

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 2017

Form header section containing organization name (THE CHICAGO COMMUNITY TRUST), EIN (36-2167000), address (225 N. MICHIGAN AVENUE CHICAGO, IL 60601), principal officer (HELENE D. GAYLE), and other identifying information.

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for mission statement, governance, revenue (Total: 508,813,283), expenses (Total: 179,562,043), and net assets (Total: 2,627,212,405).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing the signature of Jessica Straubough, VP Finance and CFO, dated 08/15/2018.

Preparer information section including name (REBEKUH ELEY), date (08/15/2018), firm name (BKD, LLP), and address (1901 S. MEYERS ROAD, SUITE 500 OAKBROOK TERRACE, IL 60181-5209).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ 313,024,448. including grants of \$ 297,427,300.) (Revenue \$)

SEE SCHEDULE O AND SCHEDULE I FOR LIST OF GRANTS MADE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 313,024,448.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records:

CAROL CRENSHAW 225 N. MICHIGAN AVENUE, SUITE 2200 CHICAGO, IL 60601 312-616-8000

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)AUDREY R. PEEPLES DIRECTOR - RETIRED 01/2017	1.00 0.	X						0.	0.	0.
(2)BILL DALEY DIRECTOR	1.00 0.	X						0.	0.	0.
(3)BILL STRONG DIRECTOR - APPOINTED 09/2017	1.00 0.	X						0.	0.	0.
(4)CAROL BERNICK DIRECTOR	1.00 0.	X						0.	0.	0.
(5)DENISE B. GARDNER DIRECTOR	1.00 0.	X						0.	0.	0.
(6)JAMES REYNOLDS DIRECTOR	1.00 0.	X						0.	0.	0.
(7)JIM O'CONNOR DIRECTOR - APPOINTED 09/2017	1.00 0.	X						0.	0.	0.
(8)JOHN H. CAITLIN DIRECTOR - RETIRED 01/2017	1.00 0.	X						0.	0.	0.
(9)JOHN W. ROWE DIRECTOR - RESIGNED 01/2017	1.00 0.	X						0.	0.	0.
(10)LESLIE BLUHM DIRECTOR	1.00 0.	X						0.	0.	0.
(11)LINDA S. WOLF DIRECTOR & VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(12)LUIS NIETO DIRECTOR	1.00 0.	X						0.	0.	0.
(13)MARTIN CABRERA JR. DIRECTOR	1.00 0.	X						0.	0.	0.
(14)MARY RICHARDSON-LOWRY DIRECTOR	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL A. REINSORF ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) MICHAEL TANG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) MICHAEL W. FERRO, JR. ----- DIRECTOR & CHAIR	1.00 ----- 0.	X		X				0.	0.	0.
(18) ROBERT MARIANO ----- DIRECTOR - RESIGNED 03/2017	1.00 ----- 0.	X						0.	0.	0.
(19) SHAWN M. DONNELLEY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) CAROL CRENSHAW ----- V.P. OF FINANCE & CHIEF FINANC	40.00 ----- 0.			X				282,901.	0.	29,516.
(21) SANDRA PHELPS ----- SECRETARY & DIRECTOR OF GRANTS	40.00 ----- 0.			X				106,224.	0.	21,630.
(22) TERRY MAZANY ----- PRESIDENT & CHIEF EXECUTIVE OF	40.00 ----- 0.			X				456,555.	0.	580,504.
(23) DANIEL ASH ----- CHIEF MARKETING OFFICER	40.00 ----- 0.				X			192,412.	0.	14,312.
(24) JAMIE PHILLIPPE ----- V.P. OF DEVELOPMENT & DONOR SE	40.00 ----- 0.				X			278,740.	0.	29,419.
(25) JASON BAXENDALE ----- DIRECTOR OF GIFT PLANNING	40.00 ----- 0.				X			202,171.	0.	24,155.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,791,392.	0.	869,798.
d Total (add lines 1b and 1c)								2,791,392.	0.	869,798.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 26

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 5

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) PEGGY DAVIS CHIEF OFFICER OF PROGRAMS AND	40.00 0.				X			230,323.	0.	17,289.
(27) TOM IRVINE V.P. OF CHIEF INFORMATION OFFI	40.00 0.				X			199,881.	0.	27,574.
(28) ANTONETTE IRVING EXECUTIVE DIRECTOR OF GET IN C	40.00 0.					X		241,530.	0.	27,439.
(29) CHERYL HUGHES EXECUTIVE DIRECTOR OF STRATEGI	40.00 0.					X		150,738.	0.	20,486.
(30) FRANK SOO HOO CONTROLLER	40.00 0.					X		150,184.	0.	24,872.
(31) MARIA HIBBS EXECUTIVE DIRECTOR OF HIVE CHI	40.00 0.					X		167,070.	0.	24,907.
(32) ROBERT EICHENGER DIRECTOR OF DONOR SERVICES	40.00 0.					X		132,663.	0.	27,695.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 26

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	6,246,270.					
	e Government grants (contributions)	1e	3,755,274.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	381,493,896.					
	g Noncash contributions included in lines 1a-1f: \$		195,579,553.					
	h Total. Add lines 1a-1f			391,495,440.				
	Program Service Revenue	2a _____	Business Code					
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			38,631,962.			38,631,962.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	45,000.					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		45,000.					
	d Net rental income or (loss)			45,000.			45,000.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	862,786,575.					
		(ii) Other						
		b Less: cost or other basis and sales expenses		785,665,573.				
		c Gain or (loss)		77,121,002.				
	d Net gain or (loss)			77,121,002.			77,121,002.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.				
		b Less: direct expenses	b	0.				
c Net income or (loss) from fundraising events				0.				
9a Gross income from gaming activities. See Part IV, line 19	a		0.					
	b Less: direct expenses	b	0.					
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold	b	0.					
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code						
11a CCT ADMIN FEE REVENUE		900099	937,062.			937,062.		
b MISCELLANEOUS INCOME		900099	582,817.			582,817.		
c _____								
d All other revenue								
e Total. Add lines 11a-11d			1,519,879.					
12 Total revenue. See instructions.			508,813,283.			117,317,843.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	296,772,300.	296,772,300.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	655,000.	655,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,348,617.	1,151,292.	672,174.	525,151.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,927,371.	3,163,604.	2,322,172.	1,441,595.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	544,335.	248,588.	182,470.	113,277.
9 Other employee benefits	668,320.	305,210.	224,032.	139,078.
10 Payroll taxes	588,037.	268,546.	197,120.	122,371.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	618,476.	2,961.	437,647.	177,868.
c Accounting	91,900.		91,900.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	4,194,553.		4,194,553.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,405,844.	1,876,482.	1,421,447.	107,915.
12 Advertising and promotion	489,976.	176,057.	167,039.	146,880.
13 Office expenses	461,026.	224,258.	118,164.	118,604.
14 Information technology	907,286.	522,546.	204,209.	180,531.
15 Royalties	0.			
16 Occupancy	1,058,541.	518,897.	302,954.	236,690.
17 Travel	96,143.	66,918.	16,407.	12,818.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	413,974.	148,803.	239,601.	25,570.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	436,544.	213,994.	124,939.	97,611.
23 Insurance	63,133.	31,191.	17,932.	14,010.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM RELATED EXPENSES	6,640,221.	6,640,221.		
b MISCELLANEOUS	37,580.	37,580.		
c 3RD PARTY RECORD KEEPING	1,832,063.		1,832,063.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	329,251,240.	313,024,448.	12,766,823.	3,459,969.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	148,415.	1	416,329.
	2 Savings and temporary cash investments	86,506,176.	2	13,893,260.
	3 Pledges and grants receivable, net	17,701,315.	3	11,031,573.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	381,620.	7	281,660.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,550,197.		
	b Less: accumulated depreciation	10b 4,103,355.	1,773,269.	10c 1,446,842.
	11 Investments - publicly traded securities	1,648,308,311.	11	1,821,311,922.
	12 Investments - other securities. See Part IV, line 11	324,677,125.	12	512,973,886.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	321,058,211.	15	330,015,761.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,400,554,442.	16	2,691,371,233.	
Liabilities	17 Accounts payable and accrued expenses	4,574,789.	17	5,383,145.
	18 Grants payable	22,963,843.	18	23,641,638.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	29,107,814.	25	35,134,045.
	26 Total liabilities. Add lines 17 through 25	56,646,446.	26	64,158,828.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,007,163,292.	27	2,290,009,887.
	28 Temporarily restricted net assets	295,694,770.	28	292,275,094.
	29 Permanently restricted net assets	41,049,934.	29	44,927,424.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,343,907,996.	33	2,627,212,405.	
34 Total liabilities and net assets/fund balances	2,400,554,442.	34	2,691,371,233.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	508,813,283.
2	Total expenses (must equal Part IX, column (A), line 25)	2	329,251,240.
3	Revenue less expenses. Subtract line 2 from line 1	3	179,562,043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,343,907,996.
5	Net unrealized gains (losses) on investments	5	72,337,689.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	31,404,677.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,627,212,405.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

THE CHICAGO COMMUNITY TRUST

Employer identification number

36-2167000

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check 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 **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (74.70%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (70.10%); 16a 33 1/3% support test - 2016; 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	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 .		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section 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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section 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		

