| Form | 990-T | , E | xempt Orgai | | | | | | | | | ОМ | B No 1545-0687 |
|-----------------|---|-------------|--|---|----------------------------------|-------------|------------|----------|-------------|---------------------------------------|-----------|--------------------------|--|
| ۰۰۰ . دفق | | | | - | ky tax und | | | | | | 9 69 | 4 | 2040 |
| · | - | For ça | lendar year 2018 or other tax yea | | | | | | | 30, 2019 | | 4 | 2018 |
| | tment of the Treasury at Revenue Service | > | Do not enter SSN number | • | orm990T for in form as it may | | | | | | | 501(c)(| o Public Inspection for 3) Organizations Only |
| A [| Check box if address changed | | Name of organization (| Chec | k box if name c | hanged | and see | ınstrı | uctions) | | Er (Er | | entification number trust, see) |
| BΕ | xempt under section | Print | THE CHICAGO COMM | NITY T | RUST | | | | | | | | 167000 |
| X | 501(c <u>t)(3</u>) | or Type | Number, street, and room | | | k, see ir | nstruction | ns | | | | related bu e instruct | isiness activity code ions) |
| Ļ | 408(e) 220(e) | ',,,, | 225 N. MICHIGAN A | | | | | | | | _ | | |
| 上 | 408A530(a) 529(a) | | City or town, state or prov CHICAGO, IL 6060 | • | ntry, and ZIP o | r foreig | n postal | code | | | 523 | 000 | |
| | ok value of all assets end of year | | F Group exemption numb | er (See ir | | <u> </u> | | | | | | | · |
| | 1,361,578, | | G Check organization type | | 501(c) corp | | 1 X | 50 | 1(c) trust | 40 | (a) trus | t | Other trust |
| | | | tion's unrelated trades or b | usinesses | · - | 1 | _ | | | he only (or first) | | | |
| | de or business here | | | | | | | | | complete Parts I | | | one, |
| | | | ce at the end of the previou | is sentend | ce, complete Pa | ırts I an | d II, com | nplete | a Schedule | M for each addit | ional tra | de or | |
| | siness, then complete | | | | | | | -411- | ad account | | | Vaa | X No |
| | | | ooration a subsidiary in an a tifying number of the paren | | | nt-subs | idiary co | ntrone | ea group? | • | . Ш | Yes | X No |
| | | | ROSA CARRILLO, CON | | | | | | Telenho | ne number 🕨 | 312-6 | 606-80 | 000 |
| | | | de or Business Inc | | | | U | A) Inc | | (B) Expen | | | (C) Net |
| L | Gross receipts or sale | | | | | | | ., | | <u> </u> | | + | (-, |
| | Less returns and allow | | | c Balan | ce 🕨 | 1c | • | | | | | 1 | |
| 2 | Cost of goods sold (S | | A. line 7) | • = = = = = = = = = = = = = = = = = = = | | 2 | | | | | | | |
| 3 | Gross profit Subtract | | | A | | 3 | | | | | | | |
| 4 a | Capital gain net incon | | • | • | | 4a | | | 2,184. | - | | | 2,184. |
| b | Net gain (loss) (Form | 4797, P | art II, line 17) (attach Form | 4797) | | 4b | | | | ъ | | | |
| C | Capital loss deduction | for trus | sts | | | 4c | | <u>.</u> | | · · · · · · · · · · · · · · · · · · · | | | |
| 5 | Income (loss) from a | partners | ship or an S corporation (at | tach state | ment) | 5 | | 6 | 14,473. | STMT 1 | | | 614,473. |
| 6 | Rent income (Schedu | le C) | | | | 6 | | | | | | | |
| 7 | Unrelated debt-financ | ed incor | ne (Schedule E) | | | 7 | | | | | | | |
| 8 | Interest, annuities, roy | alties, a | nd rents from a controlled o | rganizatio | on (Schedule F) | 8 | | | | | | | |
| 9 | Investment income of | a section | on 501(c)(7), (9), or (17) or | ganizatio | n (Schedule G) | 9 | | | | | | + | |
| 10 | Exploited exempt active | - | | | | 10 | | | | | | | |
| 11 | Advertising income (S | | | | | 11 | | | | | | | |
| 12 | Other income (See in | | • | | | 12 | | | 16 657 | | | | 616 657 |
| 13 Da | Total. Combine lines | 3 throu | gh 12 ot Taken Elsewher | 9 (Coo. | | 13_ | | | 16,657. | | | ŀ | 616,657. |
| Га | | | utions, deductions must | | | | | | | ncome) | | | |
| 14 | | | rectors, and trustees (Sche | - | REC | | | | <u> </u> | · · · · · | 14 | | |
| 14 15 | Salaries and wages | iouia, Ul | | - 1 | | | | TX | | | 15 | - | |
| 16 | Repairs and mainten | ance | | B612 | AUG 1 | 3 2 | N2N | S-0S(| | | 16 | | |
| 17 | Bad debts | | | T _m | 7001 | . 0 . | 020 | RS | | | 17 | | |
| 18 | Interest (attach sche | dule) (s | ee instructions) | - 1 | | - N I | LIT | J == | | | 18 | | |
| 19 | Taxes and licenses | , ,- | , | L | OGDI | <u>=17,</u> | UΙ | | | | 19 | | 31,964. |
| 20 | Charitable contributi | ons (Se | e instructions for limitation | rules) | STATEMENT | 4 | | SEE | STATEMEN' | т 2 | 20 | | 285,958. |
| 21 | Depreciation (attach | | | | | | | - 1 | 21 | | | | |
| 22 | Less depreciation cla | aimed or | n Schedule A and elsewhere | on retur | n | | | [| 22a | | 221 | ь 📗 | |
| 23 | Depletion | | | | | | | | | | 23 | Ц | |
| 24 | Contributions to defe | erred co | mpensation plans | | | | | | | | 24 | | |
| 25 | Employee benefit pro | ograms | | | | | | | | | 25 | <u> </u> | |
| 26 | Excess exempt expe | • | • | | | | | | | | 26 | | |
| 27 | Excess readership co | | • | | | | ` | | | | 27 | | |
| 5 28 | Other deductions (at | | | | | | \$ | SEE | STATEMEN' | | / 28 | | 11,777. |
| が ²⁹ | Total deductions A | | | | | | | | | 29 | | | 329,699. |
| 30 | | | ncome before net operating | | | | | | | | 30 | | 286,958. |
| 31 | • | - | loss arising in tax years beg | - | | ry 1, 20 | 118 (see | ınstru | ctions) | 31 | 31 | | 206.050 |
| 32 | | | ncome Subtract line 31 fro | | | | | | | 51 | 82 | | 286,958. rm 990-T (2018) |

