# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30

|       | tment of the Treasury<br>al Revenue Service | Do no | Go to www.irs.gov/Form990T for instructions and the latest information. ot enter SSN numbers on this form as it may be made public if your organization is a 501( | (c)(3). | Ope      | n to Public Inspection<br>for 501(c)(3)<br>Organizations Only |
|-------|---|-------|---|---------|----------|---|
| A 🗌   | Check box if address changed.               | Print | Name of organization (  | D En    |          | identification number<br>3-2593545                            |
| В Ехе | empt under section                          | or    | Number, street, and room or suite no. If a P.O. box, see instructions.  |         | •        | emption number  |
| ~     | 501( C )( 3 )                               | Туре  | 451 NORTH LASALLE STREET  | (se     | e instru | ictions)  |
|       | 408(e) 220(e)                               |       | City or town, state or province, country, and ZIP or foreign postal code  |         |          |   |
|       | 408A 530(a)                                 |       | CHICAGO, IL 60654-4510  | F [     | _        | k box if  |
| _=    | 529(a) 529A                                 |       | value of all assets at end of year  |         |          | mended return.  |
|       | heck organization                           |       | ✓ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐  | _       |          | llege/university  |
|       | heck if filing only                         |       | ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form  |         |          |   |
|       |   |       | nization filing a consolidated return with a 501(c)(2) titleholding corporation .   |         |          |   |
|       |   |       | ched Schedules A (Form 990-T)   |         |          | 1   |
|       | •   |       | he corporation a subsidiary in an affiliated group or a parent-subsidiary controll  | ed gr   | oup?     | ☐ Yes     ✓ No  |
|       | <u> </u>                                    |       | and identifying number of the parent corporation  |         |          |   |
|       | he books are in                             |       | · · · · · · · · · · · · · · · · · · ·   |         | (312     | ) 755-2250  |
| Pai   |   |       | ed Business Taxable Income  |         |          |   |
| 1     |   |       | isiness taxable income computed from all unrelated trades or businesses (s  | see     |          |   |
|       | ,   |       |   | •       | 1        | 0   |
| 2     | Reserved                                    |       |   |         | 2        |   |
| 3     | Add lines 1 an                              |       |   |         | 3        | 0   |
| 4     |   |       | ons (see instructions for limitation rules)   |         | 4        | 0   |
| 5     |   |       | ess taxable income before net operating losses. Subtract line 4 from line 3 .   |         | 5        | 0   |
| 6     |   | •     | erating loss. See instructions  |         | 6        | 0   |
| 7     |   |       | isiness taxable income before specific deduction and section 199A deducti   |         |          |   |
|       | Subtract line 6                             |       |   |         | 7        | 0   |
| 8     | -   |       | enerally \$1,000, but see instructions for exceptions)  |         | 8        | 0   |
| 9     |   |       | deduction. See instructions   |         | 9        | 0   |
| 10    |   |       | dd lines 8 and 9  |         | 10       | 0   |
| 11    |   |       | taxable income. Subtract line 10 from line 7. If line 10 is greater than line   | ,       |          |   |
| _     |   |       |   | •       | 11       | 0   |
| Par   |   |       |   |         |          |   |
| 1     | •   |       | le as corporations. Multiply Part I, line 11 by 21% (0.21)  |         | 1        | 0   |
| 2     |   |       | ust rates. See instructions for tax computation. Income tax on the amount   |         |          |   |
| _     |   |       | ☐ Tax rate schedule or ☐ Schedule D (Form 1041)   |         | 2        |   |
| 3     | -   |       | ctions  |         | 3        | 0   |
| 4     |   |       | ee instructions   |         | 4        | 0   |
| 5     |   |       | tax (trusts only)   |         | 5        | 0   |
| 6     |   | -     | at facility income. See instructions  |         | 6        | 0   |
|       |   |       | ough 6 to line 1 or 2, whichever applies  | •       | 7        | 0<br>Farm <b>990-T</b> (2022)                                 |

Form 990-T (2022)

