Form 990

Department of the Treasury Internal Revenue Service

COPY FOR PUBLIC DISCLOSURE

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

AF	or th	e 2017 calendar year, or tax year beginning and	ending					
B c	Check if pplicab	e: C Name of organization		D Employer identification number				
	Addre	CHICAGO PUBLIC LIBRARY FOUNDATION						
	Name			36-3	480353			
	Initial		Room/suite	E Telephone number				
	Final		520		201-9830			
L	⊥returr termii ated			G Gross receipts \$	18,701,203.			
	Amer	ded CHICACO II 60602		H(a) Is this a group re				
	_Appli tion				? Yes X No			
L	pendi	^{ng} 20 NORTH MICHIGAN AVE. STE 520, CHICAGO	. IL	H(b) Are all subordinates in				
1 1	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c			list. (see instructions)			
		te: ► WWW.CPLFOUNDATION.ORG		H(c) Group exemption	,			
		f organization: X Corporation Trust Association Other ►	I Year		State of legal domicile: IL			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ENRIC	CHING	RESOURCES, 7	TECHNOLOGY			
ce	·	AND PROGRAMS AT CHICAGO PUBLIC LIBRARY'S						
nan	2	Check this box if the organization discontinued its operations or dispos			ets.			
ver	3			3	49			
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			48			
کە د	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			10			
itie	6	Total number of volunteers (estimate if necessary)			66			
Activities & Governance	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ř		Net unrelated business taxable income from Form 990-T, line 34			0.			
		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		4,906,768.	5,830,661.			
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		538,374.	2,078,384.			
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-197,897.	-277,854.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,247,245.	7,631,191.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		991,798.	1,089,615.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line 25) 1,028,19	95.					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,365,617.	7,502,292.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,357,415.	8,591,907.			
	19	Revenue less expenses. Subtract line 18 from line 12		-2,110,170.	-960,716.			
OC				ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		31,549,737.	32,622,875.			
AS	21	Total liabilities (Part X, line 26)		357,987.	281,208.			
-Inter	22	Net assets or fund balances. Subtract line 21 from line 20		31,191,750.	32,341,667.			
Pa	art II	Signature Block						
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of my	knowledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT WISLOW, CHAIRMAN Type or print name and title	N, BOARD OF DIRECTORS	Date				
Paid	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Preparer	Firm's name		Firm's EIN 🕨				
Use Only	Firm's address 🕨						
			Phone no.				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.

		36-3480353 i	Page 2
Pai	t III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SUPPORTS COLLECTION DEVELOPMENT, PROGRAMS AND TECHNOLOGY THAT CONNECT LIBRARY USERS TO THEIR COMMUNITY AND TO THE ENSURES THAT ALL CHICAGOANS HAVE THE FREEDOM TO READ, TO	WORLD AND	
	DISCOVER AT THE CHICAGO PUBLIC LIBRARY.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes 🗋	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes 🖸	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.		
4a)
	HELP CHILDREN BUILD ACADEMIC SUCCESS AND A LOVE OF READIN SUMMER LEARNING CHALLENGE, TEEN LEARNING, EARLY LITERACY,		
	CONNECTIONS AND TEACHERS IN THE LIBRARY.	SCIENCE	
4b	(Code:) (Expenses \$1,496,355. including grants of \$) (Revenue)
	PROVIDE FUNDING FOR PUBLIC ACCESS TO INFORMATION RESOURCE		
	TECHNOLOGY, INCLUDING CYBERNAVIGATORS, AS WELL AS INITIAT KEEP THE CHICAGO PUBLIC LIBRARY RELEVANT TO THE LIVES OF		
	CHICAGOANS.		
4c	(Code:) (Expenses \$ 854,425. including grants of \$) (Revenue)
		SCUSS	
	BOOKS AND IDEAS THROUGH PROGRAMS SUCH AS ONE BOOK, ONE CH	ICAGO.	
_			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 7,006,600.) /00 := :
73000) 11 00 17	Form 990	• (2017)
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Form 9	an (21	017)

Pa	t IV Checklist of Required Schedules			U
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
-	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	L		
10	endowments, or quasi-endowments? If "Yes, " complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120		12a	х	
h	Schedule D, Parts XI and XII	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		_ <u></u>
U,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ <u></u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_ <u></u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ <u></u>
.,		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10		18	х	
19	1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes."</i>		- 23	
19		19		x
	complete Schedule G. Part III	1.0		

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<u>Form 990 (</u>					FOUNDATION
Part IV	Checklist of	Required Sche	edules _{(con}	tinued)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
Ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		<u></u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes." complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form	990 (2017) CHICAGO PUBLIC LIBRARY FOUNDATION 36-3480	353	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 63			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
		7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
		7e		x
-		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		- 23
		79 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70		
0		8		
0		0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		
b 10		30		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
-	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b 11	Section 501(c)(12) organizations. Enter:			
11				
a h	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against I			
D				
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
d	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O.			
u	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
~				
	Enter the amount of reserves on hand	140		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
0	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	000	

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Form 990	(2017)
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CHICAGO PUBLIC LIBRARY FOUNDATION

