Exempt Organization Bus			ax Return	<u> </u>	OMB No 1545-0047
(and proxy tax und			30 2020	ŀ	2019
For calendar year 2019 or other tax year beginning OCT 1, 20 Go to www irs gov/Form990T for in		, and ending SEP		-	2019
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may				Ö	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed Name of organization (Check box if name of address changed)				D Employ	rer identification number yees' trust, see
B Exempt under section Print THE CHICAGO COMMUNITY TRUST				3	6-2167000
X 501(c Q3 .) Or Number, street, and room or suite no. If a P O bo.	x, see ir	structions			ed business activity code
408(e) 220(e) Type 225 N. MICHIGAN AVENUE, NO. 2200		<u></u> .			· · · · · · · · · · · · · · · · · · ·
408A 530(a) City or town, state or province, country, and ZIP o CHICAGO, IL 60601	r foreig	n postal code		52	
C Book value of all assets at end of year F Group exemption number (See instructions)	_				
3,602,504,724. G Check organization type ► 501(c) cor		x 501(c) trust	401(a)	trust	Other trust
H Enter the number of the organization's unrelated trades or businesses	1		the only (or first) un		
trade or business here INVESTMENTS			complete Parts I-V.		="
describe the first in the blank space at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each additiona	al trade o	or
business, then complete Parts III-V		Occupant allocations are unit		7 ٧	X No
I During the tax year, was the corporation a subsidiary in an affiliated group or a parei if "Yes," enter the name and identifying number of the parent corporation	nt-Subs	ulary controlled group?	> L	Yes	INO INO
J The books are in care of ROSA CARRILLO, CONTROLLER		Telepho	ne number > 3:	12-616	-8000
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sales		` '			
b Less returns and allowances c Balance	1c				
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract line 2 from line 1c	3				
4 a Capital gain net income (attach Schedule D)	4a	4,087.		/	4,087.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (attach statement)	5	1,727,008.	STMT_1		1,727,008.
6 Rent income (Schedule C)	6		/		
7 Unrelated debt-financed income (Schedule E)	7		/		
 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 	8				<u> </u>
 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 	10			-	
11 Advertising income (Schedule J)	11				
12 Other income (See instructions, attach schedule)	12				
13 Total. Combine lines 3 through 12	13/	1,731,095.			1,731,095.
Part II Deductions Not Taken Elsewhere (See instructions for		itions on deductions)			· · · ·
(Deductions must be directly connected with the unrelated busin	ess ind	come)			
14 Compensation of officers, directors, and trustees (Schedule K)				14	
15 Salaries and wages				15	
16 Repairs and maintenance				16	
17 Bad debts				17	
18 Interest (attach schedule) (see instructions)				18	
19 Taxes and licenses		1 1		19	71,827.
20 Depreciation (attach Form 4562)		20			
21 Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22 Depletion RECEIV	FD			22	
23 Contributions to deferred compensation plans 24 Employee benefit programs		ଅଧା		23	.
24 Employee benefit programs 25 Excess exempt expenses (Schedule I) AUG 26 2	2021	R3-0S		25	
26 Excess readership costs (Schedule J)		128		26	
	I IT		r 2	27	7,822.
27 Other deductions (attach schedule) 28 Total deductions Add lines 14 through 27	UI			28	79,649.
29 Unrelated business taxable income before net operating loss deduction. Subtract				29	1,651,446.
Deduction for net operating loss arising in tax years beginning on or after Januar	ry 1, 20	18			^
(see instructions)				30	1,651,446.
31 Unrelated business taxable income Subtract line 30 from line 29				31	Form 990-T (2019)