36-2167000

| Partil | Total Unrelated Business Taxable Income | | |
|---------------|--|-----------------------------|---------------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | 286,958. |
| 34 | Amounts paid for disallowed fringes | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | |
| | lines 33 and 34 | 36 | 286,958, |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36. | 7 | |
| • | enter the smaller of zero or line 36 | 38 | 285,958. |
| Parti | | 1 70 1 | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21) | 39 | <u> </u> |
| 40 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: | 33 | |
| 70 | Tax rate schedule or X Schedule D (Form 1041) | 40 | 103,821. |
| 41 | Proxy tax See instructions | | |
| | · | 41 | |
| 42 | Alternative minimum tax (trusts only) | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 43 | 102 921 |
| 44 1D 2541 | | 4,4 | 103,821. |
| [Part]\ | - | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 1,026. | -{ | |
| | Other credits (see instructions) 45b | - | |
| C | General business credit. Attach Form 3800 | -{ | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | - | |
| е | Total credits Add lines 45a through 45d 46 e | 4/5e | 1,026. |
| 46 | Subtract line 45e from line 44 | 46 | 102,795. |
| 47 | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 47 | |
| 48 | Total tax Add lines 46 and 47 (see instructions) | 48 | 102,795. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | 0. |
| 50 a | Payments: A 2017 overpayment credited to 2018 50a 16,028. | | |
| b | 2018 estimated tax payments 51 b 50 217,100. | <u> </u> | |
| C | Tax deposited with Form 8868 | <u> </u> | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | <u> </u> | |
| е | Backup withholding (see instructions) 50e | _} | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 50f | | |
| g | Other credits, adjustments, and payments: Form 2439 | | |
| • | ☐ Form 4136 ☐ Other Total ► 50g | | |
| 51 | Total payments Add lines 50a through 50g | 51 | 233,128. |
| 52 | Estimated tax penalty (see instructions) Check if Form 2220 is attached X | 52 | |
| 53 | Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | |
| 54 | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 547 | 130,333. |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax | 55 | 0. |
| [Parti\ | | 1 00 1 | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| 50 | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | 163 10 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country | | |
| | here | | х |
| £7 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | x |
| 57 | | | _ ^ |
| 50 | If "Yes," see instructions for other forms the organization may have to file | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled | doo and holiof it in the | <u> </u> |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | age and belief, it is it if | θ, |
| Here | Marice Color 1 Olclass | ay the IRS discuss this | s return with |
| | | e preparer shown belo | — |
| | ······································ | | es No |
| | | if PTIN | |
| Paid | REBEKUH ELEY REBEKUH ELEY 08 03 20 self-employed | | |
| Prepa | | P01247672 | 2 |
| Use O | nly Firm's name ► RSM US LLP Firm's EIN ► | 42-0714 | 325 |
| | 1 S. WACKER DRIVE, STE 800 | | |
| | Firm's address ► CHICAGO, IL 60606 Phone no 3 | 12-634-3400 | |

| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory v | aluation N/A | | | | | _ |
|--|-------------------|--|----------|---|-----------|--|---------------|---|----|
| 1 Inventory at beginning of year | 1 | | | Inventory at end of year | ır | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold St | ubtract I | ine 6 | | , | |
| 3 Cost of labor | 3 | _ | | from line 5 Enter here | and in I | Part I, | | | |
| 4 a Additional section 263A costs | | | | line 2 | | | 7 | | |
| (attach schedule) | 4a | | _ 8 | Do the rules of section | 263A (1 | with respect to | | Yes | No |
| Other costs (attach schedule) | _4b | . <u> </u> | ╛ | property produced or a | acquired | for resale) apply to | | | |
| 5 Total Add lines 1 through 4b | 5 | | | the organization? | | | | | L |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | l Per | sonal Property L | ease | d With Real Prop | erty) | | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| | _ | ed or accrued | | | | 0/0) Deduction describ | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | e than | of rent for | personal | onal property (if the percenta property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) a | nd 2(b) (s | itach schedule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | <u> </u> | | | | | | | | |
| Total | 0. | Total | | | 0. | | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | n (A) | | | | ٥. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated Deb | ot-Financed | Income (see | ınstru | ctions) | | | | | |
| | | | 2 | Gross income from or allocable to debt- | (2) | 3. Deductions directly con to debt-finance | | erty | |
| 1 Description of debt-fi | nanced property | | | financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | S |
| (1) | | | | | | | 1 | - | |
| (2) | - | | T | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | <u> </u> | | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to nced properly h schedule) | 6 | Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | (| 8 Allocable deduction of x total of column 6 x total of column 3(a) and 3(b)) | |
| (1) | - | - | 1 | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | T | % | | | | | |
| | • | | • | | | nter here and on page 1, Part I, line 7, column (A) | | Inter here and on page Part I, line 7, column (I | |
| Totals | | | | • | | 0 | | | 0. |
| Total dividends-received deductions | ncluded in column | ı 8 | | | | | $\overline{}$ | | 0. |

