Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No. 1545-0687			
).A	1	(and proxy tax undo	. 1	2040						
	For cal	For calendar year 2018 or other tax year beginning: <u>JUL 1, 2018</u> , and ending: <u>JUN 30, 2019</u> .								
Department of the Treasury Internal Revenue Service	▶	Open to Public Inspection for 01(c)(3) Organizations Only								
A Check.box.if address changed	}	Name of organization ( Check-box of name of	D Employer identification number (Employees' trust, see instructions.)							
B Exempt under section	Print	Lycee Francais de Chica		36-4002001						
X 501(c)(3 ()ろ	Or.	Number, street, and room or suite no. If a P.O. box	•	structions.		E Unrelated business activity code (See instructions )				
408(e)220(e)	Туре	1929 West Wilson Avenue								
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of Chicago, IL 60640-5208	900099							
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<b>&gt;</b>							
		G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a	) trust	Other trust			
JH .Enter the number of the	organiza	ation's unrelated trades or businesses. 🕨		Describe	the only (or first) ui	related				
trade or business here	<u> </u>	See Statement 1		If only one,	complete/Parts I-V.	(If more	than one,			
describe the first in the b	ilank spa	ace at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or			
business, then complete	Parts III	I-V.								
During the tax year, was	the corp	poration a subsidiary in an affiliated group or a paren	ıt-subsi	diary controlled group?	<b>&gt;</b>	Yes	s No			
		itifying number of the parent corporation.								
J The books are in care of	<u>≯ 1</u>	Mike Yager			one-number 🕨 7	- 1				
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense	В	(C) Net			
1 a Gross receipts or sal	es					ĺ				
b Less returns and allo	wances	c Balance	1c							
2 Cost of goods sold (S	Schedule	3 A, line 7)	2							
3 Gross profit Subtrac	3 Gross profit. Subtract line 2 from line 1c					_4	<u></u>			
4a Capital gain net incor	ne (attac	ch Schedule D)	4a			$\longrightarrow$				
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b							
c Capital loss deductio		* * * * * * * * * * * * * * * * * * * *	4c		/					
5 Income (loss) from a partnership or an S corporation (attach statement)										
8 Rent income (Schedu	8 Rent income (Schedule C)						<del></del> _			
7 Unrelated debt-financed income (Schedule E) 7							<del></del>			
	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8									
		on 501(c)(7), (9), or (17) organization (Schedule G)	10				<del> </del>			
•										
- ,	11 Advertising income (Schedule J)									
12 Other income (See in		· · · · · · · · ·	12	,		٠				
13 Total Combine line:			13	0.						
<del></del>		ot Taken Elsewhere (See instructions fo utions, deductions must be directly connected			income )					
(Except for	CONTINUE	unions, deductions must be directly connected	Wigit		income.	1 1				
.14 Compensation of of	ticers, di	urtions, deductions must be directly connected irectors, and trustees screening RECEIVE	n	<b></b>		14				
15 Salaries and wages		Thurst I	<del>ك</del>	ပါ		15				
16 Hepairs and maintei	nance	/		Š.		16				
17 Bad debts	. 4. 1. 1 . 1 .	AUG 0'3 20	24	0-8		17				
18 (Interest (attach scho	eaule) (S	ee instructions)		· <u>蕨</u>	•	18				
19 Taxes and licenses	one ich	Supervisions for limit ton ACDENI I	T	·	•	19 20				
		e instructions for limitation rules GDEN, U	J.I	ا الموا		20'	<del></del>			
	/	n Schedule A and elsewhere on return		21 <sup>-</sup>		22b				
, /	anned Ol	II OCHEUNE A GIO EISEMIELE OILLEUITI	•	228		1 1				
23 Depletion	forred	amparentian alone			•	23				
24 Contributions to det		•	•	•		24				
	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1									
	<i>,</i> , , , , , , , , , , , , , , , , , ,									
/	27 Excess readership costs (Schedule J)									
28 Other deductions (attach schedule)							0.			
29 Total deductions. Add Jines 14 through 28						29	0.			
Our related business taxable income before net operating loss deduction: Subtract line 29 from line 13						30				
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)						31	0.			
Unrelated business taxable income. Subtract line 31 from line 30						32	Form <b>990-T</b> (2018)			