Form 990)-T (2019)	THE CHICAGO COMMUNITY TRUST	36-21	167000	Page 2
Part		Total Unrelated Business Taxable Income			
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1,651	,446.
33	Amounts	is paid for disallowed fringes	33		
34	Charitabl	ole contributions (see instructions for limitation rules) STMT 3 STMT 4	34	825	5,223.
35	Total unr	irelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 83	35	826	,223.
		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	826	,223.
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions) Q_1	3/8	1	,000.
/ 26	Unrelate	ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,			
		e smaller of zero or line 37	. 39	825	,223.
Part	IX T	Tax Computation Tax Computation			
40	Organiza	ations Taxable as Corporations Multiply line 39 by 21% (0 21)	40		
41	Trusts Ta	Faxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:			
	Tax	ix rate schedule or X Schedule D (Form 1041)	41	302	,997.
42	Proxy ta:	ax See instructions			
		ive minimum tax (trusts only)	42 43	408	
44	Jax on N	Noncompliant Facility Income See Instructions	44	1	
45	Yotal Ac	add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	302	,997.
Part	y / T	Tax and Payments	- 1		
46 a	Foreign t	tax credit (corporations attach Form 1118; trusts attach Form 1116) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		redits (see instructions)	7		
C	General I	business credit Attach Form 3800 V 46c 3,504	.]		
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)]_,		
е	Total cre	edits Add lines 46a through 46d	46/e	. 7	,681.
47	Subtract	t line 46e from line 45	44	295	,316.
48	Other tax	ıxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total tax	x Add lines 47 and 48 (see instructions)	49	295	,316.
50	2019 net	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a	Payment	its: A 2018 overpayment credited to 2019 VM 51a 125,733.	. 1		
b	2019 est	stimated tax payments 51b 200,000	<u>. </u>		
C	Tax depo	osited with Form 8868 5ic	_		
d	Foreign (organizations; Tax paid or withheld at source (see instructions) 51d	_		
е	Backup v	withholding (see instructions) 51e	-		
f	Credit fo	or small employer health insurance premiums (attach Form 8941)	 		
g		redits, adjustments, and payments. Form 2439			
	For	rm 4136 Other Total ▶ [5¶g]	- <u>i</u> -		
		ayments Add lines 51a through 51g	52	325	,733.
53	Estimate	ed tax penalty (see instructions) Check if Form 2220 is attached	53		
		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
``		yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	30	,417.
		e amount of line 55 you want. Credited to 2020 estimated tax	56		0.
Part		Statements Regarding Certain Activities and Other Information (see instructions)			
	-	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes	No_
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		_	1
	here				X
	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		-	X
	,	see instructions for other forms the organization may have to file			1
59		e amount of tax-exempt interest received or accrued during the tax year > \$			
Sign		ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	uge and belief,	icistru e ,	
Here		Alman G. I WIE-121 NOWER REMANDED IN	May the IRS disc	uss this return	with
		7.11	ne preparer show		¬ ". I
			nstructions)?	X Yes	No
	- 1	Line State and Line Line Line Line Line Line Line Line	if PTIN		
Paid		REBEKUH ELEY REBEKUH CLOY 8321 Self-employed		7672	
Prep	arer		P0124		
Use	Only	Firm's name RSM US LLP Firm's EIN	42-1	0714325	
		30 S. WACKER DRIVE, STE 3300	12_624 2	400	
000344		Firm's address CHICAGO, IL 60606 Phone no 3	12-634-34		(00:0:
923711 0	11-27-20		Fo	_{rm} 990-T	(2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1 _		$\neg \neg$	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold St	ubtract I	line 6			-
3 Cost of labor	3			from line 5 Enter here	and in t	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b			property produced or a	for resale) apply to				
5 Total Add lines 1 through 4b	5	_		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty) 	
1 Description of property									
(1)									
(2)									
(3)									
(4)					_				
	2. Rent receiv	ed or accrued			-				
rent for personal property is more than of rent for p				onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected (b) (cted with the income in (attach schedule)	
(1)									
(2)									
(3)									
(4)						''			
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions Enter here and on page 1, Part 1, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)					
			2	Gross income from or allocable to debt-		3 Deductions directly cont to debt-finance	ed prop	perty	
1 Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	\$
(1)			+				+		
(2)			 				+		
(3)				- ··· · - ·			\top		
(4)							-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			+	<u></u> %					
(2)				%					
(3)				%					
(4)				%	-				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals						0		•	0.
Total dividends-received deductions in	ncluded in column	ı 8					+		0.

