			PUBLIC DISCLOSURE COPY			
	990-T		Exempt Organization Business Income Tax Return		OMB No. 15	545-0047
Form	<b>JJU-I</b>		(and proxy tax under section 6033(e))	Ī		
		For cal	endar year 2021 or other tax year beginning $07/01$ , 2021, and ending $06/30$ , 20	0 22	20	21
Deneutor	ant of the Treesury		► Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public	Inspection
	nent of the Treasury Revenue Service	► Do r	not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	Open to Public for 501( Organizatio	c)(3) ons Only
	Check box if			D Empl	loyer identificat	
	ddress changed.	Print	THE ART INSTITUTE OF CHICAGO		36-2167725	
	npt under section $01(C)(3)$	or	Number, street, and room or suite no. If a P.O. box, see instructions. 111 SOUTH MICHIGAN AVENUE		p exemption no instructions)	umber
	01( 0)( 3) 08(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code			
	08A 530(a)			F	Check box if	
_	29(a) 529A	C Book	x value of all assets at end of year		an amended ret	turn.
			► If 501(c) corporation			
	eck if filing only		Claim credit from Form 8941 Claim a refund shown on Form 2	2439		
	<u> </u>		nization filing a consolidated return with a 501(c)(2) titleholding corporation .			
			ched Schedules A (Form 990-T)			
			he corporation a subsidiary in an affiliated group or a parent-subsidiary controlle			as 🗹 No
	• •		and identifying number of the parent corporation	sa gioc		
			(SEE STATEMENT)     Telephone number	•	(312) 499-4	265
Part			ed Business Taxable Income		(0)	
1			isiness taxable income computed from all unrelated trades or businesses (s	see		
	instructions)				1	17,791
2	Reserved .				2	
3	Add lines 1 an	d 2 .			3	17,791
4			ns (see instructions for limitation rules)		4	0
5			ess taxable income before net operating losses. Subtract line 4 from line 3		5	17,791
6			erating loss. See instructions		6	17,791
7		•	isiness taxable income before specific deduction and section 199A deduction			
	Subtract line 6				7	0
8	Specific dedu	ction (a	enerally \$1,000, but see instructions for exceptions)		8	0
9	-		deduction. See instructions		9	0
10	Total deducti	ons. Ad	d lines 8 and 9	. 1	10	0
11	Unrelated bu	siness	taxable income. Subtract line 10 from line 7. If line 10 is greater than line	7,	_	
	enter zero .			. 1	11	0
Part	Tax Co	mputa	tion	I	I	
1	Organization	s taxab	le as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0
2	Trusts taxabl	e at tr	ust rates. See instructions for tax computation. Income tax on the amount	on		
			Tax rate schedule or Schedule D (Form 1041)		2	
3			ctions		3	0
4			ee instructions	. [	4	0
5	Alternative mir	nimum <sup>.</sup>	tax (trusts only)		5	0
6	Tax on nonco	mpliar	t facility income. See instructions		6	0
7	Total. Add line	es 3 thr	ough 6 to line 1 or 2, whichever applies		7	0
For Pa	perwork Reduct	ion Act	Notice, see instructions. Cat. No. 11291J		Form <b>99</b>	<b>90-T</b> (2021)

a Foreign tax credit (corporations attach Form 1116; tusts attach Form 1116; 116 0 0 0 ther credit (see instructions) 0 ther credits (see instructions) 1 to 1 0 t		D-T (2021) III Tax and Payments					Pag
Other credits (see instructions)       10       0         General business credit. Attach Form 3800 (see instructions)       10       0         Total credits. Add lines 1a through 1d       10       10       10         Subtract line to from Part II, Ille 7       Come and the set of the Part II, Ille 7       10       10         Total tax. Add lines 1a through 1d       Come and the set of the Part II, Column (k)       0       10       10         Payments: Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under the section 124A tax hatament)       0       0       10         Payments: Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under the current end set as tability paid from Form 866A.       0       0       0         Payments: Add lines 2 and 3 (see instructions).       Edg of 0       0       6d       0         Caredit for smaller that net total of the 43(g) election applies P       0       6d       0         Tax due, Iffine 7 is smaller owithhed at source (see instructions)       6d       0       0       6d       0         Credit for smaller than to total of lines 4, 5, and 8, enter amount owed       9       0       0       0       0       0       10       1       10       0       0       0       0       0       0			1.4.	0			_
General business credit. Attach Form 3800 (see instructions)					6.27		
credit for prior year minimum tax (attach Form 8601 or 8827) .       1d       1e         Total credits. Add lines 1a through 1d       1e       1e         Subtract line 1e from Part II, line 7.       Cher amounts que. Check If from:			-		e Das		
Total credits. Add lines ta through 1d       1e         Other amounts due. Check if from:	c d			U			
Subtract line 1e from Part II, line 7							
Other amounts due. Check if from:       Form 8611       Form 8697       Form 8667         Other (attach statement)       Other (attach statement)       Form 8697       Form 8666         Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       0       6         Current net 965 tax liability paid from Form 965-A, Part II, column (k)       6a       0       6       0         2021 estimated tax payments. Check if section 643(g) election applies >       6a       0       6       0         1 ax deposited with Form 8668       6a       0       6       0       6       0         2021 estimated tax payments. Check if section 643(g) election applies >       6a       0       6       0       6       0       6       0       6       0       6       0       6       0       6       0       6       0       7       5       5       6       0       0       7       5       5       6       0       0       7       5       6       0       7       5       6       0       7       5       6       0       7       5       6       0       7       5       6       0       7       5       6       0							
□       Other (attach statement)       3         Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here .       0.         Payments:       Current net 965 tax liability paid from Form 965-A, Part II, column (k).       6a       0         2021 estimated tax payments:       Check if section 643(g) election applies ►       6a       0         2021 estimated tax payments:       Check if section 643(g) election applies ►       6a       0         2021 estimated tax payments:       Check if section 643(g) election applies ►       6a       0         Credit for small employer health insurace premiums (lattach Form 841)       6d       0       0         Credit for small employer health insurace premiums (lattach Form 843)       6d       0       0         Credit for small employer health insurace premiums (lattach Form 843)       6d       0       0         Credit for small employer health insurace premiums (lattach Form 843)       6d       0       0         Total payments. Add lines 6a through 6g       7       8       7         Estimated tax penalty (see instructions).       Check form 2220 is attached       10       10         Tax due. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10       10         Enter the anotal accou					2		
Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       0         Current net 965 tax liability paid from Form 965-A, Part II, column (N)       0       0         Payments: A 2020 overpayment credited to 2021       6a       0         2021 estimated tax payments. Check if section 643(g) election applies >       6b       0         2021 estimated tax payments. Check if section 643(g) election applies >       6c       0         2021 estimated tax payments. And payments:       Foreign organizations: Tax paid or withheld at source (see instructions)       6c       0         Check if tor small employer health insurance premiums (attach Form 8941).       0       6f       0         Other credits, adjustments, and payments:       Form 220 is attached       7       8         Estimated tax penatty (see instructions).       Check if form 220 is attached       9       0         Overpayment. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount overpaid       9       0       11         IV       Statements Regarding Certain Activities and Other Information (see instructions)       11       11         Vat any time during the 2021 calendary year, did the organization have an interest in or a signature or other authority here >       0       11         During the tax year, did the organization receive a distrbution from, or w	,						
section 1294. Enter tax amount here <ul> <li>Current net 965 tax liability paid from Form 965-A, Part II, column (k)</li> <li>Payments: A 2020 overpayment credited to 2021</li> <li>2021 estimated tax payments. Check if section 643(g) election applies &gt;</li> <li>Ge</li> <li>Go oganizations: Tax paid or withheld at source (see instructions)</li> <li>Ge</li> <li>Ge<td>1</td><td></td><td></td><td></td><td>3</td><td></td><td></td></li></ul>	1				3		
Current net 965 tax liability paid from Form 965-A, Part II, column (k)       6a       0         9 Payments: A 2020 overpayment credited to 2021       6a       0         1 Tax deposited with Form 8868       6a       0         6 Tax deposited with Form 8868       6a       0         6 Tax deposited with Form 8868       6a       0         7 redits, adjustments, and payments:       Foreign organizations: Tax paid or withheld at source (see instructions)       6d       0         9 Other credits, adjustments, and payments:       Form 2439       0       6d       0         1 Other credits, adjustments, and payments:       Form 2439       0       7       8         2 Overpayment. Add lines 6a through 6g       7       8       9       0         3 Overpayment. Hill no? Is smaller than the total of lines 4, 5, and 8, enter amount overpaid       10       11       10         4 Are the amount of line 10 you want: Credited to 2022 estimated tax ▶       0       Refunded ▶       11         4 W       Statements Regarding Certain Activities and Other Information (see instructions)       11       11         4 W Statements Regarding Certain Activities and Other Information (see instructions)       11       11         4 W Statements Regarding Certain Activities and Other Information (see instructions)       11       11							
Payments: A 2020 overpayment credited to 2021	5	Current pet 965 tax liability paid from Form 965 A. Part II. column (k)		Ū.			
2 2021 estimated tax payments. Check if section 643(g) election applies ► Tax deposited with Form 8868			1 ·	1	5		
Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: □ Form 2439							
a       Greign organizations: Tax paid or withheid at source (see instructions) Backup withholding (see instructions)					43 C		
Backup withholding (see instructions)       Image: Credit for small employer health insurance premiums (attach Form 8841)       Image: Credit for small employer health insurance premiums (attach Form 8841)       Image: Credit for small employer health insurance premiums (attach Form 8841)       Image: Credit for small employer health insurance premiums (attach Form 8841)       Image: Credit for small employer health insurance premiums (attach Form 8841)       Image: Credit for small employer health insurance premiums (attach Form 8841)       Image: Credit for small employer health insurance premiums (attach Form 8841)       Image: Credit for Small employer health insurance premiums (attach Form 8841)       Image: Credit for Small employer health insurance premiums (attach Form 8841)       Image: Credit for Small employer health insurance premiums (attach Form 8841)       Image: Credit for Small employer health insurance premiums (attach Form 8841)       Image: Credit for Small employer for Fore Small for Provide for Fore Small employers for Fore Small for For							
Credit for small employer health insurance premiums (attach Form 8941).       6       0         g Other credits, adjustments, and payments:       Form 2439       0       6       6       0       6       6       0       7         B Other credits, adjustments, and payments:       0       Total Payments. Add lines 6a through 6g       7       8       7         Estimated tax penalty (see instructions). Check if Form 2220 is attached       0       7       8       7         Tax due. If line 7 is sangel than the total of lines 4, 5, and 8, enter amount overpaid       10       10       11         Crent the amount of line 10 you want: Credited to 2022 estimated tax ▶       0       Refunded ▶       11         V Statements Regarding Certain Activities and Other Information (see instructions)       At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country? If "Yes," se ententor of the resempt interest received or accrued during the tax year.       \$       21         During the tax year, did the organization receive a distribution form, or was it the grantor of, or transferor to, a foreign trust?       11       11         Enter the amount of tax-exempt interest received or accrued during the tax year.       \$       <			-		i nav		
c) Other credits, adjustments, and payments: □ Form 2439       0       Total ≥       6g       0       7         □ Total payments. Add lines 6a through 6g							
□ Grom 4136       0       □ Other       0       Total ▶ 6g       0         Total payments. Add lines 6a through 6g			01	0			
Total payments. Add lines 6a through 6g       7         Estimated tax penalty (see instructions). Check if Form 2220 is attached       7         Tax due. If line 7 is samaller than the total of lines 4, 5, and 8, enter amount overpaid       9         Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10         Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶       0       Refunded ▶         IV       Statements Regarding Certain Activities and Other Information (see instructions)         At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the aname of the foreign country here ▶         During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?       If "Yes," see instructions for other forms the organization may have to file.         Enter the amount of tax-exempt interest received or accrued during the tax year       \$       21         Enter available pre-2018 NOL carryovers here ▶\$       10.163.679. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL Carryover shown here by any deduction reported on Part I, line 6.         Post-2017 NOL carryovers. Enter available Business Activity Code       Available post-2017 NOL carryovers. Son't reduce the NOL Carryover shown here by any deduction reported on 1, 377,333         Business Activity Code <t< td=""><td></td><td></td><td>0-</td><td></td><td></td><td></td><td></td></t<>			0-				
Estimated tax penalty (see instructions). Check if Form 2220 is attached		Total povmente Add lines for through for		· · · · · · · · · · · · · · · · · · ·	-		
Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       ▶       9         Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount owerpaid       ▶       10         Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶       0       Refunded ▶       11         IV       Statements Regarding Certain Activities and Other Information (see instructions)       It       11         IV       Statements Regarding Certain Activities and Other Information (see instructions)       Ves         At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       Ves         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶       0       not state and the securities or collable and the organization may have to file.         Enter the amount of that exempt interest received or accrued during the tax year       ▶ \$       21         Enter the amount of that, exempt interest received or accrued during the tax year.       > \$       21         Enter the amount of the organization may have to file.       90 not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.       90 10.2 carryovers. Enter available Business Activity Code and post-2017 NOL carryover 1.377,333							
Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid       10         Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶       0       Refunded ▶         IV       Statements Regarding Certain Activities and Other Information (see instructions)         At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file.         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country? If "Yes," see instructions for other forms the organization may have to file.         During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.         Enter available prof.2018 NOL carryovers here ▶\$ 10,163,679. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.         Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryover.       Available post-2017 NOL carryover         450000       \$ 1,377,333       \$ 1,377,333         901101       \$ 4,467,059       \$ 16 a is "Yes," has the organization described the change on Form 990, 990-FZ, 990-FF, or Form 11287 If "No," explain in Part V.         V       Supplemental Information       Inder penalties of perjury, I declare that I h							
Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶       0       Refunded ▶       11         IV       Statements Regarding Certain Activities and Other Information (see instructions)         At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file       Yes         FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶       0       not site of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?         If "Yes," see instructions for other forms the organization may have to file.       Enter the amount of tax-exempt interest received or accrued during the tax year       > \$ 21         Enter available pre-2018 NOL carryovers here ▶\$ 10,163,679. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.       Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryover. Bon't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.       If 450000         901101       \$ 1,377,333       \$ 1,377,333       \$ 1,377,333       If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.       If deals method of accounting? (see instructions).       If dea is "Yes," has the organization described the change							
IV       Statements Regarding Certain Activities and Other Information (see instructions)         At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here         During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?         If "Yes," see instructions for other forms the organization may have to file.         Enter the amount of tax-exempt interest received or accrued during the tax year       > \$ 21         Enter available pre-2018 NOL carryovers here b\$ 10,163,679. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.         Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryover. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.         Business Activity Code       Available post-2017 NOL carryover         450000       \$ 1.377.333         901101       \$ 4.467.059         bid the organization change its method of accounting? (see instructions)			unt ove				
At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here > During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$			in a la		. 11 [		
Part I, line 6. Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. Business Activity Code Available post-2017 NOL carryover 450000 S 1,377,333 A,467,059 S Did the organization change its method of accounting? (see instructions) Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Supplemental Information Ide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax Enter available pre-2018 NOL carryovers here ► \$10,163,679 . Do not in	year hclude	► \$ any post-2017 NO	_ carry	21 vover	
Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.          Business Activity Code       Available post-2017 NOL carryover         450000       \$       1,377,333         901101       \$       4,467,059         16 a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V       Image: State of the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.         May the IRS discuss this return, including accompanying schedules and statements, and to the best of my knowledge.		Part I line 6	vii nei	e by any deduction	report	eu on	1
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.          Business Activity Code       Available post-2017 NOL carryover         450000       \$       1,377,333         901101       \$       4,467,059         Did the organization change its method of accounting? (see instructions)       \$       1.377,333         Did the organization change its method of accounting? (see instructions)       \$       \$         If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"       \$         V       Supplemental Information       \$         Ide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.       \$         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.       \$         Way the IRS discuss this return, including accompanying schedules and statements, and to the best of my knowledge.       \$			AF 201	7  NOL corrections	lon't r	odugo	
Business Activity Code       Available post-2017 NOL carryover         450000       \$       1,377,333         901101       \$       4,467,059         Did the organization change its method of accounting? (see instructions)		the amounts shown below by any NOL claimed on any Schedule A. Part II. lin	ne 17 f	or the tax year. See	nstruc	tions	
450000       \$       1,377,333         901101       \$       4,467,059         Did the organization change its method of accounting? (see instructions)       \$         Did the organization change its method of accounting? (see instructions)       \$         If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.       \$         It V       Supplemental Information         Ide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         May the IRS discuss this return.       May the IRS discuss this return.							1
901101       4,467,059         901101       901101         Did the organization change its method of accounting? (see instructions)       4,467,059         Did the organization change its method of accounting? (see instructions)       1         If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V       1         V       Supplemental Information         Ide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.         May the IRS discuss this return.       May the IRS discuss this return.			Avaii	able post-2017 NOL			518
Did the organization change its method of accounting? (see instructions)		N	P				1
If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V	-				•••••		
If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V	a i	Did the organization change its method of accounting? (see instructions)					
explain in Part V	b	If 6a is "Yes," has the organization described the change on Form 990, 99	0-EZ.		28? If	"No."	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	rt \	Supplemental Information	_				_
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			nal info	rmation See instruc	tions		
belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this re							
belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this re							
belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this re		Under penalties of perjury, I declare that I have examined this return, including accompanying	schedule	s and statements, and to	the bes	t of my know	edae
May the IRS discuss this re		belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	all inform	nation of which preparer h	as any k	nowledge.	-99
	n				May the	IRS discuss t	his ret
EXEC VP, FINANCE & ADMINISTRATION with the preparer shown be	re	EXEC VP. F		& ADMINISTRATION	with the	preparer show	vn belo