Farm 990-T (20	Lycee Français de Chicago, Inc.	36-40	02001	Page 2
Part Ilk				
	otal of unrelated business taxable moome computed from all unrelated trades or businesses (see instructions)		383	0.
	mounts paid for disallowed fringes	, \ '	34	-
	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	K 1	35	
	otal of unrelated business taxable uncome before specific deduction. Subtract-line 35 from the sum of	(1 /	1	<del></del>
	nes 33 and 34		36	
	·	8	\$2	1,000.
	pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	0	1	1,000.
	nrelated business taxable income. Subtract line 37 from/line 36. If line 37 is greater than line 36, inter the smaller of zero or line 36		333	0.
	Tax Computation	<u> </u>	1 90	
			T # T	0.
	rganizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	
40 Tr	tusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_	-/ <u> </u> -	
	Tax rate schedule or Schedule D (Form 1041)		1 40°	
	roxy tax. See instructions		40	
	Iternative minimum tax (trusts only)		42	
	ax on Noncompliant Facility Income. See Instructions		43	
	otat. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part X	Tax and Payments		<del> </del>	· <del></del>
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1118)		-	
	ther credits (see instructions)	<del> </del>	- 4	
_	eneral business credit. Attach Form 3800		- 1	
	redit for prior year minimum tax (attach Form 8801 or 8827)	<del></del>		
e To	otal credits. Add lines 45a through 45d	•	45e	
	ubtract line 45e from line 44		48	0.
47 01	ther taxes. Check if from: 🔲 Form 4255 📗 Form 8611 🦲 Form 8697 📗 Form 8866 🦳 Other o	(attach schedule)		
48 To	otal tax. Add lines 46 and 47 (see instructions)		48	0.
49 20	D18 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49/	0.
<b>50 a</b> Pa	ayments: A 2017 overpayment credited to 2018		-} I	
, <b>b</b> 20	318 estimated tax payments		<b>-</b>	
c Ta	ax deposited with:Form 8868		_	
d Fo	preign organizations: Tax paid or withheld at source (see instructions)		1 1	
e Ba	ackup withholding (see instructions)		_	
f Ci	redit for small employer health insurance premiums (attach Form 8941)		_	
g (O	ther credits, adjustments, and payments: Form 2439		1.	
51 To	ptal payments. Add lines 50a through 50g		51	
<b>52</b> Es	stimated tax penalty (see instructions). Check if Form:2220/is attached 🕨 🔲		52	
53 Ta	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>•</b>	53	
54 0	verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	Ť	54	
55 Er	nter the amount of line 54 you want. Oredited to 2019 setimated tax	funded 📂	55	
Part VI	Statements Regarding Certain Activities and Other Information (see instru	ctions)		
56 At	t any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit	y		Yes No
0\	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	1		1
√Fii	nCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country			
he	ere ' <b>&gt;</b>			
<b>57</b> D	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		
<b>∦</b> f	"Yes," see instructions for other forms the organization may have to file.			
<b>58</b> Er	nter the amount of tax-exempt interest received or accrued during the tax year >\$			1 1 1
,	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowl	edge and belief, it is t	rue,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		14	
Here	17-15-201 CFO		May the IRS discuss t the preparer shown be	
•	Signature of officer Date Title		instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	<del></del>
Paid		self- employed	i	
	Rebekuh Eley Rebakuh Clay 7/14/2020		P0124	7672
Prepare	The state of the s	Firm's EIN.		
Use On	1 S. Wacker Drive, Ste 800			· · · · · · · · · · · · · · · · · · ·
	Firm's address Chicago, IL 60606	Phone no.	312-634-	3400
823711 01-09				990-T (2018)

Form IL-990-T Nature of Trade or Business Statement 1

Amounts Paid for Disallowed Fringes

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