efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490133002319

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE UNIVERSITY OF CHICAGO

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5801 SOUTH ELLIS AVENUE

City or town, state or country, and ZIP + 4
CHICAGO, IL 60637

D Employer identification number
36-2177139

E Telephone number
(773) 702-3690

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: ▶ www uchicago edu

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,618,426,259

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	354,174,253	
	c	Indirect public support (not included on line 1a)	1c	19,000,000	
	d	Government contributions (grants) (not included on line 1a)	1d	331,685,336	
	e	**Total** (add lines 1a through 1d) (cash $ 661,467,056 noncash $ 43,392,533)			1e 704,859,589
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 911,675,906
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 149,596
	5	Dividends and interest from securities			5 65,362,792
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7 44,571,130

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	789,765,421	8a	
b	Less cost or other basis and sales expenses	286,760,113	8b	3,070,552
c	Gain or (loss) (attach schedule)	503,005,308	8c	-3,070,552

	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d 499,934,756
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a	81,011,371	
	b	Less cost of goods sold	10b	31,971,587	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c 49,039,784
	11	Other revenue (from Part VII, line 103)			11 21,030,454
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 2,296,624,007
Expenses	13	Program services (from line 44, column (B))			13 1,618,520,660
	14	Management and general (from line 44, column (C))			14 149,626,727
	15	Fundraising (from line 44, column (D))			15 48,900,563
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** Add lines 16 and 44, column (A)			17 1,817,047,950
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 479,576,057
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 6,255,269,150
	20	Other changes in net assets or fund balances (attach explanation)			20 -408,868,207
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 6,325,977,000

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $ 0 noncash $ 0) If this amount includes foreign grants, check here ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 225,120,214 noncash $ 0) If this amount includes foreign grants, check here ☐	22b	225,120,214	225,120,214		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	9,772,226	0	9,098,367	673,859
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	775,891,479	681,339,007	70,456,361	24,096,111
27 Pension plan contributions not included on lines 25a, b and c	27	56,991,141	49,423,548	5,770,808	1,796,785
28 Employee benefits not included on lines 25a - 27	28	94,536,151	85,197,754	7,099,508	2,238,889
29 Payroll taxes	29	46,671,696	40,474,375	4,725,882	1,471,439
30 Professional fundraising fees	30				
31 Accounting fees	31	554,037	0	554,037	0
32 Legal fees	32	5,115,681	3,943,196	1,172,485	0
33 Supplies	33	82,484,655	75,903,683	5,307,368	1,273,604
34 Telephone	34	22,296,653	19,369,312	2,142,461	784,880
35 Postage and shipping	35	10,472,250	7,857,818	1,048,420	1,566,012
36 Occupancy	36	48,912,981	35,859,878	12,283,388	769,715
37 Equipment rental and maintenance	37	22,020,911	16,122,372	5,637,796	260,743
38 Printing and publications	38	12,982,249	8,207,458	2,268,137	2,506,654
39 Travel	39	29,772,874	26,249,985	1,839,764	1,683,125
40 Conferences, conventions, and meetings	40	28,671,341	21,992,501	2,671,699	4,007,141
41 Interest	41	47,625,044	47,625,044	0	0
42 Depreciation, depletion, etc (attach schedule)	42	93,660,710	93,660,710	0	0
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	1,817,047,950	1,618,520,660	149,626,727	48,900,563

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☐ **Yes** ☑ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 0, **(ii)** the amount allocated to Program services $ 0, **(iii)** the amount allocated to Management and general $0, and **(iv)** the amount allocated to Fundraising $0

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ EDUCATION AND RESEARCH All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a See Additional Data Table (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	1,618,520,660