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

	Check if Schedule O contains a response or note to any line in this Part VI						Χ
ec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		49			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		48			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		L	5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-	. 8	Ba	Х	
b	Each committee with authority to act on behalf of the governing body?				3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			Π			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-						
		venue	0000./			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			- [1	0a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			F	04		
~		•	, anniacoo,	4	0b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing body			···· –	1a	Х	
ia h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi			Ia		
0					2a	Х	
2a				··· ⊢	za 2b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			… ⊢	20	Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			•	х	
~	in Schedule O how this was done			·· ⊢	2c	X	
3	Did the organization have a written whistleblower policy?			··· ⊢	13	X	
4	Did the organization have a written document retention and destruction policy?			F	14	<u> </u>	
5	Did the process for determining compensation of the following persons include a review and approval		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
а	The organization's CEO, Executive Director, or top management official				5a	X	
b	Other officers or key employees of the organization			1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?			🔟	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	'S				
	exempt status with respect to such arrangements?			1	6b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{IL}$						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501(c)(3)s onl	y) avail	able)	
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain		,				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of	interest policy,	and fin	anci	al	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records: 🕨 _				
-	BETH ZACHARA - 312.201.9830						
-							
_	20 N. MICHIGAN AVE., SUITE 520, CHICAGO, IL 60602					990	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A)	(B)	l		((<u></u>	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	ı an	compensation	compensation	amount of
	(list any					17443		from the	from related organizations	other compensation
	hours for	Individual trustee or director				Ð		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensate		(W-2/1099-MISC)		organization
	organizations	ll trus	nal tri		loyee	om pe				and related
	below	ividua	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TRISHA ROONEY	line)	Inc	lns	0ff	Ke	.∃ E	For			
VICE CHAIR	1.00	x		x				0.	0.	0.
(2) JOHN L. BRENNAN	1.00	~		^				0.	0.	0.
LIFE DIRECTOR	1.00	x						0.	0.	0.
(3) MARCY R. CARLIN	1.00								0.	
DIRECTOR	1.00	х						0.	0.	0.
(4) MICHELLE L. COLLINS	2.00									
VICE CHAIR		х		х				0.	0.	0.
(5) JAMES R. DONNELLEY	5.00							-		
PAST CHAIRMAN		x		х				0.	0.	0.
(6) PAUL H. DYKSTRA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LINDA FILLER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) DAVID F. HEROY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) LESLIE S. HINDMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) DONNA LAPIETRA	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CHERYL MAYBERRY MCKISSACK	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(12) CINDY PRITZKER	1.00			77					0	
CHAIRMAN EMERITUS (13) JOHN RAU	1 00	Х		Х				0.	0.	0.
LIFE DIRECTOR	1.00	x						0.	0.	0
(14) A. KELLY RYAN	1.00	^						U •	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) BRUCE SAGAN	1.00								0.	0.
SECRETARY	1.00	x		x				0.	0.	0.
(16) RODD SCHREIBER	1.00				-			· · ·		J
DIRECTOR		x						0.	0.	0.
(17) CHARLIE A. SCHROCK	1.00	- -								<u>3</u> ,
LIFE DIRECTOR		х						0.	0.	0.
732007 11-28-17			•	•						Form 990 (2017)

732007 11-28-17

Form 990 (2017)

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Form 990 (2017) CHICAGO	UBLIC L	ιIB	RA	RY	F	טט	NE	DATION	36-348	0353	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			itior more	۱ than c	one	Reportable	Reportable	E	stimate	d
	hours per	box	, unles	s per	rson i	s both pr/trus	an	compensation	compensation	a	mount c	of
	week		Jer and	uau	recio	n/trus	lee)	from	from related		other	
	(list any	recto						the	organizations		npensat	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)		from the	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC)			ganizati nd relate	
	below	ual tr	tional		ploye	t con	_				ganizatio	
	line)	ndividual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				janizatio	/10
(18) MAUREEN DWYER SMITH	1.00	_		0	×	1 0						
LIFE DIRECTOR		х						0.	0			Ο.
(19) LINDA J. STEPHANS	1.00											
DIRECTOR		х						0.	0			Ο.
(20) DIA S. WEIL	1.00											
LIFE DIRECTOR		х						0.	0			Ο.
(21) ROBERT A. WISLOW	5.00									-		
CHAIRMAN		х		Х				0.	0			0.
(22) LESLIE S. DOUGLASS	1.00											
LIFE DIRECTOR		х						0.	0			Ο.
(23) JAMES F. FELDSTEIN	1.00								•			
LIFE DIRECTOR		х						0.	0			0.
(24) MARSHALL FIELD	1.00								•			
LIFE DIRECTOR	1.00	х						0.	0			0.
(25) STANLEY M. FREEHLING	1.00								•	•		••
LIFE DIRECTOR	1.00	х						0.	0			0.
(26) J. IRA HARRIS	1.00								•	•		••
LIFE DIRECTOR	1.00	x						0.	0			0.
								0.	0			0.
1b Sub-total c Total from continuation sheets to Part VI								216,320.	0		37,21	
d Total (add lines 1b and 1c)								216,320.	0	_	37,21	
2 Total number of individuals (including but n										•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ / •
compensation from the organization		030	IISLEG	Jac	000	<i>y</i> wii	010					1
											Yes	No
3 Did the organization list any former officer,	director or tri	istor	a ka	v en	onlo		orl	highest compensated er	nnlovee on			
										3		х
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	•							•		5		Х
Section B. Independent Contractors	<u>piete Scheaule</u>	<u> </u>	or su	<u>cn </u>	bers	on .					<u> </u>	- 21
1 Complete this table for your five highest co	mpensated ind	ene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of compension	sation f	rom	
the organization. Report compensation for t	•	•							•	Jacion	om	
(A)	ine culonidui ye			<u>g</u>				(B)		((C)	
Name and business	address	NC	ONE	1				Description of s	ervices		ensatior	ı
							_					
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	to	thos		ted	above) who received mo	ore than			

9	\$100,000) of compe	ensation fr	rom the organiza	ition	▶ 0	
	SEE	PART	VII,	SECTION	Α	CONTINUATION	SHEETS
2008	11-28-17						