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE CHICAGO COMMUNITY TRUST

36-2167000

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 100.0000 %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PROPERTY CHICAGO	900,000.	FMV
(B) FIXED INCOME DOMESTIC (TRUST)	11,290,821.	FMV
(C) FIXED INCOME INTL. (TRUST)	7,335.	FMV
(D) DOMESTIC EQUITIES (TRUST)	162,171,657.	FMV
(E) HEDGED FUNDS	132,784,389.	FMV
(F) ABSOLUTE RETURN FUNDS	73,254,296.	FMV
(G) INTERNATIONAL FUNDS (TRUST)	98,715,796.	FMV
(H) ALTERNATIVE AND OTHER	33,849,592.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	512,973,886.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CHARITABLE TERM TRUST INTEREST	282,985,957.
(2) CHARITABLE PERPETURE TRUST INT	44,927,424.
(3) FUNDS DUE FROM OTHERS	759,300.
(4) MISC. RECEIVABLES AND PREPAIDS	343,080.
(5) WEBSITE - CHICAGO.COM	1,000,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	330,015,761.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENTS	34,100,295.
(3) OTHER FUNDS HELD FOR OTHERS	1,033,750.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	35,134,045.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

INCOME FROM ENDOWMENTS ARE USED TO SUPPORT THE CHARITABLE PURPOSES OF THE FOUNDATION. SEE SUMMARY OF PROGRAM ACCOMPLISHMENTS ON SCHEDULE O.

SCHEDULE D, PART V, LINE 4

THE CHICAGO COMMUNITY TRUST (TRUST) AND ITS AFFILIATES RECEIVED TAX DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE INDICATING THAT THEY ARE TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS, AS THE TRUST HAS HAD NO SIGNIFICANT UNRELATED BUSINESS INCOME. THE TRUST ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (INCLUDED IN FASB ASC SUBTOPIC 740-10, INCOME TAXES - OVERALL). THERE IS NO IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS AS A RESULT OF THIS PRONOUNCEMENT AS THE TRUST HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS. ON DECEMBER 22, 2017, THE PRESIDENT SIGNED INTO LAW H.R. 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT. THE NEW LAW INCLUDES SEVERAL PROVISIONS THAT RESULT IN SUBSTANTIAL CHANGES TO THE TAX TREATMENT OF TAX-EXEMPT ORGANIZATIONS AND THEIR DONORS. THE TRUST HAS REVIEWED THESE PROVISIONS AND THE POTENTIAL IMPACT AND CONCLUDED THE ENACTMENT OF H.R. 1 WILL NOT HAVE A MATERIAL EFFECT ON THE OPERATIONS OF THE ORGANIZATION.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE CHICAGO COMMUNITY TRUST

Employer identification number

36-2167000

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		81,173,000.
(2) EAST ASIA AND THE PACIFIC			INVESTMENTS		21,370,000.
(3) EUROPE			INVESTMENTS		9,311,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					111,854,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					111,854,000.

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

Schedule F (Form 990) 2016

JSA
6E1274 1.000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	SEE ATTACHED	20,000.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	SEE ATTACHED	550,000.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	SEE ATTACHED	85,000.	CHECK			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **3**

3 Enter total number of other organizations or entities. **3**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART 1, LINE 2

GRANTS PROVIDED TO FOREIGN ORGANIZATIONS UNDERGO AN EQUIVALENCY

DERMINATION AND OTHER PROCEDURES OFFERED THROUGH NGOSOURCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHICAGO COMMUNITY TRUST

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

36-2167000

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the filing 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? **4a** **4c**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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:

- a** The organization? **5a** **5b**
- b** Any related organization? **5b**
- 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:

- a** The organization? **6a** **6b**
- b** Any related organization? **6b**
- 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** **8**

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** **9**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2016

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 compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ANTONETTE IRVING EXECUTIVE DIRECTOR OF GET IN C	(i) 241,080.	(ii) 0.	(iii) 450.	20,561.	6,878.	268,969.	
	(ii)	0.	0.	0.				
2	CAROL CRENSHAW V.P. OF FINANCE & CHIEF FINANC	(i) 280,921.	(ii) 0.	(iii) 1,980.	22,525.	6,991.	312,417.	
	(ii)	0.	0.	0.				
3	CHERYL HUGHES EXECUTIVE DIRECTOR OF STRATEGI	(i) 149,448.	(ii) 0.	(iii) 1,290.	13,495.	6,991.	171,224.	
	(ii)	0.	0.	0.				
4	DANIEL ASH CHIEF MARKETING OFFICER	(i) 191,962.	(ii) 0.	(iii) 450.	13,508.	804.	206,724.	
	(ii)	0.	0.	0.				
5	FRANK SOO HOO CONTROLLER	(i) 148,204.	(ii) 0.	(iii) 1,980.	13,783.	11,089.	175,056.	
	(ii)	0.	0.	0.				
6	JAMIE PHILLIPPE V.P. OF DEVELOPMENT & DONOR SE	(i) 277,016.	(ii) 0.	(iii) 1,724.	19,875.	9,544.	308,159.	
	(ii)	0.	0.	0.				
7	JASON BAXENDALE DIRECTOR OF GIFT PLANNING	(i) 201,871.	(ii) 0.	(iii) 300.	17,164.	6,991.	226,326.	
	(ii)	0.	0.	0.				
8	MARIA HIBBS EXECUTIVE DIRECTOR OF HIVE CHI	(i) 165,090.	(ii) 0.	(iii) 1,980.	14,570.	10,337.	191,977.	
	(ii)	0.	0.	0.				
9	PEGGY DAVIS CHIEF OFFICER OF PROGRAMS AND	(i) 228,343.	(ii) 0.	(iii) 1,980.	10,298.	6,991.	247,612.	
	(ii)	0.	0.	0.				
10	ROBERT EICHENGER DIRECTOR OF DONOR SERVICES	(i) 131,427.	(ii) 0.	(iii) 1,236.	12,237.	15,458.	160,358.	
	(ii)	0.	0.	0.				
11	TERRY MAZANY PRESIDENT & CHIEF EXECUTIVE OF	(i) 452,991.	(ii) 0.	(iii) 3,564.	573,513.	6,991.	1,037,059.	
	(ii)	0.	0.	0.				
12	TOM IRVINE V.P. OF CHIEF INFORMATION OFFI	(i) 198,591.	(ii) 0.	(iii) 1,290.	17,585.	9,989.	227,455.	
	(ii)	0.	0.	0.				
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART 1, LINE 3

THE COMPENSATION OF THE PRESIDENT AND CEO (OF THE CHICAGO COMMUNITY TRUST) IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS, BASED ON A RECOMMENDATION FROM THE PERSONNEL AND COMPENSATION COMMITTEE. AS PART OF THE PROCESS, THE COMPENSATION COMMITTEE PREPARES A WRITTEN APPRAISAL WITH INPUT FROM ALL OF THE BOARD MEMBERS. IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS VARIOUS SURVEY DATA AND OTHER COMPARABLE COMPENSATION DATA FOR SIMILAR POSITIONS. THE COMPENSATION COMMITTEE REPORTS THE RESULTS OF THE WRITTEN PERFORMANCE APPRAISAL AND THEIR RECOMMENDATION TO THE FULL BOARD OF DIRECTORS DURING AN EXECUTIVE SESSION AT THE LAST COMMITTEE MEETING OF THE YEAR. AFTER REVIEW AND DISCUSSION, THE BOARD OF DIRECTORS APPROVES A COMPENSATION PACKAGE FOR THE PRESIDENT AND CEO. IN ADDITION TO REVIEWING THE ANNUAL COMPENSATION OF THE PRESIDENT AND CEO, THE PERSONNEL AND COMPENSATION COMMITTEE OF THE TRUST REVIEWS THE ANNUAL COMPENSATION OF KEY EMPLOYEES COMPARING COMPENSATION WITH RELEVANT COMPARABLE SURVEY AND COMPENSATION DATA.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE CHICAGO COMMUNITY TRUST

Employer identification number

36-2167000

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	361.	162,405,535.	AVERAGE OF HIGH/LOW
10 Securities - Closely held stock	X	2.	14,351,508.	EST. VALUATION
11 Securities - Partnership, LLC, or trust interests	X	5.	18,822,510.	EST. VALUATION
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

JSA

6E1298 1.000

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B

THE CHICAGO COMMUNITY TRUST USES WILLIAM BLAIR AS OUR (THIRD PARTY)

BROKERAGE FIRM TO SELL ALL SECURITIES THAT ARE RECEIVED AS DONATIONS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHICAGO COMMUNITY TRUST

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

36-2167000

FORM 990, PART VI, SECTION A, LINE 2

MICHAEL W. FERRO JR. IS THE CHAIR OF THE BOARD OF THE CHICAGO COMMUNITY TRUST, THE CEO OF MERRICK VENTURES AND A DIRECTOR AND CHAIR OF THE BOARD OF TRONC INC. MICHAEL TANG IS A BOARD MEMBER OF THE CHICAGO COMMUNITY TRUST AND AN INVESTOR IN MERRICK VENTURES. CAROL CRENSHAW IS THE CFO OF THE CHICAGO COMMUNITY TRUST AND SERVES ON THE BOARD OF TRONC INC.