Part IV **Balance Sheets** ***(See the instructions.)***

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing			0	45	18,888,083
46 Savings and temporary cash investments			595,796,459	46	369,020,968
47a Accounts receivable	47a	169,642,678			
b Less allowance for doubtful accounts	47b	65,752,340	89,293,340	47c	103,890,338
48a Pledges receivable	48a	288,559,304			
b Less allowance for doubtful accounts	48b	28,855,930	192,927,039	48c	259,703,374
49 Grants receivable			28,143,163	49	28,627,371
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			2,083,448	50a	1,884,589
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			2,083,448	50b	
51a Other notes and loans receivable (attach schedule)	51a	134,396,376			
b Less allowance for doubtful accounts	51b	3,500,777	111,006,709	51c	130,895,599
52 Inventories for sale or use			8,323,701	52	9,479,039
53 Prepaid expenses and deferred charges			10,828,136	53	17,352,464
54a Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			2,228,865,002	54a	1,770,224,097
b Investments—other securities (attach schedule) ▶ ☐ Cost ☑ FMV			528,026,451	54b	467,824,078
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)			3,171,741,721	56	3,770,852,680
57a Land, buildings, and equipment basis	57a	2,762,193,379			
b Less accumulated depreciation (attach schedule)	57b	935,657,850	1,465,161,182	57c	1,826,535,529
58 Other assets, including program-related investments (describe ▶ _____)			509,537,054	58	323,187,160
59 **Total assets** (must equal line 74) Add lines 45 through 58			8,941,733,405	59	9,098,365,369
Liabilities					
60 Accounts payable and accrued expenses			463,545,939	60	559,363,499
61 Grants payable				61	
62 Deferred revenue			81,357,615	62	82,078,554
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)			1,220,650,946	64a	1,212,357,284
b Mortgages and other notes payable (attach schedule)			69,094,828	64b	136,006,027
65 Other liablilities (describe ▶ _____)			851,814,927	65	782,583,005
66 **Total liabilities** Add lines 60 through 65			2,686,464,255	66	2,772,388,369
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			4,828,283,449	67	4,736,561,000
68 Temporarily restricted			377,458,682	68	425,475,000
69 Permanently restricted			1,049,527,019	69	1,163,941,000
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			6,255,269,150	73	6,325,977,000
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			8,941,733,405	74	9,098,365,369

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	1,910,655,383
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	-408,868,207		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	35,042,140		
	Add lines **b1** through **b4**			b	-373,826,067
c	Subtract line **b** from line **a**			c	2,284,481,450
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2	12,142,557		
	Add lines **d1** and **d2**			d	-373,826,067
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	2,296,624,007

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	1,839,947,111
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4	35,042,140		
	Add lines **b1** through **b4**			b	35,042,140
c	Subtract line **b** from line **a**			c	1,804,904,971
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2	12,142,979		
	Add lines **d1** and **d2**			d	12,142,979
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	1,817,047,950

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 45			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	**75c**		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**	Yes	
b	If "Yes," enter the name of the organization ▶ See Additional Data Table and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) **82b**			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 **86a** 0			
b	Gross receipts, included on line 12, for public use of club facilities **86b** 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders **87a** 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b** 0			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		

90a List the states with which a copy of this return is filed ▶ OK

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) **90b** 10,365

91a The books are in care of ▶ JOHN R KROLL Telephone no ▶ (773) 702-1941

Located at ▶ 1225 EAST 60TH STREET CHICAGO, IL ZIP + 4 ▶ 60637

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	

If "Yes," enter the name of the foreign country ▶ FR

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	Yes	

If "Yes," enter the name of the foreign country ▶ SN

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TUITION AND FEES					513,014,501
b SALES AND SERVICES OF EDUCATIONAL ACTIVITIES					283,775,979
c SALES AND SERVICES OF AUXILIARY ENTERPRISES					110,719,765
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					4,165,661
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	149,596	
96 Dividends and interest from securities			14	65,362,792	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income	525990	30,867	14	44,540,263	
100 Gain or (loss) from sales of assets other than inventory			18	499,934,756	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					49,039,784
103 Other revenue a INTEREST ON LOANS			14	440,910	
b ADVERTISING	541800	2,198,695			
c CONFERENCES, CATERING	722320	6,505,136			
d ACTUARIAL ADJUSTMENT TO ANNUITIES					6,542,109
e MISCELLANEOUS					5,343,604
104 Subtotal (add columns (B), (D), and (E))		8,734,698		610,428,317	972,601,403
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					1,591,764,418