	Trustees, Key Er	nplo	yee			lighe	est (Compensated Employe	· /	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	, .			ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all ·	that	app	ly)	compensation	compensation	amount of
	per week					е		from the	from related organizations	other compensatior
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)		organization
	related	tee or	ustee			ensate		(and related
	organizations	I trus	nal tri		loyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	pul	lns	0ff	Ke	Hiç	For			
(27) FRANK A. ROSSI LIFE DIRECTOR	1.00	x						0.	0.	0
(28) ELLA D. STRUBEL	1.00	^						0.	0.	0
LIFE DIRECTOR	1.00	х						0.	0.	0
(29) AUDREY BABLES TUGGLE	1.00									
LIFE DIRECTOR		x						0.	0.	0
(30) RHONA FRAZIN	40.00	- <u>-</u>								
PRESIDENT AND CEO		х		x				216,320.	0.	37,217
(31) THOMAS M CARROLL	1.00									,
SECRETARY		х		х				0.	Ο.	0
(32) DAVID R. CASPER	2.00									
VICE CHAIR		Х		Х				0.	0.	0
(33) DAVID A. DOHNALEK	1.00									
DIRECTOR		Х						0.	0.	0
(34) SUREN GUPTA	1.00									
DIRECTOR	1.00	Х						0.	0.	0
(35) LINDA JOHNSON RICE	1.00								•	
DIRECTOR	1 00	Х						0.	0.	0
(36) SHEILA OWENS	1.00	x						0.	0.	0
DIRECTOR (37) JODI BLOCK	1.00	^						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(38) CARLETTE MCMULLAN	1.00	^						0.	0.	0
DIRECTOR	1.00	x						0.	0.	0
(39) DINA YAGHMAI PAYVAR	1.00							0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(40) WENDY BERGER	1.00									
DIRECTOR		x						0.	0.	C
(41) MICHAEL FASSNACHT	1.00								•••	
DIRECTOR		x						0.	0.	0
(42) GRAHAM C. GRADY	1.00									
DIRECTOR		х						0.	Ο.	0
(43) JACQUELINE GRIESDORN	1.00									
DIRECTOR		х						0.	0.	0
(44) CHRISTINE HOLMES	1.00									
DIRECTOR		Х		х				0.	0.	0
(45) JOSE MARTINEZ	1.00									
REASURER		Х						0.	0.	C
46) MARY LEE SCHNEIDER	1.00									
DIRECTOR		х			1			0.	0.	0

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hours (check all that apply) compensation compensation per from from related other week (list any by the organizations) (W-2/1099-MISC) from the hours for related by the organization (W-2/1099-MISC) organization related by the organization (W-2/1099-MISC) organization organization) organization	Part VII Section A. Officers, Directo	rs, Trustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
hours (check all that apply) per week (list ary hours for below below ime) (check all that apply) importance (V2/1099-MISC) compensation form the organizations (V2/1099-MISC) and (V2/1099-MISC) and (V2/1099-MIS										, ,	(F)
per (list any related organization below line) rom related organization (W-2/1099-MISC) rom related organization (W-2/1099-MISC) other organization (W-2/1099-MISC) other organization (W-2/1099-MISC) (47) MARCUS WEDNER 1.00 X 0 0. 0. (47) MARCUS WEDNER 1.00 X 0. 0. 0. (48) JAMES LAWRY 1.00 X 0. 0. 0. LIPE DIRECTOR X 0. 0. 0. 0. C(50) MONTOPE DEMERY 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. C(50) MONTOPE DEMERY 1.000 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. C(50) DEMARSE 1.000 X	Name and title	, v	(-)		•	Estimated
week (bits ary bours for bolow			(CI	neck T		that	app I	iy)			
(iii ary hours for melated organization organiz							ee				compensation
(47) MARCUS WEDNER 1.00 X 0.0.0. DIRECTOR X 0.0.0. (48) JARES LAWRY 1.00 X 0.0.0. LIPE DIRECTOR X 0.0.0. 0. (49) JAND KENZER 1.00 X 0.0.0. DIRECTOR X 0.0.0. 0. (49) JAND KENZER 1.00 X 0.0.0. DIRECTOR X 0.0.0. 0. OIRECTOR X 0.0.0. 0. DIRECTOR X 0.0.0. 0. <			ctor				nploy			•	from the
(47) MARCUS WEDNER 1.00 X 0.0.0. DIRECTOR X 0.0.0. (48) JARES LAWRY 1.00 X 0.0.0. LIPE DIRECTOR X 0.0.0. 0. (49) JAND KENZER 1.00 X 0.0.0. DIRECTOR X 0.0.0. 0. (49) JAND KENZER 1.00 X 0.0.0. DIRECTOR X 0.0.0. 0. OIRECTOR X 0.0.0. 0. DIRECTOR X 0.0.0. 0. <		hours for	or dire				ted er		(W-2/1099-MISC)		organization
(47) MARCUS WEDNER 1.00 x 0.0.0. DIRECTOR x 0.0.0. (48) JARES LARRY 1.00 x 0.0.0. LIFE DIRECTOR x 0.0.0. 0. (49) JAND KENZER 1.00 x 0.0.0. DIRECTOR x 0.0.0. 0. (49) JAND KENZER 1.00 x 0.0.0. DIRECTOR x 0.0.0. 0. (51) DERDRE DRAKE 1.00 x 0.0.0. DIRECTOR x 0.0.0. 0. ORECTOR x 0.0.0. 0. DIRECTOR x 0.0.0. 0. DIRECTOR x 0.0.0. 0. DIRECTOR x 0.0.0. 0. DIRECTOR x 0.0.0. 0. C53) ESTHER CHOY 1.00 x 0.0.0. 0. DIRECTOR x 0.0.0. 0. 0. 0. C55) JENNIFER FRIEDES 1.00 x 0.0.0. 0. 0. DIRECTOR x 0.0.0. <t< td=""><td></td><td></td><td>istee o</td><td>truste</td><td></td><td>e</td><td>pensa</td><td></td><td></td><td></td><td>and related</td></t<>			istee o	truste		e	pensa				and related
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(47) MARCUS WEDNER 1.00 x 0. 0. DIRECTOR x 0. 0. 0. (48) JARES LAWRY 1.00 x 0. 0. 0. LIFE DIRECTOR x 0. 0. 0. 0. (49) JAVID KENZER 1.00 x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. DIRECTOR x 0.			ndivid	nstitut	Officer	(ey em	Highes	ormer-			
(48) JAMES LAWRY 1.00 X 0. 0. LIFE DIRECTOR 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (51) DEIRORE DRAKE 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (55) JENNIFER FRIEDES 1.00 X 0. 0.	(47) MARCUS WEDNER	,	-	-	-	_	-	_			
LIFE DIRECTOR X 0. 0. (49) DAVID RENZER 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (50) MONIQUE DEMERY 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (53) ESTHER CHOY 1.00 X 0. 0. DIRECTOR X 0. 0. 0. DIRECTOR X 0. 0. 0. DIRECTOR X 0. 0. 0. C(51) DERINTER FRIEDES 1.00 X 0. 0. DIRECTOR X 0. 0. 0. C(57	DIRECTOR		х						0.	0.	0.
(49) DAVID KENZER 1.00 x 0. 0. DIRECTOR x 0. 0. 0. 0. DIRECTOR 1.00 x 0. 0. 0. DIRECTOR x 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. DIRECTOR x 0. 0. 0. 0. 0. 0. DIRECTOR x 0.	(48) JAMES LAWRY	1.00									
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(51) DEIRDRE DRAKE 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (52) ROCCO DEGRASSE 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (53) ESTHER CHOY 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (54) KATHLEEN BOEGE 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (55) JENNIFER FRIEDES 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (56) FRANCIA HARRINGTON 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (57) ADAM HOEFLICH 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (58) DELU JACKSON 1.00 X 0. 0. DIRECTOR X 0. 0. 0. (61) MICHELLE RINDT 1.00 X 0. <t< td=""><td></td><td>1.00</td><td>v</td><td></td><td></td><td></td><td></td><td></td><td>_</td><td>0</td><td>0.</td></t<>		1.00	v						_	0	0.
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(65) SONDRA EPSTEIN 1.00	(64) MICHAEL WILSON	1.00									
	DIRECTOR		Х						0.	0.	0.
LIFE DIRECTOR X 0. 0.		1.00							_		_
	LIFE DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c			I	1	1		I	I			37,217.