Form **990-T** (2019)

Schedule F - Interest, /	Annuitie	s, Royal	ties, an					tion	S (see in:	structio	ons)
				Exempt	Controlled O	rganizati T	ons				
Name of controlled organizat	tion	2 Em identifi num	cation		related income e instructions)		al of specified nents made	includ	rt of column 4 led in the cont zation's gross	rolling	6 Deductions directly connected with income in column 5
(1)	··	.									
(2)										1	
(3)					· · · · · · · · · · · · · · · · · · ·						
(4)									-		
Nonexempt Controlled Organi	zations	·		1		1	-				
7. Taxable Income		inrelated incom	e (loss)	9 Total	of specified payr	ments	10 Part of colu	mn 9 ths	it is included	11 [Deductions directly connected
1. Voluble Medine		see instructions		j rom.	made		in the controlli	ing orga s income	nization's		ith income in column 10
(1)								_			
(2)											
(3)	·			-							
	-	<u> </u>									
(4)	l										
							Add colun Enter here and line 8, d		9 1, Part I,		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see inst		me of a S	Section	501(c)(7	7), (9), or (17) Org	janization				
1 Desc	1 Description of income				2. Amount of	ıncome	3 Deduction directly connection (attach schedu	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)										•	
				,	Enter here and Part I, line 9, co	on page 1, lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.	•			•	0.
Schedule I - Exploited (see instru	•	Activity	Income	e, Other	Than Adv	ertisin	g Income				
·			2 5		4 Net incom	ne (loss)					7 5
Description of exploited activity	unrelated	Gross I business ne from business	directly of with pro of uni	penses connected oduction elated s income	from unrelated business (co minus colum gain, compute through	olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	that led	attribut	enses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			•		<u> </u>						
(2)											-
(3)	 									_	
(4)	 								 		
-	page 1	re and on 1, Part I, . col (A)		e and on , Part I, col (B)					 		Enter here and on page 1, Part II, line 25
Totals		0.		0.							0.
Schedule J - Advertision	ng Incor	me (see i	nstruction	ıs)							
Part I Income From	Periodic	als Repo	orted or	n a Cons	solidated	Basis					
1. Name of periodical		2 Gross advertising income		3 Direct extising costs			5 Circulat		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)			T		7						7
(4)			1		\neg						1
Totals (carry to Part II, line (5))	•		0.	().						0.
TOTAL (OUT Y TO T OIL II, IIII (U))			- • 1						<u></u>		1

Page 5

Form 990-T (2019) THE CHICAGO COMMUNITY TRUST [Partill 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 Gr adverti incor	sing	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 page 1, l line 11, c	Part I,	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
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** (2019)

TOTAL TO FORM 990-T, PAGE 2, LINE 34

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 MULLER & MONROE ASSET MANAGEME	RENTAL REAL ESTATE INCOME REREST INCOME VIDEND INCOME	1,664,335, 9,168, 40,875, 6,283,
INCOME (LOSS) TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	1,727,008
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
MEDLINE INDUSTRIES, INC. TAX PREP FEES MULLER AND MONROE ASSET MANAGE	EMENT, LLC	5,627. 2,000. 195.
TOTAL TO FORM 990-T, PAGE 1, I	JINE 27	7,822.
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	575,803,185.

575,803,185.

