	Form	990-T	E	exempt Organization Bus	sine	ss Income T	ax Return	1	OME	B No 1545-0047		
			(and proxy tax under section 6033(e))							2040		
	For calendar year 2019 or other tax year beginning, and ending								2	2019		
•	Depar	tment of the Treasury		► Go to www.irs.gov/Form990T for in	structi	ons and the latest inform	ation.	_				
		al Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						501(c)(3	o Public Inspection fo B) Organizations Only		
	A	Check box if		Name of organization (Check box if name of	hanged	d and see instructions.)			oloyer ide	ntification number trust, see		
		address changed							ructions)			
	B E	xempt under section	Print	Chicago Public Educati	on l	Fund			36-4	279013		
	X]501(c [/) 3)	or	Number, street, and room or suite no. If a P.O. box	x, see II	nstructions.			elated bus	siness activity code ons)		
		408(e) 220(e)	Туре	200 West Adams, No. 21	<u>50</u>			1		·		
]408A [530(a)		City or town, state or province, country, and ZIP o		n postal code		ı				
	529(a) Chicago, IL 60606-5230 90											
	C Book value of all assets at end of year F Group exemption number (See instructions.)											
		, <u>,</u>		G Check organization type ► X 501(c) corp	poratio	n 501(c) trust	401(a) trust		Other trust		
	H En	ter the number of the o	organiza	tion's unrelated trades or businesses. 🕨		Describe	the only (or first) ur	relate	d			
	trade or business here See Statement 1 . If only one, complete Parts I-V. If me											
	des	scribe the first in the bl	ank spa	ce at the end of the previous sentence, complete Pa	rts I an	nd II, complete a Schedule	M for each addition	al trad	e or			
	bus	siness, then complete I	Parts III-	-V								
	I Du	ring the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶ [Y	′es [X No		
				ifying number of the parent corporation.								
				leather Y. Anichini		Teleph	one number 🕨 3	12-	<u>-558</u>	-4500		
	Pa	rt I Unrelated	Trac	le or Business Income		(A) Income	(B) Expenses	3	Щ	(C) Net		
	1 a	Gross receipts or sale	S									
	b	Less returns and allov	vances	c Balance	1c				<u> </u>			
	2	Cost of goods sold (S	chedule	A, line 7)	2							
	3	Gross profit. Subtract	lıne 2 fr	om line 1c	3				↓			
	4 a	Capital gain net incom	e (attacl	h Schedule D)	4a	,			↓			
	b	Net gain (loss) (Form	4797, Pa	art II, line 17) (attach Form 4797)	4b				<u> </u>			
	C	Capital loss deduction	for trus	ts	4c				↓			
	5	Income (loss) from a	partners	hip or an S corporation (attach statement)	5				↓			
S	6	Rent income (Schedul	e C)		6				Ц_			
SCANNED	7	Unrelated debt-finance	ed incom	ne (Schedule E)	7				Ц.			
Ž	8	Interest, annuities, roy	alties, ar	nd rents from a controlled organization (Schedule F)	8			_	<u> </u>			
Z	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9							
	10	Exploited exempt activ	ity incol	me (Schedule I)	10				Ь_			
S (11	Advertising income (S	chedule	J) .	11				<u> </u>			
7	12	Other income (See ins	truction	s; attach schedule)	12				<u> </u>			
<u>-</u> U		Total. Combine lines			13	0.			丄			
0 8	Pa	السمميينيين		t Taken Elsewhere (See instructions for								
		(Deductions	must b	e directly connected with the unrelated busin	ess in	come.)						
2020	14	Compensation of offi	cers, dır	ectors, and trustees (Schedule K)				14	↓	·		
0	15	Salaries and wages		. / \				15	<u> </u>			
	16	Repairs and mainten	ance		i CE			16	↓			
	17	Bad debts			, '```	_		17	↓	<u> </u>		
	18	Interest (attach sched	dule) (se	62) Schedule A and elsewhere on return				18	<u> </u>			
	19	Taxes and licenses		() "All	19	ـــــ						
	20	Depreciation (attach)	Form 45	(62)	رو 8	20		 				
R	21	Less depreciation cla	ımed on	Schedule A and elsewhere on return	102	2 21a		21b	↓			
87	22	Depletion		N.	` /.	87 ·		22	↓	· · · · · · · · · · · · · · · · · · ·		
Received in Betching Ogden	23	Contributions to defe	rred cor	62) Schedule A and elsewhere on return npensation plans				23	↓			
33	24	Employee benefit pro	grams		\	y		24	↓	·		
82	25	Excess exempt exper	ses (Sc	hedule 1)				25	↓			
ब्रु ञ	26	Excess readership co	sts (Sch	26	↓							
	27	Other deductions (att	ach sch	 								
AUG	28	Total deductions. Ac	ld lines	14 through 27				28	↓	0.		
ਰੰ	29	Unrelated business to	ıxable in	come before net operating loss deduction. Subtract	t line 28	8 from line 13		29	↓	0.		
د ،	30	Deduction for net ope	erating le	oss arising in tax years beginning on or after Januai	ry 1, 20)18		1	1			
3 2020		(see instructions)						30	↓	0.		
8	31	Unrelated business ta	xable in	come. Subtract line 30 from line 29			<u></u>	31	<u> </u>	0.		
-	92370	1 01-27-20 LHA Fo	r Papen	work Reduction Act Notice, see instructions.					For	m 990-T (2019		