|         |             |   |  |          |                   |         |                        |           |          | _  |
|---------|-------------|---|--|----------|-------------------|---------|------------------------|-----------|----------|----|
| Part I  |             | Tax and Payments  |  |          |                   |         |                        |           |          |    |
| 1a      | Foreig      | gn tax credit (corporations attach Forr                                   | n 1118; trusts attach Form 1116)                 | 1a       |                   | 0       |                        |           |          |    |
|         |             | credits (see instructions)  |  | 1b       |                   | 0       |                        |           |          |    |
|         |             | ral business credit. Attach Form 3800                                     |  | 1c       |                   | 0       |                        |           |          |    |
|         |             | t for prior year minimum tax (attach F                                    | •  | 1d       |                   |         |                        |           |          |    |
|         |             | <b>credits.</b> Add lines 1a through 1d .                                 |  |          |                   |         | 1e                     |           |          | 0  |
|         |             |   |  |          |                   |         |                        |           |          |    |
|         |             | act line 1e from Part II, line 7  |  |          |                   |         | 2                      |           |          | 0  |
| 3       | Other       | amounts due. Check if from: Form  |  |          |                   |         |                        |           |          |    |
|         |             |   | (attach statement)                               |          |                   |         | 3                      |           |          | 0  |
| 4       | Total       | tax. Add lines 2 and 3 (see instructio                                    | ns). $\;\;\square\;\;$ Check if includes tax pre | viousl   | y deferred un     | der     |                        |           |          |    |
|         | section     | on 1294. Enter tax amount here  |  |          |                   | 0.      | 4                      |           |          | 0  |
| 5       | Curre       | nt net 965 tax liability paid from Form                                   | 965-A, Part II, column (k)                       |          |                   | -       | 5                      |           |          | 0  |
| 6a      | Pavm        | ents: A 2021 overpayment credited to                                      | 2022   | 6a       |                   | 0       |                        |           |          |    |
|         | -           | estimated tax payments. Check if sec                                      |  | 6b       |                   | 0       |                        |           |          |    |
|         |             | eposited with Form 8868   | 1-1  | 6c       |                   | 0       |                        |           |          |    |
|         |             | gn organizations: Tax paid or withheld                                    |  | 6d       |                   | 0       |                        |           |          |    |
|         | _           |   |  | -        |                   |         |                        |           |          |    |
|         |             |   |  | 6e       |                   | 0       |                        |           |          |    |
|         |             | t for small employer health insurance                                     |  | 6f       |                   | 0       |                        |           |          |    |
|         |             | credits, adjustments, and payments:                                       |  |          |                   |         |                        |           |          |    |
|         |             |   | er0 Total  | 6g       |                   | 0       |                        |           |          |    |
| 7       | Total       | payments. Add lines 6a through 6g   |  |          |                   | .       | 7                      |           |          | 0  |
| 8       | Estim       | ated tax penalty (see instructions). Ch                                   | neck if Form 2220 is attached                    |          |                   |         | 8                      |           |          | 0  |
| 9       | Tax d       | ue. If line 7 is smaller than the total o                                 | f lines 4, 5, and 8, enter amount ov             | wed .    |                   |         | 9                      |           |          | 0  |
| 10      | Over        | payment. If line 7 is larger than the to                                  | tal of lines 4, 5, and 8, enter amou             | nt ove   | rpaid             | . 1     | 10                     |           |          | 0  |
|         | -           | the amount of line 10 you want: Credited                                  |  |          | 0 Refun           | f       | 11                     | -         |          | 0  |
| Part I  |             | Statements Regarding Certain A  |  | on (se   | e instructions    | )       | -                      |           |          | Ť  |
|         |             | y time during the 2022 calendar year,                                     |  |          |                   |         | har autho              | vity V    | es No    | _  |
|         |             | a financial account (bank, securities,                                    |  |          |                   |         |                        |           | 00 111   |    |
|         |             | EN Form 114, Report of Foreign Bank                                       |  |          |                   |         |                        |           |          |    |
|         | here        | in Form 114, heport of Foreign Bank                                       | and Financial Accounts. If Tes,                  | enter    | the name of the   | 16 101  | eigii cou              | III y     |          |    |
|         | -           |   |  |          |                   |         |                        |           |          | _  |
|         | _           | the tax year, did the organization receive                                |  | rantor   | of, or transferor | to, a   | toreign tru            | ust?      |          | _  |
|         |             | s," see instructions for other forms th                                   | = -  |          |                   |         |                        |           |          |    |
|         |             | the amount of tax-exempt interest re                                      |  |          |                   |         |                        |           |          |    |
| 4       | Enter       | available pre-2018 NOL carryovers h<br>n on Schedule A (Form 990-T). Don' | ere \$ Do not in                                 | clude    | any post-201      | 7 NOI   | _ carryov              | er        |          |    |
|         |             |   | t reduce the NOL carryover show                  | n here   | e by any dedu     | iction  | reported               | on        |          |    |
|         | Part I,     | line 6.   |  |          |                   |         |                        |           |          |    |
| 5       | Post-       | 2017 NOL carryovers. Enter the Busin                                      | ess Activity Code and available po               | st-201   | 7 NOL carryo      | vers. I | Don't red              | uce       |          |    |
|         | the ar      | nounts shown below by any NOL clair                                       | ned on any Schedule A, Part II, line             | 17 foi   | r the tax year.   | See in  | struction              | s.        |          |    |
|         |             | Business Activity   | Code   | Availa   | able post-2017    | 7 NOI   | carryove               |           |          |    |
|         |             |   | \$   |          |                   |         |                        |           |          |    |
|         |             |   | \Psi_\phi_                                       |          |                   |         |                        |           |          |    |
|         |             |   | Ψ   φ  |          |                   |         |                        |           |          |    |
|         |             |   |  |          |                   |         |                        |           |          |    |
| _       | <del></del> |   | , o ( , i , i , i , )                            |          |                   |         |                        |           |          |    |
|         |             | ne organization change its method of                                      |  |          |                   |         |                        |           |          | _  |
|         |             | s "Yes," has the organization descri                                      | _  | J-EZ, \$ | 990-PF, or Fo     | rm 11   | 28? IT "N              | 10,"      |          |    |
|         |             | in in Part V  |  |          |                   |         |                        |           |          |    |
| Part '  | V :         | Supplemental Information  |  |          |                   |         |                        |           |          |    |
| Provide | e the e     | explanation required by Part IV, line 6                                   | o. Also, provide any other additiona             | al info  | rmation. See i    | nstruc  | ctions.                |           |          |    |
|         |             |   |  |          |                   |         |                        |           |          |    |
|         |             |   |  |          |                   |         |                        |           |          |    |
|         | Under       | penalties of perjury, I declare that I have exam                          | nined this return, including accompanying so     | chedule  | s and statements, | and to  | the best o             | f my knov | wledge a | nc |
| 0:      | 1           | it is true, correct, and complete. Declaration of                         |  |          |                   |         |                        |           | <b>J</b> |    |
| Sign    |             |   |  |          |                   | ı       | May the ID             | S discuss | thic ret | _  |
| Here    |             |   | VP EOP FINAN                                     | NCE AND  | D OPERATIONS &    | CEO     | May the IR with the pr |           |          |    |
| _       |             | ature of officer  |  | NOE AIN  | DOLLARIONS &      | 510     | (see instruc           |           |          |    |
|         | Signa       | ature of officer  | Date Title                                       | -        | <b>D</b> .        |         |                        | DT'''     |          | =  |
| Paid    |             | Print/Type preparer's name  | Preparer's signature                             |          | Date              |         | k 🔲 if                 | PTIN      |          |    |
| Prepa   | arer        |   |  |          |                   | self-e  | employed               |           |          | _  |
| •       |             | Firm's name   |  |          |                   | Firm's  | EIN                    |           |          | _  |
| Use (   | וווע        | Firm's address  |  |          |                   | Phone   |                        |           |          | _  |

2

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

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

B Employer identification number

| =RIKS       | ON INSTITUTE   |            |                     |                 | 30-238    | 3343                                    |
|-------------|--|------------|---------------------|-----------------|-----------|---|
| <b>U</b> ni | related business activity code (see instructions)  | 9000       | 099                 | <b>D</b> Sequen | ce: 1     | of 1                                    |
| E Des       | scribe the unrelated trade or business MISCELLANEOUS   |            |                     |                 |           |   |
| Par         | Unrelated Trade or Business Income   |            | (A) Income          | (B) Exp         | penses    | (C) Net                                 |
| 1a          | Gross receipts or sales 0  |            |                     |                 |           |   |
| b           | Less returns and allowances 0 <b>c</b> 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          |  |            |                     |                 |           |   |
|             | 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         |                     | 0               | 0         | 0                                       |
| Par         | Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business inco |            | limitations on de   | eductions.      | Deduction | ons must be                             |
| 1           | Compensation of officers, directors, and trustees (Part X)   |            |                     |                 | . 1       | 0                                       |
| 2           | Salaries and wages   |            |                     |                 |           | 0                                       |
| 3           | Repairs and maintenance  |            |                     |                 |           | 0                                       |
| 4           | Bad debts  |            |                     |                 |           | 0                                       |
| 5           | Interest (attach statement). See instructions  |            |                     |                 |           | 0                                       |
| 6           | Taxes and licenses   |            |                     |                 | . 6       | 0                                       |
| 7           | Depreciation (attach Form 4562). See instructions  |            |                     |                 | 0         |   |
| 8           | Less depreciation claimed in Part III and elsewhere on return .                                    |            | 8a                  |                 | 0 8b      | 0                                       |
| 9           | Depletion  |            |                     |                 |           | 0                                       |
| 10          | Contributions to deferred compensation plans   |            |                     |                 |           | 0                                       |
| 11          | Employee benefit programs  |            |                     |                 | . 11      | 0                                       |
| 12          | Excess exempt expenses (Part VIII)   |            |                     |                 |           | 0                                       |
| 13<br>14    | Excess readership costs (Part IX)  |            |                     |                 |           | 0                                       |
| 15          | Other deductions (attach statement)  |            |                     |                 |           | 0                                       |
| 16          | Unrelated business income before net operating loss deduction                                      | <br>n. Sul | otract line 15 from | Part I. line    | . 13.     | 0                                       |
|             | column (C)   |            |                     |                 |           | 0                                       |
| 17          | Deduction for net operating loss. See instructions   |            |                     |                 |           | 0                                       |
| 18          | Unrelated business taxable income. Subtract line 17 from lin                                       |            |                     |                 |           | 0                                       |
|             | perwork Reduction Act Notice, see instructions.  |            | at. No. 74036O      | <u> </u>        | -         | lule A (Form 990-T) 2022                |
|             | •  |            |                     |                 |           | , |