	Signature of officer	Date Title		(see instru	uctions)?
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN
Prepa	NICOLE BENCIK	NICOLE BENCIK	05/11/2023	self-employed	P00756195
Use O				Firm's EIN ►	35-0921680
026.0	Firm's address ► 225 WEST WACKER DF	RIVE, SUITE 2600, CHICAGO, IL 60606-1224	4	Phone no. (	(312) 899-7000
	120				000 -

Form 990-T (2021)

#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

2021

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

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

Open to Public Inspection for

A Name of the organization			B Employer ide	ntificatio	n numb	er	_
THE ART INSTITUTE OF CHICAGO			3	6-216772	25		
C Unrelated business activity code (see instructions) ►	450000		D Sequence:	1	of	4	

#### E Describe the unrelated trade or business ► MUSEUM SHOP SALES

Pa	t Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 1,949,476					
b	Less returns and allowances 0 c Balance ►	1c	1,949,476			
2	Cost of goods sold (Part III, line 8)	2	911,998			
3	Gross profit. Subtract line 2 from line 1c	3	1,037,478			1,037,478
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0			0
с	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0			0
6	Rent income (Part IV)	6	0		0	0
7	Unrelated debt-financed income (Part V)	7	0		0	0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8	0		0	0
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9	0		0	0
10	Exploited exempt activity income (Part VIII)	10	0		0	0
11	Advertising income (Part IX)	11	0		0	0
12	Other income (see instructions; attach statement)	12	0			0
13	Total. Combine lines 3 through 12	13	1,037,478		0	1,037,478
Par	t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco		imitations on dec		ductions	s must be
1	Compensation of officers, directors, and trustees (Part X)				1	0
2	Salaries and wages				2	500,780
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement). See instructions				5	0
6	Taxes and licenses				6	36,129
7	Depreciation (attach Form 4562). See instructions			56,024		
8	Less depreciation claimed in Part III and elsewhere on return .		8a	0	8b	56,024
9	Depletion				9	0
10	Contributions to deferred compensation plans				10	0
11	Employee benefit programs				11	122,232
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14	Other deductions (attach statement)				14	560,729
15	Total deductions. Add lines 1 through 14				15	1,275,894
16	Unrelated business income before net operating loss deductio column (C)				16	(238,416)
47						
17	Deduction for net operating loss. See instructions				17	0
18	Deduction for net operating loss. See instructions Unrelated business taxable income. Subtract line 17 from line				17 18	0 (238,416)

	le A (Form 990-T) 2021				Page <b>2</b>
Part		thod of inventory val	~	THER APPROVED	METHOD
1	Inventory at beginning of year				809,618
2	Purchases				733,620
3	Cost of labor				0
4	Additional section 263A costs (attach statement)				0
5 6	Other costs (attach statement)				0
7	Inventory at end of year				<u>1,543,238</u> 631,240
8	Cost of goods sold. Subtract line 7 from line 6.				911,998
9	Do the rules of section 263A (with respect to prope				
Part	IV Rent Income (From Real Property an				
1	Description of property (property street address, A	•••••••		ise. See instructions.	
		Α	В	С	D
2 a	Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, I	ine 6, column (A) 🕨	0
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through	D. Enter here and c	n Part I, line 6, colu	ımn (B) ►	0
Par	· · · · · · · · · · · · · · · · · · ·	,			
1	Description of debt-financed property (street add <b>A</b> <b>B</b> <b>C</b> <b>C</b>		code). Check if a c	dual-use. See instruc	tions.
	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
		Α	В	С	D
2	Gross income from or allocable to debt -				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6 7	Divide line 4 by line 5	%	%	%	%
8	Total gross income (add line 7, columns A throu	ugh D). Enter here ar	nd on Part I, line 7,	column (A) . 🕨 _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	ere and on Part I, li	ne 7, column (B) ►	0
11	Total dividends - received deductions included	d in line 10			0
					/=

Par	t VI Interest, Annuiti	es, Royaltie	es, and Rents	s froi	m Controlled Org	anizations (see instruc	ctions	3)
		Exempt Controlled Organizations						·
	1. Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instructio	s)	<ol> <li>Total of specified payments made</li> </ol>	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Cor	ntrolled Organizatior	าร		
	7. Taxable income	inco	t unrelated me (loss) Istructions)		. Total of specified payments made	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota					►	Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0	Ente	I columns 6 and 11. Fr here and on Part I, ine 8, column (B) 0
Par	t VII Investment Inco	me of a See	ction 501(c)(7	7), (9)	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	int of income		<b>3.</b> Deductions lirectly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. and on Part I, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Tota		•	0					0
Par		_	ncome, Othe	r Th	an Advertising In	come (see instructions	3)	
1	Description of exploited							
2	Gross unrelated busines						2	
<b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						3		
4	4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7						4	
5	Gross income from activ						5	
6	Expenses attributable to	income ente	red on line 5				6	
7	Excess exempt expense 4. Enter here and on Par						7	

Schedule A (Form 990-T) 2021

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Schedule A (Form 990-T) 2021

Part IX Advertising Income

#### SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047 2021

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

Department of the Treasury Internal Revenue Service	<ul> <li>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).</li> </ul>					pection for itions Only
A Name of the organizat	B Employer ider	tification number				
THE ART INSTITUTE OF	CHICAGO		36	6-216772	25	
<b>C</b> Unrelated business	activity code (see instructions)	540000	D Sequence:	2	of	4

