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Form **990**

(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.

2019
Open to Public Inspection

OMB No. 1545-0047

<u>A F</u>	or the	e 2019 calendar year, or tax year beginning	and	enaing				
B c	Check if opplicable	C Name of organization			D Employ	er identific	cation number	
	Addre		FOUNDATION					
	Name chang	e Doing business as			36-	<u>34803</u> 5	53	
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telepho	ne number	•	
	Final return	200 W. MADISON AVE., 3E	RD FL		312	-201-9	9830	
	termin ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross rece	ipts\$	6,517,0	36.
	Amen return	ded CHICAGO, IL 60606			H(a) Is this	a group re	turn	
	Application	F Name and address of principal officer: NOD.	ERT WISLOW		for sul	bordinates'	? Yes X	No
	pendi	^{ng} 200 W MADISON AV., 3RD E	L, CHICAGO, IL	6060	H(b) Are all s	ubordinates in	cluded? Yes	No
<u> 1 1</u>	ax-ex	empt status: X 501(c)(3) 501(c) ()		or 527	'_ If "No,	," attach a	list. (see instructions	s)
		te: ► WWW.CPLFOUNDATION.ORG			H(c) Group	exemption	n number 🕨	
		- g	sociation Other >	L Year	of formation:	1986 <u>n</u>	State of legal domicil	e: IL
Pa	art I	Summary						
Φ	1	Briefly describe the organization's mission or most						
Activities & Governance		FOUNDATION ACCELERATES THE						
ř	ı	Check this box if the organization discor		sed of more	than 25% of		ets.	
Š	I .	Number of voting members of the governing body						52
<u>ه</u>		Number of independent voting members of the gov						51
es	1	Total number of individuals employed in calendar y						0
Ξij	I .	Total number of volunteers (estimate if necessary)						63
Act		Total unrelated business revenue from Part VIII, col						0.
	b	Net unrelated business taxable income from Form 9	990-1, line 39					<u> </u>
		Contributions and monte (Dort VIII line 1b)			Prior Ye		3,972,8	27
ne	l				4,005	0.	3,312,0	0.
Revenue	l		and 7d\		7/1	,277.	875,0	
Be		Investment income (Part VIII, column (A), lines 3, 4, Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				,098.	-253,5	
	1	Total revenue - add lines 8 through 11 (must equal			5,376		4,594,3	
		Grants and similar amounts paid (Part IX, column (A			3,310	0.	4,334,3	0.
	1	Benefits paid to or for members (Part IX, column (A				0.		0.
	4-	Salaries, other compensation, employee benefits (F			1,086		993,0	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li				0.	220,0	0.
ben	b	Total fundraising expenses (Part IX, column (D), line	25) > 1.007.1	25.				
$\overline{\mathbf{x}}$	17	Other expenses (Part IX, column (A), lines 11a-11d,	•		5,481	.960.	5,195,9	38.
		Total expenses. Add lines 13-17 (must equal Part IX			6,568		6,188,9	
	1	Revenue less expenses. Subtract line 18 from line			-1,191		-1,594,5	
or es					eginning of Cur		End of Year	
Net Assets or	20	Total assets (Part X, line 16)			28,834		31,417,3	92.
ASS	21	Total liabilities (Part X, line 26)				,201.	556,8	
Ret	22	Net assets or fund balances. Subtract line 21 from	line 20		28,457	,941.	30,860,5	35.
Pa	art II	Signature Block						
Und	er pena	alties of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to the	e best of my	knowledge and belief,	it is
true,	, correc	ct, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowl	ledge.		
		<u> </u>						
Sig		Signature of officer	~		Dat	е		
Her	е	BRENDA LANGSTRAAT, PRES	SIDENT					
		, , ,			Date	Chook F	PTIN	
De! 4		Print/Type preparer's name	Preparer's signature		Dato	Check if		
Paid		Firm's name			F:	self-employe	ea	
-	oarer Only	Firm's name			FIFT	n's EIN ▶		
036	Jilly	Firm's address			Dha	one no.		
May	the II	I RS discuss this return with the preparer shown abov	ve? (see instructions)		[1110	7110 HU.	Yes	No
		bill the property of	,			<u> </u>		

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ESTABLISHED IN 1986, THE CHICAGO PUBLIC LIBRARY FOUNDATION (CPLF) IS
	AN INDEPENDENT NONPROFIT THAT EXISTS TO ACCELERATE THE POTENTIAL OF
	OUR PUBLIC LIBRARY BY INVESTING IN RESOURCES THAT TRANSFORM LIVES AND
	COMMUNITIES. FOR MORE THAN 30 YEARS, WE HAVE CONNECTED INDIVIDUALS AND
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2 , 772 , 461 • including grants of \$) (Revenue \$)
	HELP CHILDREN BUILD ACADEMIC SUCCESS AND A LOVE OF READING THROUGH
	SUMMER LEARNING CHALLENGE, TEEN LEARNING, EARLY LITERACY, SCIENCE
	CONNECTIONS AND TEACHERS IN THE LIBRARY.
	<u> </u>
41:	(Code:) (Expenses \$1,034,923. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$1, U34, 923. including grants of \$) (Revenue \$) PROVIDE FUNDING FOR PUBLIC ACCESS TO INFORMATION RESOURCES AND
	TECHNOLOGY, INCLUDING CYBERNAVIGATORS, AS WELL AS INITIATIVES TO
	KEEP THE CHICAGO PUBLIC LIBRARY RELEVANT TO THE LIVES OF ALL
	CHICAGOANS.
	CHICAGOANS.
	020 000
4c	(Code:) (Expenses \$232,829. including grants of \$) (Revenue \$)
	EXPAND LIBRARY COLLECTIONS AND CREATE OPPORTUNITIES TO DISCUSS
	BOOKS AND IDEAS THROUGH PROGRAMS SUCH AS ONE BOOK, ONE CHICAGO.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 613,761. including grants of \$) (Revenue \$
4e	Total program service expenses ► 4,653,974.
	Form 990 (2019)