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				C LIBRARY	FOUNDATIO	ON	36-3480	353 Page 9
Par	't VII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response o	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
¶ Du G	с	Fundraising events	1c	1,895,465.				
ar /	d	Related organizations	1d					
s, (imil	е	Government grants (contribut	ions) 1e					
rion S	f	All other contributions, gifts, gran	nts, and					
the		similar amounts not included abo	ve 1f	3,935,196.				
d t	g	Noncash contributions included in lines	1a-1f: \$					
ဂ္ဂ ဗ	h	Total. Add lines 1a-1f			5,830,661.			
				Business Code				
e	2 a							
ervi	b							
en C	С							
Program Service Revenue	d							
<u></u>	е							
ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			710,159.			710,159
	4	Income from investment of ta		· –				
	5	Royalties						
	_		(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	· · · · · · · · · · · · · · · · · · ·						
	c	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	12,042,299.					
	D	Less: cost or other basis	10,674,074.					
		and sales expenses						
		Gain or (loss)	•		1,368,225.			1,368,225.
e		Net gain or (loss) Gross income from fundraisin	g events (not		1,300,223.			1,500,225.
enu		including \$ 1,895						
Sev.		contributions reported on line	,					
erF		Part IV, line 18						
Other Revenue		Less: direct expenses		395,938.				
-		Net income or (loss) from fund		· •	-287,648.			-287,648.
	9 a	Gross income from gaming ad						
	-	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gar						
	iu a	Gross sales of inventory, less						
	L	and allowances						
		Less: cost of goods sold						
ŀ	C	Net income or (loss) from sale						
ŀ	11 ~	Miscellaneous Revenu MISCELLANEOUS INCOME		Business Code 900099	9,794.			9,794.
					5,,54.			<u> </u>
	b c			+				
	d	All other revenue						
		Total. Add lines 11a-11d			9,794.			
	12	Total revenue. See instructions.			7,631,191.	0.	0.	1,800,530.
3200) 11-28			F		· · · · · ·	-	Form 990 (2017

CHICAGO PUBLIC LIBRARY FOUNDATION Part IX Statement of Functional Expenses

<u>Sect</u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		•	nplete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		l.		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	264,560.		132,280.	132,280.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	642,483.		204,175.	438,308.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	64,149. 73,575.		20,207.	<u>43,942</u> . 44,950.
9	Other employee benefits	73,575.		28,625.	44,950.
10	Payroll taxes	44,848.		13,620.	31,228.
11	Fees for services (non-employees):				
а	Management				
b	Legal	5,551.		5,551.	
с	Accounting	42,145.		42,145.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,814,097.	2,698,632.	41,781.	73,684.
12	Advertising and promotion	170,488.	77,355.		73,684. 93,133.
13	Office expenses	15,042.		3,764.	11,278.
14	Information technology	273,584.	222,588.	19,135.	31,861.
15	Royalties				
16	Occupancy	167,552.	116,815.	18,660.	32,077.
17	Travel	175,896.	138,991.	17,901.	19,004.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,095.	7,553.	25.	2,517.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10 - 10			
23	Insurance	10,569.		3,740.	6,829.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	CYBERNAVIGATORS	1,847,232.	1,847,232.		
b	TEACHERS IN THE LIBRARY	715,217.	715,217.		
c	OTHER EXPENSES	497,129.	472,292.		24,837.
d	HONORARIA	355,960.	355,960.		,
	All other expenses	401,735.	353,965.	5,503.	42,267.
25	Total functional expenses. Add lines 1 through 24e	8,591,907.	7,006,600.	557,112.	1,028,195.
26	Joint costs. Complete this line only if the organization	.,,	,,	· · · · · · · · · · · · · · · · · · ·	, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
) 11-28-17				Form 990 (2017

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Form **990** (2017)

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CHICAGO	PUBLIC	LIBRARY	FOUNDATION
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36-3480353 Page 11