FORM 990-T C	ONTRIBUTIONS SUMMARY		STATEMENT 4
CARRYOVER OF PRIOR YEARS UN	USED CONTRIBUTIONS -	60% LIMIT	
FOR TAX YEAR 2018			
TOTAL CARRYOVER TOTAL CURRENT YEAR 60% CONT	RIBUTIONS		
TOTAL CONTRIBUTIONS AVAILAB TAXABLE INCOME LIMITATION A		990,268	
EXCESS 60% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		0	
ALLOWABLE CONTRIBUTIONS DED	UCTION		0
TAXABLE INCOME FOR LIMITATI	ON AFTER 60% CONTRIB	UTIONS	1,650,446
CARRYOVER OF PRIOR YEARS UN	USED CONTRIBUTIONS -	50% LIMIT	
FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	357,083,351		
FOR TAX YEAR 2018	340,991,342		
TOTAL CARRYOVER TOTAL CURRENT YEAR 50% CONT	RIBUTIONS	698,074,693 575,803,185	_
TOTAL CONTRIBUTIONS AVAILABET TAXABLE INCOME LIMITATION A		1,273,877,878 825,223	
EXCESS 50% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		1,273,052,655 1,273,052,655	_
ALLOWABLE CONTRIBUTIONS DED	UCTION		
TOTAL CONTRIBUTION DEDUCTION	N		825,223

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

2019

Employer identification number Name of estate or trust THE CHICAGO COMMUNITY TRUST 36-2167000 [Partill Estate's or Trust's Share of Alternative Minimum Taxable Income 826,223. 1 Adjusted total income or (loss) (from Form 1041, line 17) ESBTs, see instructions 1 2 2 Interest 3 Taxes 4 Refund of taxes 4 5 Depletion (difference between regular tax and AMT) 5 6 Net operating loss deduction Enter as a positive amount 6 Interest from specified private activity bonds exempt from the regular tax 7 Qualified small business stock (see instructions) 8 Exercise of incentive stock options (excess of AMT income over regular tax income) 9 9 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 10 11 Disposition of property (difference between AMT and regular tax gain or loss) 11 12 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 12 13 Passive activities (difference between AMT and regular tax income or loss) 13 14 Loss limitations (difference between AMT and regular tax income or loss) 14 15 Circulation costs (difference between regular tax and AMT) 15 16 Long-term contracts (difference between AMT and regular tax income) 16 17 Mining costs (difference between regular tax and AMT) 17 18 Research and experimental costs (difference between regular tax and AMT) 18 Income from certain installment sales before January 1, 1987 19 19 Intangible drilling costs preference 20 20 21 Other adjustments, including income-based related adjustments 21 22 Alternative tax net operating loss deduction (See the instructions for the limitation that applies) 22 826,223. 23 Adjusted alternative minimum taxable income Combine lines 1 through 22 23 Note: Complete Part II below before going to line 24 N/A Income distribution deduction from Part II, line 42 25 Estate tax deduction (from Form 1041, line 19) N/A 25 26 26 Add lines 24 and 25 826,223. 27 27 Estate's or trust's share of alternative minimum taxable income Subtract line 26 from line 23 If line 27 is • \$25,000 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 \$25,000, but less than \$183,500, go to line 43

	ESBTs, see instructions		
P	artill Income Distribution Deduction on a Minimum Tax Basis N/A		
28	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0-	30	
31	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)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	()
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34. If zero		
	or less, enter -0-	35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	_37	
38	Total distributions Add lines 36 and 37	38	
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	

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

\$183,500 or more, enter the amount from line 27 on line 49 and go to line 50

Schedule I (Form 1041) (2019)