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
UCHICAGO ARGONNE LLC 5801 S ELLIS AVE CHICAGO, IL60637 68-0628477	10000 %	SCIENTIFIC R & D	526,455,218	764,443,869
THE U OF CHICAGO FDN LIMITED 5801 SOUTH ELLIS AVE CHICAGO, IL60637 18-0525557	10000 %	EDUCATION AND FUNDRASING	149,243	149,034
FERMI NATIONAL ACCELERATOR LAB 5801 SOUTH ELLIS AVE CHICAGO, IL60637 57-1239010	5000 %	SCIENTIFIC RESEARCH	334,183,569	639,767,325
THEORY AND COMPUTING SCIENCES 5801 SOUTH ELLIS AVE CHICAGO, IL60637 51-6596577	10000 %	RESEARCH BUILDING	860,910	68,792,538

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

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

****** — Signature of officer

2009-05-07 — Date

JOHN R KROLL COMPTROLLER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4	MITCHELL & TITUS LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004		EIN Phone no (212) 709-4500

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization
THE UNIVERSITY OF CHICAGO

Employer identification number
36-2177139

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
SANJAY DHAR 5807 SOUTH WOODLAWN AVE CHICAGO, IL 60637	PROF OF MARKETING 40 0	748,712	60,268	17,346
VALLUVAN JEEVANANDAM 5841 SOUTH MARYLAND AVE CHICAGO, IL 60637	PROF/CHIEF CT SURG 40 0	719,867	49,486	34,029
JEFFREY B MATTHEWS 5841 SOUTH MARYLAND AVE CHICAGO, IL 60637	PROF/CHAIR SURGERY 40 0	731,595	29,247	35,879
DAVID SONG 5841 S MARYLAND CHICAGO, IL 60637	PROF/CHIEF PLAS SURG 40 0	785,799	18,453	7,764
RALPH R WEICHSELBAUM 5841 SOUTH MARYLAND AVE CHICAGO, IL 60637	PROF/CHAIR RAD ONCOL 40 0	788,867	65,303	30,668
Total number of other employees paid over $50,000 ▶	5,032			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
AIMMER GUNSUL FRASCA PARTNERSHIP 320 SW OAK STREET SUITE 500 PORTLAND, OR 97204	ARCHITECTS	2,303,124
McKINSEY AND COMPANY 21 SOUTH CLARK STREET CHICAGO, IL 60603	BUSINESS CONSULTANTS	1,924,110
PRICEWATERHOUSECOOPERS PO BOX 76547 CHICAGO, IL 60675	INT AUDIT & CONSULT	1,243,835
REESE PARTNERS LLC 1420 N LAKE SHORE DRIVE SUITE 7B CHICAGO, IL 60610	BUSINESS CONSULTANTS	990,713
PMA CONSULTANTS OF ILLINOIS 226 WEST LIBERTY STREET ANN ARBOR, MI 48104	BUILDING CONSULTANTS	740,287
Total number of others receiving over $50,000 for professional services ▶ 53		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
US EQUITIES ASSET MANAGEMENT LLC 20 NORTH MICHIGAN AVE SUITE 400 CHICAGO, IL 60602	PROPERY MGT COMPANY	4,063,888
BOERSMA PLUMBING AND HEATING SERVIC 5639 SOUTH KENWOOD AVENUE CHICAGO, IL 60637	PLUMBING CONTRACTORS	500,860
LIMEGREEN PRODUCTIONS LLC 344 NORTH OGDEN AVENUE 308 CHICAGO, IL 60607	MEDIA PROVIDERS	411,574
ZELLER 401 PROPERTY LLC 37403 EAGLE WAY CHICAGO, IL 60678	PROPERTY MGT COMPANY	408,358
ASCEND MEDIA PO BOX 414674 KANSAS CITY, MO 64141	MEDIA PROVIDERS	392,875
Total number of other contractors receiving over $50,000 for other services ▶ 40		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ 162,059 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☑ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