		Check if Schedule O contains a response or note to any line in this Part X		<u></u> .	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	285,099.	1	735,608.
	2	Savings and temporary cash investments	328,460.	2	3,045,637.
	3	Pledges and grants receivable, net	978,683.	3	1,738,930.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	9		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	40.000
	9	Prepaid expenses and deferred charges	. 52,410.	9	40,208.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a50,148Less: accumulated depreciation10b50,148			0
				10c	0.25,457,912.
	11	Investments - publicly traded securities		11	1,581,830.
	12	Investments - other securities. See Part IV, line 11		12	1,001,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14 15	22,750.
	15 16	Other assets. See Part IV, line 11		16	32,622,875.
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses		17	281,208.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
lide		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	357,987.	26	281,208.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
es		complete lines 27 through 29, and lines 33 and 34.	1.4. 400. 000		14 000 005
anc.	27	Unrestricted net assets		27	14,939,685.
3als	28	Temporarily restricted net assets	8,116,476.	28	8,760,100.
l pu	29	Permanently restricted net assets	8,641,882.	29	8,641,882.
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here			
, or		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	32,341,667.
_	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances		33 34	32,622,875.
	94	וטנמו וומטווונופט מווע דובו מטטבנט/ועדוע טמומדונפט		34	Eorm 990 (2017)

Form 990 (2017)

Part X Balance Sheet

Form	990	(2017

	990 (2017) CHICAGO PUBLIC LIBRARY FOUNDATION	36-3	480353	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,593	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-960		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,19		
5	Net unrealized gains (losses) on investments	5	2,13	5, 8	44.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-2	5,2	<u>11.</u>
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		20.24		6 -
De	column (B))	10	32,343	L,6	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
_	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0-	х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Δ	
0.5	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•	0-		x
1-	Act and OMB Circular A-133?		<u>3a</u>		<u>^</u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, and describe any store taken to undergo such audits.		0.		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990	(2017)

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SCH	EDU	LE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of	Name of the organization Employer identification number							
	CHIC	AGO PUBLIC	LIBRARY FOUL	NDATIC	ON		3	6-3480353
Part I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	6.	
The organ	nization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatic	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative		-			i).		
4	A medical research organiz					-)(iii). Enter	the hospital's name,
	city, and state:	·						
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	· · · · · ·	-					ne general r	oublic described in
•	section 170(b)(1)(A)(vi). (C	•		on a gov	Similar		io gonorar j	
8	A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9	An agricultural research org			-	ed in coniu	unction with a	land-grant	college
J	or university or a non-land-	-			-		-	-
		grant college of agric			name, ony	, and state of	the college	
10	university: An organization that norma		than 22 1/204 of its sup	nort from (oontributio	no momborol	nin faca an	d grace receipte from
	activities related to its exen							•
	income and unrelated busin		(less section 511 tax) in	om busines	sses acqui	red by the org	janization a	atter June 30, 1975.
	See section 509(a)(2). (Co	•	and the stand for the little second	(0(-)(4)		
	An organization organized a	•		•				
12	An organization organized a	-	-	-			•	
	more publicly supported or	-						Check the box in
_	lines 12a through 12d that	• •					-	
a	Type I. A supporting orga		-	• • • •	-			
	the supported organization			i majority c	of the direc	tors or truste	es of the su	ipporting
_	organization. You must o							
b 🗌	Type II. A supporting org	-				-		•
	control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c 🗋	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	ly integrate	ed with,
_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppo	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	/eness
	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
e	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
	vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o		(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								
	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	732021 10-	06-17 Sche	dule A (For	m 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 CHICAGO PUBLIC LIBRARY FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6667455.	4822884.	7466454.	4931768.	5830661.	29719222.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6667455.	4822884.	7466454.	4931768.	5830661.	29719222.
5	•						
·	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5912592.
6	••••••						23806630.
	Public support. Subtract line 5 from line 4.						23000030.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	6667455.	4822884.	7466454.	4931768.		29719222.
	Gross income from interest,	00074333	10220011	/1001510	49517000	30300011	
0							
	dividends, payments received on						
	securities loans, rents, royalties,	364,759.	502 022	536,638.	538,374.	710,159.	2653852.
	and income from similar sources	504,759.	503,922.	550,050.	556,574.	110,159.	2055052.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	104 000	~~ ~~ -	100 150	=1 000	110 004	400 605
	assets (Explain in Part VI.)	104,306.	93,807.	102,459.	71,029.	118,084.	489,685.
11	Total support. Add lines 7 through 10						32862759.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	ı 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi	o here c Support Per					
	Public support percentage for 2017 (I			olumn (f)		14	72.44 %
		,	•			14	=
	Public support percentage from 2016 33 1/3% support test - 2017. If the o						
108							N V
Ŀ	stop here. The organization qualifies		U U		line 15 in 00 1/00/		
ŭ	33 1/3% support test - 2016. If the c						
47	and stop here. The organization qual				10 10		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-		• • • •	-		
b	10% -facts-and-circumstances test	•				•	
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990) or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 CHICAGO PUBLIC LIBRARY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			-	-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 (Gifts, grants, contributions, and						
1	membership fees received. (Do not						
i	nclude any "unusual grants.")						
1 1 2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or bus-						
i	ness under section 513						
4	Fax revenues levied for the organ-						
	zation's benefit and either paid to						
(or expended on its behalf						
5	The value of services or facilities						
1	urnished by a governmental unit to						
1	he organization without charge						
6	Total. Add lines 1 through 5						
7a /	Amounts included on lines 1, 2, and						
;	3 received from disqualified persons						
f	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					1	1
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
(Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
i	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
(Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here tion C. Computation of Publi						>
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	%
	tion D. Computation of Invest					1.01	70
	nvestment income percentage for 20			ine 13. column (f))		17	%
	nvestment income percentage from					18	%
	33 1/3% support tests - 2017. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2016. If the	-	-		• •		and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	Private foundation. If the organization			-	. ,	•	
	10-06-17						0 or 990-EZ) 2017
			17	7			

Schedule A (Form 990 or 990-EZ) 2017 CHICAGO PUBLIC LIBRARY FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

1

2

3a

3b

Yes No

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Schedule A (Form 990 or 990-EZ) 2017 CHICAGO PUBLIC LIBRARY FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>a</u> :		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2017

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	(Form 990 or 990-EZ) 20 ⁻ Type III Non-Func			
ļ		contaily intogr	<u>atea eee(a)</u>	ng ergamzadene

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.)	See instructions.	All
other Type III non-functionally integrated supporting organizations must complete Sections A through E.		

Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 CHICAGO PUBLIC LIBRARY FOUNDATION

Par	I V Type III Non-Functionally integrated 509	a)(3) Supporting Orga	inizations (continued)	1
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
~				

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A	Form 990 or 990 EZ) 2017 CHICA Supplemental Information. F		LIBRARY		36-3480353 Pag	ge 8
	Part IV, Section A, lines 1, 2, 3b, 3c, 4	b, 4c, 5a, 6, 9a, 9b, 3; Part IV, Section E,	9c, 11a, 11b, a lines 1c, 2a, 2t	nd 11c; Part IV, Section 5, 3a, and 3b; Part V, li	on B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,	
700000 40 00 1	,				Schodulo A /Earm 000 at 000 EZ	2047
732028 10-06-1	, 44100 2224E 2224E	_	22		Schedule A (Form 990 or 990-EZ)	2017

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Internal Revenue Service						
Name of the organization						
CHI	~~~~					

Organization type (check one):

CHICAGO PUBLIC LIBRARY FOUNDATION

36-3480353

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Page 2

Employer identification number

36-3480353

CHICAGO PUBLIC LIBRARY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$343,962.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>475,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

Part II

Page 3

Employer identification number

CHICAGO PUBLIC LIBRARY FOUNDATION

36-3480353

(a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

723453 11-01-17

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\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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Name of org	ganization		Employer identification number
CHICAC	GO PUBLIC LIBRARY FOUND	ΑΨΤΟΝ	36-3480353
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	ributions to organizations described columns (a) through (e) and the foll s, charitable, etc., contributions of \$1,000 c	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for Illowing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
_	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
-			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

 $07541101 \ 144198 \ 33345.33345$

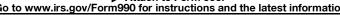
SCHEDULE D)
------------	---

Department of the Treasury

Internal Revenue Service

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36 - 3480353

Par	I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Dor			
Par			IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	d historic structure
0	Preservation of open space	ind concernation contribution in the form of a	concervation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of a	
а	day of the tax year. Total number of conservation easements		Held at the End of the Tax Year 2a
	- · · · · · · · · · · · · · · · · · · ·		
	Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year 🕨	, , , , , , ,	5
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the o	organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other	r Similar Assets
I UI	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
14	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art. historical
-	treasures, or other similar assets held for public exhibition, ec		
	relating to these items:	,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017
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Sche		PUBLIC LIE					480353		ıge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Sir	nilar Asse	ets _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a	a signific	ant use of its	s collection	items	
	(check all that apply):								
а	X Public exhibition	d	X Loan or exc	hange programs					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit o				ilar asse	ets			,
D -	to be sold to raise funds rather than to be ma						Yes	X	No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes"	on Forr	n 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•			-	N	v	No
L.	on Form 990, Part X?					l	Yes	Δ	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		Г		A.m.a.um		
•	Paginning balance				F	10	Amoun		
	Beginning balance					1c 1d			
	Additions during the year					1e			
						1f			
	Did the organization include an amount on Fo						Yes	X	No
	If "Yes," explain the arrangement in Part XIII.				•				
Par									
		(a) Current year	(b) Prior year	(c) Two years bac		hree years ba	ck (e) Four	years t	back
1a	Beginning of year balance	11,212,420.	11,321,615.	11,526,338	3.	12,090,34	9. 12	,778,0	370.
b	Contributions								
с	Net investment earnings, gains, and losses	4,189,017.	1,208,617.	1,083,783	3.	705,33	6.	522,9) 06.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,341,052.	1,317,812.	1,288,500	5.	1,269,34	7. 1	,210,6	527.
f	Administrative expenses				_				
g	End of year balance	14,060,385.	11,212,420.		5.	11,526,33	8. 12	,090,3	349.
2	Provide the estimated percentage of the curr) held as:					
	Board designated or quasi-endowment	9.00	_%						
	Permanent endowment 91.00	%							
С	Temporarily restricted endowment	%							
2-	The percentages on lines 2a, 2b, and 2c show		tion that are hold or	d administered fo	r tha are	ropization			
Ja	Are there endowment funds not in the posse	ssion of the organizat	lion that are held af	iu auministereu io	r the org	Janization	ſ	Yes	No
	by: (i) unrelated organizations						3a(i)	103	X
	(ii) related organizations								x
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the							- 1	
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line [·]	10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c) Accun	nulated	(d) Boo	k value	, ,
		basis (investm	ient) basis	(other)	depreci	ation			
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment		5	0,148.	50),148.			0.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part λ	(<u>, column (B), line 1</u>	0c.)					0.
						Sched	ule D (Forn	n 990) (2017

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	Complete if the organization answered "Yes" of				
	otion of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	l-of-year market value
	al derivatives				
	-held equity interests				
(3) Other					
(A)					
<u>(B)</u>					
(C)					
(D)					
(E)					
(F)					
(G)					
	h) must equal Form 000 Part Y col. (B) line 12.)				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.				
	Complete if the organization answered "Yes" of	n Form 990 Part IV	line 11c See Form 000	Dart V line 13	
	(a) Description of investment	(b) Book value			l-of-year market value
(1)		(10) Dook Valao			
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.		•		
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
	(a) [Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>15.)</u>		····· •	
Part X					
	Complete if the organization answered "Yes" of	on Form 990, Part IV,		n 990, Part X, line 25	
<u>1.</u>	(a) Description of liability		(b) Book value	-	
	deral income taxes			-	
(2)				-	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total (Cali		25.)			
	<i>ımn (b) must equal Form 990, Part X, col. (B) line</i> / for uncertain tax positions. In Part XIII, provide ⁻	,	te to the organization's f	inancial statements th	nat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	3) Other	
	(A)	
	(B)	
•	(C)	
•	(D)	
•	(E)	
•	(F)	
	(G)	