E Describe the unrelated trade or business ► ADVERTISING

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 0					
b	Less returns and allowances c Balance ►	1c	0			
2	Cost of goods sold (Part III, line 8)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions					
		4a	0			0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0			0
С	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0			0
6	Rent income (Part IV)	6	0		0	0
7	Unrelated debt-financed income (Part V)	7	0		0	0
8	Interest, annuities, royalties, and rents from a controlled					
0	organization (Part VI)	8	0		0	0
9	organizations (Part VII)					0
40		9	0		0	0
10	Exploited exempt activity income (Part VIII)Advertising income (Part IX)	10 11	0		0	0
11 12		-	7,090		0	7,090
12	Other income (see instructions; attach statement)          Total. Combine lines 3 through 12	12 13	7,090		0	7,090
Par		-				1
Par	directly connected with the unrelated business inco		innitations on ded		StiOr	is must be
1	Compensation of officers, directors, and trustees (Part X) $\ . \ .$				1	0
2	Salaries and wages				2	0
3	Repairs and maintenance				3	0
4	Bad debts				4	0
5	Interest (attach statement). See instructions				5	0
6	Taxes and licenses		1 1		6	256
7	Depreciation (attach Form 4562). See instructions		7	0		
8	Less depreciation claimed in Part III and elsewhere on return $% \mathcal{A} = \mathcal{A}$ .				3b	0
9	Depletion				9	0
10	Contributions to deferred compensation plans				10	0
11	Employee benefit programs				11	0
12	Excess exempt expenses (Part VIII)				12	0
13	Excess readership costs (Part IX)				13	0
14 15	Other deductions (attach statement)				14	4,392
15 16	<b>Total deductions.</b> Add lines 1 through 14				15	4,048
10	column (C)				16	2,442
17					17	2,442
18	Unrelated business taxable income. Subtract line 17 from lin				18	2,442
	perwork Reduction Act Notice, see instructions.				-	le A (Form 990-T) 2021

Schedu	le A (Form 990-T) 2021				Page <b>2</b>
Part	<b>Cost of Goods Sold</b> Enter me			1 1	
1	Inventory at beginning of year				0
2					0
3 4	Cost of labor				0
5	Other costs (attach statement)				0
6	<b>Total.</b> Add lines 1 through 5.				0
7	Inventory at end of year				0
8	Cost of goods sold. Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to prope				? 🗌 Yes 🗹 No
	<b>IV</b> Rent Income (From Real Property an Description of property (property street address,	•	-		
1		•			
	B				
	c 🗌				
	D 🗌			1	
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income).				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I. li	ne 6. column (A) 🕨	0
4	Deductions directly connected with the income		,	, (,	
-	in lines 2(a) and 2(b) (attach statement)				
-			n Davit I. Jina C. aalu		0
5	Total deductions. Add line 4 columns A through		n Fait I, line 0, colu	mn (B) 🕨	0
Par	Unrelated Debt-Financed Income (se Description of debt-financed property (street add	,		lual una Cas instance	tio 100
1	A	ress, city, state, zir	Coue). Check if a c	iual-use. See instruc	lions.
	B □				
	c 🗌				
	D 🗌			1	
		Α	В	С	D
2	Gross income from or allocable to debt - financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6 7	Divide line 4 by line 5	%	%	%	%
8	Total gross income (add line 7, columns A throu	ugh D). Enter here ar	nd on Part I, line 7, o	column (A) . 🕨	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	nere and on Part I, lir	ne 7, column (B) ►	0
11	Total dividends - received deductions included	d in line 10			0
			-	· · ·	

Par	t VI Interest, Annuiti	es, Royaltie	es, and Rents	s froi	m Controlled Org	anizations (see instruc	ctions	s)
		Exempt Controlled Organizations						·
	1. Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instructio	s)	<ol> <li>Total of specified payments made</li> </ol>	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Cor	ntrolled Organizatior	าร		
	7. Taxable income	inco	t unrelated me (loss) Istructions)		. Total of specified payments made	<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota					►	Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0	Ente	I columns 6 and 11. Fr here and on Part I, ine 8, column (B) 0
Par	t VII Investment Inco	me of a See	ction 501(c)(7	7), (9)	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	int of income		<b>3.</b> Deductions lirectly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here	nts in column 2. and on Part I, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Tota		•	0					0
Par		_	ncome, Othe	r Th	an Advertising In	come (see instructions	3)	
1	Description of exploited							
2	Gross unrelated busines						2	
<b>3</b> Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)						3		
4	4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7						4	
5	Gross income from activ						5	
6	Expenses attributable to	income ente	red on line 5				6	
7	Excess exempt expense 4. Enter here and on Par						7	

Schedule A (Form 990-T) 2021

1	Name(s) of periodical(s). Check box if re				lidated basis.	
	A 🗌					
	C 🗌					
Enter	<b>D</b> amounts for each periodical listed above	in the corr	espondina colu	nn.		
			A	B	С	D
2	Gross advertising income	· · · [				
а	Add columns A through D. Enter here a	nd on Part	I, line 11, colum	n (A)		• 0
3	Direct advertising costs by periodical	[				
а	Add columns A through D. Enter here a	nd on Part	I, line 11, colum	n (B)		▶0
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line	a gain, blumn in omplete				
5	Readership costs					
6 7	Circulation income Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero	ess than 5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
	Add line 8, columns A through D. Ent Part II, line 13					on 0
Par	t X Compensation of Officers, Di	rectors, a	and Trustees	see instruction		
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
(1)					%	
(2) (3)					%	
(0) (4)					%	
<b>T</b> -+-	I Enter have and an Dart II line 1				•	
	<ul> <li>I. Enter here and on Part II, line 1</li> <li>XI Supplemental Information (set</li> </ul>	e instruct	tions)		🕨	0
r ar						

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Schedule A (Form 990-T) 2021

Part IX Advertising Income

#### SCHEDULE A (Form 990-T)

Department of the Treasury

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047 2021

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

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

Internal Revenue Service	Do not enter SSN numbers on this form as	it may be made public if your organ	ization is a 501(c)(3).	501(c)(3)	Organizat	tions Only
A Name of the organizati	on		B Employer iden	tification	numbe	r
THE ART INSTITUTE OF	CHICAGO		36	-2167725	5	
<b>C</b> Unrelated business a	activity code (see instructions) ►	530000	D Sequence:	3	of	4

#### E Describe the unrelated trade or business ► FILM CENTER RENTAL

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0				
b	Less returns and allowances 0 c Balance ►	1c	0		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	0		0
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	0		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	0		0
С	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	0		0
6	Rent income (Part IV)	6	0	0	0
7	Unrelated debt-financed income (Part V)	7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9	0	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0	0
11	Advertising income (Part IX)	11	0	0	0
12	Other income (see instructions; attach statement)	12	25,075		25,075
13	Total. Combine lines 3 through 12         .	13	25,075	0	_0,0.0
Par	t II <b>Deductions Not Taken Elsewhere</b> See instruction directly connected with the unrelated business inco		limitations on ded	luctions. Deduction	ons must be
1	Compensation of officers, directors, and trustees (Part X)			1	0
2	Salaries and wages			2	2,669
3	Repairs and maintenance			3	0
4	Bad debts			4	0
5	Interest (attach statement). See instructions				0
6	Taxes and licenses			6	1,611
7	Depreciation (attach Form 4562). See instructions			0	
8	Less depreciation claimed in Part III and elsewhere on return .			0 8b	0
9	Depletion			9	0
10	Contributions to deferred compensation plans				0
11	Employee benefit programs				884
12	Excess exempt expenses (Part VIII)				0
13	Excess readership costs (Part IX)			13	0
14	Other deductions (attach statement)				4,562
15	<b>Total deductions.</b> Add lines 1 through 14				9,726
16	Unrelated business income before net operating loss deductio				
	column (C)				15,349
17					0
18	Unrelated business taxable income. Subtract line 17 from lin				15,349
For Pa	perwork Reduction Act Notice, see instructions.	Ca	at. No. 74036O	Scheo	lule A (Form 990-T) 2021

	e A (Form 990-T) 2021				Page <b>2</b>
,		thod of inventory va			
1	Inventory at beginning of year				0
2					0
3 4	Cost of labor				0
4 5	Other costs (attach statement)				0 0
6	Total. Add lines 1 through 5.				0
7	Inventory at end of year				0
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to prop				? 🗌 Yes 🖌 No
Part	IV Rent Income (From Real Property an	d Personal Prope	erty Leased with	Real Property)	
1	Description of property (property street address,	city, state, ZIP code	e). Check if a dual-us	se. See instructions.	
	B				
	D	Α	В	С	D
2	Rent received or accrued	~	D	<b>v</b>	
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) 🕨	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_				(=)	
5	Total deductions. Add line 4 columns A through	D. Enter here and c	on Part I, line 6, colu	mn (B) 🕨 _	0
Par		,			
1	Description of debt-financed property (street add	dress, city, state, ZIF	code). Check if a d	ual-use. See instruct	tions.
	B				
	C				
		Α	В	С	D
2	Gross income from or allocable to debt -		_		
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	/0	/0	,0	///
			ad an David Librar 7		
8	Total gross income (add line 7, columns A throu	ugn ש). Enter here ar	io on Part I, line /, c	olumn (A) . ► _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	nere and on Part I, lin	e 7, column (B) ►	0
11	Total dividends - received deductions included	d in line 10			0

Par	t VI Interest, Annuiti	es, Royaltie	es, and Rents	s froi	m Controlled Org	anizations (see instruc	ctions	3)
					Exempt Co	ntrolled Organizations		·
	1. Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instructio	s)	<ol> <li>Total of specified payments made</li> </ol>	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Cor	ntrolled Organizatior	าร		
	7. Taxable income	inco	t unrelated me (loss) Istructions)	related <b>9.</b> Total of specified payments made		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota					►	Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0	Ente	I columns 6 and 11. Fr here and on Part I, ine 8, column (B) 0
Par	t VII Investment Inco	me of a See	ction 501(c)(7	7), (9)	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	int of income		<b>3.</b> Deductions lirectly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here			Ente	amounts in column 5. r here and on Part I, ine 9, column (B)		
Tota		•	0					0
Par		_	ncome, Othe	r Th	an Advertising In	come (see instructions	3)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly conne line 10, column (B) .	•					3	
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from activ						5	
6	Expenses attributable to	income ente	red on line 5				6	
7	Excess exempt expense 4. Enter here and on Par						7	

Schedule A (Form 990-T) 2021

1	Name(s) of periodical(s). Check box if re			cals on a conso	lidated basis.	
	A 🗌 B 🔲					
	C 🗌					
ter	<b>D</b> amounts for each periodical listed above	in the correst	onding colum	n.		
.01			A	B	С	D
2	Gross advertising income					
а	Add columns A through D. Enter here a	nd on Part I, li	ne 11, column	(A)		▶
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here a	nd on Part I, li	ne 11, column	(B)		▶
4	Advertising gain (loss). Subtract line 3 ft 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line	a gain, blumn in omplete				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero	5 is less				
3	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Ent		r of the line 8	a, columns tota	al or zero here and	on
	Part II, line 13		· · · ·			▶
Jar	t X Compensation of Officers, Di	rectors, and	d Trustees (s	ee instruction		1 Companyation
	1. Name		<b>2.</b> Title		3. Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
					%	
					%	
)					%	
	<ul> <li>I. Enter here and on Part II, line 1 .</li> <li>XI Supplemental Information (set</li> </ul>	· · · · ·	<u></u>		🕨	
an			13)			

Page **4** 

Schedule A (Form 990-T) 2021

Part IX Advertising Income

#### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

## Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

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

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

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

A Name of the organization			B Employer ide	ntificatio	on numb	er	
THE ART INSTITUTE OF CHICAGO			3	6-216772	25		
C Unrelated business activity code (see instructions) ►	901101		D Sequence:	4	of	4	