Part IV | Checklist of Required Schedules

			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	X	
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		Х
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		х
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	Ť		
U	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,			
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8	<u> </u>	_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b		10h		\ x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			.
	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			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х
		_		_

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	rt IV Checklist of Required Schedules (continued)	,,,,	P	age •
			Yes	No
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	X	
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			l
	Schedule K. If "No," go to line 25a	24a		X
	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			. v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-	Х	
20	"Yes," complete Schedule L, Part IV	28c 29	Λ	Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		125
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
U L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X

Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	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	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

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Form **990** (2019)

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Form 990 (2019) CHICAGO PUBLIC LIBRARY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the catendar year anding with or within the year covered by this return 1		o de la continued			Yes	No
their for the calendary year ending with or within the year covered by this return 2a	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements			103	140
b If all least one is reported on line 24, did the organization file all required federal employment tax returns? Note: If the sum of lines it and 24 sig register than 25, you may be required to e-, fel; (see instructions) 30 ID the organization have unrelated business gross income of \$1,000 or more during the year? 31 If the commendation have unrelated business gross income of \$1,000 or more during the year? 32 At any time during the calendar year, did the organization have an interest in, or a significance or other authority over, a manarial account in a toreign country Such as a bank account, or other financial account? 32 If Year, and the file is a self-account, securities account, or other financial account? 33 If Year, and a provided a self-account, securities account, or other financial account? 34 If Year is line for a prohibited tax shelter transaction at any time during the tax year? 35 If Year is line for 50, this the organization that it was or is a party to a prohibited tax shelter transaction? 36 If Year is line for 50, this the organization that it was or is a party to a prohibited tax shelter transaction? 36 If Year is line for 50, this the organization that it was or is a party to a prohibited tax shelter transaction? 36 If Year is line for 50, this did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of activatible contributions? 36 If Year, if did the organization house were not tax deductibles and admirated because the section \$100,000. 37 Organizations that may receive deductible? 38 If Year, if did the organization notify the donor of the value of the goods or services provided? 39 If Year, if did the organization notify the donor of the value of the goods or services provided? 30 If Year, if did the organization notify the donor of the value of the goods or services provided? 30 If Year, if did the organization in excess of \$15 made party as a contribution			2a 0			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _exis_ (see instructions) a	b			2b		
3a X X b if "Yes," inclinate the number of Forms 88-1 x X b if "Yes," inclinate that received a properties of the organization have unrelated business gross income of \$1,000 or more during the year? 4a 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 is cuch as a bank account, securities account, or other financial accountry over, a financial account in a foreign country. See the instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross nacigist that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross nacigists that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b W "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a gayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c If Yes, "Indicate the number of Forms 8222 filed during the year 5c Did the organization receive and contribution of qualified intellectual property, did the organization file a Form 1086-27. 8 phonoring organization makes any taxability, to pay premiums on a personal benefit contract? 7c X 7d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-77. 8 Sponsoring organization makes any taxability, to pay premiums on a personal benefit contract? 9 proposed to the proposed properties of the payor that the payor to the organization received and contribution o						
b If Yes, *Inset It fleed a Form 990T for this year? Pr No* for line 3b, provide an explanation on Schedule O 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 accountry? 4a	За			За		Х
4a A any time during the calendary 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, a centrelise account, or other financial accounts? b if "Yes", either 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 aparty to a prohibited tax shefter transaction at any time during the tax year? 5a Was the organization network organization that it was or is a party to a prohibited tax shefter transaction? 5b C 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or a charatable contributions? 6b C 7b Organizations that may receive deductible contributions under section 170(c). all bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charatable contributions? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282 filed during the year 1 If Yes, indicate the number of Forms 8282 filed during the year 2 Did the organization received a contribution of qualified intellectual property, did the organization file and the property of the organization file forms 820? 7c X 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8890 as required? 7 The organization received a contribution of qualified intellectual property, did the organization file and the property is property is property in the organization file forms 100 property is property in the organization file and prope						
the fire the name of the foreign country Such as a bank account, securities account, or other financial account ? b If "Yes," enter the name of the foreign country Such as a bank account, or other financial accounts ? b If "Yes," enter the name of the foreign country Such as a bank account, or other financial accounts ? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxoble party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," is line 5a or 5b, did the organization file Form 8886-17? 6c Does the organization that were not tax deductible as charitable contributions? 6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organization start many receive deductible contributions under section 170(c). 6d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive a payment in excess of \$75 made party as a contribution of organization transition and party for goods and services provided to the payor? 7 Did the organization received accordination of cytes, or the goods or services provided? 7 Did the organization received accordination of cytes, or the goods or services provided? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 8890 as required? 9 Did the organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Section 501(c)(12) qualified one property in the property in the						
b If 'Yes,' retire 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 aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line Saor 5b, did the organization file Form 8886-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions: 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization state may receive deductible contributions under section 170(c). b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year 2 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 3 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 4 Sponsoring organization make a distribution so under section 4968? a Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund maintained by the sponsoring organization make a distribution to a donor advised fund the organization file a Form 1098-C? 5 Sponsoring organization make a distribution t				4a		Х
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.				0-		
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b			14b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.			000	/00 : ·

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 on Schedule O. See instructions.