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

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 331/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	Yes	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	Yes	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) POLICIES RELATING TO STUDENTS ARE GOVERNED BY THE RACIALLY NONDISCRIMINATORY POLICY OF THE UNIVERSITY SAID POLICY HAS BEEN ADOPTED IN RESOLUTION OF THE BOARD OF TRUSTEES AND IS SET FORTH AS REQUIRED IN ALL UNIVERSITY DOCUMENTS			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		No
b	Admissions policies?	33b		No
c	Employment of faculty or administrative staff?	33c		No
d	Scholarships or other financial assistance?	33d		No
e	Educational policies?	33e		No
f	Use of facilities?	33f		No
g	Athletic programs?	33g		No
h	Other extracurricular activities?	33h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		No
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	Yes	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ **a** ☐ if the organization belongs to an affiliated group Check ▶ **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount Enter the amount from the following table—			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	**41**		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	**43**		0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	**44**		0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	**Yes**	**No**	**Amount**
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)	Yes		
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		162,059
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines **c** through **h.**)			162,059

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		No
(ii) Other assets	a(ii)		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		No
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		No
(iii) Rental of facilities, equipment, or other assets	b(iii)		No
(iv) Reimbursement arrangements	b(iv)		No
(v) Loans or loan guarantees	b(v)		No
(vi) Performance of services or membership or fundraising solicitations	b(vi)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	Yes	

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51c	36,000	MAROON FINANCIAL	SHARING OFFICE SPACE AT NO
		CREDIT UNION	COST TO CREDIT UNION

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☑ **Yes** ☐ **No**

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
LAKE PARK ASSOCIATES	501(C)(2)	WHOLLY OWNED SUBSIDIARY OF
MAROON FINANCIAL	CREDIT UNION	SERVES THE FACULTY AND STAFF
CREDIT UNION		OF THE UNIVERSITY
UNIV OF CHICAGO	501(C)(2)	WHOLLY OWNED SUBSIDIARY OF THE
PROPTY HOLDING CORP		UNIVERSITY
THE QUADRANGLE CLUB	501(C)(7)	QUADRANGLE CLUB BOARD OF

Form 990, Part III - Program Service Accomplishments:

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501 (c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
ACADEMIC SUPPORT (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	18,506,118
STUDENT SERVICES (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	27,216,452
SCHOLARSHIPS & FELLOWSHIPS (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	219,109,746
OPERATIONS & MAINTENANCE OF PLANT (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	70,948,656
INTEREST ON NOTES AND BONDS (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	47,625,044
DEPRECIATION (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	93,660,710
OTHER (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	91,901,866
INSTRUCTION UNDERGRADUATE AND GRADUATE ENROLLMENT FOR THE AUTUMN QUARTER WAS 14,957 (Grants and allocations $ 225,120,214) If this amount includes foreign grants, check here ▶ ☐	696,681,556
THE UNIVERSITY ADMINISTERED 3,226 FEDERAL, STATE AND PRIVATE RESEARCH GRANTS DURING THE FISCAL YEAR 2008 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	245,066,110
AUXILIARY ENTERPRISES THESE ACTIVITIES CONTRIBUTE TO THE OVERALL EDUCATIONAL AND PHYSICAL MAINTENANCE OF STUDENTS (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	107,804,402