### E Describe the unrelated trade or business ► INVESTMENT ACTIVITY

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0				
b	Less returns and allowances0 c Balance ►	1c	0		
2	Cost of goods sold (Part III, line 8)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	0		0
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	360,289		360,289
b	Net gain (loss) (Form 4797) (attach Form 4797). See				
	instructions	4b	0		0
С	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	2,405,627		2,405,627
6	Rent income (Part IV)	6	0	C	-
7	Unrelated debt-financed income (Part V)	7	0	C	0
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8	0	0	0
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9	0	0	-
10	Exploited exempt activity income (Part VIII)	10	0	0	-
11	Advertising income (Part IX)	11	0	0	-
12	Other income (see instructions; attach statement)	12	0		0
13	Total. Combine lines 3 through 12	13	2,765,916		
Par	t II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco		limitations on dec	luctions. Deduction	ons must be
1	Compensation of officers, directors, and trustees (Part X)			1	0
2	Salaries and wages			2	0
3	Repairs and maintenance			3	0
4	Bad debts			4	0
5	Interest (attach statement). See instructions			5	110,651
6	Taxes and licenses			6	1,571
7	Depreciation (attach Form 4562). See instructions			0	
8	Less depreciation claimed in Part III and elsewhere on return .			0 8b	0
9	Depletion				736,150
10	Contributions to deferred compensation plans				0
11	Employee benefit programs				0
12	Excess exempt expenses (Part VIII)				0
13	Excess readership costs (Part IX)				0
14	Other deductions (attach statement)				2,513,794
15	Total deductions. Add lines 1 through 14				3,362,166
16	Unrelated business income before net operating loss deductio column (C)				(596,250)
17	Deduction for net operating loss. See instructions				0
18	Unrelated business taxable income. Subtract line 17 from lin				(596,250)
	perwork Reduction Act Notice, see instructions.		at. No. 740360		dule A (Form 990-T) 2021

	e A (Form 990-T) 2021				Page <b>2</b>
,		thod of inventory va			
1	Inventory at beginning of year				0
2					0
3 4	Cost of labor				0
4 5	Other costs (attach statement)				0 0
6	Total. Add lines 1 through 5.				0
7	Inventory at end of year				0
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6.				0
9	Do the rules of section 263A (with respect to prop				? 🗌 Yes 🖌 No
Part	IV Rent Income (From Real Property an	d Personal Prope	erty Leased with	Real Property)	
1	Description of property (property street address,	city, state, ZIP code	e). Check if a dual-us	se. See instructions.	
	B				
	D	Α	В	С	D
2	Rent received or accrued	~	D	<b>v</b>	
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c column	ns A through D. Enter	here and on Part I, li	ne 6, column (A) 🕨	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement)				
_				(=)	
5	Total deductions. Add line 4 columns A through	D. Enter here and c	on Part I, line 6, colu	mn (B) 🕨 _	0
Par		,			
1	Description of debt-financed property (street add	dress, city, state, ZIF	code). Check if a d	ual-use. See instruct	tions.
	B				
	C				
		Α	В	С	D
2	Gross income from or allocable to debt -		_		
	financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) .				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable to debt - financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	/0	/0	,0	///
			ad an David Live - 7		
8	Total gross income (add line 7, columns A throu	ugn ש). Enter here ar	io on Part I, line /, c	olumn (A) . ► _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns	A through D. Enter h	nere and on Part I, lin	e 7, column (B) ►	0
11	Total dividends - received deductions included	d in line 10			0

Par	t VI Interest, Annuiti	es, Royaltie	es, and Rents	s froi	m Controlled Org	anizations (see instruc	ctions	3)
					Exempt Co	ntrolled Organizations		·
	1. Name of controlled organization	2. Employer identification number	3. Net unrela income (los (see instructio	s)	<ol> <li>Total of specified payments made</li> </ol>	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with come in column 5
(1)								
(2)								
(3)								
(4)								
			Nonexemp	ot Cor	ntrolled Organizatior	าร		
	7. Taxable income	inco	t unrelated me (loss) Istructions)	related <b>9.</b> Total of specified payments made		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with come in column 10
(1)								
(2)								
(3)								
(4)								
Tota					►	Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0	Ente	I columns 6 and 11. Fr here and on Part I, ine 8, column (B) 0
Par	t VII Investment Inco	me of a See	ction 501(c)(7	7), (9)	), or (17) Organiza	ation (see instructions)		
	1. Description of income	<b>2.</b> Amou	int of income		<b>3.</b> Deductions lirectly connected attach statement)	<b>4.</b> Set-asides (attach statement)		Total deductions and set-asides d columns 3 and 4)
(1)								
(2)								
(3)								
(4)								
		Enter here			Ente	amounts in column 5. r here and on Part I, ine 9, column (B)		
Tota		•	0					0
Par		_	ncome, Othe	r Th	an Advertising In	come (see instructions	3)	
1	Description of exploited							
2	Gross unrelated busines						2	
3	Expenses directly conne line 10, column (B) .	•					3	
4	Net income (loss) from lines 5 through 7						4	
5	Gross income from activ						5	
6	Expenses attributable to	income ente	red on line 5				6	
7	Excess exempt expense 4. Enter here and on Par						7	

Schedule A (Form 990-T) 2021

1	Name(s) of periodical(s). Check box if re	porting tw	o or more period	licals on a conso	lidated basis.	
	A ∐ B ∏					
	D					
nter	amounts for each periodical listed above	in the corr	esponding colur	nn.		
_			Α	В	С	D
2	Gross advertising income	· · · L				
а	Add columns A through D. Enter here an	nd on Part	I, line 11, colum	n(A)		• (
3	Direct advertising costs by periodical	[				
а	Add columns A through D. Enter here a	nd on Part	I, line 11, colum	n(B)		•(
4	Advertising gain (loss). Subtract line 3 fr 2. For any column in line 4 showing complete lines 5 through 8. For any co line 4 showing a loss or zero, do not co lines 5 through 7, and enter zero on line	a gain, olumn in omplete				
5	Readership costs					
6	Circulation income	[				
7	Excess readership costs. If line 6 is le line 5, subtract line 6 from line 5. If line 5 than line 6, enter zero	5 is less				
8	Excess readership costs allowed deduction. For each column showing a line 4, enter the lesser of line 4 or line 7	gain on				
а	Add line 8, columns A through D. Ent		ater of the line	a. columns tota	al or zero here and	on
	Part II, line 13	-				► 0
Par	t X Compensation of Officers, Di	rectors, a	and Trustees	see instruction	s)	
	1. Name		2. Title		<b>3.</b> Percentage of time devoted to business	<ol> <li>Compensation attributable to unrelated business</li> </ol>
1)					%	
2)					%	
3)					%	
4)					%	
Tota	I. Enter here and on Part II, line 1.				🕨	C
Part	XI Supplemental Information (se	e instruct	tions)			

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Schedule A (Form 990-T) 2021

Part IX Advertising Income

Additional Information

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	ALEXANDRA HOLT, 111 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60603

## Form 990T Part I, Line 4

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2016	36	0			36	2021
2017	21	0			21	2022
2018	85	0			85	2023
2019	1,325	0			1,325	2024
2020	2,246	0			2,246	2025
2021	3,256	0			3,256	2026
Totals	6,969	0	0	0	6,969	

### Form 990T Part I, Line 6

Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2007	3,486,368		2,029,800	17,791	1,438,777	2027
2008	516,762				516,762	2028
2009	508,184				508,184	2029
2010	1,695,940				1,695,940	2030
2011	413,822				413,822	2031
2012	1,059,661				1,059,661	2032
2013	593,900				593,900	2033
2016	1,582,222				1,582,222	2036
2017	2,336,620				2,336,620	2037
Totals	12,193,479	0	2,029,800	17,791	10,145,888	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
INVESTMENT ACTIVITY			
(1) DEERFIELD PH HOLDINGS IV LP	(17,484)	0	(17,484)
(2) DEERFIELD PRIVATE DESIGN FUND IV, L.P.	(95,383)	0	(95,383)
(3) DEERFIELD RCA HOLDINGS IV, L.P.	71,484	0	71,484
(4) DEERFIELD RCA HOLDINGS, L.P.	161,392	0	161,392
(5) FLEXPOINT OVERAGE FUND IV-A, L.P.	(858)	21,666	(22,524)
(6) TRILANTIC ENERGY PARTNERS II (NORTH AMERICA) L.P.	87,332	11,294	76,038
(7) CARNELIAN ENERGY CAPITAL II, L.P.	579,166	0	579,166
(8) KKR ASIAN FUND III L.P.	6,945	3,044	3,901
(9) FORTRESS REAL ESTATE OPPORTUNITIES FUND II (A) LP	(186,270)	0	(186,270)
(10) ENERGY SPECTRUM PARTNERS VIII LP	(349,757)	0	(349,757)
(11) FLEXPOINT FUND IV-A, L.P.	67,386	122,617	(55,231)
(12) NAUTIC PARTNERS VIII, L.P.	8,604	0	8,604
(13) GREENFIELD LAND PARTNERS I, LP C/O GREENFIELD PARTNERS, LLC	(83)	0	(83)
(14) ABERDEEN VENTURE PARTNERS VI, L.P.	8	0	8
(15) AECOM-CANYON EQUITY FUND L.P.	(131,598)	0	(131,598)
(16) AXIOM ASIA IV, LP	(4,068)	0	(4,068)
(17) CARNELIAN ENERGY CAPITAL III LP	32,277	0	32,277
(18) AXIOM ASIA V, LP	(682)	0	(682)
(19) DEERFIELD PRIVATE DESIGN FUND III, L.P.	3,133	0	3,133
(20) CRESTVIEW PARTNERS IV, LP	(18,054)	0	(18,054)
(21) DEERFIELD HEALTHCARE INNOVATIONS FUND, L.P.	(369,572)	0	(369,572)
(22) NAUTIC PARTNERS IX, L.P.	44,056	11,072	32,984
(23) POMONA CAPITAL VI LP	10	593	(583)
(24) SHOREHILL PRIVATE EQUITY LP	68,937	0	68,937
(25) PROVIDENCE EQUITY PARTNERS VI LP	(32)	0	(32)
(26) BLACKSTONE REAL ESTATE PARTNERS VI.TE.2-NQ L.P.	18,526	0	18,526
(27) CCSL AIV LP	9,289	0	9,289
(28) CCPPV AIV, LP	(65,739)	0	(65,739)
(29) ENCAP ENERGY CAPITAL FUND VI, L.P.	(991)	1,689	(2,680)
(30) CC PF AIV LP	15,776	0	15,776
(31) ENCAP ENERGY CAPITAL FUND X, LP	838,793	38,862	799,931
(32) TEP II SOLAR AIV L.P.	(12,716)	0	(12,716)
(33) TRILANTIC ENERGY PARTNERS (NORTH AMERICA) AIV L.P.	1,134,207	0	1,134,207
(34) BREP EUROPE VI (ALBERTA) (AIV-SH) L.P.	837	1	836
(35) NGP NATURAL RESOURCES XI, LP	753,898	10,136	743,762
(36) BLACKSTONE REAL ESTATE PARTNERS EUROPE IV	(6,983)	0	(6,983)
(37) BLACKSTONE REAL ESTATE PARTNERS EUROPE IV NQ	102,288	60,115	42,173
(38) NAUTIC PARTNERS X LP	2,964	60,323	(57,359)
(39) TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XV, L.P.	0	0	0
(40) GS CAPITAL PARTNERS VI, L.P.	1	0	1
Total	2,747,039	341,412	2,405,627

Other Income

Description	Amount
ADVERTISING	
(1) ADVERTISING INCOME	7,090
FILM CENTER RENTAL	
(1) RENTAL INCOME	25,075
Total for Schedule A - Part I,	Line 12 32,165