Schedule A (Form 990-T) 2022 Page 2

| Part | Cost of Goods Sold Enter me  | thod of inventory val   | uation                 |                     | <del></del>     |
|------|--|-------------------------|------------------------|---------------------|-----------------|
| 1    | Inventory at beginning of year   |                         |                        | 1                   | 0               |
| 2    | Purchases  |                         |                        | 2                   | 0               |
| 3    | Cost of labor  |                         |                        | 3                   | 0               |
| 4    | Additional section 263A costs (attach statement)   |                         |                        | 4                   | 0               |
| 5    | Other costs (attach statement)   |                         |                        | 5                   | 0               |
| 6    | <b>Total.</b> Add lines 1 through 5  |                         |                        |                     | 0               |
| 7    | Inventory at end of year   |                         |                        | 7                   | 0               |
| 8    | Cost of goods sold. Subtract line 7 from line 6.   |                         |                        |                     |                 |
| 9    | Do the rules of section 263A (with respect to property)                                  |                         |                        |                     | ion? 🗌 Yes 🗌 No |
| Part | N Rent Income (From Real Property an   |                         |                        |                     |                 |
| 1    | Description of property (property street address,  | city, state, ZIP code   | ). Check if a dual-u   | se. See instruction | ns.             |
|      | A 🗌  |                         |                        |                     |                 |
|      | В 🗌  |                         |                        |                     |                 |
|      | C  |                         |                        |                     |                 |
|      | D 🗌  |                         |                        |                     |                 |
| _    |  | 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  |                         |                        |                     |                 |
| D    | 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)  |                         |                        |                     |                 |
| _    | Tatal deductions Add line 4 columns A three delays                                       | D Freton bone and a     | n David Lina C. aalu   | (D)                 | 0               |
| 5    | Total deductions. Add line 4 columns A through   |                         | n Part I, line 6, colu | ПП (Б)              |                 |
| Par  | Unrelated Debt-Financed Income (se   |                         |                        |                     |                 |
| 1    | Description of debt-financed property (street add  | dress, city, state, ZIP | code). Check if a c    | ual-use. See insti  | ructions.       |
|      | <u>A</u>   |                         |                        |                     |                 |
|      | B  |                         |                        |                     |                 |
|      |  |                         |                        |                     |                 |
|      | D 📙  | Α                       | В                      | С                   | D               |
| 2    | Gross income from or allocable to debt-financed  | A                       | ь                      |                     | <del></del>     |
| _    | property   |                         |                        |                     |                 |
| 3    | Deductions directly connected with or allocable  |                         |                        |                     | <del> </del>    |
| -    | to debt-financed property  |                         |                        |                     |                 |
| а    | Straight line depreciation (attach statement) .  | 1                       |                        |                     |                 |
| b    | Other deductions (attach statement)  |                         |                        |                     |                 |
| c    | 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    | Divide line 4 by line 5  | %                       | %                      |                     | % %             |
| 7    | Gross income reportable. Multiply line 2 by line 6                                       |                         |                        |                     |                 |
| 8    | Total gross income (add line 7, columns A throu  | igh D) Enter here on    | nd on Part Lline 7     | column (Δ)          | 0               |
|      |  | agn D). Enter here an   | u on raiti, iiile 7, 0 | Joiuinii (A)        |                 |
| 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, lir | ne 7, column (B)    | 0               |
| 11   | Total dividends — received deductions include  | ed in line 10           |                        |                     | 0               |

Schedule A (Form 990-T) 2022

|                                    | ,  |                                   |  |        |   |   |           |  |
|------------------------------------|--|-----------------------------------|--|--------|---|---|-----------|--|
| Pa                                 | rt VI Interest, Annuit                       | ties, Royaltie                    | es, and Rents                                      | s fro  | m Controlled Org                                    | janizations (see instru   | ctions    | s)   |
|                                    |  |                                   |  |        | Exempt Co   | entrolled Organizations   |           |  |
| Name of controlled<br>organization |  | 2. Employer identification number | 3. Net unrela income (los (see instruction)        | s)     | 4. Total of specified payments made                 | 5. Part of column 4<br>that is included in the<br>controlling organization's<br>gross income  |           | Deductions directly connected with acome in column 5                 |
| (1)                                |  |                                   |  |        |   |   |           |  |
| (2)                                |  |                                   |  |        |   |   |           |  |
| (3)                                |  |                                   |  |        |   |   |           |  |
| (4)                                |  |                                   |  |        |   |   |           |  |
|                                    |  |                                   | Nonexemp   | ot Co  | ntrolled Organization                               | าร  |           |  |
|                                    | 7. Taxable income                            | inco                              | t unrelated<br>me (loss)<br>nstructions)           | 9      | . Total of specified payments made                  | 10. Part of column 9<br>that is included in the<br>controlling organization's<br>gross income |           | Deductions directly<br>connected with<br>come in column 10           |
| (1)                                |  |                                   |  |        |   |   |           |  |
| (2)                                |  |                                   |  |        |   |   |           |  |
| (3)                                |  |                                   |  |        |   |   |           |  |
| (4)                                |  |                                   |  |        |   |   |           |  |
| Tot                                | als  |                                   |  |        |   | Add columns 5 and 10.<br>Enter here and on Part I,<br>line 8, column (A)                      | Ente      | d columns 6 and 11.<br>er here and on Part I,<br>line 8, column (B)  |
| Pai                                | rt VII Investment Inc                        | ome of a Se                       | ction 501(c)(                                      | 7), (9 | ), or (17) Organiza                                 | ation (see instructions)  | )         |  |
|                                    | 1. Description of income                     |                                   | unt of income                                      | c      | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement)  | 5.        | Total deductions<br>and set-asides<br>Id columns 3 and 4)            |
| (1)                                |  |                                   |  |        |   |   |           |  |
| (2)                                |  |                                   |  |        |   |   |           |  |
| (3)                                |  |                                   |  |        |   |   |           |  |
| (4)                                |  |                                   |  |        |   |   |           |  |
| Tat                                | olo.   | Enter here                        | nts in column 2.<br>e and on Part I,<br>column (A) |        |   |   | Ente      | amounts in column 5.<br>er here and on Part I,<br>line 9, column (B) |
|                                    | als  | not Activity !                    | ncome Othe   | r Th   | an Advertising In                                   | come (see instructions  | 2)        | 0  |
| 1 1                                | Description of exploited                     |                                   | ncome, out   | . 111  | an Auvertising III                                  | COME (SEE HISHUCHORS  | <i>3)</i> |  |
| 2                                  |  | ·                                 | n trade or busi                                    | 1000   | Enter here and on D                                 | Part I, line 10, column (A)   | 2         |  |
| 3                                  |  |                                   |  |        |   | Enter here and on Part I,   |           |  |
| 3                                  | line 10, column (B)                          |                                   |  |        |   |   | 3         |  |
| 4                                  | ` ,  |                                   |  |        |   | e 2. If a gain, complete  | 4         |  |
| 5                                  | Gross income from acti                       |                                   |  |        |   |   | 5         |  |
| 6                                  | Expenses attributable to                     | o income ente                     | red on line 5                                      |        |   |   | 6         |  |
| 7                                  | Excess exempt expens 4. Enter here and on Pa |                                   | ne 5 from line                                     |        |   | than the amount on line   | 7         |  |

Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022

| Par   | IX Advertising Income  |          |                       |                 |                             |                                       |
|-------|--|----------|-----------------------|-----------------|-----------------------------|---------------------------------------|
| 1     | Name(s) of periodical(s). Check box if rep   | orting t | wo or more periodic   | als on a consol | idated basis.               |                                       |
|       | A 🗌  |          |                       |                 |                             |                                       |
|       | B  |          |                       |                 |                             |                                       |
|       | <u> </u>   |          |                       |                 |                             |                                       |
| Entor | <b>D</b> amounts for each periodical listed above in   | 2 tha ac | errooponding column   |                 |                             |                                       |
| Enter | amounts for each periodical listed above if  | i the co | Λ Δ                   | в               | С                           | D                                     |
| 2     | Gross advertising income   |          |                       |                 |                             |                                       |
|       | •  |          |                       | (4)             | I                           |                                       |
| а     | Add columns A through D. Enter here and  | d on Pa  | rt I, line 11, column | (A)             |                             | 0                                     |
| 3     | Direct advertising costs by periodical   |          |                       |                 |                             |                                       |
| а     | Add columns A through D. Enter here and  | d on Pa  | rt I, line 11, column | (B)             |                             | 0                                     |
| 4     | Advertising gain (loss). Subtract line 3 from  |          |                       |                 |                             |                                       |
|       | 2. For any column in line 4 showing a  |          |                       |                 |                             |                                       |
|       | complete lines 5 through 8. For any coluline 4 showing a loss or zero, do not column to the column t |          |                       |                 |                             |                                       |
|       | lines 5 through 7, and enter zero on line 8  |          |                       |                 |                             |                                       |
| 5     | Readership costs   |          |                       |                 |                             |                                       |
| 6     | Circulation income   |          |                       |                 |                             |                                       |
| 7     | Excess readership costs. If line 6 is les  |          |                       |                 |                             |                                       |
|       | line 5, subtract line 6 from line 5. If line 5   |          |                       |                 |                             |                                       |
|       | than line 6, enter zero  |          |                       |                 |                             |                                       |
| 8     | Excess readership costs allowed  |          |                       |                 |                             |                                       |
|       | deduction. For each column showing a gline 4, enter the lesser of line 4 or line 7   |          |                       |                 |                             |                                       |
| а     | Add line 8, columns A through D. Enter   |          | eater of the line 8a  | i, columns tota | l or zero here and          | on                                    |
|       | Part II, line 13   |          |                       |                 |                             | 0                                     |
| Par   | t X Compensation of Officers, Dir  | ectors   | , and Trustees (se    | ee instructions | s)                          |                                       |
|       |  |          | • T''                 |                 | 3. Percentage               | 4. Compensation                       |
|       | 1. Name  |          | <b>2.</b> Title       |                 | of time devoted to business | attributable to<br>unrelated business |
| (1)   |  |          |                       |                 | %                           |                                       |
| (2)   |  |          |                       |                 | %                           |                                       |
| (3)   |  |          |                       |                 | %                           |                                       |
| (4)   |  |          |                       |                 | %                           |                                       |
|       | •  |          |                       |                 |                             |                                       |
| Tota  | I. Enter here and on Part II, line 1 .   |          |                       |                 |                             | 0                                     |
| Par   | XI Supplemental Information (see   | instru   | ctions)               |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |
|       |  |          |                       |                 |                             |                                       |

| Form 990T                     | Additional Information  |
|-------------------------------|---|
|                               |   |
| Return Reference - Identifier | Explanation   |
| BOOK CARE - NAME AND ADDRESS  | PATRICIA LAWSON, 451 N LASALLE STREET, CHICAGO, IL 60654-4510 |

#### Schedule A - Part II, Line 14

Other Deductions

| Description  |       | Amount |
|--|-------|--------|
|  |       |        |
| (1) AMORTIZATION (FORM 4562, PART VI, LINE 44)             |       | 0      |
| (2) EXTRATERRITORIAL INCOME EXCLUSION (FORM 8873, LINE 52) |       | 0      |
|  | Total | 0      |

#### Form **8453-TE**

# Tax Exempt Entity Declaration and Signature for Electronic Filing

|--|

For calendar year 2022, or tax year beginning 07/01, 2022, and ending For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8453TE for the latest information.

| Name of fi  | ler   |  |   |  |   |   |  |  | EIN or SSN   |   |
|---|---|--|---|--|---|---|--|--|--|---|
| ERIKSON   | N INS                                       | TITUTE   |   |  |   |   |  |  | 36   | -2593545  |
| Part I  | •   | Type of Return and   | Return  | Inforn   | nation  |   |  |  |  |   |
| and Form<br>6a, 7a, 8<br>6b, 7b, 8                            | n 533<br>8 <b>a, 9</b> a<br>8 <b>b, 9</b> l | ox for the type of return 30 filers may enter dollars a, or 10a below, and the b, or 10b, whichever is a t complete more than or   | s and ce<br>amount<br>applicable                            | ents. For<br>on that<br>e, blank                             | all other follower line of the  | orms, enter whole return being filed  | e dollars only<br>with this fo   | y. If you check th<br>rm was blank, th   | e box on line<br>en leave line   | e 1a, 2a, 3a, 4a, 5a,<br>e 1b, 2b, 3b, 4b, 5b,  |
|   |   | 990 check here   | _   |  | evenue. if  | any (Form 990, I  | Part VIII. colu  | umn (A). line 12)  | 1b   |   |
|   |   | 990-EZ check here .  |   |  |   | any (Form 990-E   |  |  |  |   |
| 3a F  | orm   | 1120-POL check here  |   |  |   | 1120-POL, line 22   |  |  |  |   |
| 4a F  | orm   | 990-PF check here .  | □ b   | Tax ba   | sed on in   | vestment incom  | <b>e</b> (Form 990   | -PF, Part V, line  | 5) . <b>4b</b>   |   |
| 5a F  | orm   | <b>8868</b> check here   | □ b   | Baland   | <b>e due</b> (Fo  | rm 8868, line 3c)   |  |  | 5b   |   |
| 6a F  | orm   | 990-T check here .   | ✓ b   | Total t  | ax (Form 9  | 990-T, Part III, lin  | e 4)   |  | 6b   | 0   |
| 7a F  | orm   | 4720 check here  | □ b   | Total t  | ax (Form 4  | 4720, Part III, line  | 1)   |  | 7b   |   |
| 8a F  | orm   | 5227 check here  | □ b   | FMV o  | f assets a  | t end of tax yea  | r (Form 5227   | ', Item D)   | 8b   |   |
| 9a F  | orm   | 5330 check here  | □ b   | Tax du   | <b>ie</b> (Form 5   | 330, Part II, line 1  | 9)   |  |  |   |
|   |   | 8038-CP check here   |   |  |   | t payment reques  | sted (Form 8   | 038-CP, Part III, li   | ne 22) <b>10b</b>  |   |
| Part II   |   | Declaration of Offic   |   |  |   |   |  |  |  |   |
| 11a <u></u>   | wi<br>fe<br>co<br>I a                       | authorize the U.S. Treasi<br>ithdrawal (direct debit) of<br>deral taxes owed on thi<br>ontact the U.S. Treasury<br>also authorize the finand<br>formation necessary to a                 | entry to<br>s return,<br>Financia<br>cial insti             | the final<br>, and the<br>Il Agent a<br>tutions i            | ncial instit<br>e financial<br>at 1-888-3<br>nvolved ir               | ution account in institution to de 53-4537 no later the processing                                  | dicated in t<br>bit the entr<br>than 2 busi<br>of the elec                       | he tax preparation  y to this account  ness days prior to  stronic payment                           | on software<br>t. To revoke<br>o the payme                                 | for payment of the a payment, I must nt (settlement) date.                                    |
| b [   | ex<br>99                                    | a copy of this return is be<br>secuted the electronic di<br>00-PF (as specifically ide   | sclosure<br>ntified in                                      | consen<br>Part I al  | t containe<br>bove) to th   | ed within this retu<br>e selected state   | urn allowing<br>agency(ies).   | disclosure by th   | e IRS of this  | Form 990/990-EZ/  |
| Under per<br>(name of   |   | es of perjury, I declare th  | nat ✓   | I am an  | officer of  | the above named   | d entity or  | I am the perso   | on subject to<br>, (EIN)   | tax with respect to   |
| knowled<br>of the ele<br>to the IR                            | ge ar<br>ectro<br>S an                      | ave examined a copy on the property of the pare true, concreturn. I consent to a do to receive from the IR essing the return or refundance.  | orrect, a<br>llow my i<br>S <b>(a)</b> an                   | and comp<br>intermed<br>acknow                               | olete. I fur<br>liate servic<br>ledgemen                              | ther declare that<br>be provider, trans<br>t of receipt or re                                       | the amount<br>mitter, or ele   | in Part I above is<br>ectronic return or   | the amount iginator (ERC   | shown on the copy  o) to send the return  |
| Sign  |   | total lande  | -   |  |   | 5/10/20   | 24 VP  | FOR FINANCE AN   | ND OPERATION   | ONS & CFO   |
| Here  |   | nature of officer or person  | subject t   | to tax   |   | Date  | Title  | e, if applicable   |  |   |
| Part III  |   | Declaration of Elect   | ronic F   | Return   | Originat  | or (ERO) and  | Paid Prep  | <b>arer</b> (see instr   | uctions)   |   |
| I am only<br>The entit<br>be filed v<br>Informati<br>have exa | y a c<br>y offi<br>with fon for<br>amine    | I have reviewed the aborollector, I am not respondicer or person subject to the IRS to the officer or par Authorized IRS <i>e-file</i> Fed the above return and complete. This Paid Prep | nsible for<br>tax will I<br>person s<br>Providers<br>accomp | r reviewi<br>have sig<br>subject t<br>s for Bus<br>panying s | ng the reto<br>ned this fo<br>to tax, and<br>siness Reto<br>schedules | urn and only dec<br>orm before I subn<br>I have followed a<br>urns. If I am also<br>and statements, | lare that this<br>nit the return<br>all other requ<br>the Paid Pr<br>and, to the | s form accurately<br>I. I will give a cop<br>Jirements in Pub<br>eparer, under pe<br>best of my know | reflects the<br>by of all forms<br>4163, Modenalties of pe<br>wledge and b | data on the return.<br>s and information to<br>ernized e-File (MeF)<br>rjury I declare that I |
| ERO's<br>Use  |   | O's<br>nature  |   |  |   | Date  | Check if also<br>paid preparer   |  | ERO's SSN or   | PTIN  |
| Only  |   | n's name (or yours if<br>-employed), ————  |   |  |   |   |  |  | EIN  |   |
|   |   | Iress, and ZIP code  |   |  |   |   |  |  | Phone no.  |   |
|   | /ledg                                       | es of perjury, I declare the and belief, they are truge.   |   |  |   |   | , ,  | 0  |  | · · · · · ·   |
| Paid<br>Prepai  | ror   | Print/Type preparer's name   |   |  | Preparer's si   | ignature  |  | Date   | Check if sel<br>employed [   | f- PTIN   |
| -   | - 1   | Firm's name  |   |  | -   |   |  |  | Firm's EIN   |   |
| Use O   | ıııy  | Firm's address   | <u>-</u> -  |  | · · · · ·   |   |  |  | Phone no.  |   |