800	· · · · · · · · · · · · · · · · · · ·					X
Sec	tion A. Governing Body and Management					
		Ι.	l 50		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	52			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1 b	51			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?	-	-	8a	х	
a b				8b	X	
				OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		Х
Sac	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O			9		21
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		V	NI.
40					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
	•			10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," a	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a			
	taxable entity during the year?			16a		Х
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	izatior	า'ร			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(3)	only)	availa	ble
	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	on S	chedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	BETH DAVIS - 312.201.9830					
	200 W MADISON ST 3RD FL , CHICAGO, IL 60602					
	200 " 11112 200" D1 0112 12 , 0112 01100, 12 00002					

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 (D), (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.

See instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week				l	1711 43	(CC)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099****100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2) 1000 miles)		and related
	below	idual	tution	la la	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) TRISHA ROONEY	1.00									
VICE CHAIR		Х		Х				0.	0.	0
(2) JOHN L. BRENNAN	1.00									
LIFE DIRECTOR		Х						0.	0.	0
(3) MARCY R. CARLIN	1.00									
DIRECTOR		Х						0.	0.	0
(4) MICHELLE L. COLLINS	2.00									
VICE CHAIR		Х		Х				0.	0.	0
(5) PAUL H. DYKSTRA	1.00									
DIRECTOR		Х						0.	0.	0
(6) LINDA FILLER	1.00									
DIRECTOR		Х						0.	0.	0
(7) DAVID F. HEROY	1.00									
DIRECTOR		Х						0.	0.	0
(8) LESLIE S. HINDMAN	1.00									
LIFE DIRECTOR		Х						0.	0.	0
(9) DONNA LAPIETRA	1.00							-	-	-
DIRECTOR		Х						29,899.	0.	30,095
(10) CHERYL MAYBERRY MCKISSACK	1.00							- ,		,
DIRECTOR		Х						0.	0.	0
(11) CINDY PRITZKER	1.00							-	-	-
CHAIRMAN EMERITUS		Х		х				0.	0.	0
(12) JOHN RAU	1.00									
LIFE DIRECTOR		Х						0.	0.	0.
(13) BRUCE SAGAN	1.00									
SECRETARY		х		x				0.	0.	0.
(14) RODD SCHREIBER	1.00								•	
DIRECTOR		х						0.	0.	0
(15) CHARLIE A. SCHROCK	1.00	† 						, , , , , , , , , , , , , , , , , , ,	•	
LIFE DIRECTOR		х						0.	0.	0
(16) MAUREEN DWYER SMITH	1.00	<u> </u>						, , , , , , , , , , , , , , , , , , ,	•	
LIFE DIRECTOR		х						0.	0.	0
(17) LINDA J. STEPHANS	1.00	<u> </u>						, ·	•	
LIFE DIRECTOR	1.00	х	l	l	l			0.	0.	0

Form **990** (2019)

36-3480353

(E)

(C)

(D)

(B)

(A)

(A) Name and title	(B) Average			(c Pos	C) itior	1		(D) Reportable	(E) Reportable		(F) stimate	ed
Name and title	hours per week	box	, unle	ss pe	rson i	than is both or/trus	h an	compensation	compensation	_	mount	of
	(list any	tor						from the	from related organizations	con	other opensa	
	hours for	r direc				pa			(W-2/1099-MISC)	1	rom th	
	related	stee o	trustee			ensat		(W-2/1099-MISC)		١ ٧	ganizat	
	organizations below	ial tru:	onal t		oloyee	l com					id relat	
	line)	ndividual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	-ormer			org	anizati	ons
(18) DIA S. WEIL	1.00		_			"						
LIFE DIRECTOR		Х						0.	0.	↓		0.
(19) ROBERT A. WISLOW	5.00								_			_
CHAIRMAN	1 00	Х		X		_		0.	0.	—		0.
(20) LESLIE S. DOUGLASS	1.00	ļ							•			•
LIFE DIRECTOR	1 00	Х						0.	0.	—		0.
(21) JAMES F. FELDSTEIN	1.00								0			^
LIFE DIRECTOR	1 00	Х				_		0.	0.			0.
(22) MARSHALL FIELD	1.00								0			^
LIFE DIRECTOR	1 00	Х	_			├		0.	0.			0.
(23) STANLEY M. FREEHLING	1.00								0			^
LIFE DIRECTOR	1 00	Х				_		0.	0.			0.
(24) J. IRA HARRIS	1.00								0			^
LIFE DIRECTOR	1 00	Х				-		0.	0.	┼		0.
(25) FRANK A. ROSSI	1.00	٠,,							0			^
LIFE DIRECTOR	1 00	Х				├		0.	0.	+		0.
(26) ELLA D. STRUBEL	1.00	x							0			0
LIFE DIRECTOR		Λ					L	29,899.	0.		0,0	0.
1b Subtotal								186,410.	0.		8,5	
c Total from continuation sheets to Part VI								216,309.	0.		8,6	
d Total (add lines 1b and 1c)											0,0	05.
Total number of individuals (including but n compensation from the organization	ot illfilled to th	ose	IISLE	ual	JOVE	e) wi	10 16	eceived more man \$100,	000 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, or	hig	phest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes.	" co	mple	ete S	Sche	edule	e J f	for such individual		4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of compensa	ation fr	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			C)	
Name and business	address	N	INC	3			_	Description of s	ervices	Compe	nsatio	'n
2 Total number of independent contractors (i	ncluding but p	nt lir	nitar	d to	thor	عو اند	ted:	ahove) who received mo	ore than			
\$100,000 of compensation from the organic	-	JE III		0)	, cou	above, who received inc	no dian			
SEE PART VII, SECTION		IN	UΑ	ΤI			HE	ETS		Form	990 ((2019)