Description	Amount
INVESTMENT ACTIVITY	
(1) FLEXPOINT OVERAGE FUND IV-A, L.P.	5,250
(2) CARNELIAN ENERGY CAPITAL II, L.P.	0
(3) KKR ASIAN FUND III L.P.	4,005
(4) FORTRESS REAL ESTATE OPPORTUNITIES FUND II (A) LP	204
(5) ENERGY SPECTRUM PARTNERS VIII LP	0
(6) FLEXPOINT FUND IV-A, L.P.	6,702
(7) NAUTIC PARTNERS VIII, L.P.	0
(8) GREENFIELD LAND PARTNERS I, LP C/O GREENFIELD PARTNERS, LLC	0
(9) CARNELIAN ENERGY CAPITAL III LP	0
(10) DEERFIELD PRIVATE DESIGN FUND III, L.P.	0
(11) CRESTVIEW PARTNERS IV, LP	0
(12) NAUTIC PARTNERS IX, L.P.	3,994
(13) SHOREHILL PRIVATE EQUITY LP	0
(14) NGP NATURAL RESOURCES XI, LP	605
(15) BLACKSTONE REAL ESTATE PARTNERS EUROPE IV NQ LP	66,063
(16) NAUTIC PARTNERS X LP	6,642
(17) TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XV, L.P.	17,186
Total	110,651
Total for Schedule A - Part II, Line 5	110,651

Description	Amount
MUSEUM SHOP SALES	
(1) FICA MUSEUM SHOP	36,129
ADVERTISING	
(1) STATE TAX	256
FILM CENTER RENTAL	
(1) STATE TAX	1,611
INVESTMENT ACTIVITY	
(1) FOREIGN TAX	147
(2) STATE TAXES	1,424
Total	1,571

Description		Amount
MUSEUM SHOP SALES		
(1) MISCELLANEOUS EXPENSES		226,061
(2) ADMINISTRATION ALLOCATION		330,587
(3) PROFESSIONAL FEES		4,081
	Total	560,729
ADVERTISING		
(1) ADMIN AND PROFESSIONAL SERVICE FEES		4,392
FILM CENTER RENTAL		
(1) ADMIN AND PROFESSIONAL SERVICE FEES		4,432
(2) FACILITY COSTS		130
	Total	4,562
INVESTMENT ACTIVITY		
(1) TRILANTIC ENERGY PARTNERS II (NORTH AMERICA) L.P.		114,102
(2) CARNELIAN ENERGY CAPITAL II, L.P.		649,382
(3) CARNELIAN ENERGY CAPITAL III LP		276,856
(4) ENCAP ENERGY CAPITAL FUND X, LP		515,911
(5) TRILANTIC ENERGY PARTNERS (NORTH AMERICA) AIV L.P.		241,567
(6) NGP NATURAL RESOURCES XI, LP		702,103
(7) PROFESSIONAL FEES		13,873
	Total	2,513,794

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
MUSEUM SHOP SALES					
2018	120,040		0		120,040
2019	570,290		0		570,290
2020	687,003		0		687,003
2021	238,416				238,416
Totals	1,615,749	0	0	0	1,615,749
INVESTMENT ACTIVITY					
2018	992,010				992,010
2019	2,578,844				2,578,844
2020	896,205				896,205
2021	596,369				596,369
Totals	5,063,428	0	0	0	5,063,428

# **Capital Gains and Losses**

OMB No. 1545-0123

2021

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Department of the Treasury Internal Revenue Service

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

Name				En	nployer i		ion number	
	ART INSTITUTE OF CHICAGO					36-216		
	he corporation dispose of any investment(s) in a qual es," attach Form 8949 and see its instructions for add		-	•		. ▶∟	] Yes 🗹 No	
-	t Short-Term Capital Gains and Losses				1055.			
I G	See instructions for how to figure the amounts to enter on			(g) Adjustme	ents to ga	in (h) Ga	nin or (loss)	
	the lines below.	<b>(d)</b> Proceeds	<b>(e)</b> Cost	or loss from	Form(s)	Subtra	act column (e) from	
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	8949, Part I, column (g)	line 2,		in (d) and combine sult with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						0	
1b	Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						0	
2	Totals for all transactions reported on Form(s) 8949         with <b>Box B</b> checked						0	
3	Totals for all transactions reported on Form(s) 8949         with <b>Box C</b> checked	0	0			0	(1,523)	
4	Short-term capital gain from installment sales from Forr	m 6252, line 26 or 3	37		. 4			
5	Short-term capital gain or (loss) from like-kind exchange	es from Form 8824				5		
6	Unused capital loss carryover (attach computation) .				. 6	6 (	0)	
7	Net short-term capital gain or (loss). Combine lines 1a t	hrough 6 in columr	ıh		. 7	,	(1,523)	
Pa	t II Long-Term Capital Gains and Losses –	Assets Held Mo	ore Than One Y	ear				
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustme or loss from 8949, Part II,	Form(s)	Subtra	<b>iin or (loss)</b> act column (e) from in (d) and combine	
	whole dollars.	(sales price)	(or other basis)	column (g)			sult with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						0	
8b	Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						0	
9	Totals for all transactions reported on Form(s) 8949         with <b>Box E</b> checked						0	
10	Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked	0	0			0	20,634	
11	Enter gain from Form 4797, line 7 or 9				. 1	1	341,178	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37						2		
13	<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824					3		
14	<b>14</b> Capital gain distributions (see instructions)					4		
15       Net long-term capital gain or (loss). Combine lines 8a through 14 in column h						5	361,812	
16	Enter excess of net short-term capital gain (line 7) over	net long-term capit	tal loss (line 15)		. 1	6	0	
17	Net capital gain. Enter excess of net long-term capital g			al loss (line	7) 1	7	360,289	
18	Add lines 16 and 17. Enter here and on Form 1120, page		pplicable line on of	ther returns	1	8	360,289	
	Note: If losses exceed gains, see Capital Losses in the instructions.							

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Cat. No. 11460M

Department of the Treasury

Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

()Attachment Sequence No. 12A

Name(s) shown on return	Social security number or taxpayer identification number
THE ART INSTITUTE OF CHICAGO	36-2167725

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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

C) Short-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of (Mo., day, yr.)	<b>(d)</b> Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (FROM 1065)	VARIOUS					0	(1,523)
<b>2 Totals.</b> Add the amounts in columns negative amounts). Enter each tota Schedule D, <b>line 1b</b> (if <b>Box A</b> above above is checked), or <b>line 3</b> (if <b>Box C</b>	al here and incl is checked), <b>lin</b>	lude on your 1e 2 (if Box B	0	0		0	(1,523)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. The Art Institute of Chicago

Form 8949 (2021)	Attachment Sequence No. <b>12A</b>	Page <b>2</b>
Name(s) shown on return. Name and SSN or taxpaver identification no. not required if shown on other side	Social security number or taxpayer identification num	ber

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side THE ART INSTITUTE OF CHICAGO

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

36-2167725

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

**(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

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

☑ (F) Long-term transactions not reported to you on Form 1099-B

<b>1</b> (a) Description of property	<b>(b)</b> Date acquired (Mo., day, yr.)	<b>(c)</b> Date sold or disposed of (Mo., day, yr.)	<b>(d)</b> Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below	If you enter an enter a c	f any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)				and see <i>Column (e)</i> in the separate instructions	<b>(f)</b> Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
FROM SCHEDULE K-1 (FROM 1065)	VARIOUS					0	20,634
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	I here and incl is checked), <b>lir</b>	lude on your ne 9 (if Box E	0	0		0	20,634

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2021)

Form	3800
	ment of the Treasury I Revenue Service (99)

# **General Business Credit**

► Go to www.irs.gov/Form3800 for instructions and the latest information.

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

ivame(s	) snown on return	identifying number	
THE A	ART INSTITUTE OF CHICAGO	36-21677	25
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T (See instructions and complete Part(s) III before Parts I and II.)	-	
1	General business credit from line 2 of all Parts III with box A checked	1	C
2	Passive activity credits from line 2 of all Parts III with box B checked 2	0	
3	Enter the applicable passive activity credits allowed for 2021. See instructions	3	C
4	Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with be	ox C	
	checked. See instructions for statement to attach	4	C
	Check this box if the carryforward was changed or revised from the original reported amount		. 🕨 🗌
5	Carryback of general business credit from 2022. Enter the amount from line 2 of Part III with be		
	checked. See instructions		C
6	Add lines 1, 3, 4, and 5	6	C
Part			
7	Regular tax before credits:		
	Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR, line 16, and Schedule 2 (Form 1040), line 2		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return	7	C
8	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from the applicable line of your return		
0	Individuals. Enter the amount from Form 6251, line 11		
	Corporations. Enter -0	8	C
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
9	Add lines 7 and 8	9	C
10a	Foreign tax credit		
b	Certain allowable credits (see instructions)		
С	Add lines 10a and 10b	<b>10c</b>	C
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on lin	ie 16 <b>11</b>	C
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
14	instructions         13           Tentative minimum tax:         13		
17	Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041),		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11. If zero or less, enter -0-		C
17	Enter the <b>smaller</b> of line 6 or line 16		C
	<b>C</b> corporations: See the line 17 instructions if there has been an ownership change, acquisition reorganization.		
	с		0000

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12392F

Form **3800** (2021)

Note	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0
20	Subtract line 19 from line 11. If zero or less, enter -0	20	0
21	Subtract line 17 from line 20. If zero or less, enter -0	21	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked 23 0		
24	Enter the applicable passive activity credit allowed for 2021. See instructions	24	
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 1,319		
33	Enter the applicable passive activity credits allowed for 2021. See instructions	33	1,319
34	Carryforward of business credit to 2021. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	<b>34</b>	<u>13,838</u> · · · . ► □
35	Carryback of business credit from 2022. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	15,157
37	Enter the <b>smaller</b> of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37.         Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.         • Individuals. Schedule 3 (Form 1040), line 6	38	0

Form **3800** (2021)

Allowable Credit (continued)

Part II

Form 3800 (2021	•			Page 3
Name(s) shown o			Identifying num	
	TITUTE OF CHICAGO General Business Credits or Eligible Small Business Credits (see inst	ruction		2167725
	separate Part III for each box checked below. See instructions.	ruction	15)	
•	ral Business Credit From a Non-Passive Activity <b>E</b> Reserved			
	ral Business Credit From a Passive Activity <b>F</b> Reserved			
	ral Business Credit Carryforwards <b>G</b> Eligible Small Busin	ess Cre	dit Carryforward	s
	ral Business Credit Carrybacks H		all our yior ward	5
	filing more than one Part III with box A or B checked, complete and attach first an a	ddition	al Part III combinir	a amounts from
all Parts II	Il with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b) Enter EIN if	(c) Enter the
Note: On any I pass-through e	line where the credit is from more than one source, a separate Part III is needed for each entity.	c fro	claiming the credit om a pass-through entity.	appropriate amount.
1a Inve	estment (Form 3468, Part II only) (attach Form 3468)	1a		0
b Res	erved	1b		
<b>c</b> Incr	easing research activities (Form 6765)	1c		0
d Low	<i>i</i> -income housing (carryforward only) (see instructions)	1d		0
<b>e</b> Disa	abled access (Form 8826)*	1e		0
f Ren	ewable electricity, refined coal, and Indian coal production (Form 8835)	1f		0
<b>g</b> India	an employment (Form 8845)	1g		0
h Orpl	han drug (Form 8820)	1h		0
i New	v markets (Form 8874)	1i		0
j Sma	all employer pension plan startup costs and auto-enrollment (Form 8881)	1j		0
k Emp	ployer-provided child care facilities and services (Form 8882)*	1k		0
I Bioc	diesel and renewable diesel fuels (attach Form 8864)	11		0
	v sulfur diesel fuel production (Form 8896)	1m		0
	illed spirits (Form 8906)	1n		0
	nconventional source fuel (carryforward only)	10		0
	rgy efficient home (Form 8908)	1p		0
	rgy efficient appliance (carryforward only)	1q		0
	rnative motor vehicle (Form 8910)	1r		0
s Alte	rnative fuel vehicle refueling property (Form 8911)	1s		0
t Enh	anced oil recovery credit	1t		0
	e rescue team training (Form 8923)	1u		0
-	icultural chemicals security (carryforward only)	1v		0
	oloyer differential wage payments (Form 8932)	1w		0
	bon oxide sequestration (Form 8933)	1x		0
-		1y		0
				0
				0
		1bb		0
				0
				0
		_		0
		-		0
		-		0
				0
				0
				0
-				0
				1,319
	-			1,319
				0
				1,319
				1,319
y Qua z Qua aa Emp bb Gen zz Othe crec 2 Add 3 Ente 4a Inve b Wor c Biof d Low e Ren f Emp g Qua h Sma i Incre j Emp z Othe 5 Add	alified plug-in electric drive motor vehicle (Form 8936)	1y         1z         1aa         1bb         1zz         2         3         4a         4b         4c         4d         4d         4d         4f         4g         4h         4i         4j         5         6		1,3