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

→ Go to www.irs.gov/Form926 for
→ Attach to your income tax return formation (see instructions)

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

| Name c | f transferor   | *                             | Identifying number (see instructions)  |  |  |  |  |  |  |  |
|--------|--|-------------------------------|--|--|--|--|--|--|--|--|
| ERIKS  | ON INSTITUTE   |                               | 36-2593545                             |  |  |  |  |  |  |  |
| 1      | Is the transferee a specified 10%-owned foreign corporation                      | that is not a controlled fore | ign corporation? . ☐ Yes ☑ No          |  |  |  |  |  |  |  |
| 2      | If the transferor was a corporation, complete questions 2a thr                   | rough 2d.                     |  |  |  |  |  |  |  |  |
| а      |  |                               |  |  |  |  |  |  |  |  |
|        | five or fewer domestic corporations?   |                               |  |  |  |  |  |  |  |  |
| b      | Did the transferor remain in existence after the transfer? .                     |                               | <b>☑</b> Yes □ No                      |  |  |  |  |  |  |  |
|        | If not, list the controlling shareholder(s) and their identifying n              | umber(s).                     |  |  |  |  |  |  |  |  |
| is.    |  |                               |  |  |  |  |  |  |  |  |
|        | Controlling shareholder  | Ide                           | ntifying number                        |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
| С      | If the transferor was a member of an affiliated group fili                       | ng a consolidated return      | was it the parent                      |  |  |  |  |  |  |  |
| •      | corporation?   |                               | Yes   No                               |  |  |  |  |  |  |  |
|        | If not, list the name and employer identification number (EIN)                   | of the parent corporation     |  |  |  |  |  |  |  |  |
|        | in not, not the name and employer identification number (EIN)                    | or the parent corporation.    |  |  |  |  |  |  |  |  |
|        | Name of parent corporation   | FIN of                        | parent corporation                     |  |  |  |  |  |  |  |
|        | rumo or paront corporation   | 2                             |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        | Have been adjustments under section 267(a)(4) been made?                         |                               | Yes . No                               |  |  |  |  |  |  |  |
| d      | Have basis adjustments under section 367(a)(4) been made?                        |                               | Tes   NO                               |  |  |  |  |  |  |  |
| 3      | If the transferor was a partner in a partnership that was the                    | actual transferor (but is n   | ot treated as such under section 367). |  |  |  |  |  |  |  |
| Ū      | complete questions 3a through 3d.  | dotadi ilahororor (bat lo fi  | or fronted as such and section cory    |  |  |  |  |  |  |  |
| а      | List the name and EIN of the transferor's partnership.                           |                               |  |  |  |  |  |  |  |  |
|        | Name of partnership  | FIN                           | of partnership                         |  |  |  |  |  |  |  |
|        | Name of partiership  |                               | or partitership                        |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
|        |  |                               |  |  |  |  |  |  |  |  |
| b      |  |                               |  |  |  |  |  |  |  |  |
| С      | Is the partner disposing of its <b>entire</b> interest in the partnership        |                               |  |  |  |  |  |  |  |  |
| d      | Is the partner disposing of an interest in a limited partners securities market? |                               |  |  |  |  |  |  |  |  |
| Part   |  |                               | L Yes L No                             |  |  |  |  |  |  |  |
| 4      | Name of transferee (foreign corporation)   | e mondonoj                    | 5a Identifying number, if any          |  |  |  |  |  |  |  |
| -      | DEEN (FORMERLY FLAG VENTURE PARTNERS OFFSHORE IX, L.                             | P.)                           |  |  |  |  |  |  |  |  |
| 6      | Address (including country)  | ,                             | 5b Reference ID number                 |  |  |  |  |  |  |  |
|        | ,  |                               | (see instructions)                     |  |  |  |  |  |  |  |
| 94 SO  | LARIS AVE, CAMANA BAY, PO BOX 1348, GRAND CAYMAN KY1-1                           | 1108, CAYMAN ISLANDS          | F72214                                 |  |  |  |  |  |  |  |
| 7      | Country code of country of incorporation or organization (see                    |                               |  |  |  |  |  |  |  |  |
|        | CAYMAN I   | SLANDS                        |  |  |  |  |  |  |  |  |
| 8      | Foreign law characterization (see instructions)                                  |                               |  |  |  |  |  |  |  |  |
|        | NERSHIP CAYMAN EXEMPTED COMPANY  |                               |  |  |  |  |  |  |  |  |
| 9      | Is the transferee foreign corporation a controlled foreign corp                  | oration?                      |  |  |  |  |  |  |  |  |