	_	Chicago Public Educa					36-	-4279013 Page 2
Part	1117	Total Unrelated Business Taxab	ole income					· · · · · · · · · · · · · · · · · · ·
32	Total of	unrelated business taxable income computed	from all unrelated trades or bu	usinesses (s	see instructions)		32	0.
33	Amoun	ts paid for disallowed fringes					33	
34	Charita	ble contributions (see instructions for limitation	n rules)				34	0.
35	Total ur	nrelated business taxable income before pre-20	18 NOLs and specific deduction	n Subtract	line 34 from the sum o	f lines 32 and 33	35	
36		on for net operating loss arising in tax years be	•			,	36	
		unrelated business taxable income before spe	•	•	•		37	
		deduction (Generally \$1,000, but see line 38 i			55		38	1,000.
				41 1	- 07		30	1,0001
		ed business taxable income. Subtract line 38	o from lifte 37 it lifte 30 is grea	iter than ini	e 37,			0
		e smaller of zero or line 37 Tax Computation					39	0.
							T I	
	-	ations Taxable as Corporations. Multiply line					40	0.
41	Trusts	Faxable at Trust Rates. See instructions for ta		the amoun	t on line 39 from.		*****	
	Ta	ax rate schedule or Schedule D (Form	1041)			>	41	
42	Proxy to	x See instructions				>	42	
43	Alternat	ive minimum tax (trusts only)					43	
44	Tax on	Noncompliant Facility Income. See instruction	ns				44	
45	Total A	add lines 42, 43, and 44 to line 40 or 41, which	ever applies				45	0.
Part		Tax and Payments			, ,			
		tax credit (corporations attach Form 1118; tru	sts attach Form 1116)		46a	-	,	
	•	redits (see instructions)			46b		1	
		business credit. Attach Form 3800			46c		1	
			s= 0007\				Ħ. I	
		or prior year minimum tax (attach Form 8801 o	31 0021)		46d		40-	
		edits. Add lines 46a through 46d					46e	
		t line 46e from line 45					47	0.
48	Other to	ixes. Check if from: Form 4255	Form 8611 Form 8697	Form	1 8866 Other	(attach schedule)	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)					49	0.
50	2019 ne	et 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k),	line 3			50	0.
51 a	Paymer	its: A 2018 overpayment credited to 2019			51a		」 Ⅰ	
Ь	2019 es	stimated tax payments			51b	2,600.	.]	
С	Tax dep	osited with Form 8868			51c			
	•	organizations. Tax paid or withheld at source	(see instructions)		51d		7,	
	•	withholding (see instructions)	, 000,		51e		վ, ∣	
-		or small employer health insurance premiums	(attach Form 8041)		51f		7 1	
		· · · · · · · · · · · · · · · · · · ·	rm 2439		 • 		7 I	
y			her	Total	▶ 51g			
				TUIAI	[31 <u>9</u>]			2,600.
	•	syments. Add lines 51a through 51g		7			52	2,000.
		ed tax penalty (see instructions). Check if Form		J		_	53	
		e. If line 52 is less than the total of lines 49, 50				P	54	2 (00
		yment. If line 52 is larger than the total of lines		toverpaid		•	55	2,600.
		e amount of line 55 you want: Credited to 202				efunded 🕨	56	2,600.
Part	<u>VI, </u>	Statements Regarding Certain	Activities and Other	Informa	tion (see instru	ictions)		
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in o	r a signatur	e or other authority			Yes No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the	organizatio	on may have to file			{
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the	name of th	e foreign country			أحساسا
	here	•						X
		the tax year, did the organization receive a dist	ribution from or was it the ora	antor of, or	transferor to, a fore	ion trust?		<u></u>
	-	see instructions for other forms the organizati				· .		
		is amount of tax-exempt interest received or ac	•	\$				
59		nder penalties of perjury, I declare that I have examined			d statements, and to th	e best of my knowle	edge and b	elief, it is true,
Sign	60	rrect and complete Declaration of preparer (other than	taxpayer) is based on all information	of which pre	parer has any knowled	je		
Here		V. H. 10.	1 4 20 2020 1	D	dont c OI	,		discuss this return with
11010		Crossburg of office	14.20.2020 Date	Presi	dent & Cr	<u></u>		shown below (see
		Signature of officer		IIIE	Υ			Yes No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN	N
Paid	l		Rebatuh Elen			self- employed		-464555
	arer	Rebekuh Eley	main all		4/10/20			01247672
-	Only	Firm's name ► RSM US LLP		·		Firm's EIN	4:	2-0714 <u>325</u>
- 30	~····y		r Drive, Ste	300				
		Firm's address ► Chicago, I				Phone no	<u> 312-</u> 6	534-3400
923711 (01-27-20							Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	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	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs				line 2					
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		<u> </u>	es No
Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?		<u> </u>		l_	
Schedule C - Rent Income (see instructions)	(From Real I	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)						· · · · · · · · · · · · · · · · · · ·			
(2)									
(3)									
(4)									
	2. Rent receive	d or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connec nd 2(b) (a	ted with the incon attach schedule)	ne in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		er		_	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)			- -		
			2	. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach sched	
(1)	- <u></u>		 				+		
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable dec column 6 x total c 3(a) and 3(f columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
			-			inter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu	
Totals				▶		0	.		0.
Total dividends-received deductions	nchided in column	Я		- 1			\top		0