Part VII Investments - Other Securities.

	dule D (Form 990) 2017 CHICAGO PUBLIC LIBRARY FOU		3480353	Page 4		
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	h Revenue pe	r Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,006	<u>,072.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	2,135,84	14.		
b	Donated services and use of facilities	2b	264,24	18.		
с	Recoveries of prior year grants					
d						
е	Add lines 2a through 2d			2e	2,400	
3	Subtract line 2e from line 1			3	7,605	,980.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,23	11.		
b	Other (Describe in Part XIII.)	. 4b				
				4c	25	,211.
С	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,631	,191.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem			5		,191.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents Wi		5	n.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wi a.	th Expenses p	ber Retur		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 122	ients Wi a.	th Expenses p	ber Retur	n.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses p	5 oer Retur	n.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 	th Expenses p	5 oer Retur	n.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wi a. 2a 2b	th Expenses p	5 oer Retur	n.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2a 2b 2c	th Expenses p	5 oer Retur	n.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2a 2b 2c 2d	th Expenses p	5 per Retur	n. <u>8,856</u> 264	, <u>155.</u> ,248.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses p	<u>5</u> per Retur 1 48. 2e	n. 8,856	, <u>155.</u> ,248.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses p	<u>5</u> per Retur 1 48. 2e	n. <u>8,856</u> 264	, <u>155.</u> ,248.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wi a. 2a 2b 2c 2d	th Expenses p	<u>5</u> per Retur 1 48. 2e	n. <u>8,856</u> 264	, <u>155.</u> ,248.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d	th Expenses p	<u>5</u> per Retur 1 48. 2e	n. <u>8,856</u> 264	, <u>155.</u> ,248.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	th Expenses p	<u>5</u> per Retur 1 48. <u>2e</u> 3	n. 8,856 264 8,591	, <u>155.</u> , <u>248.</u> ,907. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses p	<u>5</u> per Retur 1 18. 2e 3	n. <u>8,856</u> 264	, <u>155.</u> , <u>248.</u> ,907. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN
EVALUATING UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES RECOGNITION
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE FOUNDATION
FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2017 AND 2016. THE
FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL
AND STATE AUTHORITIES.

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FORM 990, SCHEDULE D, PART III, LINE 1A AND LINE 4:

THE FOUNDATION HAS ADOPTED A POLICY OF CAPITALIZING COLLECTIONS AT A

732054 10-09-17

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 Part XIII Supplemental Inform	CHICAGO PUBLIC	LIBRARY FOUND	ATION 36	-3480353 Page 5
	FINANCIAL STAT	TEMENTS ALTHON	IGH THE FINANCI	ΔΤ.
STATEMENTS DO NOT DI				
	1991 AS AN UNRI		<u>'ION HAS BEEN C</u>	
AND PRESERVED. SINCE	2003 THE ARTWO	ORK HAS BEEN DI	SPLAYED, ON A	PERMANENT
LOAN, IN THE JOAN W.	AND IRVING B.	HARRIS THEATER	FOR MUSIC AND	DANCE. THE
THEATER CARRIES A \$2	MILLION INSURA	ANCE POLICY ON	THIS ARTWORK.	

SCHEDULE D, PART V, LINE 4

THE FOUNDATION ADOPTED A SPENDING POLICY DIRECTED AT MEETING CURRENT OPERATIONAL BUDGET REQUIREMENTS. THE FOUNDATION'S POLICY HAS BEEN TO EXPEND 4.5% OF A FOUR-YEAR ROLLING AVERAGE OF THE MARKET VALUE OF THE FOUNDATION'S INVESTMENTS AS OF EACH DECEMBER 31, AS AUDITED. ENDOWMENT YIELDS THAT ARE IN EXCESS OF THE SPENDING POLICY ARE RETURNED TO THE ENDOWMENT AND REINVESTED. HOWEVER, IF ENDOWMENT YIELDS ARE NOT SUFFICIENT TO SUPPORT THE SPENDING POLICY, THE BALANCE IS PROVIDED FROM REALIZED CAPITAL GAINS. THE DIFFERENCE BETWEEN THE ACTUAL YIELD ON ENDOWMENT INVESTMENTS AND THE SPENDING RATE IS REPORTED AS A NONOPERATING EXCESS OR DEFICIT.

732055 10-09-17

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities –	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on rganization entered more than \$1				r 19,	or if the	2017
Department of the Treasury Internal Revenue Service		 Attach to Form 990 Go to www.irs.gov/Form990 	or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		PUBLIC LIBRARY FO	UNDZ	ATI(ON		Employer in 36-348	dentification number 0353
Part I Fundrais	ing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-I	EZ filers are not
 Indicate whether the a X Mail solicitati b X Internet and c X Phone solicit d X In-person sol 2 a Did the organizatio key employees listed 	e organization rais ions email solicitations ations icitations n have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e X Solicita f X Solicita g X Special r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		XY	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
Total			<u></u>					
3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2017

732081 09-13-17

	G (Form 990 or 990-EZ) 2017						
Part II	Fundraising Events.	Complete if the	organization	answered "Yes"	on Form 990, Part IV, lir	ne 18, or reported more than \$15,0	000

of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			CSLA DINNER (event type)	(event type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,003,755.			2,003,755.
	2	Less: Contributions	1,895,465.			1,895,465.
	3	Gross income (line 1 minus line 2)	108,290.			108,290.
	4	Cash prizes	12,500.			12,500.
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	130,671.			130,671.
ā	•	Entortoinment				
	8	Entertainment Other direct expenses				252,767.
	9 10	Direct expense summary. Add lines 4 through		I	►	395,938.
		Net income summary. Subtract line 10 from li				-287,648.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	No	Νο	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		🗌 Yes 🗌 No
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
		-13-17			Schedule G (Ec	orm 990 or 990-EZ) 201
08	2 09	10-17				111 330 01 330-LZ/ Z0