	3800 (2021)			Page <b>3</b>
	e(s) shown on return		Identifying nun	nber
	ART INSTITUTE OF CHICAGO			2167725
Pa	t III General Business Credits or Eligible Small Business Credits (see instr	uctions	s)	
Con	nplete a separate Part III for each box checked below. See instructions.			
<b>A</b> [	General Business Credit From a Non-Passive Activity E 🔲 Reserved			
<b>B</b> [	General Business Credit From a Passive Activity F 🔲 Reserved			
<b>C</b> [	□ General Business Credit Carryforwards G □ Eligible Small Busine	ess Creo	dit Carryforward	S
<b>D</b> [	General Business Credit Carrybacks H 🗌 Reserved			
	f you are filing more than one Part III with box A or B checked, complete and attach first an ac			
	all Parts III with box A or B checked. Check here if this is the consolidated Part III		(b) Enter EIN if	
	(a) Description of credit		aiming the credit	(c) Enter the appropriate
	Con any line where the credit is from more than one source, a separate Part III is needed for each -through entity.		m a pass-through	amount.
•		1a	entity.	
1		-		
		1b		
	Increasing research activities (Form 6765)			
	Low-income housing (carryforward only) (see instructions)	1d		
	Disabled access (Form 8826)*	1e		
1	· · · · · · · · · · · · · · · · · · ·	1f		
	g Indian employment (Form 8845)	1g		
	<b>n</b> Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
l	Employer-provided child care facilities and services (Form 8882)*	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
I	<b>n</b> Low sulfur diesel fuel production (Form 8896)	1m		
1	<b>1</b> Distilled spirits (Form 8906)	1n		
	Nonconventional source fuel (carryforward only)	1o		
	<b>o</b> Energy efficient home (Form 8908)	1p		
(	P Energy efficient appliance (carryforward only)	1q		
I		1r		
:	s Alternative fuel vehicle refueling property (Form 8911)	1s		
ł		1t		
	Mine rescue team training (Form 8923)	1u		
	Agricultural chemicals security (carryforward only)	1v		
	$\mathbf{w}$ Employer differential wage payments (Form 8932)	1w		
	Carbon oxide sequestration (Form 8933)	1x		
,	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Z Qualified plug-in electric vehicle (carryforward only)	1z		
		1aa		
		1bb		
4		1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		0
		4a		
4	-	4a 4b		
	D         Work opportunity (Form 5884)         .	-		
	Biofuel producer (Form 6478)	4c		
	Low-income housing (Form 8586)	4d		
	e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
1		4f		
	g Qualified railroad track maintenance (Form 8900)	4g		
	n Small employer health insurance premiums (Form 8941)	4h		
i	······································	4i	83-3353461	94
j		4j		
	z Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		94
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		94
* Se	e instructions for limitation on this credit.			Form <b>3800</b> (2021)

		) (2021)			Page <b>3</b>
	- (-) -	hown on return		Identifying nun	nber
		T INSTITUTE OF CHICAGO			2167725
	art II		ructio	ons)	
		te a separate Part III for each box checked below. See instructions.			
		General Business Credit From a Non-Passive Activity E			
		General Business Credit From a Passive Activity <b>F</b> Reserved			
		General Business Credit Carryforwards 🛛 🛛 🖸 Eligible Small Busin	less C	redit Carryforward	S
		General Business Credit Carrybacks H 🗌 Reserved			
I		u are filing more than one Part III with box A or B checked, complete and attach first an a arts III with box A or B checked. Check here if this is the consolidated Part III .			
	anro	(a) Description of credit	· ·	(b) Enter EIN if	► (c) Enter the
No	te Or	any line where the credit is from more than one source, a separate Part III is needed for each		claiming the credit	appropriate
		bugh entity.		from a pass-through entity.	amount.
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	b	Reserved	1b		
	с	Increasing research activities (Form 6765)	1c		
	d	Low-income housing (carryforward only) (see instructions)	1d		
	е	Disabled access (Form 8826)*	1e		
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	g	Indian employment (Form 8845)	1g		
	ĥ	Orphan drug (Form 8820)	1h		
	i	New markets (Form 8874)	<b>1</b> i		
	i	Small employer pension plan startup costs and auto-enrollment (Form 8881) .	1j		
	, k	Employer-provided child care facilities and services (Form 8882)*	1k		
	I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	m	Low sulfur diesel fuel production (Form 8896)	1m		
	n	Distilled spirits (Form 8906)	1n		
	0	Nonconventional source fuel (carryforward only)	10		
	р	Energy efficient home (Form 8908)	1p		
	q	Energy efficient appliance (carryforward only)	1q		
	r r	Alternative motor vehicle (Form 8910)	1r		
	s	Alternative fuel vehicle refueling property (Form 8911)	1s		
	t	Enhanced oil recovery credit	1t		
	u	Mine rescue team training (Form 8923)	1u		
	v	Agricultural chemicals security (carryforward only)	1v		
	w	Employer differential wage payments (Form 8932)	1w		
	x	Carbon oxide sequestration (Form 8933)	1x		
	у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	z	Qualified plug-in electric vehicle (carryforward only)	1z		
	aa	Employee retention (Form 5884-A)	1aa		
	bb	General credits from an electing large partnership (carryforward only)	1bb		
	zz	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
		credits (see instructions)	1zz		
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I $\$ .	2		0
;	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
	b	Work opportunity (Form 5884)	4b		
	С	Biofuel producer (Form 6478)	4c		
	d	Low-income housing (Form 8586)	4d		
	е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
	g	Qualified railroad track maintenance (Form 8900)	4g		
	h	Small employer health insurance premiums (Form 8941)	4h		
	i	Increasing research activities (Form 6765)	4i	47-2732735	550
	j	Employer credit for paid family and medical leave (Form 8994)	4j		
-	z	Other	4z		
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		550
	<u>6</u>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		550
* Se	ee ins <sup>.</sup>	tructions for limitation on this credit.			Form <b>3800</b> (2021)

		0 (2021)			Page <b>3</b>
	. ,	nown on return		Identifying nur	nber
		T INSTITUTE OF CHICAGO	<u>.</u>		2167725
Pa	art III	General Business Credits or Eligible Small Business Credits (see inst	ructio	ons)	
Co	mple	te a separate Part III for each box checked below. See instructions.			
Α		General Business Credit From a Non-Passive Activity 🛛 E 🔲 Reserved			
В	<b>~</b> (	General Business Credit From a Passive Activity F 🗌 Reserved			
С		General Business Credit Carryforwards 🛛 🛛 🖬 🗌 Eligible Small Busin	iess C	redit Carryforward	s
D		General Business Credit Carrybacks H 🗌 Reserved			
I		u are filing more than one Part III with box A or B checked, complete and attach first an a			
	all Pa	arts III with box A or B checked. Check here if this is the consolidated Part III			🕨 🗌
		(a) Description of credit		(b) Enter EIN if	(c) Enter the
No	te: On	any line where the credit is from more than one source, a separate Part III is needed for each		claiming the credit from a pass-through	appropriate amount.
pas	s-thro	bugh entity.		entity.	
-	la	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	b	Reserved	1b		
	С	Increasing research activities (Form 6765)	1c		
	d	Low-income housing (carryforward only) (see instructions)	1d		
	е	Disabled access (Form 8826)*	1e		
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	g	Indian employment (Form 8845)	1g		
	h	Orphan drug (Form 8820)	1h		
	i	New markets (Form 8874)	<b>1</b> i		
	j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
	k	Employer-provided child care facilities and services (Form 8882)*	1k		
	I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	m	Low sulfur diesel fuel production (Form 8896)	1m		
	n	Distilled spirits (Form 8906)	1n		
	0	Nonconventional source fuel (carryforward only)	10		
	p	Energy efficient home (Form 8908)	1p		
	q	Energy efficient appliance (carryforward only)	1q		
	r	Alternative motor vehicle (Form 8910)	1r		
	s.	Alternative fuel vehicle refueling property (Form 8911)	1s		
	ť	Enhanced oil recovery credit	1t		
	u	Mine rescue team training (Form 8923)	1u		
	v	Agricultural chemicals security (carryforward only)	1v		
	w	Employer differential wage payments (Form 8932)	1w		
	v	Carbon oxide sequestration (Form 8933)	1x		
	~ 	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	у z	Qualified plug-in electric vehicle (carryforward only)	1z		
		Employee retention (Form 5884-A)	12 1aa		
	aa bb	General credits from an electing large partnership (carryforward only)	1bb		
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
4	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
	, 1a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
-	b	Work opportunity (Form 5884)	4b		
	c	Biofuel producer (Form 6478)	4c		
	d	Low-income housing (Form 8586)	40 4d		
		Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
	e f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e 4f		
		Qualified railroad track maintenance (Form 8900)			
	g b		4g 4h		
	h :	Small employer health insurance premiums (Form 8941)	4n 4i	47 1045045	075
	i :	Increasing research activities (Form 6765)		47-1245315	675
	1	Employer credit for paid family and medical leave (Form 8994)	4j		
	z	Other	4z		075
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		675
	<b>)</b>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		675
° Se	ee inst	tructions for limitation on this credit.			Form <b>3800</b> (2021)

\* See instructions for limitation on this credit.

Form 380				Page <b>3</b>
	hown on return		Identifying nun	
	IT INSTITUTE OF CHICAGO			2167725
Part II	General Business Credits or Eligible Small Business Credits (see inst	ructic	ons)	
	ete a separate Part III for each box checked below. See instructions.			
	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved	-		
	General Business Credit Carryforwards G 🗌 Eligible Small Busin	less C	redit Carryforward	S
	General Business Credit Carrybacks H 🗌 Reserved			
I If yo	u are filing more than one Part III with box A or B checked, complete and attach first an a	additio	nal Part III combinii	ng amounts from
all P	arts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b) Enter EIN if claiming the credit	(c) Enter the appropriate
	n any line where the credit is from more than one source, a separate Part III is needed for each ough entity.		from a pass-through entity.	amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity.	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (carryforward only) (see instructions)	1d		
e	Disabled access (Form 8826)*	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
ĥ	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	<b>1</b> i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
ο	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa bb	Employee retention (Form 5884-A)	1aa 1bb		
		ddi		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		<u>_</u>
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		13,838
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II $\$ .	5		13,838
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		13,838
* See ins	structions for limitation on this credit.			Form <b>3800</b> (2021)

37

Form **4797** 

# Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

► Attach to your tax return.