Additional Data

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

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONSULTING FEES	**43a**	21,453,167	15,159,097	5,206,621	1,087,449
b INSURANCE-EXCEPT PROPERTY	**43b**	28,093,145	27,892,248	200,646	251
c ALTERATIONS AND REPAIRS	**43c**	19,334,023	19,334,023	0	0
d SUPPORT SERVICES	**43d**	51,796,247	47,112,341	0	4,683,906
e SUBCONTRACTS	**43e**	37,820,128	37,820,128	0	0
f BENEFIT PLAN ADJUSTMENT	**43f**	13,068,526	13,068,526	0	0
g INVESTMENT EXPENSE	**43g**	19,787,442	19,787,442	0	0
h UNRELATED BUSINESS INCOME EXP	**43h**	12,142,979	0	12,142,979	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ROBERT J ZIMMER 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	PRESIDENT AND TRUSTEE 40 0	503,167	424,647	10,973
MICHAEL C BEHNKE 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	VP AND DEAN OF COLL ENROLLMENT 40 0	310,371	39,187	27,795
NIMALAN CHINNIAH 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	VP FOR ADMIN AND CFO 40 0	442,500	33,073	35,715
BETH A HARRIS 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	VP AND GENERAL COUNSEL 40 0	302,367	65,581	30,006
RANDY L HOLGATE 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	SR VP FOR UNIV RESOURCES 40 0	279,867	58,792	0
GREGORY A JACKSON 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	VP AND CHIEF INFO OFFICER 40 0	285,367	54,746	0
KIMBERLY GOFF-CREWS 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	VP AND DEAN OF STUDENTS 40 0	214,512	38,061	38,299
DAVID FITHIAN 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	SECRETARY OF THE BOARD 40 0	200,000	19,676	28,235
DAVID GREENE 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	VP - STRATEGIC INITIATIVES 40 0	355,267	20,481	58,764
JAMES L MADARA 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	VP FOR MEDICAL AFFAIRS 40 0	1,262,842	483,178	60,144

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES L MADARA 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP FOR MEDICAL AFFAIRS 0	1,064,833	0	0
JULIE PETERSON 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP FOR COMMUNICATIONS 40 0	265,000	32,058	40,425
DONALD J REAVES 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP FOR ADMIN AND CFO 40 0	551,130	10,424	0
DONALD J REAVES 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP FOR ADMIN AND CFO 0	879,915	0	0
THOMAS F ROSENBAUM 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	PROVOST 40 0	431,492	63,376	0
RONALD J SCHILLER 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP FOR DEVLP AND ALUMNI RELAT 40 0	393,992	22,382	0
PETER D A STEIN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP AND CHIEF INVESTMENT OFFCER 40 0	1,619,410	66,649	7,764
HENRY S WEBBER 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP FOR COMMUNITY AND GOV AFFAI 40 0	196,084	17,911	20,445
DONALD LEVY 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VP FOR RESEARCH AND ARGONNE 40 0	214,110	46,845	0
JAMES S CROWN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	CHAIR OF THE BOARD OF TRUSTEES 18 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ANDREW M ALPER 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VICE CHAIR 18 0	0	0	0
VALERIE B JARRETT 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	VICE CHAIR 18 0	0	0	0
DAVID G BOOTH 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
THOMAS A COLE 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 9 0	0	0	0
E DAVID COOLIDGE III 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 9 0	0	0	0
KATHERINE P DARROW 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
ERROLL B DAVIS JR 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
CRAIG J DUCHOSSOIS 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
JAMES S FRANK 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
JACK W FULLER 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 9 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RODNEY L GOLDSTEIN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
MARY LOU GORNO 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 9 0	0	0	0
KATHRYN C GOULD 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 9 0	0	0	0
STANFORD J GROSSMAN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
KING HARRIS 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
KENNETH M JACOBS 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
KAREN L KATEN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
DENNIS J KELLER 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 9 0	0	0	0
STEVEN A KERSTEN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
JAMES M KILTS 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MICHAEL J KLINGENSMITH 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 9 0	0	0	0
MICHAEL L KLOWDEN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
ROBERT W LANE 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
SHERRY L LANSING 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
CHARLES A LEWIS 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
PETER W MAY 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
JOSEPH NEUBAUER 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
EMILY NICKLIN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
MICHAEL P POLSKY 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0
HARVEY B PLOTNICK 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
THOMAS JAY PRITZKER 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
GEORGE A RANNEY JR 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
JOHN W ROGERS JR 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
ANDREW M ROSENFIELD 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
DAVID M RUBENSTEIN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
RICHARD P STRUBEL 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 90	0	0	0
BRYON D TROTT 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
MARSHALL I WAIS JR 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
GREGORY W WENDT 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
JON WINKELRIED 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PAULA WOLFF 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD COMMITTEE CHAIR 90	0	0	0
PAUL G YOVOVICH 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0
FRANCIS T F YUEN 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	BOARD MEMBER 20	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
UNIVERSITY OF CHICAGO HOSPITALS	X	
UNIVERSITY OF CHICAGO PROPERTY HOLDING COMPANY	X	
LAKE PARK ASSOCIATES	X	
ARCH DEVELOPMENT CORPORATION	X	
UNIVERSITY OF CHICAGO CHARTER SCHO CORPORATION	X	
COURT THEATRE FUND	X	
UNIVERSITY OF CHICAGO CANCER RESEA FOUNDATION	X	
UNIVERSITY OF CHICAGO SELF INSURAN TRUST	X	
UNIVERSITY OF CHICAGO RETIREE MEDI TRUST	X	
CHICAGO TUMOR INSTITUTE	X	
UNIVERSITY OF CHICAGO GRADUATE SCH OF BUSINESS IN SINGAP	X	
UNIVERSITY OF CHICAGO CENTER IN PA	X	
UNIVERSITY OF CHICAGO GRADUATE SCH OF BUSINESS IN THE UK	X	
UCHICAGO ARGONNE LLC	X	
FERMI RESEARCH ALLIANCE LLC	X	
UNIVERSITY OF CHICAGO FOUNDATION LIMITED	X	
THE QUADRANGLE CLUB	X	
THEORY AND COMPUTING SCIENCES BUILDING TRUST	X	
UCHICAGO RESEARCH INTERNATIONAL LIMITED	X	