| 1 Hammed controlled Organizations 2 Exception 3 Interview controlled Organizations 4 Table Security Controlled Organizations 4 Table Security Controlled Organizations Controlled Organi | Schedule F - Interest, A | Annuities, Roya | lties, and | Rents | From Co | ntrolled | d Organiza | tions | (see ins | structions | s) |
|--|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------|---|--|-------------------------------------|-----------------|----------------|------------|--|
| Comparison of the control of the c | | 1 | <u>·</u> | | | | | - | | | <u> </u> |
| Controlled Con | 1 Name of controlled organizat | ıdentı | fication | | | | | include | d in the contr | rolling | connected with income |
| Controlled Con | (1) | | | | | | | _ | _ | | |
| Some | | | | | | | | | _ | | |
| Comparison Controlled Organizations Security Se | | | | | | _ | | | | | |
| Nonexempt Controlled Organizations 8. Not creativate income (loss) 9. Total of appendind payments 10. Pet or column 8 that a encluded 11. Detection with excess in column 10. 11. Detection of the controlling appending organizations 11. Detection of the controlling appending appendin | | | | | | | · | | | | |
| 7, Tavable income 8, Not introduction (see meta-citions) 9, Total of opposited payments in the control of generations group and exclusive in the control of generation group and exclusive in the group and exclusiv | | zatione | | | | | | l | | | <u>.</u> |
| (1) (2) (3) (4) Add column 5 and 10 Enter here and on page 1, Part 1, Inne 6, column (6) (6) (7) (8) (8) 1 Description of income 1 Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3 Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Amount of income 3 Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Not received on page 1, Part 1, Inne 8, column (6) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | · | ľ . | mo (less) | O Tatal a | of an anyload nave | | 10 Post of column | 0 45 -4 | | 44 5 | |
| (d) Add columns 5 and 10 Enter nea and on page 1, Part I, Inse 8, column (g) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Discognition of income 2 Amount of income 2 Amount of income 2 Amount of income 3, Declusions directly connected directly connecte | 7. Taxable income | | | g. Total c | | nems | in the controlli | ng organi | | | |
| (d) Add columns 5 and 10 Enter nea and on page 1, Part I, Inse 8, column (g) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Discognition of income 2 Amount of income 2 Amount of income 2 Amount of income 3, Declusions directly connected directly connecte | (1) | | | | | | · | _ | | | |
| Add columns 5 and 10 Enter have and on page 1, Part 1, then 8, column (8) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Discription of mome 2 Amount of income checkly connected that the second organization (cee instructions) (2) (3) (4) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Discription of mome checkly income and on page 1, Part 1, then 8, column (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Discription of mome checkly income and on page 1, Part 1, then 8, column (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Discription of mome checkly income and on page 1, Part 1, then 8, column (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Discription of mome checkly income (see instructions) 1 Discription of mome checkly income (see instructions) 2 Cross unclease the line of the income from the column (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Discription of mome checkly income (see instructions) 2 Cross unclease the line of the income checkly income (see instructions) (1) (2) (3) (4) (4) Enter here and on page 1, Part 1, the 6 (b) Income From Periodicals Reported on a Consolidated Basis 1 Name of paradeal 2 Cross (see instructions) 2 Cross (see instructions) 2 Cross (see instructions) 2 Cross (see instructions) 1 Name of paradeal 2 Cross (see instructions) 2 Cross (see instructions) 3 Direct (see instructions) 4 Amount of norms 5 Croutision (see instructions) 5 Croutision (see instructions) 6 Readerthip (cost) (cost) (see instructions) (on page 1, Part 1, the 6 (b) Income From Periodicals Reported on a Consolidated Basis 1 Name of paradeal 1 Name of paradeal 2 Cross (see instructions) 2 Cross (see instructions) 3 Direct (see instructions) 4 Amount of norms | | | • | | | | | | | | · , |
| Add columns 5 and 10 Enter have and on page 1, Part 1, time 8, column (8) O. | | | | | | | | | | | |
| Totals Add scheme & and on apps 1, Part 1, Inne 8, column (8) Totals Commence of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 3 Description of income (equilibrium between disprise organization) (1) (2) (3) (4) Final description of income (see instructions) 2 Amount of income (see instructions) 5 Total description of income organization (struct in schedule) (a) (b) (c) (c) (d) (d) Totals 2 Organ (see instructions) 2 Organ (see instructions) 4 Non-column (9) 5 Total description organization (see instructions) 5 Total description organization (see instructions) 9 O. Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of income surveited business income from subject or business income from subject or business income from subject or business income from page 1, Part 1, Inne 9, column (9) (1) (2) (3) (4) (4) Enter here and on page 1, Part 1, Inne 9, column (9) Totals Description of income i | | | | | | | | | | | |
| Totals Totals | (4) | · | _ | | | | | | | | |
| Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2 Amount of income (intert) connected (intert) schedule) (i) (2) (3) (4) Enter here and on page 1, Pert 1, line 9, column (ii) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (sea) For Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 5 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) (i) (i) (i) (ii) (iii) | | | | | | | Enter here and | on page | 1, Part I, | Enter h | ere and on page 1, Part I, |
| (see instructions) 1 Description of income 2 Amount of income 2 Amount of income 3. Deficitioned directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Pert I, Inne 9, celumn 6) (5) Column 5 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (See instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (See instructions) 4 Net income (size of 3 plus cell 4) 5 Chedule I - Exploited Exempt Activity Income, Other Than Advertising Income (See instructions) 4 Net income (size of 3 plus cell 4) 5 Cross income (See instructions) 5 Cross income (See instructions) 6 Expanses altributable to column 5 business income (subject of subject o | Totals | | | | | ▶ | | | 0. | | 0. |
| Companies Comp | | | Section 5 | 501(c)(7) |), (9), or (⁻ | 17) Org | anization | | | | |
| (4) Enter here and on page 1, Fert line 9, column (1) Fert line 9, column (1) | _ 1 Descr | ription of income | | | 2 Amount of | ıncome | directly conne | cted | | | and set-asides |
| (3) (4) Enter here and on page 1, Pert I, line 9, column (A) Comparison of explored distribution of trade or business whether there and on page 1, Pert I, line 9, column (B) 1 Description of explored distribution of trade or business whether the end or business whether the end or page 1, Pert I, line 9, column (B) 1 Description of explored distribution of trade or business whether the end or business income trade or business income trade or business income trade or business income to the end of th | (1) | | | | | | | | | | |
| Enter here and on page 1, Pert 1, line 9, column (8) | (2) | | | | | | | | | | |
| Enter here and on page 1, Pert 1, line 9, column (8) | (3) | | | | | | | | | • | |
| Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B) | | | | | | | | | | | |
| Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity 2. Gross unclaimed business income diversity bat exploited activity bat spirited activity bat spirited business income in trade or business | | | | | | | | | *** | - , | |
| Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income 1 Description of exploited activity Schedule Description of exploited Description Descripti | | | | | Part I, line 9, co | | | | | , | |
| (see instructions) 2. Gross urrelated business income from trade or business income from trade business income from trade business income from trade or business income from trade and trade or business income from trade and trade business income from trade business income from trade business income from trade and trade business income from trade business income from trade business income from trade and trade business income from trade and trade or business i | | | | _ | | | | | | | 0. |
| 1 Description of exploited activity unrelated business income from the exploited activity unrelated business income of unrelated bus | _ | | Income, | , Other | Than Adv | ertisin | g Income | | | | |
| (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Chedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1 Name of periodical Periodical Advertising costs advertising costs advertising costs advertising costs (solid page) (sos) (col 2 minus col 3) If a gain, compute costs (solimn 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O. O. O. O. O. O. O. O. O. | | unrelated business income from | directly co with prod of unre | nnected luction lated | from unrelated business (co minus columi gain, compute | trade or lumn 2 n 3) If a n cols 5 | from activity to is not unrelate | hat ed | attribut | able to | expenses (column 6 minus column 5, but not more than |
| (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Chedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 1 Name of periodical (2) (3) (4) Totals (carry to Part II, line (5)) 0. Enter here and on page 1, Part I, line 10, col (B) Part II, line 26 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) 0. 0. | (1) | <u> </u> | | | | | | | | | |
| (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 1 Name of periodical (2) (3) (4) Totals (carry to Part II, line (5)) 0. Enter here and on page 1, Part I, line 10, col (B) 0. 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5 Circulation income 5 Circulation for minus column 5, but not more than column 4) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 7 Excess readership costs (column 6 minus column 6) 7 Excess readership costs (column 6 minus column 6) 7 Excess readership costs (column 6 minus column 6) (1) (2) (3) (4) Totals (carry to Part II, line (5)) | (2) | | | | | | | | | | |
| (4) Enter here and on page 1, Part 1, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 1 Name of periodical 2 Gross advertising costs advertising costs advertising costs (a) 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. Enter here and on page 1, Part I, line 26 O. O. O. Totals (carry to Part II, line (5)) O. O. O. O. O. O. O. O. O. | | | | | | | | | | | |
| Enter here and on page 1, Pert I, Inne 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 1 Name of periodical 2 Gross advertising costs advertising costs advertising costs (solum for minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. Enter here and on page 1, Pert II, line 20 Advertising gain or (loss) (col 2 minus cols 5 through 7) 5 Circulation income 6 Readership costs (column 6 minus column 5, but not more than column 4) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) | | | | | | | | <u> </u> | | | |
| Schedule J - Advertising Income (see Instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income (loss) (cot 2 minus color 1 gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 2 Gross advertising costs advertising costs advertising costs (column 6 minus column 4) 4 Advertising gain or (loss) (cot 2 minus color 2 minus color 3) If a gain, compute cols 5 through 7 5 Circulation for Readership costs (column 6 minus column 4) 7 Excess readership costs (column 6, but not more than column 4) 7 Excess readership costs (column 6, but not more than column 4) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) | | page 1, Part I, | page 1, I | Part I, | | | | | | | on page 1, Part II, line 26 |
| Part I Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising income 3 Direct advertising costs (cols 2 minus cols 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) A Advertising gain or (loss) (col 2 minus cols 3) If a gain, compute cols 5 through 7 5 Circulation income 6 Readership costs (column 6 minus column 4) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) | | | L | | | | | | | | 0. |
| 1 Name of periodical advertising osts advertising costs advertising costs advertising costs advertising costs advertising costs advertising costs (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) O. O. Or (loss) (col 2 minus col 2 minus col 3) If a gain, compute costs (but not more than column 4). | | | | | olidated | Basis | | | | | |
| (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. | 1 Name of periodical | advertising | | | or (loss) (co col 3) If a ga | it 2 minus in, compute | | ion | | | costs (column 6 minus column 5, but not more |
| (3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0. | | | | | | | | | - | | |
| (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0. | | | _ | | 1 | | | $\neg \uparrow$ | | - | |
| Totals (carry to Part II, line (5)) ▶ 0. 0. 0. | | | _ | | 1 | | | -+ | _ | | |
| 1. | | | | | + | . | | - | | | |
| | Totals (carry to Part II, line (5)) | • | 0. | 0 | .] | | | | | | |