MANY OF OUR BOARD MEMBERS SERVE ON THE BOARD OF ORGANIZATIONS THAT RECEIVE GRANTS FROM THE CHICAGO COMMUNITY TRUST. BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY OF THE TRUST AND COMPLETE A QUESTIONNAIRE ANNUALLY WHICH DISCLOSES ANY AFFILIATIONS. BOARD MEMBERS ARE REQUIRED TO DISCLOSE TRANSACTIONS THAT MAY RESULT IN OR REPRESENT A CONFLICT OF INTEREST.

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

THE GOVERNING BOARD OF THE TRUST CONSIST OF SEVENTEEN MEMBERS (2 VACANCIES AT SEPTEMBER 30, 2017) AND REPRESENT THE BROAD INTEREST OF THE PUBLIC. OF THE SEVENTEEN MEMBERS, TWO MEMBERS ARE CURRENTLY APPOINTED BY THE GOVERNING BOARD OF THE TRUST (2). TEN MEMBERS ARE APPOINTED BY PUBLIC OR QUASI-PUBLIC OFFICIALS: THE MAYOR OF CHICAGO (2), THE PRESIDING JUDGE OF THE PROBATE DIVISION OF THE CIRCUIT COURT OF COOK COUNTY (2), THE SENIOR ACTIVE JUDGES (NATIVE OF CHICAGO) OF THE UNITED STATES DISTRICT COURT OF THE NORTHERN DISTRICT OF ILLINOIS (2), THE PRESIDENTS OF THE UNIVERSITY OF CHICAGO (1) AND NORTHWESTERN UNIVERSITY

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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(1), CHANCELLOR OF THE UNIVERSITY OF ILLINOIS AT CHICAGO (1) AND THE LAY PRESIDING OFFICER OF THE UNITED WAY OF CRUSADE OF MERCY OF CHICAGO (1). THE REMAINING FIVE MEMBERS ARE APPOINTED BY THE TRUSTEE'S COMMITTEE, WHICH IS COMPRISED OF THE CHIEF EXECUTIVE OFFICERS OF THE TRUSTEE BANKS WHICH HOLD THE ASSETS OF THE TRUST (5).

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

THE FORM 990 IS PREPARED INTERNALLY BY STAFF AND REVIEWED BY THE VICE PRESIDENT OF FINANCE AND CFO. THE FORM 990 IS PRESENTED TO THE CPA/TAX CONSULTING FIRM FOR FURTHER REVIEW. AFTER REVIEWS ARE COMPLETED, THE VICE PRESIDENT OF FINANCE AND CFO REVIEWS THE RETURN WITH THE PRESIDENT AND CEO. WHEN THIS REVIEW IS COMPLETED, THE VICE PRESIDENT OF FINANCE AND CFO SIGNS THE RETURN AND THE FORM 990 IS FILED WITH THE IRS. SUBSEQUENT TO FILING, THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE AND IS THEN SHARED WITH THE FULL EXECUTIVE COMMITTEE/BOARD OF DIRECTORS.

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

ALL MEMBERS OF THE BOARD, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE WHICH DISCLOSES AFFILIATIONS. THE FORMS ARE REVIEWED BY MANAGEMENT TO ENSURE ONGOING COMPLIANCE. BOARD MEMBERS AND STAFF ARE REQUIRED TO DISCLOSE TRANSACTIONS THAT MAY RESULT OR REPRESENT A CONFLICT OF INTEREST.

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

THE COMPENSATION OF THE PRESIDENT AND CEO (OF THE CHICAGO COMMUNITY

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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TRUST) IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS, BASED ON A RECOMMENDATION FROM THE PERSONNEL AND COMPENSATION COMMITTEE. AS PART OF THE PROCESS, THE COMPENSATION COMMITTEE PREPARES A WRITTEN APPRAISAL WITH INPUT FROM ALL OF THE BOARD MEMBERS. IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS VARIOUS SURVEY DATA AND OTHER COMPARABLE COMPENSATION DATA FOR SIMILAR POSITIONS. THE COMPENSATION COMMITTEE REPORTS THE RESULTS OF THE WRITTEN PERFORMANCE APPRAISAL AND THEIR RECOMMENDATION TO THE FULL BOARD OF DIRECTORS DURING AN EXECUTIVE SESSION AT THE LAST COMMITTEE MEETING OF THE YEAR. AFTER REVIEW AND DISCUSSION, THE BOARD OF DIRECTORS APPROVES A COMPENSATION PACKAGE FOR THE PRESIDENT AND CEO. IN ADDITION TO REVIEWING THE ANNUAL COMPENSATION OF THE PRESIDENT AND CEO, THE PERSONNEL AND COMPENSATION COMMITTEE OF THE TRUST REVIEWS THE ANNUAL COMPENSATION OF KEY EMPLOYEES COMPARING COMPENSATION WITH RELEVANT COMPARABLE SURVEY AND COMPENSATION DATA.

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

THE PERSONNEL AND COMPENSATION COMMITTEE OF THE TRUST REVIEWS THE ANNUAL COMPENSATION OF KEY EMPLOYEES COMPARING COMPENSATION WITH RELEVANT COMPARABLE SURVEY AND COMPENSATION DATA. THE COMPENSATION COMMITTEE REPORTS THE RESULTS OF THE WRITTEN PERFORMANCE APPRAISAL AND THEIR RECOMMENDATION TO THE FULL BOARD OF DIRECTORS DURING AN EXECUTIVE SESSION AT THE LAST COMMITTEE MEETING OF THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC AS REQUESTED.

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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FORM 990, PART XI, LINE 9

GAIN ON BENEFICIAL INTEREST IN

CHARITABLE TERM TRUST \$27,561,610.00

GAIN ON BENEFICIAL INTEREST IN

CHARITABLE PERPETUAL TRUST 3,877,490.00

CHANGE IN VALUATION OF

CHARITABLE GIFT ANNUITIES (34,423.00)

OTHER CHANGES IN NET ASSETS \$31,404,677.00

FORM 990, PART III, LINE 4A, PART 1

IN 2017 THE CHICAGO COMMUNITY TRUST (THE TRUST) CONTINUED ITS COMMITMENT TO THE VISION OF A THRIVING REGION FOR ALL CHICAGOLAND RESIDENTS. THIS COMMITMENT INCLUDES MEETING THE MOST PRESSING NEEDS OF THE COMMUNITY BY LISTENING TO AND SUPPORTING THE INDIVIDUALS WORKING TIRELESSLY EVERY DAY TO MAKE THEIR COMMUNITIES STRONGER. ACHIEVING SUSTAINED PROGRESS REQUIRES THAT WE WORK IN PARTNERSHIP WITH ENGAGED DONORS AND COMMUNITY RESIDENTS AND WITH AN OPEN MIND TO HOW AND WHAT WE MIGHT LEARN FROM THEM.

KEY ACCOMPLISHMENTS IN FISCAL YEAR 2017

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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FOLLOWING ON THE STRATEGIC PLAN ADOPTED IN FISCAL 2015 (2015 STRATEGIC PLAN), THE TRUST IMPLEMENTED THE SECOND YEAR OF ITS GENERAL OPERATING FUNDING PROGRAM KNOWN AS GO GRANTS. GO GRANTS PROVIDE STABILITY FOR CORE NONPROFIT PARTNERS DELIVERING SERVICES THAT ARE ESSENTIAL FOR THRIVING COMMUNITIES, INCLUDING, BASIC HUMAN NEEDS, HEALTHCARE, ARTS AND CULTURE, EQUITABLE PUBLIC POLICY, NONPROFIT SECTOR SUSTAINABILITY, ECONOMIC DEVELOPMENT AND SUSTAINABLE DEVELOPMENT. GO GRANTEEES ARE DISTINGUISHED BY THEIR STRONG ORGANIZATIONAL HEALTH, RECOGNIZED STRATEGIES, THE NATURE AND QUALITY OF SERVICE PROVIDED AND THE COMMUNITIES THEY SERVE. THE TRUST MAKES A TWO-YEAR FUNDING COMMITMENT, CONTINGENT ON ANNUAL EXECUTIVE COMMITTEE APPROVAL. IN RETURN GO GRANTEEES COMMIT TO SUSTAIN STATUS QUO FOR THEIR MISSION AND GOVERNANCE, AND TO WORKING MORE CLOSELY WITH THE TRUST IN WAYS THAT STRENGTHEN THEIR WORK; SUPPORT ASSESSMENT AND PROGRESS; INFORM OTHER TRUST STRATEGIES; AND CONTRIBUTE TO THE NON-PROFIT FIELD. IN THIS SECOND YEAR OF THE TWO-YEAR PROGRAM PILOT, 283 ORGANIZATIONS ADVANCED THEIR MISSION WITH GO GRANT FUNDING IN THE TOTAL AMOUNT OF \$16,392,650.