						<u> </u>	עוו	ATION	36-348	0333
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	=				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	<u></u>	old m	Highest compensated employee	er			organizationio
	line)	Indivi	Instit	Officer	Key employee	Highe	Former			
(27) AUDREY BABLES TUGGLE	1.00									
LIFE DIRECTOR		Х						0.	0.	0.
(28) DAVID R. CASPER	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(29) SUREN GUPTA	1.00									
DIRECTOR		Х						0.	0.	0.
(30) LINDA JOHNSON RICE	1.00									
DIRECTOR		Х						0.	0.	0.
(31) SHEILA OWENS	1.00									
DIRECTOR		Х						0.	0.	0.
(32) JODI BLOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(33) CARLETTE MCMULLAN	1.00									
DIRECTOR		Х						0.	0.	0.
(34) DINA YAGHMAI PAYVAR	1.00									
DIRECTOR		Х						0.	0.	0.
(35) WENDY BERGER	1.00									
DIRECTOR		Х						0.	0.	0.
(36) MICHAEL FASSNACHT	1.00									
DIRECTOR		Х						0.	0.	0.
(37) GRAHAM C. GRADY	1.00									
DIRECTOR		Х						0.	0.	0.
(38) JACQUELINE GRIESDORN	1.00									_
DIRECTOR		Х						0.	0.	0.
(39) JOSE MARTINEZ	1.00	1								_
TREASURER		Х						0.	0.	0.
(40) MARY LEE SCHNEIDER	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(41) MARCUS WEDNER	1.00									
DIRECTOR		Х						0.	0.	0.
(42) JAMES LAWRY	1.00							_		_
LIFE DIRECTOR	1	Х				_		0.	0.	0.
(43) DAVID KENZER	1.00	<u></u>							_	
DIRECTOR	1 1 1 1 1	Х						0.	0.	0.
(44) MONIQUE DEMERY	1.00	ļ							_	_
DIRECTOR	1	Х				_		0.	0.	0.
(45) DEIRDRE DRAKE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(46) ROCCO DEGRASSE	1.00	.						_	_	_
DIRECTOR		Х						0.	0.	0.

A A A A A A A A A A	Form 990 CHICAGO I	PUBLIC I	ΙI	BRA	RY	F	OU	ND	ATION	36-348	0353
Name and title	Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
Dours Check all that apply Check all th	(A)	(B)			(0	C)			(D)	(E)	(F)
Por week (list any	Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Week February Fe		hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
(list any 10		per									
1.00			_				oyee			•	•
1.00		1 '	irecto				empl		_	(W-2/1099-MISC)	
1.00		1	ord	tee			sated		(W-2/1099-MISC)		•
1.00			rustee	l trus		99/	n pen				
1.00		"	dualt	utiona	_	old m	stco	JE.			organizations
DIRECTOR			Indivi	Institu	Office	Key e	Highe	Form			
C48) KATHLEEN BOEGE	(47) ESTHER CHOY	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
A	(48) KATHLEEN BOEGE	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
STANCIA HARRINGTON	(49) JENNIFER FRIEDES	1.00									
DIRECTOR	DIRECTOR		Х						0.	0.	0.
STATE ADAM HOEFLICH 1.00 X	(50) FRANCIA HARRINGTON	1.00	1								
DIRECTOR	DIRECTOR		Х						0.	0.	0.
State Color Colo		1.00	1							_	_
DIRECTOR			Х						0.	0.	0.
Sample Khan		1.00	ļ							•	•
DIRECTOR		1 00	Х						0.	0.	0.
State Stat		1.00	ļ							•	•
DIRECTOR		1 00	Х						0.	0.	0.
SECTION SECT		1.00	٠,,							0	0
DIRECTOR		1 00	X	_					0.	0.	0.
Section Sect		1.00	.							0	0
DIRECTOR		1 00	Δ						0.	0.	0.
STOCK CHERRYL THOMAS 1.00		1.00	v						0	0	0
DIRECTOR		1 00	Δ						0.	0.	0.
The color		1.00	v						0	0	0
DIRECTOR X		1 00	- 22						0.	0.	0 •
SONDRA EPSTEIN		1.00	x						0.	0.	0.
LIFE DIRECTOR		1.00							•	•	•
Col Brenda Langstraat		1.00	x						0.	0.	0.
RESIDENT X		40.00	T								
Column			х		x				186.410.	0.	38.510.
DIRECTOR	(61) MARGARET BACZKOWSKI	1.00							,	-	,
Column	DIRECTOR		Х						0.	0.	0.
DIRECTOR X	(62) KATHLEEN CRONIN	1.00									
Column	DIRECTOR		Х	L	L	L		L	0.	0.	0.
(64) ADAM HECKTMAN 1.00 DIRECTOR X (65) TRISHA MOWBRAY 1.00 DIRECTOR X (66) JOSEPH NIGRO 1.00	(63) ANGELA EUSTON	1.00									
Columbia	DIRECTOR		Х	L	L	L			0.	0.	0.
(65) TRISHA MOWBRAY 1.00 DIRECTOR X (66) JOSEPH NIGRO 1.00	(64) ADAM HECKTMAN	1.00									
DIRECTOR X 0. 0 (66) JOSEPH NIGRO 1.00 0	DIRECTOR		Х						0.	0.	0.
(66) JOSEPH NIGRO 1.00	(65) TRISHA MOWBRAY	1.00									
			Х						0.	0.	0.
DIRECTOR X 0. 0. 0	(66) JOSEPH NIGRO	1.00									
	DIRECTOR		Х						0.	0.	0.
			-	_	_	-	_	_			

Form 990 CHICAGO	BORFIG I	<u>, 1 Е</u>	<u>ska</u>	<u>RY</u>	F.	ΟU	<u>И</u>	ATTON	36-348	0353
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(c	heck	Pos			lνλ	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(67) ANNE DALEY RYAN DIRECTOR	1.00	х						0.	0.	0.
(68) ANDREA SAENZ DIRECTOR	1.00	X						0.	0.	0.
(69) LAURENCE SZUMSKI	1.00									
DIRECTOR (70) ELIZABETH TULACH	1.00	X						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
		•								
Total to Part VII, Section A, line 1c	I	<u> </u>						186,410.		38,510.