Form 990-T (2018) THE CHICAGO COMMUNITY TRUST Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1 Name of periodical | | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 | 5. Circulation income | 6 Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|----------|--|--|--|-----------------------|-----------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | • | 0. | 0. | | | | 0 |
| | - | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | ▶ | 0. | 0. | | | | 0 |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2 Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|--|---------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | | 0. |

Form 990-T (2018)

| FORM 990-T INCOME | E (LOSS) FROM PARTNERSHIPS | STATEMENT 1 |
|--|--|--|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| MEDLINE INDUSTRIES, INC ORI MEDLINE INDUSTRIES, INC NET MEDLINE INDUSTRIES, INC INT MEDLINE INDUSTRIES, INC DIV | RENTAL REAL ESTATE INCOME PEREST INCOME | 603,825. 2,616. 6,146. 1,886. |
| TOTAL INCLUDED ON FORM 990-T, | PAGE 1, LINE 5 | 614,473. |
| FORM 990-T | CONTRIBUTIONS | STATEMENT 2 |
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| CASH ONLY | N/A | 341,277,300. |
| TOTAL TO FORM 990-T, PAGE 1, I | LINE 20 | 341,277,300. |
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 3 |
| DESCRIPTION | | TUOMA |
| MEDLINE INDUSTRIES, INC. TAX PREP FEES | | 9,777. 2,000. |
| TOTAL TO FORM 990-T, PAGE 1, I | JINE 28 | 11,777. |

| FORM 990-T | CONTRIBUTIONS SUMMARY | | STATEMENT 4 |
|---|---------------------------|----------------------------|-------------|
| CARRYOVER OF PRIOR Y | EARS UNUSED CONTRIBUTIONS | | |
| FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 | 257 002 251 | | |
| TOTAL CARRYOVER TOTAL CURRENT YEAR 5 | 357,083,351 | 357,083,351 341,277,300 | |
| TOTAL CONTRIBUTIONS . TAXABLE INCOME LIMIT. | | 698,360,651 285,958 | • |
| EXCESS 50% CONTRIBUT TOTAL EXCESS CONTRIB | — | 698,074,693 698,074,693 | • |
| ALLOWABLE CONTRIBUTION | ONS DEDUCTION | | 285,958 |
| TOTAL CONTRIBUTION D | EDUCTION | | 285,958 |

SCHEDULE I (Form 1041)

Department of the Treasury

Internal Revenue Service

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041

► Go to www irs gov/Form1041 for instructions and the latest information

OMB No 1545-0092

2018

42

Schedule I (Form 1041) (2018)

Name of estate or trust Employer identification number THE CHICAGO COMMUNITY TRUST 36-2167000 Partil Estate's or Trust's Share of Alternative Minimum Taxable Income 1 Adjusted total income or (loss) (from Form 1041, line 17) 286,958. 1 2 Interest 2 Taxes 3 3 Reserved for future use 4 5 Refund of taxes 5 Depletion (difference between regular tax and AMT) 6 7 Net operating loss deduction Enter as a positive amount 7 Interest from specified private activity bonds exempt from the regular tax 8 8 Qualified small business stock (see instructions) 9 Exercise of incentive stock options (excess of AMT income over regular tax income) 10 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 11 11 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 12 12 Disposition of property (difference between AMT and regular tax gain or loss) 13 13 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 14 14 Passive activities (difference between AMT and regular tax income or loss) 15 15 Loss limitations (difference between AMT and regular tax income or loss) 16 16 Circulation costs (difference between regular tax and AMT) 17 17 Long-term contracts (difference between AMT and regular tax income) 18 18 19 Mining costs (difference between regular tax and AMT) 19 20 Research and experimental costs (difference between regular tax and AMT) 20 Income from certain installment sales before January 1, 1987 21 21 22 Intangible drilling costs preference 22 4,118. Other adjustments, including income-based related adjustments 23 Alternative tax net operating loss deduction (See the instructions for the limitation that applies) 24 24 291,076. Adjusted alternative minimum taxable income. Combine lines 1 through 24 25 Note: Complete Part II below before going to line 26 N/A 26 Income distribution deduction from Part II, line 44 N/A Estate tax deduction (from Form 1041, line 19) 28 Add lines 26 and 27 28 291,076. 29 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 29 If line 29 is • \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c The estate or trust isn't liable for the alternative minimum tax Over \$24,600, but less than \$180,300, go to line 45 \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52 N/A PartIII Income Distribution Deduction on a Minimum Tax Basis 30 Adjusted alternative minimum taxable income (see instructions) 30 31 Adjusted tax-exempt interest (other than amounts included on line 8) 31 32 Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0-32 33 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) 33 34 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) 34 35 Capital gains computed on a minimum tax basis included on line 25 35 36 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount 36 37 Distributable net alternative minimum taxable income (DNAMTI) Combine lines 30 through 36 If zero or less, enter -0-37 38 Income required to be distributed currently (from Form 1041, Schedule B, line 9) 38 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10) 39 Total distributions Add lines 38 and 39 40 41 Tax-exempt income included on line 40 (other than amounts included on line 8) 41

Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

| | edule l'(Form 1041) (2018) THE CHICAGO COMMUNITY TRUST | | | 36- | 2167000 | Page 2 |
|-------------|---|-------------|---------------------------------------|---|----------------|-------------|
| ĮP,ā | irt}III Income Distribution Deduction on a Minimum Tax Basis | (conti | nued) | N/A | | |
| 43 | Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line | 37 | | | | |
| | If zero or less, enter -0- | | | 43 | | |
| 44 | Income distribution deduction on a minimum tax basis Enter the smaller of line 42 or line | 43 | | | | |
| | Enter here and on line 26 | | | 44 | | |
| Pa | irt}Ⅲ Alternative Minimum Tax | | · · · · · · · · · · · · · · · · · · · | | | |
| 45 | Exemption amount | | | 45 | \$24,600 | 00 |
| 46 | Enter the amount from line 29 | 46 | | | | |
| 47 | Phase-out of exemption amount | 47 | \$81,900 00 | | | |
| 48 | Subtract line 47 from line 46 If zero or less, enter -0- | 48 | | | | |
| 49 | Multiply line 48 by 25% (0 25) | | | 49 | | |
| 50 | Subtract line 49 from line 45 If zero or less, enter -0- | | | 50 | , | |
| 51 | Subtract line 50 from line 46 | | | 51 | | 291,076. |
| 52 | Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha | as a gair | on lines 18a and 19 | | | |
| | of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary) Otherwis | se, if line | : 51 is - | | | |
| | • \$191,100 or less, multiply line 51 by 26% (0 26). | | | | | |
| | Over \$191,100, multiply line 51 by 28% (0 28) and subtract \$3,822 from the result | | | 52 | | 77,505. |
| 53 | Alternative minimum foreign tax credit (see instructions) | | | 53 | | |
| 54 | Tentative minimum tax. Subtract line 53 from line 52 | | | 54 | | 77,505. |
| 55 | Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sched | ule G, lır | ne 2a) | 55 | | 102,795. |
| 56 | Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0- Enter here | e and on | 1 | | | |
| <u></u> | Form 1041, Schedule G, line 1c | | | 56 | | 0. |
| <u>IP</u> a | irt IV Line 52 Computation Using Maximum Capital Gains Rate | es | | , | | |
| | Caution If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Work | ksheet, | | | | |
| | or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruct | ions | | | | |
| | before completing this part | | | 1 | | |
| 57 | Enter the amount from line 51 | | | 57 | | 291,076. |
| 58 | Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax | | | | | |
| | Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for | | | | | |
| | Form 1041, whichever applies (as refigured for the AMT, if necessary) | 58 | 2,175. | | | |
| 59 | Enter the amount from Schedule D (Form 1041), line 18b, column (2) | | | | | |
| | (as refigured for the AMT, if necessary). If you didn't complete | | | | | |
| | Schedule D for the regular tax or the AMT, enter -0- | 59 | _ | | | |
| 60 | If you didn't complete a Schedule D Tax Worksheet for the regular tax or the | | | | | |
| | AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter | | | | | |
| | the smaller of that result or the amount from line 10 of the Schedule D Tax | | | | | |
| | Worksheet (as refigured for the AMT, if necessary) | 60 | 2,175. | | | |
| 61 | Enter the smaller of line 57 or line 60 | | | 61 | | 2,175. |
| 62 | Subtract line 61 from line 57 | | | 62 | | 288,901. |
| 63 | If line 62 is $$191,100$ or less, multiply line 62 by 26% (0 26) Otherwise, multiply line 62 by | | | | | |
| | 28% (0 28) and subtract \$3,822 from the result | | • | 63 | | 77,070. |
| 64 | Maximum amount subject to the 0% rate | 64 | \$2,600 00 | -{■■ | | |
| 65 | Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D | | | 1/2 | | |
| | Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions | | | | | |
| | for Form 1041, whichever applies (as figured for the regular tax). If you didn't | | | | | |
| | complete Schedule D or either worksheet for the regular tax, enter the amount | | | | | |
| | from Form 1041, line 22, if zero or less, enter -0- | 65 | 283,783. | | | |
| 66 | Subtract line 65 from line 64 If zero or less, enter -0- | 66 | <u> </u> | | | |
| 67 | Enter the smaller of line 57 or line 58 | 67 | 2,175. | 1 | | |
| 68 | Enter the smaller of line 66 or line 67. This amount is taxed at 0% | 68 | | | | |
| 69 | Subtract line 68 from line 67 | 69 | 2,175. | | | |
| 8 1986 | 32 12-13-18 | | | Sche | dule I (Form 1 | 041) (2018) |

Schedule I (Form 1041) (2018) THE CHICAGO COMMUNITY TRUST

36-2167000

84

85

77,679.

77,505.

and subtract \$3,822 from the result

85 Enter the smaller of line 83 or line 84 here and on line 52

SCHEDULE D (Form 1041)

Department of the Treasury

14

15

16

Gain from Form 4797, Part I

Carryover Worksheet

column (3) on page 2

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www irs gov/F1041 for instructions and the latest information

OMB No 1545-0092

2018

Name of estate or trust Employer identification number THE CHICAGO COMMUNITY TRUST 36-2167000 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less (See instructions) See instructions for how to figure the amounts to enter on the lines below (h) Gain or (loss) (e) Adjustments Subtract column (é) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars Form(s) 8949, Part I, combine the result with column (g) line 2, column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1 b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 SEE STATEMENT 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2017 Capital Loss Carryover Worksheet Net short-term capital gain or (loss) Combine lines 1a through 6 in column (h) Enter here and on line 17, column (3) on page 2 Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (See instructions) See instructions for how to figure the amounts to enter on the lines below (e) (d) (h) Gain or (loss) (g) Adjustments Subtract column (é) Proceeds Cost to gain or loss from from column (d) ànd (or other basis) (sales price) This form may be easier to complete if you round off cents to whole dollars orm(s) 8949, Part II combine the result line 2, column (g) with column (g) 8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8 b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with 10 Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 SEE STATEMENT 6 1,018. 12 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 13 Capital gain distributions 13

Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2017 Capital Loss

Net long-term capital gain or (loss) Combine lines 8a through 15 in column (h) Enter here and on line 18a,

1,157.