TRUST STAFF PROCEEDED WITH IMPLEMENTATION OF OTHER STRATEGIC PLAN ELEMENTS, INCLUDING GRANTS TO INSPIRE PHILANTHROPY BY STRENGTHENING THE FUNDRAISING CAPACITY OF NONPROFITS TO BETTER SERVE COMMUNITIES, AS WELL AS ADDITIONAL GRANTS TO ENGAGE RESIDENTS THROUGH TRAINING AND IMPLEMENTATION OF SOCIAL LABS. SOCIAL LABS ARE A METHODOLOGY FOR ENGAGING AND EMPOWERING COMMUNITY RESIDENTS TO COLLECTIVELY IDENTIFY,

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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DESIGN AND RAPIDLY TEST PROTOTYPE SOLUTIONS FOR THE MOST CHALLENGING ISSUES FACING THEIR COMMUNITIES. AN ADDITIONAL ELEMENT OF THE SOCIAL LABS METHODOLOGY IS TO CONNECT COMMUNITY RESIDENTS TO DECISION MAKERS AND FUNDERS.

ON THE TABLE IN 2017 WAS ONCE AGAIN AN OVERWHELMING SUCCESS, CREATING A PLATFORM FOR CONVERSATIONS THAT ELEVATE CIVIC DIALOGUE, FOSTER NEW RELATIONSHIPS AND CREATE A UNIFYING EXPERIENCE ACROSS THE REGION. IN 2017, THE INITIATIVE GREW SIGNIFICANTLY - NOT JUST IN THE NUMBER OF PEOPLE ENGAGED DAY-OF, BUT ALSO THROUGH THE CREATION OF COMPLEMENTARY INITIATIVES TO AMPLIFY THE PROJECT'S REACH AND IMPACT, BOTH IN CHICAGO AND ACROSS THE COUNTRY. PARTICIPANTS INCREASED TO AN ESTIMATED 100,000 RESIDENTS FROM 55,000 RESIDENTS PARTICIPATING IN 2016. AS ONE OF THE COMPLIMENTARY ON THE TABLE INITIATIVES, THE TRUST INVITED INTERESTED RESIDENTS AND ORGANIZATIONS TO HOST CONVERSATIONS ADDRESSING ISSUES OF RACE AND INEQUITY IN THE REGION. TO FACILITATE THESE CHALLENGING CONVERSATIONS THE TRUST PROVIDED EXPERT FACILITATION TRAINING.

THE TRUST CONTINUES TO COLLABORATIVELY SUPPORT SEVERAL CITY-WIDE INITIATIVES AIMED AT IMPROVING YOUNG LIVES IN CHICAGO AND THE REGION IN A VARIETY OF WAYS, INCLUDING THROUGH PEER LEARNING COMMUNITIES USING TECHNOLOGY, HIVE CHICAGO AND BY REDUCING VIOLENCE FOR INDIVIDUALS AND COMMUNITIES MOST AFFECTED BY VIOLENCE AND POVERTY, GET IN CHICAGO. ALSO, THE TRUST IN COLLABORATION WITH SEVERAL LOCAL FUNDERS CONTINUED THE WORK OF THE FUND FOR SAFE AND PEACEFUL COMMUNITIES, A COLLABORATIVE \$850,000

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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FUND FOR RAPID RESPONSE GRANTS ENGAGING GRASS-ROOTS ORGANIZATIONS TO CREATE COMMUNITY COHESION AND PROMOTE PUBLIC SAFETY IN CHICAGO COMMUNITIES MOST BELEAGUERED BY GUN VIOLENCE. ONE HUNDRED THIRTY-TWO (132) NEIGHBORHOOD ORGANIZATIONS WERE AWARDED GRANTS FOR COMMUNITY-BASED ACTIONS, OVER 50 MORE ORGANIZATIONS THAN WERE FUNDED LAST YEAR. THE TRUST LOOKS FORWARD TO ENHANCING AND EXPANDING THIS INITIATIVE IN 2018.

A GROUP OF CHICAGO-BASED FINANCIAL INSTITUTIONS AND THE TRUST FORMED THE FINANCIAL SERVICES PIPELINE INITIATIVE IN 2013 (FSP) TO ADDRESS THE LACK OF AFRICAN-AMERICAN AND LATINO REPRESENTATION IN THE FINANCIAL SERVICES SECTOR WHICH HAS A NEGATIVE EFFECT ON THE COMPETITIVENESS AND EQUITY OF THE REGION. IN 2017, AT AN OCTOBER SUMMIT ATTENDED BY MORE THAN 120 EXECUTIVES AND PROFESSIONALS FROM THE 20 FSP INITIATIVE MEMBER FIRMS, REPRESENTATIVES OF AGENCIES AND ORGANIZATIONS PARTNERING WITH THE INITIATIVE, MEMBER FIRMS LAUNCHED JOINT ACTIONS THAT AIM TO ADDRESS WHAT THE RESEARCH DATA INDICATE IS A PERSISTENT AND POTENTIALLY GROWING GAP IN PARTICIPATION IN THE INDUSTRY BY THESE TWO DEMOGRAPHIC GROUPS.

FOLLOWING ON AN INITIATIVE LAUNCHED IN SPRING 2015 BY THE CITY OF CHICAGO AND METROPOLITAN PLANNING COUNCIL, IN PARTNERSHIP WITH FRIENDS OF THE CHICAGO RIVER, THE TRUST AND MANY OTHER STAKEHOLDERS, THESE PARTIES DEVELOPED, WITH COMMUNITY FEEDBACK, A COMPREHENSIVE PLAN TO REIMAGINE THE CITY'S CALUMET, CHICAGO AND DES PLAINES RIVERS AND RIVERFRONTS AS A HIGH FUNCTIONING SYSTEM, FROM IMPROVED SHIPPING TO WATER QUALITY TO DINING OPTIONS AND JOB OPPORTUNITIES. IN AUGUST 2016 CHICAGO MAYOR RAHM

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EMANUEL, TRUST PRESIDENT AND CEO TERRY MAZANY AND OTHER CIVIC, GOVERNMENT AND COMMUNITY LEADERS, PUBLICALLY LAUNCHED THE OUR GREAT RIVERS VISION. AFTER THE PUBLIC LAUNCH, THE TRUST CREATED THE OUR GREAT RIVERS FUND TO COORDINATE SUPPORT FOR COMMUNITY-LED RIVERS-RELATED PLANNING, PROGRAMS AND PROJECTS IN SUSTAINABLE DEVELOPMENT, ECONOMIC DEVELOPMENT, HUMAN HEALTH, AND ARTS AND CULTURE. IN SEPTEMBER 2017 THE TRUST AWARDED \$800,000 IN COMPETITIVE GRANTS TO CHICAGOLAND ORGANIZATIONS FOR NINE COMMUNITY PROJECTS THAT ADDRESS TRUST PRIORITIES IN SUSTAINABLE DEVELOPMENT, ECONOMIC DEVELOPMENT, HEALTH, AND ARTS AND CULTURE.

FOOD:LAND:OPPORTUNITY - LOCALIZING THE CHICAGO FOODSHED (FLO) IS A MULTI-YEAR INITIATIVE LAUNCHED IN 2014 BY THE TRUST LAUNCHED IN PARTNERSHIP WITH THE KINSHIP FOUNDATION UNDER THE TRUST'S SUSTAINABLE DEVELOPMENT GRANT MAKING PRIORITY. FLO AIMS TO CREATE A RESILIENT LOCAL FOOD ECONOMY THAT PROTECTS AND CONSERVES LAND AND OTHER NATURAL RESOURCES WHILE PROMOTING MARKET INNOVATION AND BUILDING WEALTH AND ASSETS IN THE CHICAGO REGION'S COMMUNITIES BY FOCUSING ON THE SUPPLY SIDE OF PRODUCING FOOD USING SUSTAINABLE PRACTICES. IN 2016 FLO COMPLETED A FOOD TO MARKET CHALLENGE AND AWARDED \$500,000 TO THE MULTI-DISCIPLINARY TEAM DEEMED TO BEST DELIVER A NEW BUSINESS MODEL FOR INCREASING SUPPLY AND DRIVING DEMAND FOR LOCAL AND SUSTAINABLE FOOD IN THE CHICAGO REGION, A COLLABORATION AMONG THREE WOMEN-OWNED BUSINESSES TO BRING HEALTHY PRODUCE INTO URBAN NEIGHBORHOODS, USING CHICAGO PUBLIC SCHOOLS AS AN ACCESS NETWORK. IN 2017 THE TRUST AWARDED \$698,000 IN COMPETITIVE FOOD TO MARKET CATALYST GRANTS TO THE FOUR FOOD TO MARKET CHALLENGE RUNNERS UP

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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WHO ALSO PRESENTED COMPELLING SOLUTIONS.