Pa	edule (Form 1041) (2019) THE CHICAGO COMMUNITY TRUST Int II Income Distribution Deduction on a Minimum Tax Basis	(contin	ued)	N/A	
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29	9 from lin	e 35		
	If zero or less, enter -0-			41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of li	ne 40 or	line 41 ,		
	Enter here and on line 24			42	
Pa	rt III Alternative Minimum Tax				
43	Exemption amount			43	\$25,000
44	Enter the amount from line 27	44		_	
45	Phase-out of exemption amount	45	\$83,500	_	
16	Subtract line 45 from line 44 If zero or less, enter -0-	46			
17	Multiply line 46 by 25% (0 25)			47	
18	Subtract line 47 from line 43 If zero or less, enter -0-			48	
19	Subtract line 48 from line 44			49	826,223
5 0	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or h	nas a gain	on lines 18a and 19	1 1	
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary) Otherwi	ise, if line	49 is.	1 [
	• \$194,800 or less, multiply line 49 by 26% (0 26)				
	• Over \$194,800, multiply line 49 by 28% (0 28) and subtract \$3,896 from the res	sult		50	227,120
51	Alternative minimum foreign tax credit (see instructions)			51	
52	Tentative minimum tax Subtract line 51 from line 50			52	227,120
53	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit f	rom Sche	edule G, line 2a)	53	298,820
54	Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter -0-	Enter he	ere and on		
	Form 1041, Schedule G, line 1c			54	0
Pa	rt IV Line 50 Computation Using Maximum Capital Gains Rat	es			···
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule		•		
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see t	the instru	ctions		
	before completing this part				
55	Enter the amount from line 49	, ,		55	826,223
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax	1 1			
	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)	56	4,081	<u>.</u>]	
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2)	1 1			
	(as refigured for the AMT, if necessary) If you didn't complete				
	Schedule D for the regular tax or the AMT, enter -0-	57		_ 、	
:8	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	1 1			
	AMT, enter the amount from line 56. Otherwise, add lines 56 and 57 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)	58	4,081	<u></u>	
59	Enter the smaller of line 55 or line 58			59	4,081
60	Subtract line 59 from line 55			60	822,142
51	If line 60 is \$194,800 or less, multiply line 60 by 26% (0 26) Otherwise, multiply line	ne 60 by			
	28% (0 28) and subtract \$3,896 from the result		•	61	226,304
52	Maximum amount subject to the 0% rate	62	\$2,650		
33	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D				
	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	1 1			
	from Form 1041, line 23; if zero or less, enter -0-	63	821,142	.	
	Subtract line 63 from line 62. If zero or less, enter -0-	64	0	.]	
4				7 I	
	Enter the smaller of line 55 or line 56	65	4,081	.	
64 65 66	Enter the smaller of line 55 or line 56 Enter the smaller of line 64 or line 65 This amount is taxed at 0%	65 66	4,081	-	

Schedule I (Form 1041) (2019)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

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

2019

Name	of estate or trust	-		E	mployer	identification number
THE	CHICAGO COMMUNITY TRUST				36-	-2167000
Did vo	ou dispose of any investment(s) in a qualified opportunity fund during the t	tax vear?			Пү	es X No
	s," attach Form 8949 and see its instructions for additional requirements fo	•	or loss			
	Form 5227 filers need to complete only Parts I and II.					
	rt I Short-Term Capital Gains and Losses-Gene	erally Assets H	eld One Year or	Less (se	e instr	uctions)
See ir	structions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustm	ents	(h) Gain or (loss) Subtract column (e)
This f	orm may be easier to complete if you round off cents to whole dollars	ss from 9, Part I, mn (g)	from column (d) and combine the result with 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		<u> </u>			
2	Totals for all transactions reported on Form(s) 8949 with					
	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with					
	Box C checked		ļ			
4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	1			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and othe	r estates or trusts	SEE STATEMENT	5	5	6.
6	Short-term capital loss carryover Enter the amount, if any, from line 9 of	the 2018 Capital Loss				
	Carryover Worksheet	·			6	l ()
7	Net short-term capital gain or (loss) Combine lines 1a through 6 in colu	umn (h) Enter here and	d on line 17,			
	column (3) on page 2		•	•	. 7	6.
Pa	rt II Long-Term Capital Gains and Losses-Gene	erally Assets He	eld More Than O	ne Year	(see in	structions)
See in	structions for how to figure the amounts to enter on the lines below	(d)	(e)	(g)		(h) Gain or (loss)
This f	orm may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Adjustm to gain or lo Form(s) 8949 line 2, colu	ss from), Part II,	Subtract column (é) from column (d) and combine the result 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					
9	Totals for all transactions reported on Form(s) 8949 with					
	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	1 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other		SEE STATEMENT 6	5	12	4,081.
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amount, if any, from line 14 of	the 2018 Capital Loss	3			
	Carryover Worksheet	·			15	(
16	Net long-term capital gain or (loss) Combine lines 8a through 15 in colu	umn (h) Enter here an	id on line 18a,			
	column (3) on page 2			▶	16	4,081.