2,175.

14

15

| Schedule D (Form 1041) 2018 THE CHICAGO COMMUNI | ry TR | UST | | | | 36- | 216700 | 00 Page 2 |
|--|--------------------------|--|----------|--|-------------|---------|-------------|---------------------|
| ■Partill Summary of Parts I and II | | | | (1) Beneficiaries' | (2) | Estate | 's | (3) Total |
| Caution: Read the instructions before corr | noletin | a this part | | | | trust's | | |
| 17 Net short-term gain or (loss) | ., | 3-N. 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- | 17 | | | | 9. | 9. |
| 18 Net long-term gain or (loss) | | | | | | | | |
| a Total for year | | | 18a | | | 2 | 175. | 2,175. |
| b Unrecaptured section 1250 gain (see line 18 of the work | sheet) | | 18b | | | | | |
| c 28% rate gain | • | | 18c | | | | | |
| 19 Total net gain or (loss) Combine lines 17 and 18a | | > | 19 | - | | 2, | 184. | 2,184. |
| Note: If line 19, column (3), is a net gain, enter the gain o | on Fon | m 1041. line 4 (or Form | 990-T. | Part I. line 4a) If lines | 18a and | d 19. (| column (| '2), are net gains. |
| go to Part V, and don't complete Part IV If line 19, colur | | | | | | | | |
| ■Part(IV■ Capital Loss Limitation | | | | | | | | |
| 20 Enter here and enter as a (loss) on Form 1041, line 4 (or | Form | 990-T, Part I, line 4c, if a ti | ust), th | e smaller of: | | | | |
| a The loss on line 19, column (3) or b \$3,000 | | | | | j | 20 | l (|) |
| Note: If the loss on line 19, column (3), is more than \$3,0 Loss Carryover Worksheet in the instructions to figure you | 000, 01 ur cap | if Form 1041, page 1, l Ital loss carryover | ne 22 (| or Form 990-T, line 3 | 8), is a lo | oss, c | omplete | the Capital |
| ■Part\V■ Tax Computation Using Maxim | | | es | | | | | |
| Form 1041 filers Complete this part only if both lines 18a an | d 19 in | column (2) are gains, or a | n amoui | nt is entered in Part I or | Part II a | nd the | re is an ei | ntry on Form 1041. |
| line 2b(2), and Form 1041, line 22, is more than zero | | (-,, - | | | | | | ,, |
| Caution: Skip this part and complete the Schedule D Tax | Works | heet in the instructions i | f | | | | | |
| Either line 18b, col. (2) or line 18c, col. (2) is more that | | | • | | | | | |
| Both Form 1041, line 2b(1), and Form 4952, line 4g a | | = | | | | | | |
| Form 990-T trusts Complete this part only if both lines 18a a | | | ends are | included in income in | Part I of F | Form 9 | 90-T. an | d Form 990-T. line |
| 38, is more than zero. Skip this part and complete the Schedu | | | | | | | | • |
| 21 Enter taxable income from Form 1041, line 22 (or Form 9 | 90-T, lı | ne 38) | 21 | 285 | ,958. | | | |
| 22 Enter the smaller of line 18a or 19 in column (2) | | • | | | | | | |
| but not less than zero | 22 | 2,17 | 5. | | | | | |
| 23 Enter the estate's or trust's qualified dividends from | | | | | | | ŀ | |
| Form 1041, line 2b(2) (or enter the qualified dividends | | | | | | | • | |
| included in income in Part I of Form 990-T) | 23 | | | | | | ł | |
| 24 Add lines 22 and 23 | 24 | 2,17 | 5. | | | | | |
| 25 If the estate or trust is filing Form 4952, enter the | | | | | | | } | |
| amount from line 4g, otherwise, enter -0- | 25 | | o. | | | | | |
| 26 Subtract line 25 from line 24 If zero or less, enter -0- | | | 26 | 2 | 175. | | İ | |
| 27 Subtract line 26 from line 21 If zero or less, enter -0- | | | 27 | | 783. | | | |
| 28 Enter the smaller of the amount on line 21 or \$2,600 | | | 28 | | 600. | | | |
| 29 Enter the smaller of the amount on line 27 or line 28 | | | 29 | | ,600. | | | |
| 30 Subtract line 29 from line 28. If zero or less, enter -0- Th | is amoi | unt is taxed at 0% | | | <u> </u> | 30 | | 0. |
| 31 Enter the smaller of line 21 or line 26 | | | 31 | 1 2 | ,175. | | | |
| 32 Subtract line 30 from line 26 | | | 32 | 1 . | 175. | | | |
| 33 Enter the smaller of line 21 or \$12,700 | | | 33 | | 700. | | | |
| 34 Add lines 27 and 30 | | | 34 | | ,783. | | | |
| 35 Subtract line 34 from line 33 If zero or less, enter -0- | | | 35 | | , o. | | | |
| 36 Enter the smaller of line 32 or line 35 | | | 36 | | | | | |
| 37 Multiply line 36 by 15% (0 15) | | | | | | 37 | | |
| 38 Enter the amount from line 31 | | | 38 | 1 2 | ,175. | 3, | | |
| 39 Add lines 30 and 36 | | | 39 | | | | | |
| 40 Subtract line 39 from line 38 If zero or less, enter -0- | | | 40 | 1 | ,175. | | | |
| 11 Multiply line 40 by 20% (0 20) | | | _ 70 | | , <u></u> | 41 | | 435. |
| 12 Figure the tax on the amount on line 27 Use the 2018 Tax | (Rate (| Schedule for Estates | 1 | 1 | | | | |
| and Trusts (see the Schedule G instructions in the instruc | | | 42 | 103 | 386. | | | |
| 43 Add lines 37, 41, and 42 | aona II | 5. (UIII 1041) | 42 | 1 | 821. | | | |
| 14 Figure the tax on the amount on line 21 Use the 2018 Tax | , Data 9 | Schadula for Estatos | 43 | 103 | , | | | |
| and Trusts (asset he Cabadula Cupatrustons in the instruc | | | | 104 | 191 | | | |

G, line 1a (or Form 990-T, line 40)