HOUSING+ - IN THE AFTERMATH OF THE 2008 FORECLOSURE CRISIS, THE TRUST WORKED WITH THOUGHT LEADERS AND COMMUNITY BASED ORGANIZATIONS IN THE HOUSING SECTOR TO DETERMINE PROMISING NEXT STEPS TO ADDRESS THE DEVASTATION CAUSED BY THE CRISIS IN MANY NEIGHBORHOODS. BASED ON RESEARCH DEMONSTRATING THE IMPORTANCE OF QUALITY, SAFE, AND STABLE HOUSING IN IMPROVING OUTCOMES IN HEALTH, REDUCED RECIDIVISM AND CRIMINAL JUSTICE INVOLVEMENT, AS WELL AS EDUCATIONAL PERFORMANCE AND ATTAINMENT, THE TRUST AWARDED \$529,000 IN COMPETITIVE GRANTS TO NINE STRONG CROSS-SECTOR PARTNERSHIPS WITH NEW APPROACHES TO PROVIDING PERMANENT AFFORDABLE HOUSING AND CONNECTING IT WITH OUTCOMES IN ONE OR MORE OF THE THREE DOMAINS; HEALTH, EDUCATION, OR CRIMINAL JUSTICE REFORM/REDUCED RECIDIVISM. THE TRUST LOOKS FORWARD TO BUILDING ON THIS STRATEGY IN 2018.

FORM 990, PART III, LINE 4A, PART 2

FOLLOWING IS A SUMMARY OF THE GRANTMAKING PRIORITIES OF THE TRUST

IN ADDITION TO GO GRANTS FUNDING DESCRIBED ABOVE, THE CHICAGO COMMUNITY TRUST RESPONDS TO THE REGION'S BROAD NEEDS THROUGH ITS COMPETITIVE GRANTS PROGRAM, CALLED LEADING CHANGE. IN FISCAL YEAR 2017 (OCTOBER 1, 2016 - SEPTEMBER 30, 2017), THE TRUST AWARDED OVERALL 575 GRANTS TOTALING MORE THAN \$38 MILLION TO NONPROFIT ORGANIZATIONS. THE COMPETITIVE GRANT PROCESS IS DESIGNED PRIMARILY TO SELECT NONPROFITS WHOSE WORK ADDRESSES THE FOUR LEADING CHANGE GOALS IDENTIFIED IN THE 2015 STRATEGIC PLAN:

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EQUITABLE ACCESS TO POST-SECONDARY EDUCATION, APPRENTICESHIPS AND JOB TRAINING THAT LEAD TO MEANINGFUL EMPLOYMENT OPPORTUNITIES; STIMULATE REGIONAL COMPETITIVENESS AND LOCAL ECONOMIC VITALITY; ADVANCE THE GROWTH AND RESILIENCE OF THE MOST DISADVANTAGED COMMUNITIES; ADDRESS THE IMPACT OF RACIAL ISOLATION AND INEQUITY TO ENSURE CONTINUED REGIONAL VITALITY. IN ADDITION, WHERE APPROPRIATE AND ON A LIMITED CASE-BY-CASE BASIS, TRUST COMPETITIVE GRANTS SUPPORT SPECIAL PROJECTS AND INITIATIVES ADDRESSING GO GRANTS PROGRAM PRIORITIES.

EDUCATION

THE TRUST'S EDUCATION STRATEGY IS FOUNDED ON THE BELIEF THAT EVERY CHILD SHOULD HAVE ACCESS TO A HIGH QUALITY EDUCATION, INCLUDING A POST-SECONDARY EXPERIENCE THAT LEADS TO MODERN LIVING-WAGE EMPLOYMENT AND CAREERS. THIS REQUIRES INCREASING HIGH SCHOOL GRADUATION RATES AND SCORES, IN PARTICULAR FOR LOW-INCOME STUDENTS OF COLOR; IMPROVING READINESS AMONG THOSE WHO GRADUATE FROM HIGH SCHOOL BUT ARE NOT WELL-PREPARED FOR POSTSECONDARY EDUCATION; ENSURING GREATER ACCESS TO A RANGE OF POSTSECONDARY OPTIONS FOR UNDERSERVED AND POORLY MATCHED STUDENT GROUPS; AND IMPROVING POST-SECONDARY PERSISTENCE RATES AMONG DIVERSE STUDENT POPULATIONS ONCE THEY ARE ENROLLED.

THE TRUST FUNDS INSTITUTIONS, ORGANIZATIONS AND PROGRAMS THAT DEMONSTRABLY IMPROVE POST-SECONDARY PREPAREDNESS AND PERSISTENCE OUTCOMES FOR STUDENT POPULATIONS WITH PERSISTENT ACHIEVEMENT GAPS; AND THAT

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DEMONSTRABLY IMPROVE SYSTEMS COMPRISING STUDENT PATHWAYS FROM HIGH SCHOOL TO POST-SECONDARY EXPERIENCES AND ON TO EMPLOYMENT.

WORKFORCE DEVELOPMENT

THE CHICAGOLAND AREA CONTINUES TO SUFFER FROM HIGH RATES OF UNEMPLOYMENT, TOO MANY WORKERS FACE JOB INSECURITY AND MANY WORKERS EARN WAGES THAT LEAVE THEIR FAMILIES BENEATH OR NEAR THE POVERTY LINE. THE TRUST ADDRESSES THIS ISSUE IN TWO WAYS. FIRST, THE TRUST FUNDS WORKFORCE AND PLACEMENT PROGRAMS MEETING SPECIFIC CRITERIA INCLUDING DEVELOPING THE CAPACITY OF INDIVIDUALS WHILE IMPROVING PROFITABILITY OF THE BUSINESSES IN WHICH THEY WORK, PROVIDE WORKERS IN BUSINESSES THAT MAY CLOSE OR LEAVE THE REGION, AND HELP PEOPLE WHOSE EMPLOYMENT WOULD LIKELY RESULT IN SAVINGS TO OTHER SOCIAL SYSTEMS SUCH AS LAW ENFORCEMENT, HEALTH CARE OR PUBLIC BENEFITS. SECONDLY, THE TRUST FUNDS NONPROFITS WORKING TO SECURE FAIR EARNINGS FOR WORKING PEOPLE, FIGHT DISCRIMINATION IN THE WORKPLACE AND REDUCE NON-COMPLIANCE WITH WAGE-HOUR LAWS. TO THE EXTENT POSSIBLE, FUNDED PROJECTS WILL WORK COLLABORATIVELY WITH EMPLOYERS.

HEALTH

INVESTMENTS IN CRITICAL PROGRAMS AND SERVICES AIMED AT COMMUNITY PREVENTION, ORAL HEALTH, SUBSTANCE ABUSE AND MENTAL HEALTH AND HEALTH EQUITY HAVE THE POTENTIAL TO IMPROVE HEALTH OUTCOMES AND REDUCE COSTS. THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) MAKES HEALTH SYSTEM

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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REFORM A MANDATE AT THE HIGHEST LEVELS OF GOVERNMENT AND HERALDS A NEW ERA OF HEALTH SYSTEM TRANSFORMATION FOR THE COMING DECADES. YET, SEVERAL FACTORS MAKE IT DIFFICULT TO PROVIDE COORDINATED ACCESS TO CARE: INCREASES IN THE UNINSURED AND UNDERINSURED, GROWING DEMANDS FOR SERVICE, INCREASES IN THE UNDOCUMENTED POPULATION, AND LARGE GAPS IN AFFORDABLE DENTAL CARE.

OPPORTUNITIES TO ENHANCE HEALTH CARE SERVICE COORDINATION, IMPROVE ACCESS TO SPECIALTY SERVICES (I.E. DENTAL, VISION AND SUBSTANCE ABUSE TREATMENT) CAN REDUCE CHRONIC DISEASE PREVALENCE AND IMPROVE POPULATION HEALTH. A FOCUS ON THE MOST VULNERABLE POPULATIONS (I.E., LOW-INCOME, UNINSURED AND THE SOCIALLY MARGINALIZED) CAN REDUCE HEALTH CARE COSTS FOR THE MOST HIGH-RISK PATIENTS.

THE TRUST HAS A LONG COMMITMENT TO SUPPORTING SEVERAL STRATEGIES THAT WILL IMPROVE THE HEALTH CARE DELIVERY SYSTEM, INCREASE ACCESS TO PREVENTATIVE AND SPECIALTY CARE TO VULNERABLE POPULATIONS, AND PROMOTE COMMUNITY WELLNESS. THIS IS ACCOMPLISHED THROUGH THREE STRATEGIC HEALTH AREAS:

1. IMPROVING ACCESS TO HEALTH CARE TO ACHIEVE A WELL-INTEGRATED, HIGHLY-FUNCTIONING PUBLIC HEALTH SYSTEM;
2. IMPLEMENTING HEALTH SYSTEM REFORM THROUGH THE SUCCESSFUL IMPLEMENTATION OF THE A WELL-INTEGRATED, HIGHLY-FUNCTIONING PUBLIC HEALTH SYSTEM; AND

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3. PREVENTING AND REDUCING OBESITY SUPPORTING PROGRAMS THAT EMPLOY SUCCESSFUL STRATEGIES TO PREVENT AND REDUCE OBESITY.

HOUSING

THE TRUST SEEKS TO IMPROVE HOUSING FOR RESIDENTS ALONG THE ENTIRE SPECTRUM FROM MEETING THE NEEDS OF PEOPLE LIVING WITH HOMELESSNESS, SECURING AFFORDABLE RENTAL HOUSING, SUPPORTIVE HOUSING FOR PEOPLE WITH SPECIAL NEEDS AND ACCESS TO HOMEOWNERSHIP AND FORECLOSURE PREVENTION.