Schedule D (Form 1041) 2019 THE CHICAGO COMMUN	ITY TF	RUST					36-	21670	00 Page 2
Part III Summary of Parts I and II					(1) Beneficiaries'	(2)	Estate	's	(3) Total
Caution: Read the instructions before co	mpletin	g this part	_			or	trust's	3	
17 Net short-term gain or (loss)	•		1	7				6.	6.
18 Net long-term gain or (loss):									
a Total for year			18	Ba			4,	081.	4,081.
b Unrecaptured section 1250 gain (see line 18 of the wo	rksheet)		18	8b					
c 28% rate gain			18	Вс					
19 Total net gain or (loss) Combine lines 17 and 18a			▶ 1	9			4 ,	087.	4,087.
Note: If line 19, column (3), is a net gain, enter the gair go to Part V, and don't complete Part IV If line 19, coli									
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, i	f a trust),	, the	smaller of	-			
a The loss on line 19, column (3) or b \$3,000							20	<u> </u>)
Note If the loss on line 19, column (3), is more than \$3	3, <i>000,</i> 0 1	f if Form 1041, page	1, line 2	23 (0	r Form 990-T, line 3	9), ıs a l	oss, c	omplet	e the Capital
Loss Carryover Worksheet in the instructions to figure y									
Part V Tax Computation Using Max					·				
Form 1041 filers Complete this part only if both lines 18a a	and 19 in	ı column (2) are gaıns,	or an am	nount	is entered in Part I or	Part II a	nd thei	re is an	entry on Form 1041,
line 2b(2), and Form 1041, line 23, is more than zero									
Caution. Skip this part and complete the Schedule D Ta			ns if						
 Either line 18b, col. (2) or line 18c, col. (2) is more t Roth Form 1041, line 3b(1), and Form 4053, line 4s 		•							
 Both Form 1041, line 2b(1), and Form 4952, line 4g Form 900 T trusts. Complete this part entry if both lines 193 			duudondo	2001	noludad ia incomo ia	Dart Laf	Earm O	оо т .	ad Form 000 T line
Form 990-T trusts Complete this part only if both lines 18a 39, is more than zero. Skip this part and complete the. Sche								•	•
21 Enter taxable income from Form 1041, line 23 (or Form			1	21		223.	100, 00	1 (2) 13	more man zero.
22 Enter the smaller of line 18a or 19 in column (2)	000 1,1		F			, ,			
but not less than zero	22	4	,081.						
23 Enter the estate's or trust's qualified dividends from									
Form 1041, line 2b(2) (or enter the qualified dividends			1						
included in income in Part I of Form 990-T)	23								
24 Add lines 22 and 23	24	4	,081.						
25 If the estate or trust is filing Form 4952, enter the									
amount from line 4g, otherwise, enter -0-	25		0.						
26 Subtract line 25 from line 24 If zero or less, enter -0-			Ĺ	26	4	,081.			
27 Subtract line 26 from line 21 If zero or less, enter -0-			L	27	821	,142.			
28 Enter the smaller of the amount on line 21 or \$2,650			L	28	2	,650.			
29 Enter the smaller of the amount on line 27 or line 28			L	29	2	,650.			
30 Subtract line 29 from line 28 If zero or less, enter -0- 1	his amo	unt is taxed at 0%			1	•	30	ļ	0.
31 Enter the smaller of line 21 or line 26			L	31	4	,081.			
32 Subtract line 30 from line 26			L	32	4	,081.			
33 Enter the smaller of line 21 or \$12,950				33		,950.			
34 Add lines 27 and 30				34	821	,142.			
35 Subtract line 34 from line 33 If zero or less, enter -0-			Ļ	35		0.		:	
36 Enter the smaller of line 32 or line 35			L	36		_			
37 Multiply line 36 by 15% (0 15)			ı		ı .		37		
38 Enter the amount from line 31			-	38	4	,081.	`		
39 Add lines 30 and 36			-	39					
40 Subtract line 39 from line 38 If zero or less, enter -0-			L	40	1 4	,081.			24.5
41 Multiply line 40 by 20% (0 20)	<u> </u>		ı		I	▶	41	<u> </u>	816.
42 Figure the tax on the amount on line 27. Use the 2019 T					3.5	10.	-		
and Trusts (see the Schedule G instructions in the instru	uctions f	or Form 1041)	⊢	42		,181.			
43 Add lines 37, 41, and 42	D 1 1	Data da la composición de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela	-	43	302	<u>,997.</u>			
44 Figure the tax on the amount on line 21. Use the 2019 T			İ		300	601			
and Trusts (see the Schedule G instructions in the instru		·	L	44	<u> </u>	,691.			
45 Tax on all taxable income Enter the smaller of line 43	or line 4	14 nere and on Form 10	∪4 I, SCNE	euuie			40		302,997.
G, Part I, line 1a (or Form 990-T, line 41)							45		302,331.