Part VIII

Statement of Revenue

		Check if Schedule O contains a response	onse or	note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
10 10	4.	Foderated compoints						
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a						
Sr. ot		Membership dues 1b		1 505 201				
S, (Fundraising events 1c		1,705,301.				
a gi	d	Related organizations 1d						
is,	е	Government grants (contributions) 1e						
ρi	f	All other contributions, gifts, grants, and						
the the		similar amounts not included above 1f		2,267,526.				
Ę Q	g	Noncash contributions included in lines 1a-1f	\$					
a Co	h	Total. Add lines 1a-1f			3,972,827.			
				Business Code				
o l	2 a	I						
Š	b							
je s	c							
E S		•						
gra Re	d		— <u> </u>					
Program Service Revenue	e		— -					
ъ		All other program service revenue		<u> </u>				
		Total. Add lines 2a-2f						
	3	Investment income (including dividends,						
		other similar amounts)		>	548,309.			548,309.
	4	Income from investment of tax-exempt be	ond pro	ceeds				
	5	Royalties						
		(i) Rea	al	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) Securi		(ii) Other				
		assets other than inventory 7a 1,842,	130.					
	h	Less: cost or other basis						
ø	~	and sales expenses 7b 1,515,	374.					
n	_	Gain or (loss) 7c 326,						
ě		()			326,756.			326,756.
ther Revenue		Net gain or (loss)			320,730.			320,730.
ŧ.	8 a	Gross income from fundraising events (not including \$ 1,705,301. of						
٥								
		contributions reported on line 1c). See		120 500				
		Part IV, line 18		139,500.				
		Less: direct expenses	8b	407,304.				
		Net income or (loss) from fundraising eve			-267,804.			-267,804.
	9 a	Gross income from gaming activities. See						
		Part IV, line 19						
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities	es					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b					
		Net income or (loss) from sales of invento		•				
		,		Susiness Code				
Sn	11 a	MISCELLANEOUS INCOME	_	900099	14,270.			14,270.
eo me	b		— -		= -,=			
lla	-		— -					
Miscellaneous Revenue	C		— -					
Ξ̈́	C	I All other revenue			14 270			
		Total. Add lines 11a-11d		>	14,270.	^	^	601 501
	12	Total revenue. See instructions			4,594,358.	0.	0.	621,531.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 224,920. 112,460. 112,460. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 605,082. 175,596. 429,486. 7 Pension plan accruals and contributions (include 59,766. 17,109. 42,657. section 401(k) and 403(b) employer contributions) 58,191. 23,599. 34,592. Other employee benefits 9 45,052. 13,982. 31,070. 10 Payroll taxes 11 Fees for services (nonemployees): Management 100. 100. Legal 47,454. 47,454. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 697,792. 62,728. 831,765. 71,245. column (A) amount, list line 11g expenses on Sch O.) 186,966. 85,546. 101,420. Advertising and promotion 12 19,095. 6,323. 12,772. Office expenses 13 124,434. 61,471. 12,067. 50,896. Information technology 14 15 Royalties 92,937. 18,976. 40,516. 33,445. 16 Occupancy 250,872. 191,675. 5,617. 53,580. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 6,459. 3,179. 64. 3,216. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 10,363. 10,363. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,289,526. 2,289,526. GRANT FUNDED POSITIONS OTHER EXPENSES 598,078. 596,407. 1,671. 394,678. 394,678. HONORARIA 148,881. d PRINTING & DESIGN 148,881. 194,330. 144,303. 21,412. 28,615. e All other expenses 6,188,949. 4,653,974. 527,850. 1,007,125. Total functional expenses. Add lines 1 through 24e 25

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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,701,152.	1	2,729,249.
	2	Savings and temporary cash investments			275,450.	2	81,001.
	3	Pledges and grants receivable, net			1,843,074.	3	773,984.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disqualit	fied pei	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			42,807.	9	44,787.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		50,148.	•		
	b	Less: accumulated depreciation			0.	10c	0.
	11	Investments - publicly traded securities			23,897,654.	11	27,708,318.
	12	Investments - other securities. See Part IV, line 1	46,037.	12	31,607.		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	27 060	14	40.446		
	15	Other assets. See Part IV, line 11	27,968.	15	48,446.		
	16	Total assets. Add lines 1 through 15 (must equ			28,834,142.	16	31,417,392.
	17	Accounts payable and accrued expenses			376,201.	17	556,857.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		- 4 O - 1 1 - 1 - D		20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa		Г			
	20	parties, and other liabilities not included on lines					
		of Schedule D		·		25	
	26				376,201.	26	556,857.
		Organizations that follow FASB ASC 958, che			•		,
es		and complete lines 27, 28, 32, and 33.		· —			
anc	27	Net assets without donor restrictions			14,455,154.	27	14,452,621.
Bal	28	Net assets with donor restrictions			14,002,787.	28	16,407,914.
pu		Organizations that do not follow FASB ASC 9					
Ŀ		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Net	32	Total net assets or fund balances			28,457,941.	32	30,860,535.
	33	Total liabilities and net assets/fund balances			28,834,142.	33	31,417,392.
				·			Form 990 (2019)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,59	4,3	<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,18	8,9	49.
3	Revenue less expenses. Subtract line 2 from line 1	3		,59		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28	,45	7,9	41.
5	Net unrealized gains (losses) on investments	5	4	,00	3,7	78.
6	Donated services and use of facilities	6				
7	Investment expenses	7		_	6,5	93.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	30	,86	0,5	35.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	١.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			1
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

Name of the organization CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number