HOMELESSNESS

CHICAGO CREATED ITS FIRST PLAN TO END HOMELESSNESS, CHICAGO'S PLAN 2.0: A HOME FOR EVERYONE, A COORDINATED CONTINUUM OF CARE FROM INTERIM TO PERMANENT HOUSING. WHILE THIS PLAN HELPED TO REDUCE THE NUMBER OF PEOPLE LIVING WITH HOMELESSNESS, THERE IS STILL A NEED PARTICULARLY FOR YOUTH, LGBT AND OTHERS. THE TRUST SPECIFICALLY SUPPORTS NONPROFITS THAT PROVIDES BROAD SYSTEM MANAGEMENT AND SUPPORT, AND DIRECT SERVICE PROVISION AT SHELTERS THAT PROVIDE SERVICES THAT LEAD TO PERMANENT HOUSING.

INCREASING AFFORDABLE HOUSING

AS OF THE 2010 CENSUS, APPROXIMATELY 55% OF RENTERS IN CHICAGO SPEND MORE THAN 30% OF THEIR INCOME ON HOUSING. THERE IS AN ESPECIALLY LONGSTANDING DEFICIT OF RENTAL HOMES THAT ARE AFFORDABLE FOR THE LOWEST-INCOME

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HOUSEHOLDS. SCARCITY OF AFFORDABLE RENTAL HOUSING IS THE PRINCIPAL CAUSE OF FAMILY HOMELESSNESS AND SUBSTANDARD HOUSING CONDITIONS, INCLUDING GROWING PROBLEMS OF OVERCROWDING. FORTUNATELY, CHICAGO HAS A LONG-STANDING TRADITION OF COMMUNITY DEVELOPMENT CORPORATIONS (CDCS) AND OTHER ORGANIZATIONS WORKING TO ENSURE SUFFICIENT, DECENT AFFORDABLE RENTAL HOUSING. NONPROFIT DEVELOPERS OF QUALITY, AFFORDABLE RENTAL AND PERMANENT SUPPORTIVE HOUSING HAVE GROWN MORE AND MORE SOPHISTICATED OVER THE YEARS. THE TRUST WILL SUPPORT THREE LEVELS OF WORK TO ADDRESS THE CITY'S NEED FOR AFFORDABLE HOUSING:

1. BRICKS AND MORTAR EFFORTS TO DEVELOP AND/OR PRESERVE HARD UNITS OF QUALITY, TRANSIT-ORIENTED, RENTAL HOUSING;
2. EDUCATION AND TRAINING, TECHNICAL ASSISTANCE, AND LEGAL ASSISTANCE TO INDIVIDUALS AND GROUPS OF RENTERS FOR THE PURPOSE OF MAINTAINING RENTAL STABILITY; AND
3. POLICY, ADVOCACY, AND ORGANIZING EFFORTS THAT CAN QUANTIFY THE NUMBER OF UNITS OF AFFORDABLE RENTAL HOUSING THAT WILL BE PRESERVED OR CREATED.

FORECLOSURE PREVENTION AND INTERVENTION

THE CHICAGO REGION HAS EXPERIENCED THE DESTABILIZATION OF NEIGHBORHOODS AND A DECLINE IN HOMEOWNERSHIP RATES DUE TO A FORECLOSURE CRISIS OF UNPRECEDENTED SIZE AND COMPLEXITY. THE TRUST SEEKS TO REDUCE THE FORECLOSURE RATES, INCREASE FINANCIAL LITERACY AND ENSURE THAT HOUSING COUNSELING IS ACCESSIBLE ACROSS THE METRO REGION. GUIDED BY THE REGIONAL

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HOME OWNERSHIP PRESERVATION INITIATIVE (RHOPI) ACTION PLAN, THE TRUST PROVIDED FUNDING FOR RHOPI COORDINATION AND LEADERSHIP, AND SUSTAINABLE HOMEOWNERSHIP POLICY/ADVOCACY. THE RHOPI HAS SET PRIORITIES IN HOUSING COUNSELING AND LEGAL AID, LENDING AND FINANCIAL PRODUCTS, REPROGRAMMING OF VACANT PROPERTIES, RESEARCH AND COMMUNICATIONS, AND TENANTS IN FORECLOSURE. ADDITIONALLY THE TRUST SUPPORTED EFFORTS TO ESTABLISH THE BASIS OF A NEW FINANCIAL SYSTEM THAT ENCOURAGES SUSTAINABLE HOMEOWNERSHIP AND FOCUSES ON QUALITY MORTGAGE PRODUCTS, FINANCIAL LITERACY, AND PROPER OVERSIGHT.

HUMAN SERVICES

HUNGER

AN ESTIMATED 9.5% OF ILLINOIS HOUSEHOLDS ARE FOOD INSECURE, AND APPROXIMATELY 750,000 PERSONS USE FOOD STAMPS. WITH EFFICIENT DELIVERY SYSTEMS IN PLACE SUPPORTED BY A HIGH NUMBER OF VOLUNTEERS, THE GREATEST CHALLENGE IN PREVENTING HUNGER IS ACQUIRING FOOD FROM NEW SOURCES. THE TRUST SUPPORTS THREE LEVELS OF WORK TO MEET THIS CHALLENGE. FIRST, ORGANIZE AND COLLABORATIVE PLANNING OF FOOD PANTRIES/KITCHENS, IN A PARTICULAR GEOGRAPHIC LOCALE, AROUND SIMILAR NEEDS TO ENHANCE EFFICIENCY AND EFFECTIVENESS OF EMERGENCY AND NUTRITIOUS FOOD DISTRIBUTION. SECOND, DEVELOPMENT OF PILOT PROJECTS TO PROMOTE INCREASED LOCAL CAPACITY TO PRODUCE FRESH PRODUCE TO SERVE FOOD DESERTS AND OTHER UNDERSERVED NEIGHBORHOODS, WITH A GOAL OF ULTIMATELY CHANGING TO THE FOOD SYSTEM TO

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PROMOTE LOCAL FOOD SECURITY. THIRD, THE DISTRIBUTION OF EMERGENCY AND NUTRITIOUS FOOD AND PROMOTION OF ENHANCED PARTICIPATION IN FREE AND REDUCED RATE FEEDING PROGRAMS.

FORM 990, PART III, LINE 4A, PART 3
ADVOCACY TO PRESERVE THE SOCIAL SAFETY NET

2015 PRESENTED SEVERE CHALLENGES WITH STATE BUDGET SHORTFALLS IMPACTING SOCIAL SERVICES THROUGHOUT THE REGION. THE TRUST FUNDED ORGANIZATIONS THAT ADVOCATED FOR THE NEEDS OF LOW-INCOME PERSONS IN THE FOLLOWING FIELDS: POVERTY ALLEVIATION, CHILDREN, HOMELESSNESS, HUNGER, PEOPLE WITH DISABILITIES, AND IMMIGRANTS. ORGANIZATIONS WERE SELECTED THAT WERE THE MOST EFFECTIVE IN EACH AREA OF INTEREST, ACHIEVING ADVOCACY GOALS THAT ARE IMPORTANT TO A HIGH NUMBER OF PEOPLE, AND WORKING TOWARD GOALS LIKELY TO BE ACHIEVED WITHIN THE NEXT FIVE YEARS.

CRIMINAL JUSTICE REFORM AND VIOLENCE REDUCTION

WHILE CRIME RATES HAVE FALLEN SUBSTANTIALLY IN THE CHICAGO REGION OVER THE PAST 20 YEARS, THEY STILL REMAIN UNACCEPTABLY HIGH. OVER THE SAME PERIOD, PRISON POPULATIONS HAVE GROWN, RESULTING IN HIGH COSTS TO THE STATE FOR PRISON OPERATIONS AND MAKING THE INTEGRATION OF FORMER PRISONERS INTO COMMUNITIES A SIGNIFICANT PROBLEM. THERE ARE MANY AREAS OF CRIMINAL JUSTICE WHERE INNOVATIONS AND SERVICES WOULD MAKE RECIDIVISM LESS LIKELY AND REDUCE THE NUMBER IN PRISONS AND REDUCE THE COST TO THE GOVERNMENT. GRANTS WERE GIVEN TO NONPROFITS DELIVERING DIRECT

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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INTERVENTIONS TO APPROXIMATELY 740 YOUNG PEOPLE, MOST OF WHO HAVE ALREADY OFFENDED, TO REDUCE CRIME RATES. THE TRUST ALSO SUPPORTED ORGANIZATIONS WORKING ON MORE EFFECTIVE POLICY ALTERNATIVES TO CONVENTIONAL PROSECUTION OF NON-VIOLENT OFFENDERS. THESE WILL RESULT IN MORE EX-OFFENDERS WORKING, MORE OFFENDERS RECEIVING SOCIAL SERVICES, AND FEWER INCARCERATED.

ARTS AND CULTURE

THE CHICAGO COMMUNITY TRUST IS COMMITTED TO ENHANCING CULTURAL VIBRANCY, ACCESS AND DIVERSITY TO PROMOTE REGIONAL PROSPERITY AND BUILD COMMUNITIES. THE TRUST BUILDS THE CAPACITY OF THE ARTS SECTOR AS A WHOLE, IMPROVES ACCESS TO ARTS LEARNING AND PROMOTES ARTISTIC AND CULTURAL DIVERSITY.