Form 3800

General Business Credit

OMB No 1545-0895

2019 Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return ► Go to www.irs.gov/Form3800 for instructions and the latest information.

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

Attachment Sequence No 22

THE	CHICAGO COMMUNITY TRUST	36-216700	0
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T	MT)	
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1	3,504
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with bo checked. See instructions for statement to attach	x C 4	
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with bo checked See instructions	ox D 5	
6	Add lines 1, 3, 4, and 5	6	3,504
Part			
7	Regular tax before credits		
8	 Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return Alternative minimum tax Individuals Enter the amount from Form 6251, line 11 Corporations Enter -0- Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 	7	302,997
9	Add lines 7 and 8	9	302,997
10a	Foreign tax credit 10a 4,	177	
b	Certain allowable credits (see instructions)		
c	Add lines 10a and 10b	10c	4,177
•	The miles for and for	100	1,211
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line	e 16 11	298,820
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	820	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See Instructions 13 68,	455	
14	Tentative minimum tax • Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0-	120	
	Estates and trusts Enter the amount from Schedule I (Form 1041), line 52		
15	Enter the greater of line 13 or line 14	15	227,120
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	71,700
17	Enter the smaller of line 6 or line 16	17	3,504
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition reorganization	, or	
For Pa	aperwork Reduction Act Notice, see separate instructions.		Form 3800 (2019)

Part			<u> </u>
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on	line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0-	20	
21	Subtract line 17 from line 20 If zero or less, enter -0-	21	<u>-</u>
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	-
25	Add lines 22 and 24	25	 .
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	230,365
28	Add lines 17 and 26	28	3,504
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	226,861
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c Estates and trusts Form 1041, Schedule G, line 2b	38	3,504
			5 3800 (2010)

z

5

6

Other

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

1,956

3,501

3,504

36-2596612

4z

5

6

	NET SHORT-TERM GAIN OR LOSS FROM			~~~	
SCHEDULE D	STATEMENT 5				
DESCRIPTION OF ACTIVITY					coss
MEDLINE INDUSTRIES, INC.					6.
TOTAL TO SCHEDULE	D, PART I, LINE 5				6.
SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS			STATEMENT	6
DESCRIPTION OF AC	TIVITY	GAIN	OR LOSS	28% GA]	ſΝ
MEDLINE INDUSTRIES, INC.			2,843.		
MUDDING INDODIKID					
	SSET MANAGEMENT, LLC		1,238.		