Sch	edule G (Form 990 or 990-EZ) 2017 CHICAGO PUBLIC LIBRARY FOUNDATION 36-	348035	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Ye	s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		s 🗌 No
	retain the state gaming license?	. L Ye	S NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9. 9b.	10b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		, ,
_			00 53\ 00/5
7320	33 09-13-17 Schedule G (Form 35	11 990 or 9	90-EZ) 2017

Schedule G	(Form 990 or 990-EZ)	CHICAGO	PUBLIC	LIBRARY	FOUNDATION
Part IV	Supplemental Info	ormation (contin	und)		

Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-EZ)

732084 04-01-17

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	47	,
•		Compensated Employees		20		/
-		 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	lic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ection	
Nam	e of the organizatio		Employer	identificati	on nu	mber
		CHICAGO PUBLIC LIBRARY FOUNDATION	36-3	348035	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	ation and gross-up payments X Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			<u>6a</u>		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990) 2017

732111 10-17-17

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) RHONA FRAZIN	(i)	216,320.	0.	0.	21,632.	15,585.	253,537.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1B:

AS OF JANUARY 1, 2011, THE BOARD APPROVED A CHANGE IN THE TERMS OF

RHONA FRAZIN'S [FOUNDATION PRESIDENT & CEO], UNIVERSITY CLUB

MEMBERSHIP. SINCE THE MAJORITY OF CLUB USE IS FOR BUSINESS PURPOSES,

MONTHLY MEMBERSHIP AND RELATED ASSESSMENTS WILL BE PAID IN FULL BY THE

FOUNDATION. RHONA WILL CONTINUE TO PAY ALL NON-BUSINESS RELATED FOOD

AND OTHER CHARGES.

SCHEDULE L (Form 990 or 990-EZ)	Complete if	the o	28b, or 28c, o	wered or Forr ch to	d "Yes n 990 Form	" on F -EZ, Pa 990 or	orm 990, Part art V, line 38a Form 990-E2	t IV, or 4	line 25a, 25b, 2 40b.	6, 27,	28a,		^{AB No.} 20 pen T spect	o Put	7
Name of the organization		010 0	www.iis.gov/Fo	111990		isu uc		ale	st mornation.	Em	ployer	ident			mber
-			JBLIC LI							36	-34	803			
Part I Excess Bei	nefit Trans	actio	ons (section 50	01(c)(3), sect	ion 50 ⁻	1(c)(4), and 50	1(c)(29) organizations	s only)).				
Complete if the 1 (a) Name of disqualified			rered "Yes" on F elationship betv person and or	veen c	lisqual				Form 990-EZ, Pa			b.		Corre es	ected? No
 2 Enter the amount of ta section 4958 3 Enter the amount of ta 			-						-		► \$ ► \$				
Part II Loans to a	nd/or From	Inte	erested Pers	sons.											
Complete if the	e organization	answ	vered "Yes" on F	Form 9	90-EZ	, Part \	/, line 38a or F	orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	on	
			Part X, line 5, 6	ŕ –									arouad		
(a) Name of interested person	(b) Relation with organiz		(c) Purpose of loan	fron	an to or n the		e) Original cipal amount	(f) Balance due) In ault?	(h) Ap by bo	ard or		Vritten ement?
	inter or game				zation? From	. p				Yes	No	comm Yes	No	-	No
												100	110		
															<u> </u>
Total			- Cti 1t				> \$								
			efiting Inter												
(a) Name of interested			rered "Yes" on F b) Relationship interested pers the organiza	betwe	en		ne 27. c) Amount of assistance		(d) Type assistan			•) Purp assista		f
LHA For Paperwork Redu	lotion Act No.			Hone			or 000 F7		0.1			···· 000) 2017

732131 10-18-17

Business Transactio		n Intoractor	Doreone	FOUNDATION
	/13 11170171110	4 111110103101	1 F EI SUIIS.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person			(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
12 N. VENTURE, LLC	OWNED BY ROBERT WIS	37,249.	RENT & MAIN		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, P	ART IV	, BUSINESS	TRANSACTIONS	INVOLVING	INTERESTED	PERSONS:
----------	--------	------------	--------------	-----------	------------	----------

(A) NAME OF PERSON: 12 N. VENTURE, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY ROBERT WISLOW

(D) DESCRIPTION OF TRANSACTION: RENT & MAINTENANCE WORK ORDERS

Schedule L (Form 990 or 990-EZ) 2017

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

36-3480353

FORM 990, PART VI, SECTION A, LINE 7A:

CANDIDATES FOR MEMBERS OF THE BOARD OF DIRECTORS AND TO FILL VACANCIES ON

THE BOARD OF DIRECTORS SHALL BE NOMINATED BY THE GOVERNANCE COMMITTEE.

CHICAGO PUBLIC LIBRARY FOUNDATION

ADDITIONAL NOMINATIONS MAY BE MADE BY ANY MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF FORM 990 IS DISTRIBUTED TO EACH MEMBER OF THE BOARD OF DIRECTORS

ELECTRONICALLY BEFORE IT IS FILED. BOARD MEMBERS REVIEW AND COMMENT ON THE

RETURN. THE RETURN IS FILED AFTER REVIEW FROM THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION REQUIRES DIRECTORS AND KEY EMPLOYEES TO FILL OUT AN ANNUAL

QUESTIONNAIRE TO ENSURE THERE ARE NO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

EXECUTIVE COMPENSATION IS DETERMINED BY A COMPENSATION COMMITTEE AND

APPROVED BY THE BOARD OF DIRECTORS USING COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WILL BE PROVIDED UPON

REQUEST.

FORM 990, PART XII, LINE 2C:

THE FOUNDATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)