL | IL | 501 (C)(3) | LINE 3 | UNIV OF CHICAGO | No |
| 5841 S MARYLAND AVENUE CHICAGO, IL 60637 36-3488183 | | | | | | |
| (1) UNIVERSITY OF CHICAGO PROPERTY HOLDING CORP | PROPERTY HOLDING | IL | 501 (C)(2) | | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6108743 | | | | | | |
| (2) LAKE PARK ASSOCIATES | PROPERTY HOLDING | IL | 501 (C)(2) | | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6111317 | | | | | | |
| (3) ARCH DEVELOPMENT CORPORATION | TECH TRANSFER | IL | 501 (C)(3) | LINE 11A, I | UNIV OF CHICAGO | No |
| 5555 S WOODLAWN AVENUE CHICAGO, IL 60637 | | | | | | |
| 36-3485244 (4) UNIV OF CHICAGO CHARTER SCHOOL CORP | EDUCATION | IL | 501 (C)(3) | LINE 2 | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-4225812 | | | | | | |
| (5) COURT THEATRE FUND | SUPP THE ARTS | IL | 501 (C)(3) | LINE 11A, I | UNIV OF CHICAGO | No |
| 5535 S ELLIS AVENUE CHICAGO, IL 60637 36-3203660 | | | | | | |
| (6) UNIVERSITY OF CHICAGO CANCER RESEARCH FUND | SUPP RESEARCH | IL | 501 (C)(3) | LINE 11A, I | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-6056201 | | | | | | |
| (7) UNIVERSITY OF CHICAGO SELF INSURANCE TRUST | MALPRACTICE TRUST | IL | 501 (C)(3) | LINE 11A, I | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3020034 | | | | | | |
| (8) UNIVERSITY OF CHICAGO RETIREE MEDICAL TRUST | MEDICAL TRUST | IL | 501 (C)(3) | LINE 11A, I | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 36-3999692 | | | | | | |
| (9) CHICAGO TUMOR INSTITUTE | SUPP RESEARCH | IL | 501 (C)(3) | LINE 11A, I | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 | | | | | | |
| 23-7136019 (10) NATIONAL OPINION RESEARCH CENTER | SO SCI SURVEYS | IL | 501 (C)(3) | LINE 7 | N/A | No |
| 55 E MONROE AVENUE CHICAGO, IL 60603 | | | | | | |
| 36-2167808 (11) THE QUADRANGLE CLUB | SOCIAL CLUB | IL | 501 (C)(7) | | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 | | | | | | |
| 36-1655190 (12) FERMI RESEARCH ALLIANCE LLC | MANAGE LAB | IL | 501 (C)(3) | LINE 7 | N/A | No |
| PO BOX 500 | | | | | | |
| BATAVIA, IL 60510 57-1239010 | | | | | | |
| (13) UNIVERSITY OF CHICAGO CENTER IN PARIS | EDUCATION | FR | | | UNIV OF CHICAGO | No |
| 6 RUE THOMAS MANN 75013 PARIS FR | | | | | | |
| (14) UNIV OF CHGO BOOTH SCHL OF BUSINESS | EDUCATION | UK | | | UNIV OF CHICAGO | No |
| WOOLGATE EXCHANGE 25 BASINGHAL LONDON UK | | | | | | |
| (15) UNIV OF CHGO BOOTH SCHL OF BUSINESS | EDUCATION | SN | | | UNIV OF CHICAGO | No |
| 101PENANG RD 238466 SINGAPORE SN | | | | | | |
| | FUNDDATEING | IN | | | IINIV OF CHICAGO | No |
| (16) UNIVERSITY OF CHICAGO TRUST (INDIA) GB10-12 CLAIRMONT APTS RST HSE | FUNDRAISING | 11/1 | | | UNIV OF CHICAGO | NO |
| BANGALORE IN | | | | | | |
| (17) UNIV OF CHGO FOUNDATION IN HONG KONG LTD | FUNDRAISING | нк | | | UNIV OF CHICAGO | No |
| RM100 FAR EAST CTR C/O WM FAN CO HONG KONG HK | | | | | | |
| (18) UCHICAGO RESEARCH INTERNATIONAL LTD | RESEARCH | IL | 501 (C)(3) | LINE 11A, I | UNIV OF CHICAGO | No |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 | | | | | | |
| 26-2741573 (19) UCHICAGO RESEARCH BANGLADESH LTD | RESEARCH | BG | | | UCHGO RSCH INTL | No |
| HSE 388 ROAD 24 NEW DOH DHAKA BG | | | | | | |
| | I | | | 1 | | I |