45 Tax on all taxable income Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

| SCHEDULE D | NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS | | | | STATEMENT 5 |
|-----------------|--|------|----|--------|-------------|
| DESCRIPTION OF | ACTIVITY | | | | GAIN OR LOS |
| MEDLINE INDUSTR | IES, INC. | | | | 9 |
| TOTAL TO SCHEDU | LE D, PART I, LINE 5 | | | | 9 |
| SCHEDULE D | NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS | | | | STATEMENT 6 |
| DESCRIPTION OF | ACTIVITY | GAIN | OR | LOSS | 28% GAIN |
| MEDLINE INDUSTR | IES, INC. | | | 1,018. | |
| TOTAL TO SCHEDU | LE D, PART II, LINE 12 | | | 1,018. | *** |

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Treas Reg Section 1 6038B-1(c) and Temp Reg Section 1 6038B-1T (c)

(1) Name of Transferor

The Chicago Community Trust

EIN

36-2167000

Address

225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee

Arcline EMSO Long/Short Credit LTD

EIN

N/A

Address

P O Box 10008, Willow Square

Cricket Square, Grand Cayman KY1-1001 Cayman Islands

Country of Incorporation

Cayman Islands

The Chicago Community Trust (EIN 36-2167000) owns an interest in Arcline EMSO Long/Short Credit LTD (EIN N/A)

The Chicago Community Trust made a direct contribution described under IRC Sec. 351

to Arcline EMSO Long/Short Credit LTD

(3) Consideration received

Ownership interest in Arcline EMSO Long/Short Credit LTD believed at the time to be equal in

value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash

\$1,500,000

- (i) Active trade or business property CASH
- (ii) Stock or securities Not applicable
- (iii) Depreciated property Not applicable
- (iv) Property to be leased Not applicable
- (v) Property to be sold Not applicable
- (vi) Transfers to FSCs Not applicable
- (vii) Tainted property Not applicable (viii) Foreign loss branch Not applicable
- (ix) Other intangibles Not applicable
- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Treas Reg Section 1 6038B-1(c) and Temp Reg Section 1 6038B-1T (c)

(1) Name of Transferor

The Chicago Community Trust

EIN

36-2167000

Address

225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee

Arcline TOPS Long/Short Equity LTD

ΕIN

N/A

Address

P O Box 10008, Willow Square

Cricket Square, Grand Cayman KY1-1001 Cayman Islands

Country of Incorporation

Cayman Islands

The Chicago Community Trust (EIN 36-2167000) owns an interest in Arcline TOPS Long/Short Equity LTD (EIN N/A)

The Chicago Community Trust made a direct contribution described under IRC Sec. 351

to Arcline TOPS Long/Short Equity LTD

(3) Consideration received

Ownership interest in Arcline TOPS Long/Short Equity LTD believed at the time to be equal in

value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash

\$2,000,000

- (i) Active trade or business property CASH
- (ii) Stock or securities Not applicable
- (iii) Depreciated property Not applicable
- (iv) Property to be leased Not applicable
- (v) Property to be sold Not applicable
- (vi) Transfers to FSCs Not applicable
- (vii) Tainted property Not applicable (viii) Foreign loss branch Not applicable
- (ix) Other intangibles Not applicable
- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

<u>Statement Filed Pursuant to Treas Reg Section 1 6038B-1(c)</u> <u>and Temp Reg Section 1 6038B-1T (c)</u>

(1) Name of Transferor

The Chicago Community Trust

EIN

36-2167000

Address

225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee

Arcline WNT Diversified Futures LTD

EIN

N/A

Address

P O Box 10008, Willow Square

Cricket Square, Grand Cayman KY1-1001 Cayman Islands

Country of Incorporation

Cayman Islands

The Chicago Community Trust (EIN 36-2167000) owns an interest in Arcline WNT Diversified Futures LTD (EIN N/A)

The Chicago Community Trust made a direct contribution described under IRC Sec 351

to Arcline WNT Diversified Futures LTD

(3) Consideration received

Ownership interest in Arcline WNT Diversified Futures LTD believed at the time to be equal in

value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash

\$1,500,000

(i) Active trade or business property CASH

- (ii) Stock or securities Not applicable
- (iii) Depreciated property Not applicable
- (iv) Property to be leased Not applicable
- (v) Property to be sold Not applicable
- (vi) Transfers to FSCs Not applicable (vii) Tainted property Not applicable
- (viii) Foreign loss branch Not applicable
- (ix) Other intangibles Not applicable
- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Treas Reg Section 1 6038B-1(c) and Temp Reg Section 1 6038B-1T (c)

(1) Name of Transferor

The Chicago Community Trust

EIN

36-2167000

Address

225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee

Good Hill Overseas Fund, Ltd

EIN

N/A

Address

89 Nexus Way

Grand Cayman KY1-9007 Cayman Islands

Country of Incorporation

Cayman Islands

The Chicago Community Trust (EIN 36-2167000) owns an interest in Good Hill Overseas Fund LTD (EIN N/A)

The Chicago Community Trust made a direct contribution described under IRC Sec 351

to Good Hill Overseas Fund LTD

(3) Consideration received

Ownership interest in Good Hill Overseas Fund, Ltd believed at the time to be equal in

value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash

\$1,250,000

(i) Active trade or business property CASH

- (ii) Stock or securities Not applicable
- (iii) Depreciated property Not applicable
- (iv) Property to be leased Not applicable
- (v) Property to be sold Not applicable
- (vi) Transfers to FSCs Not applicable
- (vii) Tainted property Not applicable
- (viii) Foreign loss branch Not applicable
- (ix) Other intangibles Not applicable
- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U.S. EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Treas Reg Section 1 6038B-1(c) and Temp Reg Section 1 6038B-1T (c)

(1) Name of Transferor

The Chicago Community Trust

36-2167000

Address

225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee

Lakewood Capital Offshore Fund, Ltd

FIN

N/A

Address

190 Elgin Ave

Country of Incorporation

George Town, Grand Cayman KY1-9007 Cayman Islands

Cayman Islands

The Chicago Community Trust (EIN 36-2167000) owns an interest in Lakewood Capital Offshore Fund LTD (EIN N/A)

The Chicago Community Trust made a direct contribution described under IRC Sec 351

to Lakewood Capital Offshore Fund LTD

(3) Consideration received

Ownership interest in Lakewood Capital Offshore Fund, Ltd. believed at the time to be equal in

value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash

\$200,000

- (i) Active trade or business property CASH
- (ii) Stock or securities Not applicable
- (III) Depreciated property Not applicable
- (iv) Property to be leased Not applicable
- (v) Property to be sold Not applicable
- (vi) Transfers to FSCs Not applicable (vii) Tainted property - Not applicable
- (viii) Foreign loss branch Not applicable
- (ix) Other intangibles Not applicable
- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Treas Reg Section 1 6038B-1(c) and Temp Reg Section 1 6038B-1T (c)