CAPACITY BUILDING FOR THE SECTOR

THE TRUST'S SIGNATURE SMART GROWTH PROGRAM SUPPORTS SMALL ARTS ORGANIZATIONS TO INCREASE THEIR MANAGEMENT CAPACITY AND RESILIENCY TO LEAD TO MORE STABLE AND PRODUCTIVE ARTS SECTOR. 31 NEW ORGANIZATIONS WERE SELECTED IN 2015 THAT WILL BEGIN A FOUR YEAR PROGRAM WITH ANNUAL FUNDING AS WELL AS COACHING AND OTHER NETWORKING AND LEARNING EXPERIENCES. THE TRUST ALSO SUPPORTS A SMALLER GROUP OF NONPROFITS WORKING TO INCREASE THE COLLECTION AND USAGE OF DATA TO HELP FUNDERS AND NONPROFITS DECISION-MAKING THAT IMPACTS THE CULTURAL VITALITY OF THE

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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REGION.

IMPROVING ACCESS TO ARTS LEARNING

THE TRUST FUNDS NONPROFITS THAT ARE ABLE TO BRING THE HIGHEST PERFORMING ARTS PROGRAMS TO THE MOST UNDERSERVED STUDENTS, BOTH IN AND OUT OF SCHOOL. THESE PROGRAMS ARE ABLE TO PROVIDE PROGRAMING TO OVER 300 SCHOOLS AND PUBLIC AFTER SCHOOL PROGRAMS TO PROVIDE CONSISTENT, EFFECTIVE AND ENGAGING ARTS PROGRAMING. THE TRUST ALSO SUPPORTS A NUMBER OF ORGANIZATIONS WORKING WITH AT RISK YOUTH, THOSE EITHER IN THE JUVENILE DETENTION CENTER, OR HAVE BEEN COURT INVOLVED. WITH MANY OF THESE YOUTH NOT ATTENDING TRADITIONAL SCHOOLS, THIS PROGRAM FOCUSES ON CONNECTING YOUTH TO TEACHING ARTISTS AND PROGRAMS THAT ARE INFUSED WITH SOCIAL/EMOTION LEARNING AND WORKFORCE DEVELOPMENT.

PRODUCTION SUPPORT THAT STRENGTHENS ARTISTIC AND CULTURAL DIVERSITY

THE CITY OF CHICAGO'S 2012 CULTURAL PLAN IDENTIFIES THE DISPARITY OF ARTS ACCESS ACROSS CHICAGO'S DIVERSE COMMUNITIES AS ONE OF THE TOP TWO PRIORITIES FOR RESIDENTS. THE TRUST FUNDS PROJECTS THAT SHOWCASE DIVERSE TALENTS, REACH UNDERSERVED COMMUNITIES, AND OFFERS AFFORDABLE AND ACCESSIBLE PROGRAMMING TO RESIDENTS NOT TYPICALLY FOUND IN AUDIENCES. IN 2015, WITH THE ANNIVERSARY OF THE AMERICANS WITH DISABILITIES ACT, THERE WAS A PARTICULAR FOCUS ON PRODUCTIONS THAT SHOWCASE THE TALENTS OF PEOPLE WITH DISABILITIES AND/OR ACCESSIBLE PROGRAMS TO PEOPLE WITH DISABILITIES.

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CIVIC VITALITY

ENSURE THAT POLICY MAKERS AND RESIDENTS ARE INFORMED AND ENGAGED

THE TRUST FUNDS A NUMBER OF KEY GRANTS TO DEVELOP AND CREATE A DATABASE TO TRACK CRITICAL ISSUES FOR OUR REGION. THIS TOOL IS USED BY DECISION MAKERS, INCLUDING COMMUNITY PLANNERS, POLICY MAKERS, RESEARCHERS, JOURNALISTS AND CIVIC LEADERS.

STRENGTHENING NON-PROFIT PERFORMANCE

THE TRUST IS A MAJOR SUPPORTER OF EFFECTIVE ORGANIZATIONAL DEVELOPMENT AND GROWTH FOR NONPROFITS. WITH THE REDUCTION IN GOVERNMENT FUNDING TO MANY SECTORS, NONPROFITS NEED TO BE ENCOURAGED TO PURSUE ADDITIONAL AND INNOVATIVE FUNDRAISING STRATEGIES TO RAISE FUNDS OR BECOME MORE EFFICIENT BY MERGING WITH OTHER ORGANIZATIONS OR SHARING BACK-OFFICE FUNCTIONS. THE TRUST FUNDS MERGERS OF MULTIPLE PROVIDER ORGANIZATIONS OR DEVELOPMENT OF SHARED SERVICES OR COLLABORATIONS THAT RESULT IN SIGNIFICANT COST SAVINGS THAT CAN BE CONVERTED TO PROGRAM SERVICE PROVISION.

SUSTAINABLE DEVELOPMENT

SUSTAINABLE COMMUNITIES ARE THE BUILDING BLOCKS OF A SUSTAINABLE REGION.

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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THERE HAS BEEN A LOT OF PROGRESS IN THE PAST FIVE YEARS INCLUDING AN INCREASE IN PROTECTED LAND, NUMBER OF COMMUNITIES WITH SUSTAINABILITY PLANS, AND AN INCREASE IN PUBLIC TRANSIT. DESPITE THIS VERY REAL PROGRESS, DEVELOPMENT THAT HONORS ENVIRONMENTAL, ECONOMIC AND EQUITY VALUES REMAINS ELUSIVE FOR MANY COMMUNITIES. THIS IS ESPECIALLY TRUE IN PLACES STRUGGLING AGAINST THE SEEMINGLY INTRACTABLE FORCES OF POPULATION DECLINE, URBAN BLIGHT AND WEAK ECONOMIES. TRUST-SUPPORTED SUSTAINABLE DEVELOPMENT PROJECTS WORK REGIONALLY TO CHANNEL INVESTMENT BACK TO ALREADY-DEVELOPED AREAS AND LOCALLY TO REVITALIZE THOSE AREAS WITH A CLEAN ENVIRONMENT, HIGH QUALITY BUILT ENVIRONMENT, AND VIABLE LOCAL ECONOMIES.

THE TRUST PROVIDES SUPPORT TO NONPROFITS WORKING AT A SYSTEMIC CHANGE LEVEL ADDRESSING WIDE-SCALE ISSUES IN THE BUILT ENVIRONMENT, CLIMATE AND ENERGY, AND NATURAL SYSTEMS. EACH OF THE FUNDED PROJECTS ALIGN WITH A REGIONAL POLICY OR PLAN; INCREASE KNOWLEDGE, CONVICTION AND POLITICAL WILL AMONG KEY STAKEHOLDERS; AND SUPPORTS PROJECTS THAT ARE REPLICABLE ACROSS COMMUNITIES.

THE TRUST ALSO SUPPORTS PROJECTS AT A COMMUNITY-BASED LEVEL. THESE GRANTS HELP TO CREATE A COHESIVE LANDSCAPE BY REPLACING VACANT AND UNDERUTILIZED PARCELS WITH WALKABLE, COMPACT AND TRANSIT-FRIENDLY LAND USES THAT CONJOIN COMMUNITIES, CONNECT EMPLOYMENT CENTERS TO THE WORKFORCE THAT SERVES THEM, AND CONSERVE OPEN SPACE.

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THE TRUST PLAYS A LEADERSHIP ROLE BEYOND ITS GRANT MAKING IN SEVERAL SUSTAINABLE DEVELOPMENT PROJECTS INCLUDING THE MILLENNIUM RESERVE, A COMPREHENSIVE ENVIRONMENTAL AND ECONOMIC RENEWAL PLAN FOR A REGION THAT INTEGRATES NATURE INTO THE FABRIC OF VIBRANT COMMUNITIES FOR A 220-SQUARE MILE SECTION OF THE SOUTHERN PART OF THE CITY. IN PARTNERSHIP WITH ANOTHER FUNDER, THE FOOD:LAND:OPPORTUNITY PROJECT FINDS WAYS TO SECURE FARMLAND AND INCREASE LOCAL FOOD SUPPLY BY ENHANCING THE FOOD SUPPLY CHAIN CONNECTIONS.

FORM 990, PART I, LINE 1

THE CHICAGO COMMUNITY TRUST PROVIDES GRANTS AND OTHER RESOURCES TO IMPROVE THE VITALITY OF OUR COMMUNITY; PROVIDES LEADERSHIP; ADDRESSES COMMUNITY CHALLENGES; AND PROMOTES PHILANTHROPY BY INFORMING DONORS ABOUT PHILANTHROPIC OPPORTUNITIES.

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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FORM 990, PART IX

LEASED EMPLOYEES*

		LAKE COUNTY COMMUNITY FOUNDATION	THE COMMUNITY FOUNDATION FOR WILL COUNTY
	TOTAL COST		
SALARIES	\$10,136,982**	206,445	164,752
PENSION	587,220	9,791	11,619
OTHER EMP BENEFITS	733,456	16,593	13,083
PAYROLL TAXES	655,420	16,049	12,962
TOTAL	12,113,078	248,878	202,416

*REPRESENTS COST ASSOCIATED WITH EMPLOYEES WHO ARE LEASED TO AFFILIATED ORGANIZATIONS.