Department of the Treasury Internal Revenue Service

	2	
Go to www.irs.gov/Form4797 form4797 form4790	or instructions and the	latest information.

2021	21
Attachment Sequence No. <b>27</b>	

Name(	ame(s) shown on return Identifying nur							r			
THE A	THE ART INSTITUTE OF CHICAGO 3							36-2167725			
<b>1</b> a	Enter the gross proceed substitute statement) that		<b>U</b> 1			· ·	1a				
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets.											
с	Enter the total amount of assets		-				1c				
Par	Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)										
2	(a) Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or o basis, plu improvements expense of s	is s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)			
FRO	M SCH K-1			341,178			0	341,178			

3	Gain, if any, from Form 46	84, line 39					3			
4	Section 1231 gain from ins	stallment sales fro	m Form 6252, line	26 or 37			4			
5	Section 1231 gain or (loss)	) from like-kind ex	changes from For	m 8824			5			
6	Gain, if any, from line 32, f	rom other than ca	sualty or theft .				6			
7	Combine lines 2 through 6	6. Enter the gain or	(loss) here and or	n the appropriate line	as follows		7	341,178		
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount									
	from line 7 on line 11 belo 1231 losses, or they were Schedule D filed with your									
8	8 Nonrecaptured net section 1231 losses from prior years. See instructions									
9	Subtract line 8 from line 7 line 9 is more than zero, er capital gain on the Schedu	nter the amount fro	om line 8 on line 1	2 below and enter th	e gain from line 9 as	a long-term	9			
Dout	Ordinam Caina a	and Leases (a	an instructions							

Part II Ordinary Gains and Losses (see instructions)
--

i ai c				<i></i>									
10	Ordinary gains and losses	not included on lin	nes 11 through 16	(include prope	rty hel	d 1 yea	ar or le	ess):					
11	Loss, if any, from line 7										11 (		)
12	Gain, if any, from line 7 or	amount from line 8	3, if applicable .								12		
13	Gain, if any, from line 31										13		0
14	Net gain or (loss) from For	m 4684, lines 31 a	nd 38a								14		
15	Ordinary gain from installr	nent sales from Fo	rm 6252, line 25 c	or 36							15		
16	Ordinary gain or (loss) from										16		
17	Combine lines 10 through										17		0
18	For all except individual re a and b below. For individ				oriate	line of	your r	eturn a	and sk	ip lines			
а	If the loss on line 11 include from income-producing pro			( )( ))									
	employee.) Identify as from	"Form 4797, line 18	Ba." See instruction	ns							18a		
b	Redetermine the gain or (Form 1040), Part I, line 4										18b		
For Pa	perwork Reduction Act N						No. 13					Form <b>4797</b>	(2021)

The Art Institute of Chicago 36-2167725

## Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19	<b>9</b> (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:						<b>(c)</b> Date sold (mo., day, yr.)
Α							
В							
<u> </u>							
D							
	These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property	C	Property D
20	Gross sales price (Note: See line 1a before completing.) .	20					
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
24	Total gain. Subtract line 23 from line 20	24					
25	If section 1245 property:						
а	Depreciation allowed or allowable from line 22	25a					
b	Enter the <b>smaller</b> of line 24 or 25a.	25b					
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions	26a					
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions.	26b					
с	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976.	260 26d					
e	Enter the <b>smaller</b> of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
g	Add lines 26b, 26e, and 26f	26g					
27	If section 1252 property: Skip this section if you didn't						
	dispose of farmland or if this form is being completed for a partnership.						
а	Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage. See instructions	27b					
с	Enter the <b>smaller</b> of line 24 or 27b	27c					
28	If section 1254 property:						
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
b	Enter the <b>smaller</b> of line 24 or 28a.	28b					
29	If section 1255 property:						
а	Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions .	29b					
Sun	mary of Part III Gains. Complete property colun	nns A	through D throug	gh line 29b befor	e going to lir	ie 30.	
30	Total gains for all properties. Add property columns A thro	ough D,	line 24			30	0
31	Add property columns A through D, lines 25b, 26g, 27c, 2	8b, and	29b. Enter here an	d on line 13		31	С
32	Subtract line 31 from line 30. Enter the portion from case other than casualty or theft on Form 4797, line 6		theft on Form 4684		portion from	32	C
Par	t IV Recapture Amounts Under Sections 17 (see instructions)				se Drops to		or Less
					(a) Section 179	'n	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable	in prior	years	33			

		00		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	0	0
				Form <b>4797</b> (2021)

39

Form <b>4562</b> Department of the Treasury Internal Revenue Service (99)	► Go to	Depreciati (Including Infor ► Atta www.irs.gov/Form450	rmation on a	Listed Prope	rty)	A	MB No. 1545-0172
Name(s) shown on return				hich this form relate			ying number
THE ART INSTITUTE OF	CHICAGO	45000	00				36-2167725
	•	rtain Property Un					
		ed property, comp			•		
<ol> <li>Maximum amount</li> </ol>	•	,				1	1,050,000
2 Total cost of section						2	0
		perty before reduction			,	3	2,620,000
		ne 3 from line 2. If ze			-0 If married filing	4	0
separately, see ins					-	5	1,050,000
	Description of proper			ness use only)	(c) Elected cost		1,000,000
		-,	(.,		(-,		
7 Listed property. E	nter the amount	from line 29		7		0	
8 Total elected cost	of section 179 p	property. Add amoun	its in column (	c), lines 6 and 7	7	8	0
9 Tentative deduction	on. Enter the <b>sm</b>	aller of line 5 or line	8			9	0
10 Carryover of disall	owed deduction	from line 13 of your	2020 Form 4	562		10	0
11 Business income lir			•	,		11	0
12 Section 179 exper						12	0
13 Carryover of disall					13 0		
Note: Don't use Part II		· · · · · ·				the seture of	- 1' )
Part IISpecial De14Special depreciat	•			•	· · · ·		ctions.
		ns				14	0
15 Property subject to						15	0
16 Other depreciation						16	56,024
Part III MACRS De	epreciation (D	on't include listed	property. Se	e instructions	s.)		
	· · · · · · · · · · · · · · · ·		Section A				
17 MACRS deduction	ns for assets place	ced in service in tax	years beginni	ng before 2021		17	0
18 If you are electing	to group any a	ssets placed in serv	vice during the	e tax year into	one or more general		
Section					General Depreciation	n Syste	m
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) De	preciation deduction
<b>19a</b> 3-year property							
<b>b</b> 5-year property							
c 7-year property							
d 10-year property							
e 15-year property f 20-year property							
g 25-year property			25 yrs.		S/L		
h Residential rental			27.5 yrs.	MM	S/L		
property			27.5 yrs.	MM	S/L		
i Nonresidential rea	al		39 yrs.	MM	S/L		
property			<u>_</u>	MM	S/L		
	-Assets Place	d in Service During	2021 Tax Ye	ar Using the A	Iternative Depreciation	on Syst	tem
20a Class life					S/L		
<b>b</b> 12-year			12 yrs.		S/L		
<b>c</b> 30-year			30 yrs.	MM	S/L		
d 40-year			40 yrs.	MM	S/L		
-	(See instructio	,					
21 Listed property. En						21	0
22 Total. Add amount here and on the ar							
		of your return. Partne	-		See instructions .	22	56,024
23 For assets shown	above and plac	eu in service during	the current ye	ai, einer nie			

portion of the basis attributable to section 263A costs . . . . .

0

23

. . .

.

#### Form 4562 (2021)

Listed Property

Part V

entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 🗌 Yes 🗌 No 🕴 24b If "Yes," is the evidence written? 🗌 Yes 🗌 No (c) (e) (b) (f) (a) (g) (h) (i) Business/ Basis for depreciation (d) Type of property (list Date placed Method/ Depreciation Elected section 179 Recovery investment use Cost or other basis (business/investment vehicles first) Convention deduction in service period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a gualified business use. See instructions . 25 0 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: % S/L -5/L -% % S/L -**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 0 **29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 30 Total business/investment miles driven during the year (**don't** include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven . . . . . . 33 Total miles driven during the year. Add lines 30 through 32 . . . . . . . 0 0 0 0 0 0 **34** Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? . . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? . 36 Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. No Yes **37** Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . **39** Do you treat all use of vehicles by employees as personal use? . . . . . . . . . . . . . . . . 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the **41** Do you meet the requirements concerning qualified automobile demonstration use? See instructions. Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) Amortization (a) (c) (d) (f) Date amortization Amortization for this year Description of costs Amortizable amount Code section period or begins percentage 42 Amortization of costs that begins during your 2021 tax year (see instructions): **43** Amortization of costs that began before your 2021 tax year . . . . 43 0 44 0 **44 Total.** Add amounts in column (f). See the instructions for where to report

(Include automobiles, certain other vehicles, certain aircraft, and property used for

41

Form 4562 (2021)

### Partner's Additional Reporting Year Tax

OMB No. 1545-0123

Go to www.irs.gov/Form8978 for instructions and the latest information.

Attachment Sequence No. 57

36-2167725

Partner tax ID number

	RT INSTITUTE OF CHICAGO				36-21	67725
			Filing			
Part	Computation of Additional Reporting	Year	Tax (see instruc	tions)		
			<b>(a)</b> Tax Year Ended	<b>(b)</b> Tax Year Ended	<b>(c)</b> Tax Year Ended	<b>(d)</b> Tax Year Ended
			12 / 31 /20 20	/ /20	/ /20	/ /20
1a	Total income per original return or as previously adjusted	1a	SEE STATEMENT			
b	Adjustments to income from Schedule A (Form 8978), line 2, columns (a) through (d)	1b				
2	Combine lines 1a and 1b and enter the corrected income. See instructions	2				
3a	Total deductions per original return or as previously adjusted	3a				
b	Adjustments to deductions from Schedule A (Form 8978), line 4, columns (a) through (d) .	3b				
4	Combine lines 3a and 3b and enter the corrected deductions. See instructions	4				
5	Corrected taxable income. Subtract line 4 from line 2	5				
6	Income tax on line 5 (see instructions)	6				
7	Alternative minimum tax on line 5 (see instructions)	7				
8	Total corrected income tax. Add lines 6 and 7 .	8				
9a	Total credits per original return or as previously adjusted	9a				
b	Adjustments to credits from Schedule A (Form 8978), line 6, columns (a) through (d)	9b				
10	Combine lines 9a and 9b and enter the corrected credits. See instructions	10				
11	Total corrected income tax liability. Subtract line10 from line 8	11				
12	Total income tax shown on original return or as previously adjusted	12				
13	Increase/Decrease to tax. Subtract line 12 from line 11, columns (a) through (d)	13				
14	Total increase/decrease to reporting year tax. Add the appropriate line on your tax return					
Part	II Penalties (see instructions)					
15	Penalties	15				
16	Total penalties. Add line 15, columns (a) through (a)	d).			16	
Part	III Interest (see instructions)					
17	Interest	17				
18	Total interest. Add line 17, columns (a) through (d)				18	
For Pa	perwork Reduction Act Notice, see instructions.		Cat	. No. 37802K		Form 8978 (1-2023)

#### THE ART INSTITUTE OF CHICAGO EIN: 36-2167725 2021 FEDERAL FORM 990-T

THE ART INSTITUTE OF CHICAGO RECEIVED THE ATTACHED FORM 8986 FOR ADJUSTMENT YEAR 12/31/2020. IT WAS DETERMINED THAT THE ADJUSTMENT TO LINE 1 ORDINARY BUSINESS INCOME, LINE 11I OTHER INCOME, AND LINE 13A CASH CONTRIBUTIONS REPORTED ON THE FORM 8986 WERE CONSIDERED UNRELATED BUSINESS INCOME. HOWEVER, THE ADJUSTMENTS DID NOT IMPACT UNRELATED BUSINESS INCOME TAX. THEREFORE, THE ADJUSTMENTS WERE MADE DIRECTLY TO THE 6/30/2021 (2020) NOL AND CHARITABLE CONTRIBUTION CARRYFORWARDS ON THE FORM 990-T.

THE TOTAL ADJUSTMENT TO THE 6/30/2021 (2020) NOL CARRYFORWARD WAS: (\$20,481)

THE TOTAL ADJUSTMENT TO THE 6/30/2021 (2020) CHARITABLE CONTRIBTUION CARRYFORWARD WAS: (\$1)

THE TAXPAYER IS FILING A FORM 8978 TO ALERT THE IRS OF RECEIPT OF THESE FORMS IN 2021 AND ADJUST THE RESPECTIVE NOL CARRYFORWARDS DUE TO THE ADJUSTMENTS.