				LIBRARY FOU				3	6-3480353
Pa	rt I	Reason for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support for	rom a gove	ernmental i	unit or from the	e general ¡	public described in
		section 170(b)(1)(A)(vi). (C							
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a l	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of t	he college	or
		university:							
10		An organization that norma							
		activities related to its exem	-	· ·					-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11	\mathbb{H}	An organization organized a	•	•	•				_
12		An organization organized a	•	•	-			•	
		more publicly supported org	-						Sheck the box in
		lines 12a through 12d that	• •					-	-1.1
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	-			
		the supported organization			majority c	i the direc	tors or trustee	s or the st	apporting
h		organization. You must o			ion with it	a aunnarta	d organization	(a) by bay	vin a
b		Type II. A supporting org- control or management o	· ·				-		-
		organization(s). You mus			arrie perso	iis triat coi	itioi oi manag	e trie supp	Jorted
c		Type III functionally inte			in connect	ion with a	and functionally	v integrate	ed with
_		its supported organization						,g. a	,
d		Type III non-functionally						ed organiz	zation(s)
		that is not functionally int						-	* *
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information			(iv) Is the oras	inization listed	(-) A		(vi) Amount of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in:	•	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No			
Γ _O t:									

Part II 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7466454.	4931768.	5830661.	4885764.	3972827.	27087474.
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	7466454.	4931768.	5830661.	4885764.	3972827.	27087474.
5	The portion of total contributions						
	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)						3232876.
6	Public support. Subtract line 5 from line 4.						23854598.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	7466454.	4931768.	5830661.	4885764.	3972827.	27087474.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	536,638.	538,374.	710,159.	500,559.	548,309.	2834039.
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						
	assets (Explain in Part VI.)	102,459.	71,029.	118,084.	160,214.	153,770.	605,556.
11	Total support. Add lines 7 through 10						30527069.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	_
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	78 . 14 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	78.85 <u>%</u>
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how th	е
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
_					Sche	edule A (Form 990	or 990-EZ) 2019

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from 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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	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 for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and can inc	etructions	

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")? *If* "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 (as 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 disqualified 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.)

	Yes	No
1		
_		
2		
3a		
3b		
- O.D		
3с		
30		
4-		
4a		
4b		
4c		
5a		
5b		
5с		
6		
_		
7		
8		
9a		
Ju		
٥h		
9b		
0-		
9с		
10a		
10b		

Pai	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
Sec	ction B. Type I Supporting Organizations	I		
			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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		1	
			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	_		
800	the supported organization(s).	1		
Sec	nion b. All Type III Supporting Organizations		V	NI -
	Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the		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	4		
•	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		
2	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			
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	3		
Sec	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
· a				
b				
c		ctions)		
2	Activities Test. Answer (a) and (b) below.	0110113)	Yes	No
а				
	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				
	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				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions 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-functional	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity	· 		
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
_		de details in Part VI). See instructions.	··· -· 9-···		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
	LIIIO C	amount divided by line o amount	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
i		over from 2014 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
-	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		uinder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
_		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
U		b from line 1. For result greater than zero, explain in			
		, ,			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	Exces	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ALLSTATE CORPORATION	675,000.	64,459.
BILL & MELINDA GATES FOUNDATION	800,000.	189,459.
EXELON CORPORATION	2,500,000.	1,889,459.
PNC BANK	834,122.	223,581.
CONNECT CHICAGO	937,000.	326,459.
BMO HARRIS	1,150,000.	539,459.
Total Excess Contributions to Schedule A, Part II, Line 5		3,232,876.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

2019

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number

36-3480353

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 ______ > \$ 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

CHICAGO PUBLIC LIBRARY FOUNDATION

36-3480353

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
1		\$ <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
2		\$ <u>200,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>150,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 125,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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.)

Name of organization Employer identification number

CHICAGO PUBLIC LIBRARY FOUNDATION

36-3480353

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** CHICAGO PUBLIC LIBRARY FOUNDATION 36-3480353 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds 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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
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, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

932051 10-02-19

Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	t III Organizations Maintaining C	ollections of Art			er S	imila		(contin		ige Z
3	Using the organization's acquisition, accessi		-					<u>(COITIII)</u>	ueu)	
	collection items (check all that apply):	,	,	3	9					
а	X Public exhibition	d	X Loan or exc	hange program						
b	Scholarly research	e	Other	9 - 9						
c	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	emnt	nurno	se in Part	XIII		
5	During the year, did the organization solicit o						oo iiii aic	,		
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arran									,
	reported an amount on Form 990, Pa		g				, , .	,		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets no	ot incl	uded				
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
-	roo, oxplain are arraingement arrain	and complete the len	oming talonor					Amount		
С	Beginning balance					1c		7		
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fe							Yes	X	No
	If "Yes," explain the arrangement in Part XIII.				-					
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.					
	· ·	(a) Current year	(b) Prior year	(c) Two years back		Three \	ears back	(e) Four	years I	back
1a	Beginning of year balance	11,014,693.	14,060,385.	11,212,420			21,615.		526,3	
	Contributions		· · ·							
	Net investment earnings, gains, and losses	4,905,652.	-1,951,248.	4,189,017		1,2	08,617.	1,	083,7	783.
d	Grants or scholarships	, ,		, ,			<u> </u>	,		
	Other expenditures for facilities									
•	and programs	1,075,984.	1,094,444.	1,341,052	.	1,3	17,812.	1,	288,5	506.
f	Administrative expenses	, ,		, ,				,		
g	End of year balance	1,484,436.	11,014,693.	14,060,385		11.2	12,420.	11.	321,6	615.
2	Provide the estimated percentage of the curr				-		<u> </u>	,		
	Board designated or quasi-endowment	9.00	%	,						
	Permanent endowment ► 91.00	%	_/~							
		<u></u> /- %								
•	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	tion that are held ar	nd administered for	the o	rganiza	ation			
	by:					· J		Γ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10.				
	Description of property	(a) Cost or ot				ımulate	ed	(d) Book	value	
	,	basis (investm	ent) basis	1 '		ciation	I	` '		
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		5	0,148.	5	0,1	48.			0.
	Other									
	Add lines to through to (0.1 (4)		() (0) (1)	0 - 1						0