Form 926 (Rev. 11-2018) Page 2 Part III **Information Regarding Transfer of Property** (see instructions) Section A—Cash (d) Cost or other **(b)** Description of (c) Fair market value on (e) Type of Date of Gain recognized on property transfer property date of transfer basis transfer Cash **FY 2023** (115,322)✓ Yes 
☐ No 10 Was cash the only property transferred?. . . . . . If "Yes," skip the remainder of Part III and go to Part IV. Section B-Other Property (other than intangible property subject to section 367(d)) (a) Date of (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on Type of property transfer date of transfer basis property Stock and securities Inventory Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain ☐ Yes ☑ No Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a 12a foreign corporation? If "Yes." go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the ☐ Yes 
☑ No If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ 13 If "No," skip Section C and questions 14a through 15. Section C - Intangible Property Subject to Section 367(d) (f) (d) Arm's length price (a) Date of (b) Description of (c) Useful Income inclusion for year of transfer Type of Cost or other basis property on date of transfer transfer property life (see instructions) Property described in sec. 367(d)(4)

| Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$  | ☑ No        |
|--|-------------|
| Supplemental Part III Information Required To Be Reported (see instructions)   |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
| Part IV Additional Information Regarding Transfer of Property (see instructions)   |             |
|  |             |
| 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.                    |             |
| (a) Before% (b) After%   |             |
| 17 Type of nonrecognition transaction (see instructions) ▶   |             |
| 18 Indicate whether any transfer reported in Part III is subject to any of the following.                                  |             |
| a Gain recognition under section 904(f)(3)   |             |
| <b>b</b> Gain recognition under section 904(f)(5)(F)   |             |
| c Recapture under section 1503(d)  |             |
| d Exchange gain under section 987  |             |
| 19 Did this transfer result from a change in entity classification?  |             |
| 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions . $\Box$ Yes | <b></b> No  |
| If "Yes," complete lines 20b and 20c.  |             |
| b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$                     |             |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the                      | _           |
| property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes                 | <b>∐</b> No |
| 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation                 | _           |
| covered by section 367(e)(1)? See instructions   | <u> </u>    |

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Part I U.S. Transferor Information (see instructions)

# Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

| Name of transferor |   | *                             | Identifying number (see instructions)            |  |
|--------------------|---|-------------------------------|--|--|
| ERIKSON INSTITUTE  |   |                               | 36-2593545                                       |  |
| 1<br>2             | Is the transferee a specified 10%-owned foreign corporation If the transferor was a corporation, complete questions 2a th |                               | ign corporation? .   Yes  No                     |  |
| a                  | If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by             |                               |  |  |
| _                  | five or fewer domestic corporations?  |                               |  |  |
| b                  |   |                               |  |  |
|                    | If not, list the controlling shareholder(s) and their identifying r   | number(s).                    |  |  |
|                    |   |                               |  |  |
|                    | Controlling shareholder   | Ider                          | ntifying number                                  |  |
|                    |   |                               |  |  |
| -                  |   |                               |  |  |
| 10                 |   |                               |  |  |
|                    |   |                               |  |  |
|                    |   |                               |  |  |
|                    |   |                               |  |  |
| -                  |   |                               |  |  |
|                    |   |                               |  |  |
| С                  | If the transferor was a member of an affiliated group fil   | ing a consolidated return,    | was it the parent                                |  |
| corporation?       |   |                               |  |  |
|                    | If not, list the name and employer identification number (EIN)  | of the parent corporation.    |  |  |
|                    | Name of parent corporation  | EIN of parent corporation     |  |  |
|                    |   |                               |  |  |
| <u> </u>           | Have been adjustments under section 267(a)(4) been made?  |                               | <br>□ Yes □ No                                   |  |
| d                  | Have basis adjustments under section 367(a)(4) been made?   |                               | I res . No                                       |  |
| 3                  | If the transferor was a partner in a partnership that was the   | e actual transferor (but is n | ot treated as such under section 367),           |  |
|                    | complete questions 3a through 3d.   |                               |  |  |
| a                  | List the name and EIN of the transferor's partnership.  |                               |  |  |
|                    | Name of partnership   | EIN of partnership            |  |  |
|                    |   |                               |  |  |
| - h                | Did the partner pick up its pro rata share of gain on the trans   | for of partnership assets?    | Yes  |  |
| b<br>C             | Is the partner disposing of its <b>entire</b> interest in the partnersh   |                               |  |  |
| d                  | Is the partner disposing of an interest in a limited partners securities market?  |                               |  |  |
| Part               |   | ee instructions)              | · · · · · · · · · · · · · · · · · · ·            |  |
| 4                  | Name of transferee (foreign corporation)  | ,                             | 5a Identifying number, if any                    |  |
| HBK N              | MULTI-STRATEGY OFFSHORE FUND LTD  |                               |  |  |
| 6                  | Address (including country)   |                               | <b>5b</b> Reference ID number (see instructions) |  |
| C/o He             | edgeserv (Cayman), Willow House, Cricket Square, Grand Caymar   | n. Cavman Islands             | H01991   |  |
| 7                  | Country code of country of incorporation or organization (see   |                               |  |  |
|                    | CAYMAN  | · ·                           |  |  |
| 8                  | Foreign law characterization (see instructions)   |                               |  |  |
|                    | ORATION: CAYMAN EXEMPTED COMPANY  | t' 0                          |  |  |
| 9                  | Is the transferee foreign corporation a controlled foreign corp   | poration?                     | y o w o o v v v v · ∐ Yes ☑ No                   |  |

Form 926 (Rev. 11-2018) Page 2 Part III **Information Regarding Transfer of Property** (see instructions) Section A—Cash (d) Cost or other **(b)** Description of (c) Fair market value on (e) Type of Date of Gain recognized on property transfer property date of transfer basis transfer Cash **FY 2023** (500.000)✓ Yes 
☐ No 10 Was cash the only property transferred?. . . . . . If "Yes," skip the remainder of Part III and go to Part IV. Section B-Other Property (other than intangible property subject to section 367(d)) (a) Date of (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on Type of property transfer date of transfer basis property Stock and securities Inventory Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain ☐ Yes ☑ No Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a 12a foreign corporation? If "Yes." go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the ☐ Yes 
☑ No If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ 13 If "No," skip Section C and questions 14a through 15. Section C - Intangible Property Subject to Section 367(d) (f) (d) Arm's length price (a) Date of (b) Description of (c) Useful Income inclusion for year of transfer Type of Cost or other basis property on date of transfer transfer property life (see instructions) Property described in sec. 367(d)(4)

| Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$  | ☑ No        |
|--|-------------|
| Supplemental Part III Information Required To Be Reported (see instructions)   |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
| Part IV Additional Information Regarding Transfer of Property (see instructions)   |             |
|  |             |
| 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.                    |             |
| (a) Before% (b) After%   |             |
| 17 Type of nonrecognition transaction (see instructions) ▶   |             |
| 18 Indicate whether any transfer reported in Part III is subject to any of the following.                                  |             |
| a Gain recognition under section 904(f)(3)   |             |
| <b>b</b> Gain recognition under section 904(f)(5)(F)   |             |
| c Recapture under section 1503(d)  |             |
| d Exchange gain under section 987  |             |
| 19 Did this transfer result from a change in entity classification?  |             |
| 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions . $\Box$ Yes | <b></b> No  |
| If "Yes," complete lines 20b and 20c.  |             |
| b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$                     |             |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the                      | _           |
| property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes                 | <b>∐</b> No |
| 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation                 | _           |
| covered by section 367(e)(1)? See instructions   | <u> </u>    |