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Schedule F - Interest,	·			Controlled O					struction		
Name of controlled organization		2. Employer identification number	3. Net unr (loss) (see	elated income e instructions)	4. Tot payr	ments made Includ		Part of column 4 that is ncluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)										 -	
(4)											
Nonexempt Controlled Organ	uzations				L		<u> </u>				
7 Taxable Income		ted income (loss)	O Total	of specified payr	ecete .	10. Part of colur	O that w	a included	44 Do	duations disastly consisted	
7. Taxable income		structions)	9. 10tal	made	nents	in the controlls	ng organiz s income	ation's		ductions directly connected income in column 10	
_(1)											
(2)											
(3)			T .								
(4)	<u> </u>										
						Add colum Enter here and line 8, c		, Part I,		id columns 6 and 11 ere and on page 1, Pert I, line 8, column (B)	
Totals						. <u> </u>		0.		0.	
Schedule G - Investme (see ins	ent Income tructions)	of a Section	on 501(c)(7 	'), (9), or (17) Org ——-	anization					
1. Des	cription of income			2. Amount of	ıncome	 Deduction directly connected (attach sched) 	cted	4. Set-		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and o Part I, line 9, co				-		Enter here and on page 1, Part I, line 9, column (B)	
Totals			>		0.					0.	
Schedule I - Exploited (see instr	-	tivity Inco	me, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2. Gross unrelated busi income froi trade or busin	ness direc	Expenses city connected h production fundated incess income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 3) If a cots 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6 . Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										<u> </u>	
(2)	<u> </u>				I						
(3)					I		I				
(4)											
Totals	Enter here and page 1, Part line 10, col (il, pa	er here and on age 1, Part I, a 10, col. (B)							Enter here and on page 1, Part II, line 25	
Schedule J - Advertisi	ing Income										
Part I Income From	Periodicals	Reported	on a Cons	solidated	Basis						
1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus un, compute	5. Circulat income		6. Reade	ership s	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				-			\dashv				
(2)	 			-		 	- 				
(4)				-			$\overline{}$				
				\top		—	$\neg \uparrow$				
Totals (carry to Part II, line (5))	<u> </u>	0.	0	•1	 	<u> </u>	L		·	0. Form 990-T (2019	

Part II	Income From	Periodicals	Reported on a	Separate Basis	(For each periodical	listed in Part II, fi	ll in
	columns 2 through	h 7 on a line-by-li	ne basis.)				

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	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, Ine 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.

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Form 990-T	Description of Organization's Primary Unrelated	Statement 1
	Business Activity	
	•	

Amounts Paid for Disallowed Fringes

To Form 990-T, Page 1