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 A	THESE ACTIVITIES CONTRIBUTE SIGNIFICANTLY TO THE INSTRUCTION
93 B	THESE ACTIVITIES CONTRIBUTE SIGNIFICANTLY TO THE INSTRUCTION
93 C	THESE ACTIVITIES CONTRIBUTE SIGNIFICANTLY TO THE OVERALL
93 G	ADMINISTRATIVE AND PERFORMANACE FEE PAID BY THE US DEPT OF
102	THESE ACTIVITIES CONTRIBUTE SIGNIFICANTLY TO THE OVERALL

TY 2007 Cash Grants Paid Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Class of Activity	Recipient's name	Address	Amount	Relationship
	VARIOUS	5801 SOUTH ELLIS AVENUE CHICAGO, IL 60637	225,120,214	VARIOUS

TY 2007 Depreciation and Depletion Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Asset	Amount
LAND	
BUILDING AND EQUIP	81,913,204
BOOKS	11,747,506

TY 2007 Investments - Other Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Book Value	Cost/FMV
REAL ASSETS	985,027,101	F
VENTURE CAPITAL	2,785,825,579	F

TY 2007 Investments - Securities Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Book Value	Cost/FMV
CORPORATE BONDS - OTHER	841,523	F
GOVERNMENT BONDS - OTHER	466,982,555	F

TY 2007 Mortgages and Notes Payable Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Total Mortgage Amount: 136006027

Item No.	1
Lender's Name	ILLINOIS STUDENT ASSISTANCE COMMISS
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	86006027
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	TAXABLE COMMERCIAL PAPER
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	50000000
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Beginning of Year Amount	End of Year Amount
COLLATERAL HELD FOR SECURITIES		
LOANED	494,429,296	306,223,414
ACCRUED INVESTMENT INCOME	4,107,280	4,360,078
DUE FROM HOSPITALS	11,000,478	12,603,668

TY 2007 Other Changes in Net Assets Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Amount
UNREALIZED GAIN (LOSS) ON INVESTMENTS	408,868,207

TY 2007 Other Expenses Included Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Amount
ON DISPOSAL OF PROPERTY	35,042,140

TY 2007 Other Expenses Not Included Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Amount
INVESTMENT LOSS TREATED AS EXP	12,142,979

TY 2007 Other Investment Income Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Amount
INCOME FROM MINERAL RIGHTS, VENTURE AND REAL	
ESTATE INVESTMENT	38,027,867
LOAN INTEREST	6,543,263