Form **8986** 

(December 2019)
-----------------

### Partner's Share of Adjustment(s) to Partnership-Related Item(s)

(Required Under Sections 6226 and 6227)

	artment of the Treasury rnal Revenue Service	Go to www.irs.	.gov/Form89861	for instruct	ions and the latest in	formation.			
Ch	eck if this form is:		Trac	king Num	ber	Audit Control Nur	nber (if applicable)		
Х	1. Original 2. Corrected	d 🔲 3. Rese	erved	-					
P	art I Information Abou	t Entity Subn	nitting This F	Form					
Α	Check the box to indicate which	ch entity is subr	nitting this form	n.	B Type of return file	ed by the entity that s	submitted this form:		
	1. Audited BBA partnership								
	2. Pass-through partner (direct or i	ndirect) of an aud	dited BBA partne	rship	🖾 1. Form 1065	🗌 2. Form 1120-9	S 🛛 3. Form 1041		
	3. BBA partnership that filed an ad	ministrative adjus	stment request (A	AAR)	🗌 4. Other (enter	r form number)			
	4. Pass-through partner (direct or indi								
-	art II Information About	the Audited F	Partnership o	r Partners	ship That Filed an	Administrative Ac	ljustment Request		
Α	1. Partnership's name	C Partnership's ta	ax identification						
	SOLARIS MIDSTREAM HO	LDINGS LLC				number (TIN)			
	2. Street address			3. City or		47-5661202			
	9811 KATY FREEWAY SU			HOUSTON			the partnership is for		
	4. State or province		•		foreign postal code		(MM/DD/YYYY)		
_	TX	US		77024		12/31/2020			
в	If the partnership representat				tion about the PR.		r of the partnership is		
	Otherwise, enter information a Check appropriate box. $\boxed{X}$		nated individua	I (DI).		-	led (MM/DD/YYYY)		
						12/31/2020			
	1. First name		2. Last name				te of the partnership's		
	EDWIN		LAU	4 01		adjustment year return (MM/DD/Y)			
	3. Street address			4. City or		09/15/2022			
	9811 KATY FREEWAY SU 5. State	ITE /UU		HOUSTON 6. ZIP code		<b>G</b> Date the partne			
	TX		77024		ue	Form 8986 statements to its partne (MM/DD/YYYY)			
	7. Area code and phone numb	or		11024		12/31/2021			
	832-803-0363					12/51/2021			
P	art III Information About	the Pass-Th	rough Partne	r (Only fi	I out this section if	this statement is t	peing submitted by		
	a pass-through parti		lought and				sonig submitted by		
A	1. Pass-through entity's name					B Pass-through n	artner's tax		
	TRILANTIC ENERGY PAR		TH AMERICA	A) AIV I		<ul> <li>B Pass-through partner's tax identification number (TIN)</li> <li>46-4688952</li> <li>C Pass-through partner's tax year end to wh</li> </ul>			
	2. Street address	- 、 -		3. City or					
	399 PARK AVENUE, 39T	H FLOOR		NEW YOF					
	4. State or province	5.	Country code	6. ZIP or	foreign postal code		late (MM/DD/YYYY)		
	NY	US	-	10022		12/31/2021	. ,		
D	Name of the entity that issued	the statement	to the pass-thro	ough	E TIN of the entity	y that issued the state	ement to the pass-		
	partner (if different from the pa			U U		er (if different from the partnership in Par			
Pa	art IV Information Abou	t the Partner	Receiving T	his State	ment				
Α	1. Partner's name, if an entity						ntification number (TIN)		
	THE ART INSTITUTE OF		1			36-2167725			
	2. Partner's first name, if an in	dividual	3. Partner's la	ast name, i	f an individual	C Check if:			
							or LLC member manager		
	4. Street address			5. City or		2. Limited partner or other LLC memb			
	TREASURY DEPARTMENT 11			CHICAGO		3. Domestic partner			
	6. State or province	-			foreign postal code	e 🔲 4. Foreign partner			
_	ILLINOIS		ITED STATES	60603					
D									
	1. Individual 2. S Cor	•			<b>▼</b>				
F	If this partner is a retirement p			ouner tax-					
Е	Partner's share of profit, los Profit	-			As Reported 1.287386	Change % 0.0000	Corrected % 1.287386 %		
	Loss				1.287386				
	Capital								
						0.0000			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8986 (12-2019)			Page <b>2</b>
Part IV Information About the Partner Receiving This Staten	nent (cont.)		
F Partner's share of liabilities at year end:	As Reported	Change	Corrected
Nonrecourse	<b>\$</b> 1,381,874 <b>\$</b>	0.00 \$	1,381,874
Qualified nonrecourse financing	\$\$	\$	
Recourse	\$\$	\$	
G Partner's capital account analysis:	As Reported	Change	Corrected
Beginning account balance	\$ 1,207,676 \$	0.00 \$	1,207,676
Capital contributed during the year	\$ 481 \$	0.00 \$	481
Current year increase (decrease)	\$ (255,251) <b>\$</b>	(42,996.00)\$	(298,247)
Withdrawals and distributions	\$ (873,136) <b>\$</b>	0.00 \$	(873 <b>,</b> 136)
Section 736 payments received	\$\$	\$	
Ending account balance	\$ 79,770 <b>\$</b>	(42,996.00)\$	36,774

Part V Partner's Total Reviewed Year Income, Gain, Loss, Deduction, Credits, and Other Items (Fill in applicable items and use Part VI to explain any changes.)

			any changes.)		1	1	1		
<b>(a)</b> Line number	Schedule K-1 (b) Line title	(c) Code*	(d) As reported	(e) Check if statement in Part VI. See inst.	(f) Reviewed year adjustments as finally determined	r	<b>(g)</b> Approved modifications	N mi	<b>(h)</b> Jet (column (f) nus column (g))
	SEE ATTACHED STATEMENT		\$		\$	\$		\$	0.00
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
			\$		\$	\$		\$	
	able. Follow Schedule K-1 instructions for conventions for codes.	r	Annlisse	Totals:	\$	\$		\$	0.00
			Applicab	e Penalt	les				
Penalty	(a) Internal Revenue Code section	F	(b) Penalty description		<b>(c)</b> Penalty rate		<b>(d)</b> Applicable line numbers above		(e) Total applicable adjustments
1						%			
2						%			
3						%			
	1					0/		1	

4

5

%

%

#### Form 8985 (12-2019)

 Part V
 Statements. Enter the Part IV line number and code before each statement. Show any computation in detail.

 See instructions. If more space is needed, continue statements on additional pages. Also use this Part V for the computation required in Part III, Item F (Enter "Part III F" in column (a) and the computation in column (b)).

(a)	(b)						
Line no./code	Statement						
	The Taxpayer is amending its 2020 tax return to account for a disguised sale at the underlying partnership Solaris Midstream Holdings LLC.						
	The underlying partnership entered into a Section 721 transaction with a partner where property was contributed to the partnership in exchange for partnership units. The partnership filed its original return consistent with those facts. In April 2021, the partnership distributed cash to the contributing partner as a partial redemption of units. In accordance with Treas Reg. Section 1.707-3, the distribution is presumed to result in a disguised sale of the contributed property as of the date of the property contribution, resulting in the need to amend the 2020 return.						
	As a result of the disguised sale, the partnership was deemed to have purchased an undivided interest in the contributed property equal to the amount of distribution (except for a portion which was treated as debt financed). The purchase resulted in additional depreciation and amortization deductions.						

# STATEMENT ATTACHED TO PART V, FORM 8986 PARTNER NAME: THE ART INSTITUTE OF CHICAGO

(A) LINE NUMBER	(B) LINE TITLE	(C) CODE	(D) AS REPORTED	(E) CHECK IF STMT IN PART VI	(F) REVIEWED YEAR ADJUSTMENTS AS FINALLY DETERMINED	(G) APPROVED MODIFICATIONS	(H) NET (COLUMN (F) MINUS COLUMN (G))
1	ORDINARY BUSINESS INCOME (LOSS)		(333,049)		(42,731)		(42,731)
5	INTEREST INCOME		528		(4)		(4)
10	NET SECTION 1231 GAIN (LOSS)		7,862		-		-
11	OTHER INCOME (LOSS)	I	83,762		(267)		(267)
13	CHARITABLE CONTRIBUTIONS	А	84		(3)		(3)
13	OTHER DEDUCTIONS	W	9,150		-		-
17	POST-1986 DEPRECIATION ADJUSTMENT	A	(3,602)		4		4
17	ADJUSTED GAIN OR LOSS	В	1,303		4		4
18	NONDEDUCTIBLE EXPENSES	С	499		(3)		(3)
20	INVESTMENT INCOME	А	6,816		(4)		(4)
20	EXCESS TAXABLE INCOME	AE	598,562		(2,425)		(2,425)
20	UNRELATED BUSINESS TAXABLE INCOME (UBTI)						
20	TAXABLE INCOME	V	(337,803)		(20,480)		(20,480)
20	ORDINARY BUSINESS INCOME (LOSS)	V	(213,551)		(20,214)		(20,214)
20	NET SECTION 1231 GAIN (LOSS)	V	-		-		-
20	OTHER INCOME (LOSS)	V	(1,912)		(267)		(267)
20	CHARITABLE CONTRIBUTIONS	V	15		(1)		(1)
20	QUALIFIED BUSINESS INCOME (QBI)						
20	ORDINARY BUSINESS INCOME (LOSS) - SOLARIS MIDSTREAM HOLDINGS LLC	Z	(249,490)		(42,998)		(42,998)
20	SECTION 1231 GAIN (LOSS) - SOLARIS MIDSTREAM HOLDINGS LLC	z	(1)		-		

20	W-2 WAGES - SOLARIS MIDSTREAM HOLDINGS LLC	z	29,992	(972)	(972)
20	UBIA OF QUALIFIED PROPERTY - SOLARIS MIDSTREAM HOLDINGS LLC	z	1,188,388	(31,671)	(31,671)
20	EFFECTIVELY CONNECTED INCOME (ECI)				
20	ORDINARY BUSINESS INCOME (LOSS)	AH	(333,045)	(42,731)	(42,731)
20	NET SECTION 1231 GAIN (LOSS)	AH	(10,171)	-	-
20	OTHER INCOME (LOSS)	AH	27,081	(267)	(267)
20	CHARITABLE CONTRIBUTIONS	АН	20	(1)	(1)

Form 3	800 Statement	General Business Cre	edit Carryforward Sch	edule			
Year Generated Amount Generated		Amount Used in Year Amount Carried Generated Forward		Type of Credit	Amount Used in Current Year	Amount Remaining	Credit Expires
6/30/2019	16	-	16	INCREASING RESEARCH	-	16	
6/30/2019	7,009	-	7,009	INCREASING RESEARCH	-	7,009	6/30/2039
6/30/2020	15	-	15	INCREASING RESEARCH	-	15	6/30/2040
6/30/2020	2,844	-	2,844	INCREASING RESEARCH	-	2,844	6/30/2040
6/30/2021	1	-	1	INCREASING RESEARCH	-	1	6/30/2041
6/30/2021	7	-	7	INCREASING RESEARCH	-	7	6/30/2041
6/30/2021	164	-	164	INCREASING RESEARCH	-	164	6/30/2041
6/30/2021	776	-	776	INCREASING RESEARCH	-	776	6/30/2041
6/30/2021	1,489	-	1,489	INCREASING RESEARCH	-	1,489	6/30/2041
6/30/2021	1,517	-	1,517	INCREASING RESEARCH	-	1,517	6/30/2041
6/30/2022	94	-	94	INCREASING RESEARCH	-	94	6/30/2042
6/30/2022	550	-	550	INCREASING RESEARCH	-	550	6/30/2042
6/30/2022	675	-	675	INCREASING RESEARCH	-	675	6/30/2042
Totals	15.157		15,157			15.157	