Schedule D (Form 990) 2019

\ D .	Complete if the organization answered "Yes" o			
a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
Financia	al derivatives			
Closely	held equity interests			
Other				
A)				
B)				
C)				
D)				
E)				
F)				
G)				
H)				
I. (Col. (I	b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
(8) (9)				
(9)	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line	15.
9) I. (Col. (I	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	15. (b) Book value
(9) I. (Col. (I art IX	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
(9) I. (Col. (lart IX)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
(9) I. (Col. (lart IX)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
(9) I. (Col. (I art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
9) I. (Col. (lart IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
(9) I. (Col. (lart IX 12) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
(1) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
(1) (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
9) I. (Col. (lart IX) 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered "Yes" of	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of (a) [2] (a) [2] (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" of (a) [a]	Description 15.)		(b) Book value
9) I. (Col. (I irrt IX) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Columnt X)	Other Assets. Complete if the organization answered "Yes" of (a) [2] (a) [2] (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" of	Description 15.)		(b) Book value
9) I. (Col. (I Int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
9) I. (Col. (Inrt IX) 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Columnt X) (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
9) I. (Col. (I Int IX 1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Colu Int X 1) Fed 2) 3)	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
(1) Fed (2) (3) (4) (4) (4) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
(1) Fed (2) (3) (4) (5) (5) (6) (7) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (1) Fed (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (6) (6) (6) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
(1) (Col. (I art IX) (1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (6) (7) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (6) (6) (6) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" of (a) E mn (b) must equal Form 990, Part X, col. (B) line. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)		(b) Book value

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,702,519.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,003,779. 110,975.		
b	Donated services and use of facilities	2b	110,975.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	4,114,754.
3	Subtract line 2e from line 1			3	4,587,765.
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	6,593.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	6,593. 4,594,358.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,594,358.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,299,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	110,975.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1.		
е	Add lines 2a through 2d			2e	110,976.
3	Subtract line 2e from line 1			3	110,976. 6,188,949.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	6,188,949.
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1	b and 2b; Part V, line 4	; Part)	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi				
PAF	RT X, LINE 2:				
THE	FOUNDATION FOLLOWS THE ACCOUNTING STANDAR	DS F	OR CONTINGEN	CIE	S IN
EV	LUATING UNCERTAIN TAX POSITIONS. THE GUIDA	NCE I	PRESCRIBES R	ECO	GNITION
THE	RESHOLD PRINCIPLES FOR THE FINANCIAL STATEM	ENT 1	RECOGNITION	OF '	TAX
POS	SITIONS TAKEN OR EXPECTED TO BE TAKEN ON A	TAX 1	RETURN THAT	ARE	NOT
CEF	TAIN TO BE REALIZED. NO LIABILITY HAS BEEN	REC	OGNIZED BY T	HE I	FOUNDATION
			· · · · · · · · · · · · · · · · · ·		
EOE	HINCERTAIN TAX POSITIONS AS OF DECEMBER 31	20.	2018 מואב	ΨН	F

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

Schedule D (Form 990) 2019

FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL

AND STATE AUTHORITIES.

FORM 990, SCHEDULE D, PART III, LINE 1A AND LINE 4:
THE FOUNDATION HAS ADOPTED A POLICY OF CAPITALIZING COLLECTIONS AT A
NOMINAL VALUE IN ITS FINANCIAL STATEMENTS. ALTHOUGH THE FINANCIAL
STATEMENTS DO NOT DISCLOSE THE CUMULATIVE VALUE OF COLLECTIONS, CERTAIN
ARTWORK RECEIVED IN 1991 AS AN UNRESTRICTED DONATION HAS BEEN CATALOGED
AND PRESERVED. SINCE 2003 THE ARTWORK HAS BEEN DISPLAYED, ON A PERMANENT
LOAN, IN THE JOAN W. AND IRVING B. HARRIS THEATER FOR MUSIC AND DANCE. THE
THEATER CARRIES A \$2 MILLION INSURANCE 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.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number

36-3480353

Fundraising Activitie required to complete this p	S. Complete if the organization answe	ered "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
	e X Solicita f X Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p	tion of tion of I fundra (includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organizar or licensing.	ion is registered or licensed to solicit		utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	ITT I	Fundraising Events. Complete if the of fundraising event contributions and groups.				
		or fundraising event contributions and gre	(a) Event #1 CSLA DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	1,844,801.			1,844,801.
4	2	Less: Contributions	1,705,301.			1,705,301.
	3	Gross income (line 1 minus line 2)	139,500.			139,500.
\neg	Ŭ	Greece integrine (international integrine 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Ĥ	7	Food and beverages	143,559.			143,559.
jre	•					
-	8	Entertainment				
	9	Other direct expenses	263,745.			263,745.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	407,304.
		Net income summary. Subtract line 10 from li				-267,804.
Pa	ırt I	II Gaming. Complete if the organization s \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$13,000 on Form 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						(7)
۳	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
\exists	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		Not receive in the second of the second	Stores President Stores (all		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		P	
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
		No," explain:				
	_					
			 			
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·			Yes No
			· · · · · · · · · · · · · · · · · · ·			Yes No

Schedule G (Form 990 or 990-EZ) 2019

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Sch	edule G (Form 990 or 990-EZ) 2019 CHICAGO PUBLIC LIBRARY FOUNDATION 36-3	3480353	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	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:		
•	Enter the hame and address of the person who propares the organization of garming operation of the books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	of "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
	: If "Yes," enter name and address of the third party:		
	· · · · · · · · · · · · · · · · · · ·		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of control months N		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. lines 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,