TY 2007 Other Liabilities Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Beginning of Year Amount	End of Year Amount
SELF INSURANCE LIABILITY	188,359,460	195,533,308
FUNDS HELD IN CUSTODY FOR OTHERS	72,926,169	85,326,280
PAYABLE UNDER SECURITY LOAN AGREEMENTS	494,429,296	306,223,414
BANK LINE OF CREDIT	96,100,002	195,500,003

TY 2007 Other Receivables from Officers Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Travel Advance to Officers:

Item No.	1
Borrower's Name	NIMALAN CHINNIAH VP AND CFO
Borrower's Title	
Original Amount of Loan	
Balance Due	158433
Date of Note	2007-06
Maturity Date	2027-06
Repayment Terms	$695.84/MTH YRS 1 TO 5. THEN $1901.06 FOR YRS 6-20
Interest Rate	
Security Provided by Borrower	MORTGAGE
Purpose of Loan	HOME LOAN
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Borrower's Name	JAMES MADARA VP FOR MEDICAL AFFAIR
Borrower's Title	
Original Amount of Loan	
Balance Due	1137688
Date of Note	2002-05
Maturity Date	2022-05
Repayment Terms	MONTHLY PAYMENTS OF $6812.50
Interest Rate	
Security Provided by Borrower	MORTGAGE
Purpose of Loan	HOME LOAN
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Borrower's Name	DAVID GREENEVP FOR STRATEGIC INITI
Borrower's Title	
Original Amount of Loan	
Balance Due	60000
Date of Note	2006-09
Maturity Date	
Repayment Terms	PAYABLE IN ONE PAYMENT AT END OF TERM
Interest Rate	
Security Provided by Borrower	MORTGAGE
Purpose of Loan	HOME LOAN
Description of Lender Consideration	MATURITY - 180 DAYS AFTER TERMINATION OR 5 DAYS BEFORE BORROWER SELLS OR TRFRS INTEREST IN PROPERT
Consideration FMV	

Item No.	4
Borrower's Name	PETER DA STEIN VP AND CHIEF INVE O
Borrower's Title	
Original Amount of Loan	
Balance Due	528468
Date of Note	2006-05
Maturity Date	2036-05
Repayment Terms	MONTHLY PAYMENTS OF $2933.19
Interest Rate	
Security Provided by Borrower	MORTGAGE
Purpose of Loan	HOME LOAN
Description of Lender Consideration	
Consideration FMV	

Item No.	5
Borrower's Name	DONALD REAVESVP AND CFO THRU AUG
Borrower's Title	
Original Amount of Loan	
Balance Due	0
Date of Note	2003-08
Maturity Date	2008-08
Repayment Terms	PAYABLE IN ONE PAYMENT AT END OF TERM
Interest Rate	
Security Provided by Borrower	MORTGAGE
Purpose of Loan	HOME LOAN
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Revenues Included Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Amount
ON DISPOSAL OF PROPERTY	35,042,140

TY 2007 Other Revenues Not Included Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Description	Amount
INVESTMENT LOSS TREATED AS EXP	12,142,979
ADJUSTMENT	-422

TY 2007 Sales Of Inventory Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
UNIVERSITY OF CHICAGO PRESS	59,017,019	13,332,313	45,684,706
CAMPUS COMPUTER STORE	16,695,418	15,683,741	1,011,677
UNIVERSITY OFFICE MACHINES	2,787,666	2,332,411	455,255
REAL ESTATE MAINTENANCE	1,780,427	443,938	1,336,489
OTHER	730,841	179,184	551,657