(Rev. November 2018) Department of the Treasury Internal Revenue Service

U.S. Transferor Information (see instructions)

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

| Name o | of transferor   |                               | Identifying number (see instructions)  |  |
|--------|---|-------------------------------|--|--|
| ERIKS  | SON INSTITUTE   |                               | 36-2593545                             |  |
| 1      | Is the transferee a specified 10%-owned foreign corporation   | that is not a controlled fore | ign corporation? . ☐ Yes ☑ No          |  |
| 2      | If the transferor was a corporation, complete questions 2a through 2d.  |                               |  |  |
| а      | <ul> <li>a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?</li></ul> |                               |  |  |
| b      |   |                               |  |  |
|        | If not, list the controlling shareholder(s) and their identifying n   | umber(s).                     |  |  |
|        |   |                               |  |  |
|        | Controlling shareholder   | Identifying number            |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
| -      |   |                               |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
| ¥      | If the two-states were a manufacture of the affiliated amount fill  |                               | to the manual                          |  |
| C      | If the transferor was a member of an affiliated group fili corporation?   | ing a consolidated return,    | was it the parent                      |  |
|        |   |                               |  |  |
|        | If not, list the name and employer identification number (EIN)  | of the parent corporation.    |  |  |
|        | Name of payant asymptotics  | EIN of                        | navent comparation                     |  |
|        | Name of parent corporation  | EIN OT                        | parent corporation                     |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
| d      | Have basis adjustments under section 367(a)(4) been made?   |                               | Yes . No                               |  |
| _      | If the transferor was a partner in a partnership that was the   | actual transferor (but is n   | at treated as such under section 267)  |  |
| 3      | If the transferor was a partner in a partnership that was the complete questions 3a through 3d.   | e actual transferor (but is n | of treated as such under section 367), |  |
| а      | List the name and EIN of the transferor's partnership.  |                               |  |  |
|        | ·   | FINI                          | of weather analysis                    |  |
|        | Name of partnership   | EIN                           | of partnership                         |  |
|        |   |                               |  |  |
|        |   |                               |  |  |
| b      | Did the partner pick up its pro rata share of gain on the transf  |                               | <u> </u>                               |  |
| С      | Is the partner disposing of its <b>entire</b> interest in the partnershi  | •                             |  |  |
| d      | Is the partner disposing of an interest in a limited partners   |                               | <u> </u>                               |  |
| Part   | securities market?  |                               | Yes 🗌 No                               |  |
| 4      | Name of transferee (foreign corporation)  | e iristructions)              | 5a Identifying number, if any          |  |
|        | UND VIII FEEDER, LTD  |                               | oa identifying number, it any          |  |
| 6      | Address (including country)   | ·                             | 5b Reference ID number                 |  |
| •      | (···  |                               | (see instructions)                     |  |
| 100 N  | RIVERSIDE PLAZA SUITE 2400, CHICAGO IL 60606 R12914   |                               | R12914                                 |  |
| 7      | Country code of country of incorporation or organization (see   | instructions)                 |  |  |
|        | CAYMAN I  | SLANDS                        |  |  |
| 8      | Foreign law characterization (see instructions)   |                               |  |  |
|        | ORATION: CAYMAN EXEMPTED COMPANY  |                               |  |  |
| 9      | Is the transferee foreign corporation a controlled foreign corp   | oration?                      | . · · · · No                           |  |

Form 926 (Rev. 11-2018) Page 2 Part III **Information Regarding Transfer of Property** (see instructions) Section A—Cash (d) Cost or other **(b)** Description of (c) Fair market value on (e) Type of Date of Gain recognized on property transfer property date of transfer basis transfer Cash **FY 2023** (173,303)✓ Yes 
☐ No 10 Was cash the only property transferred?. . . . . . If "Yes," skip the remainder of Part III and go to Part IV. Section B-Other Property (other than intangible property subject to section 367(d)) (a) Date of (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on Type of property transfer date of transfer basis property Stock and securities Inventory Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain ☐ Yes ☑ No Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a 12a foreign corporation? If "Yes." go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the ☐ Yes 
☑ No If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ 13 If "No," skip Section C and questions 14a through 15. Section C - Intangible Property Subject to Section 367(d) (f) (d) Arm's length price (a) Date of (b) Description of (c) Useful Income inclusion for year of transfer Type of Cost or other basis property on date of transfer transfer property life (see instructions) Property described in sec. 367(d)(4)

| Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$  | ☑ No        |
|--|-------------|
| Supplemental Part III Information Required To Be Reported (see instructions)   |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
| Part IV Additional Information Regarding Transfer of Property (see instructions)   |             |
|  |             |
| 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.                    |             |
| (a) Before% (b) After%   |             |
| 17 Type of nonrecognition transaction (see instructions) ▶   |             |
| 18 Indicate whether any transfer reported in Part III is subject to any of the following.                                  |             |
| a Gain recognition under section 904(f)(3)   |             |
| <b>b</b> Gain recognition under section 904(f)(5)(F)   |             |
| c Recapture under section 1503(d)  |             |
| d Exchange gain under section 987  |             |
| 19 Did this transfer result from a change in entity classification?  |             |
| 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions . $\Box$ Yes | <b></b> No  |
| If "Yes," complete lines 20b and 20c.  |             |
| b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$                     |             |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the                      | _           |
| property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes                 | <b>∐</b> No |
| 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation                 | _           |
| covered by section 367(e)(1)? See instructions   | <u> </u>    |

(Rev. November 2018) Department of the Treasury Internal Revenue Service

U.S. Transferor Information (see instructions)

# Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128** 

| Name o | f transferor   |  | Identifying number (see instructions)  |  |
|--------|--|--|--|--|
| ERIKS  | ON INSTITUTE   |  | 36-2593545                             |  |
| 1      | Is the transferee a specified 10%-owned foreign corporation  | that is not a controlled forei   | gn corporation? . ☐ Yes ☑ No           |  |
| 2      | If the transferor was a corporation, complete questions 2a through 2d.   |  |  |  |
| а      | If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? |  |  |  |
| b      |  |  |  |  |
|        | If not, list the controlling shareholder(s) and their identifying n  | umber(s).  |  |  |
|        |  |  |  |  |
|        | Controlling shareholder  | Identifying number   |  |  |
| -      |  |  |  |  |
|        |  |  |  |  |
|        |  |  |  |  |
| ,      |  |  | -                                      |  |
|        |  |  |  |  |
|        |  |  |  |  |
| С      | If the transferor was a member of an affiliated group filli corporation?   | ng a consolidated return,  | was it the parent                      |  |
|        | If not, list the name and employer identification number (EIN)   | of the parent corporation.   |  |  |
|        | Name of parent corporation   | FIN of r   | IN of parent corporation               |  |
|        | Name of parent desperation   | 2.11 0. 1  | on one our portation                   |  |
|        |  |  |  |  |
|        |  |  |  |  |
| d      | Have basis adjustments under section 367(a)(4) been made?  |  | Yes 🗌 No                               |  |
| •      | If the transferor was a markery in a markery his that was the  | and the section of the section is a  | et tweeted on ough wader coeties 267\  |  |
| 3      | If the transferor was a partner in a partnership that was the complete questions 3a through 3d.  | actual transferor (but is no   | of treated as such under section 367), |  |
| 9      | List the name and EIN of the transferor's partnership.   |  |  |  |
| a      | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
|        | Name of partnership  | EIN  | of partnership                         |  |
|        |  |  |  |  |
|        |  |  |  |  |
| b      | Did the partner pick up its pro rata share of gain on the transf   | fer of partnership assets?   | Yes 🗌 No                               |  |
| С      |  |  | Yes 🗌 No                               |  |
| d      | Is the partner disposing of an interest in a limited partners securities market?   |  | on an established Yes . No             |  |
| Part   | · · · · · · · · · · · · · · · · · · ·  | e instructions)  |  |  |
| 4      | Name of transferee (foreign corporation)   |  | 5a Identifying number, if any          |  |
| _      | tone VC Global Partners IX (Cayman), L.P.  |  |  |  |
| 6      | Address (including country)  |  | <b>5b</b> Reference ID number          |  |
|        |  |  | (see instructions)                     |  |
|        | ninters Mill Road, Suite 700, Owings Mills, MD 21117   |  | (see instructions) S12919              |  |
| 100 Pa | Country code of country of incorporation or organization (see  | , and the second |  |  |
| 7      | Country code of country of incorporation or organization (see  | , and the second |  |  |
| 8      | Country code of country of incorporation or organization (see  CAYMAN IS  Foreign law characterization (see instructions)                          | , and the second |  |  |
| 8      | Country code of country of incorporation or organization (see  | SLANDS   | S12919                                 |  |