Schedule G	i (Form 990 or 990-EZ)	CHICAGO	PUBLIC	LIBRARY	FOUNDATION	36-3480353	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)				
		•	•				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

Pa	art I Questions Regarding Compensation			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Check the appropriate 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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(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 compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a 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 compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a 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			
	not described on lines 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			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) BRENDA LANGSTRAAT	(i)	186,410.	0.	0.	18,641.	19,869.	224,920.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
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	(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 L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

Part I	Excess Bene	fit Trans	actio	ons (section 50	01(c)(3), secti	ion 501	(c)(4), and sec	ctior	n 501(c)(29) orgai	nizatio	ns on	y).			
	Complete if the o	rganization						ne 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ne 40	b.			
(a) Name of disqualified person			(b) Relationship between disqualified				ified	(c) Description of transaction				n	(d) Corrected?			
(a) Harrie of disqualified person			person and organization					(c) Description of transaction						Ye	es	<u>No</u>
														+-	+	
														+	+	
														_	-	
														_	-	
							-								-	
section														1		
3 Enter t	he amount of tax, i	if any, on lir	ne 2, a	above, reimburs	ed by	the org	ganizatio	on				> \$				
Part II	Loans to and	or Fron	ı Inte	erested Pers	sons.											
	Complete if the o						Dart V	lino 38a or E	orm	000 Part IV line	o 26: 6	or if the	o orga	oizatio	n	
	reported an amou	-					, rait v,	, iii le 30a 0i r	OIII	1990, Fait IV, IIII	e 20, t	יו וו ונווי	e orgai	lizatio		
(a)	Name of	(b) Relation		(c) Purpose		an to or	(e)	Original	(1) Balance due	(g)	In	(h) App	oroved	(i) W	ritten
	sted person	with organiz			from the organization?		principal amount		(i) Balarioc dae		default?		I by board or I VI			eement?
					То	From					Yes	No	Yes	No	Yes	No
					1.0	110111						110	100	110		
Total								> \$								
Part III	Grants or Ass	sistance	Ben	efiting Inter	estec	d Per	sons.	•								
	Complete if the o	rganization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, lir	ne 27.								
(a) Name of interested person			(b) Relationship between interested person and the organization					(c) Amount of assistance assistan					Purpose of assistance			
		·														

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

Schedule L (Form 990 or 990-EZ) 2019

Yes	(a) Name of interested person	(b) Relationship between interested person and the organization	o, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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						No	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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	12 N. VENTURE, LLC	OWNED BY ROBERT WIS	39,230.	RENT & MAIN		Х	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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						<u> </u>	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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						-	
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART 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							
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: 12 N. VENTURE, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: (DWNED BY ROBERT WISLOW	Part V Supplemental Information.			•			
(A) NAME OF PERSON: 12 N. VENTURE, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNED BY ROBERT WISLOW	Provide additional information for res	sponses to questions on Schedule L (see in	nstructions).				
(A) NAME OF PERSON: 12 N. VENTURE, LLC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNED BY ROBERT WISLOW	COU I DADM IN DHCINECC	MD ANCACMTONG TANKOT VITA	C TNMEDECME	DEDCOMC.			
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:	SCH L, PARI IV, BUSINESS	TRANSACTIONS INVOLVIN	G INIEKESIE	TD PERSONS:			
OWNED BY ROBERT WISLOW	(A) NAME OF PERSON: 12 N.	VENTURE, LLC					
OWNED BY ROBERT WISLOW							
	(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:			
	WNED BY BOREDT WISLOW						
(D) DESCRIPTION OF TRANSACTION: RENT & MAINTENANCE WORK ORDERS	MNED BI ROBERI WISLOW						
	(D) DESCRIPTION OF TRANSA	CTION: RENT & MAINTEN	ANCE WORK C	RDERS			

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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. Inspection

Internal Revenue Service Name of the organization

CHICAGO PUBLIC LIBRARY FOUNDATION

Employer identification number 36-3480353

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
INVESTING IN RESOURCES THAT TRANSFORM LIVES AND COMMUNITIES.							
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
CORPORATIONS, NEIGHBORHOOD ORGANIZATIONS, AND CITY AGENCIES COMMITTED							
TO BUILDING A STRONGER AND MORE EQUITABLE CHICAGO. TOGETHER, WE MAKE							
PATHWAYS TO LEARNING, CREATIVITY, AND CIVIC ENGAGEMENT ACCESSIBLE TO							
CHICAGOANS OF ALL AGES THROUGH INVESTMENT ACROSS THREE FUNDING PRIORITY							
AREAS: CLOSING THE ACADEMIC OPPORTUNITY GAP; SPARKING CREATIVITY &							
CONNECTION FOR ALL; AND BRIDGING THE DIGITAL DIVIDE.							
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.							
ADDITIONAL NOMINATIONS MAY BE MADE BY ANY MEMBER OF THE BOARD OF DIRECTORS.							
FORM 990, PART VI, SECTION B, LINE 11B:							
A 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.							

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization CHICAGO PUBLIC LIBRARY FOUNDATION	Employer identification number 36-3480353
FORM 990, PART VI, SECTION B, LINE 12C:	
THE FOUNDATION REQUIRES DIRECTORS AND KEY EMPLOYEES TO FIL	L 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 COM	MITTEE AND
APPROVED BY THE BOARD OF DIRECTORS USING COMPARABILITY DAT	Α.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS WILL BE PROVI	DED UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE CHICAGO PUBLIC LIBRARY FOUNDATION HAS NEITHER CHANGED	ITS OVERSIGHT
PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.	