SALARY AND BENEFIT INFORMATION RELATED TO LEASED EMPLOYEES ARE INCLUDED IN THE RESPECTIVE SEPARATE FORM 990 FOR THE RELATED ORGANIZATION.

THE LAKE COUNTY COMMUNITY FOUNDATION EIN 20-3654399.

THE COMMUNITY FOUNDATION OF WILL COUNTY EIN #76-0821144.

THE COMMUNITY FOUNDATION FOR MCHNERY COUNTY EIN# 36-1165219.

METROPOLIS STRATEGIES EIN#36-4278088.

**TOTAL SALARIES ARE REPORTED IN FORM 941'S UNDER THE CHICAGO COMMUNITY TRUST EIN 36-2167000.

(SEE BELOW FOR FURTHER DETAIL)

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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FORM 990, PART IX (CONTINUED)

LEASED EMPLOYEES*

	THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY	METROPOLIS STRATEGIES	CHICAGO COMMUNITY TRUST
SALARIES	247,454	242,343	9,275,988
PENSION	16,110	5,365	544,335
OTHER EMP BENEFITS	23,244	12,216	668,320
PAYROLL TAXES	19,321	19,051	588,037
TOTAL	306,129	278,975	11,076,680

*REPRESENTS COST ASSOCIATED WITH EMPLOYEES WHO ARE LEASED TO AFFILIATED ORGANIZATIONS.

SALARY AND BENEFIT INFORMATION RELATED TO LEASED EMPLOYEES ARE INCLUDED IN THE RESPECTIVE SEPARATE FORM 990 FOR THE RELATED ORGANIZATION.

THE LAKE COUNTY COMMUNITY FOUNDATION EIN 20-3654399.

THE COMMUNITY FOUNDATION OF WILL COUNTY EIN #76-0821144.

THE COMMUNITY FOUNDATION FOR MCHNERY COUNTY EIN# 36-1165219.

METROPOLIS STRATEGIES EIN#36-4278088.

**TOTAL SALARIES ARE REPORTED ON FORM 941 UNDER THE CHICAGO COMMUNITY TRUST EIN 36-2167000.

(SEE BELOW FOR FURTHER DETAIL)

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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FORM 990, PART IX (CONTINUED)

LEASED EMPLOYEES*

CHICAGO COMMUNITY

TRUST OFFICERS

& DIRECTORS

SALARIES	2,348,617
PENSION	128,957
OTHER EMPLOYEE BENEFITS	73,139
PAYROLL TAXES	84,312
TOTAL	2,635,025

*REPRESENTS COST ASSOCIATED WITH EMPLOYEES WHO ARE LEASED TO AFFILIATED ORGANIZATIONS.

SALARY AND BENEFIT INFORMATION RELATED TO LEASED EMPLOYEES ARE INCLUDED IN THE RESPECTIVE SEPARATE FORM 990 FOR THE RELATED ORGANIZATION.

THE LAKE COUNTY COMMUNITY FOUNDATION EIN 20-3654399.

THE COMMUNITY FOUNDATION OF WILL COUNTY EIN #76-0821144.

THE COMMUNITY FOUNDATION FOR MCHNERY COUNTY EIN# 36-1165219.

METROPOLIS STRATEGIES EIN#36-4278088.

**TOTAL SALARIES ARE REPORTED IN FORM 941'S UNDER THE CHICAGO COMMUNITY TRUST EIN 36-2167000.

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROVIDE GRANTS AND OTHER RESOURCES TO IMPROVE THE HEALTH AND VITALITY OF OUR DIVERSE COMMUNITY, PROVIDE LEADERSHIP IN AND CONTRIBUTE TO INNOVATIVE APPROACHES TO ADDRESS COMMUNITY CHALLENGES AND PROMOTE PHILANTHROPY BY INFORMING AND ENGAGING DONORS ABOUT PHILANTHROPIC OPPORTUNITIES, WHICH ENABLE THEM TO MAKE A DIFFERENCE IN THE COMMUNITY. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, CA, CO, CT,
 FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
 MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
JASCULCA/TERMAN & ASSOCIATES 730 N. FRANKLIN STREET, STE 510 CHICAGO, IL 60610	MARKETING CONSULTANT	790,336.
UNIVERSITY OF ILLINOIS 28395 NETWORK PLACE CHICAGO, IL 60673	BUSINESS CONSULTANT	707,708.
NORTHSHORE UNIVERSITY HEALTH SYSTEM 1001 UNIVERSITY PLACE EVANSTON, IL 60201	BUSINESS CONSULTANT	488,140.
UNIVERSITY OF CHICAGO 6054 S DREXEL AVE CHICAGO, IL 60637	BUSINESS CONSULTANT	450,396.

Name of the organization THE CHICAGO COMMUNITY TRUST	Employer identification number 36-2167000
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GALAMBOS AND ASSOCIATES 213 W INSTITUTE PLACE, STE 704 CHICAGO, IL 60610	MARKETING CONSULTANT	332,973.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHICAGO COMMUNITY TRUST

Employer identification number

36-2167000

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE BURRIDGE D. BUTLER MEMORIAL TRUST P.O. BOX 370 MOUNT PROSPECT, IL 60056 36-3035694	GRANT MAKING	IL	501(C)(3)	12C-III-O	N/A		X
(2) THE LAVIN FAMILY SUPPORTING FOUNDATION 225 N MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601 36-4120653	GRANT MAKING	IL	501(C)(3)	12A-I	CCT	X	
(3) METROPOLIS STRATEGIES 21 S. CLARK STREET CHICAGO, IL 60603 36-4278088	SUSTAINABLE D	IL	501(C)(3)	12A-I	CCT	X	
(4) THE LAKE COUNTY COMMUNITY FOUNDATION 225 N MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601 20-3654399	GRANT MAKING	IL	501(C)(3)	12A-I	CCT	X	
(5) THE COMMUNITY FOUNDATION OF WILL COUNTY 701 ESSINGTON ROAD, SUITE 103 JOLIET, IL 60435 76-0821144	GRANT MAKING	IL	501(C)(3)	12A-I	CCT	X	
(6) THE PERT FOUNDATION 225 N MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601 81-0585993	GRANT MAKING	IL	501(C)(3)	12A-I	CCT	X	
(7) THE SPRINGBOARD FOUNDATION 225 N MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601 36-4482332	GRANT MAKING	IL	501(C)(3)	12A-I	CCT	X	

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

Schedule R (Form 990) 2016

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHICAGO COMMUNITY TRUST

Employer identification number

36-2167000

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE GLASSER AND ROSENTHAL FAMILY FOUNDAT 225 N MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601 45-3577069	GRANT MAKING	IL	501(C)(3)	12A-I	CCT	X	
(2) THE COMMUNITY FOUNDATION FOR MCHENRY 630 N ROUTE 31, SUITE 101 CRYSTAL LAKE, IL 60012 36-4465219	GRANT MAKING	IL	501(C)(3)	12A-I	CCT	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE LAKE COUNTY COMMUNITY FOUNDATION	B	180,850.	ACCRUAL BASIS
(2) THE COMMUNITY FOUNDATION OF WILL COUNTY	B	198,000.	ACCRUAL BASIS
(3) METROPOLIS STRATEGIES	B	310,000.	ACCRUAL BASIS
(4) THE SPRINGBOARD FOUNDATION	B	60,436.	ACCRUAL BASIS
(5) THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY	B	50,000.	ACCRUAL BASIS
(6) THE PERT FOUNDATION	C	5,250,000.	ACCRUAL BASIS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE BURRIDGE D. BUTLER MEMORIAL TRUST	C	937,720.	ACCRUAL BASIS
(2) THE LAVIN FAMILY SUPPORTING FOUNDATION	C	50,000.	ACCRUAL BASIS
(3) THE GLASSER AND ROSENTHAL FAMILY FOUNDATION	C	8,550.	ACCRUAL BASIS
(4) THE LAKE COUNTY COMMUNITY FOUNDATION	O	248,878.	ACCRUAL BASIS
(5) THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY	O	306,129.	ACCRUAL BASIS
(6) THE COMMUNITY FOUNDATION OF WILL COUNTY	O	202,416.	ACCRUAL BASIS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) METROPOLIS STRATEGIES	O	278,975.	ACCRUAL BASIS
(2) THE SPRINGBOARD FOUNDATION	Q	96,107.	CASH BASIS
(3) THE LAVIN FAMILY SUPPORTING FOUNDATION	Q	30,251.	CASH BASIS
(4) THE PERT FOUNDATION	Q	88,143.	CASH BASIS
(5) THE COMMUNITY FOUNDATION OF WILL COUNTY	Q	231,591.	CASH BASIS
(6) THE LAKE COUNTY COMMUNITY FOUNDATION	Q	168,328.	CASH BASIS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) METROPOLIS STRATEGIES	Q	800,629.	CASH BASIS
(2) THE COMMUNITY FOUNDATION FOR MCHENRY COUNTY	Q	512,904.	CASH BASIS
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