Form 926 (Rev. 11-2018) Page 2 Part III **Information Regarding Transfer of Property** (see instructions) Section A—Cash (d) Cost or other **(b)** Description of (c) Fair market value on (e) Type of Date of Gain recognized on property transfer property date of transfer basis transfer Cash **FY 2023** 112,500 ✓ Yes 
☐ No 10 Was cash the only property transferred?. . . . . . If "Yes," skip the remainder of Part III and go to Part IV. Section B-Other Property (other than intangible property subject to section 367(d)) (a) Date of (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on Type of property transfer date of transfer basis property Stock and securities Inventory Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain ☐ Yes ☑ No Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a 12a foreign corporation? If "Yes." go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the ☐ Yes 
☑ No If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ 13 If "No," skip Section C and questions 14a through 15. Section C—Intangible Property Subject to Section 367(d) (f) (d) Arm's length price (a) Date of (b) Description of (c) Useful Income inclusion for year of transfer Type of Cost or other basis property on date of transfer transfer property life (see instructions) Property described in sec. 367(d)(4)

| Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$  | ☑ No        |
|--|-------------|
| Supplemental Part III Information Required To Be Reported (see instructions)   |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
| Part IV Additional Information Regarding Transfer of Property (see instructions)   |             |
|  |             |
| 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.                    |             |
| (a) Before% (b) After%   |             |
| 17 Type of nonrecognition transaction (see instructions) ▶   |             |
| 18 Indicate whether any transfer reported in Part III is subject to any of the following.                                  |             |
| a Gain recognition under section 904(f)(3)   |             |
| <b>b</b> Gain recognition under section 904(f)(5)(F)   |             |
| c Recapture under section 1503(d)  |             |
| d Exchange gain under section 987  |             |
| 19 Did this transfer result from a change in entity classification?  |             |
| 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions . $\Box$ Yes | <b></b> No  |
| If "Yes," complete lines 20b and 20c.  |             |
| b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$                     |             |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the                      | _           |
| property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes                 | <b>∐</b> No |
| 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation                 | _           |
| covered by section 367(e)(1)? See instructions   | <u> </u>    |

(Rev. November 2018) Department of the Treasury Internal Revenue Service

## Return by a U.S. Transferor of Property to a Foreign Corporation

► Go to www.irs.gov/Form926 for instructions and the latest information. ► Attach to your income tax return for the year of the transfer or distribution. OMB No. 1545-0026

Attachment Sequence No. **128** 

**U.S. Transferor Information** (see instructions) Part I Name of transferor Identifying number (see instructions) **ERIKSON INSTITUTE** 36-2593545 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? .  $\square$  Yes  $\checkmark$  No 1 2 If the transferor was a corporation, complete questions 2a through 2d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by **b** Did the transferor remain in existence after the transfer? . . . . . . . 🗸 Yes 🗌 No If not, list the controlling shareholder(s) and their identifying number(s). Controlling shareholder **Identifying number** c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent If not, list the name and employer identification number (EIN) of the parent corporation. Name of parent corporation **EIN** of parent corporation ☐ Yes ☐ No **d** Have basis adjustments under section 367(a)(4) been made? . . . . . . . . If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d. a List the name and EIN of the transferor's partnership. Name of partnership **EIN** of partnership d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established **Transferee Foreign Corporation Information** (see instructions) Name of transferee (foreign corporation) 5a Identifying number, if any WEATHERGAGE VENTURE CAPITAL III CAYMAN LP Address (including country) **5b** Reference ID number (see instructions) PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104, CAYMAN ISLANDS W62614 Country code of country of incorporation or organization (see instructions) **CAYMAN ISLANDS** Foreign law characterization (see instructions) CORPORATION: CAYMAN EXEMPTED COMPANY 

Form 926 (Rev. 11-2018) Page 2 Part III **Information Regarding Transfer of Property** (see instructions) Section A—Cash (d) Cost or other **(b)** Description of (c) Fair market value on (e) Type of Date of Gain recognized on property transfer property date of transfer basis transfer Cash **FY 2023** (143,223)✓ Yes 
☐ No 10 Was cash the only property transferred?. If "Yes," skip the remainder of Part III and go to Part IV. Section B-Other Property (other than intangible property subject to section 367(d)) (a) Date of (b) Description of (c) Fair market value on (d) Cost or other (e) Gain recognized on Type of property transfer date of transfer basis property Stock and securities Inventory Other property (not listed under another category) Property with built-in loss Totals 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain ☐ Yes ☑ No Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a 12a foreign corporation? If "Yes." go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the ☐ Yes 
☑ No If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ 13 If "No," skip Section C and questions 14a through 15. Section C - Intangible Property Subject to Section 367(d) (f) (d) Arm's length price (a) Date of (b) Description of (c) Useful Income inclusion for year of transfer Type of Cost or other basis property on date of transfer transfer property life (see instructions) Property described in sec. 367(d)(4)

| Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$  | ☑ No        |
|--|-------------|
| Supplemental Part III Information Required To Be Reported (see instructions)   |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
|  |             |
| Part IV Additional Information Regarding Transfer of Property (see instructions)   |             |
|  |             |
| 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.                    |             |
| (a) Before% (b) After%   |             |
| 17 Type of nonrecognition transaction (see instructions) ▶   |             |
| 18 Indicate whether any transfer reported in Part III is subject to any of the following.                                  |             |
| a Gain recognition under section 904(f)(3)   |             |
| <b>b</b> Gain recognition under section 904(f)(5)(F)   |             |
| c Recapture under section 1503(d)  |             |
| d Exchange gain under section 987  |             |
| 19 Did this transfer result from a change in entity classification?  |             |
| 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions . $\Box$ Yes | <b></b> No  |
| If "Yes," complete lines 20b and 20c.  |             |
| b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$                     |             |
| c Did the domestic corporation not recognize gain or loss on the distribution of property because the                      | _           |
| property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes                 | <b>∐</b> No |
| 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation                 | _           |
| covered by section 367(e)(1)? See instructions   | <u> </u>    |