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Item No.	1
Name of Issue	
Purpose	ILLINOIS FINANCE AUTHORITY- 2004A
Amount Outstanding	98290000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	
Purpose	ILLINOIS FINANCE AUTHORITY- 2004B
Amount Outstanding	98014000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	
Purpose	ILLINOIS FINANCE AUTHORITY- 2004C
Amount Outstanding	78467000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	4
Name of Issue	
Purpose	ILLINOIS FINANCE AUTHORITY- 2007
Amount Outstanding	244030000
Unexpeded Bond Proceeds	15369917
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	5
Name of Issue	
Purpose	ILLINOIS FINANCE AUTHORITY- 2008
Amount Outstanding	123604000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	6
Name of Issue	
Purpose	IEFA- SERIES 1993
Amount Outstanding	2625000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	7
Name of Issue	
Purpose	IEFA- SERIES 1998A
Amount Outstanding	0
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	8
Name of Issue	
Purpose	IEFA- SERIES 1998B
Amount Outstanding	90090000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	9
Name of Issue	
Purpose	IEFA- SERIES 2001A
Amount Outstanding	2860000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	10
Name of Issue	
Purpose	IEFA- SERIES 2001B-1
Amount Outstanding	60000000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	11
Name of Issue	
Purpose	IEFA- SERIES 2001B-2
Amount Outstanding	40000000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	12
Name of Issue	
Purpose	IEFA- SERIES 2001B-3
Amount Outstanding	72265000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	13
Name of Issue	
Purpose	IEFA- SERIES 2003A
Amount Outstanding	182145000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	14
Name of Issue	
Purpose	IEFA- SERIES 2003B
Amount Outstanding	47109000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	15
Name of Issue	
Purpose	ILLINOIS HEALTH FACILITIES AUTHORITY- 1985
Amount Outstanding	61380000
Unexpeded Bond Proceeds	8161120
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	16
Name of Issue	
Purpose	UNAMORTIZED DISCOUNT
Amount Outstanding	9210284
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	17
Name of Issue	
Purpose	POOLED FINANCING PROGRAM
Amount Outstanding	2268000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2007 Non Electing Public Charities Statement

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Statement: THE UNIVERSITY HAS NOT PARTICIPATED OR INTERVENED IN ANY POLITICAL CAMPAIGN. THE UNIVERSITY HAS ENGAGED IN INSUBSTANTIAL ACTIVITIES TO INFLUENCE NATIONAL, STATE, OR LOCAL LEGISLATION, BEARING DIRECTLY UPON THE EXEMPT PURPOSES OF THE UNIVERSITY. THE AREAS OF CONCERN INCLUDED SUCH MATTERS AS FEDERAL LEGISLATION RELATED TO RESEARCH FUNDING, STUDENT FINANCIAL AID, TAX EXEMPT BONDS, AND CHARITABLE CONTRIBUTIONS. THE UNIVERSITY'S TOTAL EXPENDITURES FOR SUCH ACTIVITIES DURING THE YEAR WERE $162,059 AN INSIGNIFICANT AMOUNT OF THE UNIVERSITY'S ANNUAL INCOME AND EXPENSES.

TY 2007 Scholarship Award Statement

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Statement: MOST DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE DIRECTLY FOR SALARY AND SIMILAR EXPENSES INCURRED DIRECTLY IN THE ACTIVE CONDUCT OF THE ACTIVITIES CONSTITUTING THE EXEMPT PURPOSE OR FUNCTION FOR WHICH THE INSTITUTION IS ORGANIZED AND OPERATED. OTHERWISE, DISBURSEMENTS IN FURTHERANCE OF THE INSTITUTION'S EXEMPT PROGRAMS ARE MADE IN ACCORDANCE WITH PROCEDURES OR SUBJECT TO CONDITIONS ESTABLISHED BY THE INSTITUTION'S BOARD, DESGINED TO INSURE THAT INDIVIDUALS OR ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PURPOSE ARE ADEQUATELY INVESTIGATED TO INSURE THAT THEY ARE QUALIFYING RECIPIENTS. STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE INSTITUTION'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS.

TY 2007 Self Dealing Statement

Name: THE UNIVERSITY OF CHICAGO

EIN: 36-2177139

Line Number	Explanation
2b	SEE 990 PART IV, LINE 50
2d	THE TRUSTEES OF THE UNIVERSITY RECEIVE NO COMPENSATION FOR SERVING AS TRUSTEES. THE OFFICERS OF THE UNIVERSITY ARE COMPENSATED FOR THEIR SERVICES. SEE FORM 990 PART V