(1) Name of Transferor

The Chicago Community Trust

EIN

36-2167000

Address

225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee

Ridge Select Private Investors Offshore, Ltd

EIN

98-1444520

Address

DMS House, 20 Genesis Close, P O Box 1344

Grand Cayman KY1-1108 Cayman Islands

Country of Incorporation

Cayman Islands

The Chicago Community Trust (EIN 36-2167000) owns an interest in Ridge Select Private Investors Offshore, Ltd (EIN 98-1444520)

The Chicago Community Trust made a direct contribution described under IRC Sec. 351

to Ridge Select Private Investors Offshore, Ltd

(3) Consideration received

Ownership interest in Ridge Select Private Investors Offshore, Ltd believed at the time to be equal in

value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash

\$1,250,000

- (i) Active trade or business property CASH
- (ii) Stock or securities Not applicable
- (iii) Depreciated property Not applicable
- (iv) Property to be leased Not applicable
- (v) Property to be sold Not applicable
- (vi) Transfers to FSCs Not applicable (vii) Tainted property - Not applicable
- (viii) Foreign loss branch Not applicable
- (ix) Other intangibles Not applicable
- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Treas Reg Section 1 6038B-1(c) and Temp Reg Section 1 6038B-1T (c)

(1) Name of Transferor The Chicago Community Trust

EIN 36-2167000

Address 225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee Varde Capital Partners Offshore Fund, Ltd

EIN N/a

Address 901 Marquette Ave South, Suite 3300

Minneapolis, MN 55402

Country of Incorporation Cayman Islands

The Chicago Community Trust (EIN 36-2167000) owns an interest in Varde Capital Partners Offshore Fund Ltd (EIN N/A)

The Chicago Community Trust made a direct contribution described under IRC Sec. 351

to Varde Capital Partners Offshore Fund Ltd

(3) Consideration received Ownership interest in Varde Capital Partners Offshore Fund, Ltd. believed at the time to be equal in

value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash \$1,900,000

(i) Active trade or business property CASH

(ii) Stock or securities - Not applicable

(iii) Depreciated property - Not applicable

(iv) Property to be leased - Not applicable

(v) Property to be sold - Not applicable

(vi) Transfers to FSCs - Not applicable

(vii) Tainted property - Not applicable (viii) Foreign loss branch - Not applicable

(ix) Other intangibles - Not applicable

- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Treas. Reg Section 1 6038B-1(c) and Temp Reg Section 1 6038B-1T (c)

(1) Name of Transferor

The Chicago Community Trust

EIN

36-2167000

Address

225 N Michigan Ave No 2200

Chicago, IL 60601

(2) Name of Transferee

Coatue Offshore Fund, Ltd

EIN

N/A

Address

Cayman Corporate Center, 27 Hospital Road

George Town, Grand Cayman, KY1-9008 Cayman Islands Cayman Islands

Country of Incorporation

The Chicago Community Trust (EIN 36-2167000) owns an interest in Coatue Offshore Fund, Ltd (EIN N/A)

The Chicago Community Trust made a direct contribution described under IRC Sec. 351

to Coatue Offshore Fund, Ltd

(3) Consideration received

Ownership interest in Coatue Offshore Fund, Ltd believed at the time to be equal in value to the cash transferred and consisting of stock in the foreign corporation

(4) Cash

\$275,000

- (i) Active trade or business property CASH
- (ii) Stock or securities Not applicable
- (iii) Depreciated property Not applicable
- (iv) Property to be leased Not applicable
- (v) Property to be sold Not applicable
- (vi) Transfers to FSCs Not applicable
- (vii) Tainted property Not applicable
- (viii) Foreign loss branch Not applicable
- (ix) Other intangibles Not applicable
- (5) Not applicable
- (6) Not applicable

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1 351-3(A)

(1) Name and taxpayer identification of every transferee

Arcline EMSO Long/Short Credit LTD N/A

(2) Date(s) of the transfer(s)

11/1/2018

(3) The aggregate fair market value and basis of the transferred property.

USD: \$1,500,000

(4) Date and control number of any related private letter ruling(s):

N/A

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1.351-3(A)

(1) Name and taxpayer identification of every transferee

Arcline TOPS Long/Short Equity LTD N/A

(2) Date(s) of the transfer(s)

11/1/2018

(3) The aggregate fair market value and basis of the transferred property.

USD \$2,000,000

(4) Date and control number of any related private letter ruling(s)

N/A

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S. EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1 351-3(A)

(1) Name and taxpayer identification of every transferee

Arcline WNT Diversified Futures LTD N/A

(2) Date(s) of the transfer(s)

11/1/2018

(3) The aggregate fair market value and basis of the transferred property

USD: \$1,500,000

(4) Date and control number of any related private letter ruling(s)

N/A

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U.S. EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1.351-3(A)

(1) Name and taxpayer identification of every transferee

Good Hill Overseas Fund LTD N/A

(2) Date(s) of the transfer(s)

5/1/2019

(3) The aggregate fair market value and basis of the transferred property

USD: \$1,250,000

(4) Date and control number of any related private letter ruling(s)

N/A

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S. EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1.351-3(A)

(1) Name and taxpayer identification of every transferee

Lakewood Capital Offshore Fund LTD N/A

(2) Date(s) of the transfer(s)

4/1/2019

(3) The aggregate fair market value and basis of the transferred property.

USD \$200,000

(4) Date and control number of any related private letter ruling(s)·

N/A

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U.S. EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1 351-3(A)

(1) Name and taxpayer identification of every transferee

Ridge Select Private Investors Offshore, Ltd 98-1444520

(2) Date(s) of the transfer(s)

3/1/2019

(3) The aggregate fair market value and basis of the transferred property

USD \$1,250,000

(4) Date and control number of any related private letter ruling(s)

N/A

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U.S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1.351-3(A)

(1) Name and taxpayer identification of every transferee

Varde Capital Partners Offshore Fund Ltd N/A

(2) Date(s) of the transfer(s)

02/01/2019 & 04/01/2019

(3) The aggregate fair market value and basis of the transferred property

USD \$1,900,000

(4) Date and control number of any related private letter ruling(s)

N/A

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T U S EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR TAXABLE YEAR-ENDED SEPTEMBER 30, 2019

Statement Filed Pursuant to Section 1 351-3(A)

(1) Name and taxpayer identification of every transferee Coatue Offshore Fund, Ltd N/A

(2) Date(s) of the transfer(s) 4/1/2019

(3) The aggregate fair market value and basis of the transferred property USD \$275,000

(4) Date and control number of any related private letter ruling(s) N/A