| 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 | Sectio (b)(contr | (g) on 512)(13) trolled tity? | | |
| | | | | | | Yes | No | | |
| (21) UCHICAGO RESEARCH BANGLADESH LLC | RESEARCH | IL | | | UCHGO RSCH INTL | | No | | |
| 5801 S ELLIS AVENUE CHICAGO, IL 60637 | | | | | | | | | |
| (1)UNIVERSITY OF CHICAGO CLOISTERS CLUB | SOCIAL CLUB | IL | | 1 | UNIV OF CHICAGO | | No | | |
| 1212 E 59TH STREET CHICAGO, IL 60637 | | | | | | | | | |
| (2) PHOENIX OVERLAY FUND LTD | INVESTING | CJ | | 1 | UNIV OF CHICAGO | | No | | |
| 401 N MICHIGAN AVE C/O INVST OFFICE CHICAGO, IL 60611 | | | | | | | | | |
| (3) SOUTHEAST CHICAGO COMMISSION | COMMUNITY | IL | 501 (C)(3) | LINE 7 | UNIV OF CHICAGO | | No | | |
| 1511 EAST 53RD STREET CHICAGO, IL 60615 36-2226282 | SERVICES | | | | | | | | |
| (4) UCMC COMMUNITY PHYSICIANS LLC | PHYSICIAN SERVICES | IL | | | UNIV OF CHGO | | No | | |
| 5841 S MARYLAND AVENUE CHICAGO, IL 60637 38-3865637 | | | | | MEDICAL CTR | | | | |
| (5) UCMCSCH ONCOLOGY JV LLC | HEALTHCARE | IL | | | UNIV OF CHGO | | No | | |
| 1850 SILVER CROSS BLVD NEW LENOX, IL 60451 35-2436795 | SERVICES | | | | MEDICAL CTR | | | | |
| (6) THE JOHN CRERAR FOUNDATION | SUPPORT THE | IL | 501 (C)(3) | LINE 11A, I | | | No | | |
| 5730 S ELLIS AVENUE CHICAGO, IL 60637 36-3155157 | LIBRARY | | | | | | | | |
| (7) CHAPIN HALL CENTER FOR CHILDREN | POLICY RESEARCH | IL | 501 (C)(3) | LINE 7 | | | No | | |
| 1313 E 60TH STREET CHICAGO, IL 60637 36-2167012 | CENTER | | | | | | | | |
| (8) HYMEN MILGROM SUPPORTING ORGANIZATION | SUPP EDUCATION | VA | | | | | No | | |
| 33 NLASALLE ST SUITE 2131 CHICAGO, IL 60602 46-6789522 | RESEARCH | | | | | | | | |
| (9) THE MARINE BIOLOGICAL LABORATORY | RESEARCH AND | MA | 501 (C)(3) | LINE 7 | UNIV OF CHICAGO | | No | | |
| 7 MBL STREET WOODS HOLE, MA 02543 04-2104690 | EDUCATION | | | | | | | | |

| Form 990, Schedule R, Part V - Transactions With Related Organizations | | | | | | | |
|--|---------------------------------|--------------------------|---|--|--|--|--|
| (a) Name of other organization | (b) Transaction type(a-s) | (c) A mount I nvolved | (d) Method of determining amount involved | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | А | 4,689 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | В | 3,643,704 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | С | 71,750,000 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | N | 353,086 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | 0 | 120,052,359 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | Р | 553,788,097 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | Q | 529,730,091 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | R | 691,812,246 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO MEDICAL CENTER | R | 773,853,240 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO PROPERTY HOLDING CORPORATION | D | 990,145 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO PROPERTY HOLDING CORPORATION | 0 | 56,963 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO PROPERTY HOLDING CORPORATION | S | 139,495 | CASH VALUE | | | | |
| LAKE PARK ASSOCIATES | А | 4,475 | CASH VALUE | | | | |
| LAKE PARK ASSOCIATES | В | 14,650,484 | CASH VALUE | | | | |
| LAKE PARK ASSOCIATES | Q | 1,586,382 | CASH VALUE | | | | |
| LAKE PARK ASSOCIATES | S | 171,185 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO CHARTER SCHOOL CORPORATION | В | 3,945,466 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION | С | 2,167,886 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO CANCER RESEARCH FOUNDATION | 0 | 367,729 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO SELF INSURANCE TRUST | В | 18,749,235 | CASH VALUE | | | | |
| UNIVERSITY OF CHICAGO RETIREE MEDICAL TRUST | В | 14,000,000 | CASH VALUE | | | | |
| NATIONAL OPINION RESEARCH CENTER | А | 861,899 | CASH VALUE | | | | |
| THE QUADRANGLE CLUB | В | 100,000 | CASH VALUE | | | | |
| THE QUADRANGLE CLUB | Q | 169,979 | CASH VALUE | | | | |
| THE QUADRANGLE CLUB | R | 473,268 | CASH VALUE | | | | |
| | | | | | | | |

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Name of other organization Amount Involved Transaction Method of determining type(a-s) amount involved FERMI RESEARCH ALLIANCE LLC S 924,928 CASH VALUE 2,065,957 CASH VALUE UNIVERSITY OF CHICAGO CENTER IN PARIS R 401,374 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK Α UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK Ν 1.254.664 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK 0 3,005,481 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD UK Q 1,083,407 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE Ν 1,500,400 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE 0 2,600,153 CASH VALUE 820,263 CASH VALUE UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS LTD SINGAPORE Q 4,547,532 CASH VALUE UCHICAGO RESEARCH INTERNATIONAL LIMITED R 900,000 CASH VALUE UCHICAGO RESEARCH BANGLADESH R UCHICAGO CENTER IN INDIA PRIVATE LIMITED В 2,490,836 CASH VALUE 6,148,959 CASH VALUE THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD R S 189,510 CASH VALUE THE UNIVERSITY OF CHICAGO FOUNDATION IN HONG KONG LTD 174,290 CASH VALUE SOUTHEAST CHICAGO COMMISSION 0 508,165 CASH VALUE SOUTHEAST CHICAGO COMMISSION R 2,177,000 CASH VALUE PHOENIX OVERLAY FUND S 1,200,374 CASH VALUE HYMEN MILGROM SUPPORTING ORGANIZATION С 350,000 CASH VALUE CHAPIN HALL CENTER FOR CHILDREN R THE MARINE BIOLOGICAL LABORATORY 7,833,333 CASH VALUE R