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Form 990-T	E	xempt Organization Bus and proxy tax und					OMB No 1545 0047
•	For cale	andar year 2019 or other tax year beginning JUL 1, 20		, and ending JUN	30, 2020 ()	<i>XO</i>	2019
Secretary and the secretary an		Go to www.irs gov/Form990T for ir				}	2013
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it may					Open to Public Inspection f 501(c)(3) Organizations Onl
A Check box if address changed		Name of organization (Check box if name of	(Emp	oyer identification number loyees' trust, see actions)			
B Exempt under section	Print	Chicago Youth Centers		ļ	36-2344429		
X 501(c(1)3)	10	Number, street, and room or suite no. If a P O. bo		ated business activity code nstructions)			
408(e) 220(e)	Туре	218 S. Wabash Ave, Suite 510		•			
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of Chicago, IL 60604-2314	r foreigi	n postal code		5230	00
Book value of all assets at end of year		F Group exemption number (See instructions)	•				
9,222,	148.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust
	-	ion's unrelated trades or businesses.	1	Describe	the only (or first) un	related	
trade or business here	Inco	me from partnerships		If only one,	complete Parts I-V.	If more	than one,
describe the first in the bl	ank spac	e at the end of the previous sentence, complete Pa	ırts I an	d II, complete a Schedule	M for each addition	al trade	or
business, then complete l							-
		oration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	▶ [Ye	es X No
		fying number of the parent corporation.					
The books are in care of					one number 🕨 (
		e or Business Income		(A) Income	(B) Expenses	· · · · · · · · · · · · · · · · · · ·	(C) Net
1a Gross receipts or sale	S						
b Less returns and allow		c Balance	1c				
2 Cost of goods sold (S		· · · · ·	2				
3 Gross profit. Subtract			3			•	
4 a Capital gain net incom	•	•	4a				ļ
b Net gain (loss) (Form	4797, Pa	art II, line 17) (attach Form 4797)	4b				
 Capital loss deduction 			4c	.,			ļ
		nip or an S corporation (attach statement)	5				
6 Rent income (Schedul	,		6				ļ
7 Unrelated debt-finance			7				
•		d rents from a controlled organization (Schedule F)					
		1 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$				
0 Exploited exempt active	•	,	10				<u> </u>
1 Advertising income (S		•	11				
12 Other income (See ins		'	12				
13 Total. Combine lines			13	0.			<u> </u>
		t Taken Elsewhere (See instructions for directly connected with the unrelated busing					
4 Compensation of offi	cers, dire	ectors, and trustees (Schedule K)	_	 -		14	
5 Salaries and wages						15	
6 Repairs and maintenance	ance					16	
7 Bad debts						17	
8 Interest (attach scher	dule) (se	e instructions)				18	
9 Taxes and licenses						19	
0 Depreciation (attach)	Form 45 6	62)		20	 -	ļ	
 Less depreciation cla 	ımed on	Schedule A and elsewhere on return		21a		21b	
2 Depletion		1_1 =				22	
3 Contributions to defe	rred con	ipensation plans				23	
4 Employee benefit pro	grams	* **	n 4 9			24	
5 Excess exempt exper	ises (Sch	, ,,	() i	.0.4.		25	<u> </u>
6 Excess readership co	sts (Sch	edule J)		-		26	
7 Other deductions (att	ach sche	edule)				27	
8 Total deductions Ad	id lines 1	4 through 27				28	
9 Unrelated business to	axable ind	come before net operating loss deduction. Subtrac	t line 28	from line 13		29	
O Deduction for net ope	erating lo	ss arısın <mark>g ın t</mark> ax years begınnıng on or after Janua	ry 1, 20	18			
(see instructions)						30	
	vahle in	come. Subtract line 30 from line 29				31	(

Schedule A - Cost of Good	s Sold. _{Enter}	method of inven	tory valuation N/A		···				
1 Inventory at beginning of year	11		6 Inventory at end of year			6			
2 Purchases	2		7 Cost of goods sold. S		line 6				
3 Cost of labor	3 from line 5 Enter here a								
4 a Additional section 263A costs	-		line 2	una m	i urti,	7			
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or	•					
5 Total Add lines 1 through 4b	5		the organization?	uoquii ot	1 tot result) apply to		1	1	
Schedule C - Rent Income		Property and		ease	d With Real Prop	ertv)			
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)		 							
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	' of rent for p	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				directly connected with the income in s 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	. ,	ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.	
Schedule E - Unrelated Del		Income (see	instructions)	<u> </u>	Traiti, into o, detains (b)			<u>-</u> -	
		300)	1	Γ	3. Deductions directly con	nected wi	th or allocable		
			2 Gross income from	L.,	to debt-finance	ed prope	rty		
1 Description of debt-fi	nanced property		or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)				F		+			
(2)						1			
(3)			,						
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by column 5	7, Gross income reportable (column 2 x column 6)		8 Allocable (column 6 x tot 3(a) and				
(1)			%			 			
(2)			%						
(3)			%						
(4)			%						
					nter here and on page 1, Part I, line 7 column (A)		nter here and on pag art I, line 7, column (
Totals			•		0			0.	
Total dividends-received deductions	ncluded in column	. 8	•					0.	

Schedule F - Interest,	Annuities	s, Royal	ties, and		From Co Controlled O			tions	(see ins	struction	ns)
Name of controlled organiza	tion	2 Em identifi num	cation	3 Net una	related income e instructions)	4 Tot	tal of specified ments made	include	of column 4 ed in the conta ation s gross	olling	6 Deductions directly connected with income in column 5
(1)			 			 		† -		+	
(2)						_					
(3)											
(4)											
Nonexempt Controlled Organi	ızatıons										
7. Taxable Income		nrelated incom se instructions		9. Total	of specified payl made	ments	10. Part of column the controllingross	mn 9 that ing organi s income	is included zation's		Peductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)	† 			 	 -						
							Add colum Enter here and line 8, 6		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals				·		<u> </u>			0.		0.
Schedule G - Investme		ne of a S	Section	501(c)(7	'), (9), or (17) Org	ganization				
(see inst	ructions)				,		<u> </u>				
1 Desc	cription of incor	ne			2 Amount of	income	3 Deduction directly conner (attach schedule)	cted	4. Set- (attach s	asides chedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										_	
(2)											
(3)		-									
(4)											
					Enter here and Part 1, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				•		٥.					0.
Schedule I - Exploited	-	Activity	Income	, Other	Than Adv		g Income	-,			
1. Description of exploited activity	2 G unrelated income trade or b	business from	3. Exp directly of with pro of unre business	onnected duction elated	4 Net incom from unrelated business (co minus columi gain, compute through	itrade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelate business inco	hat ed	6 Exp attributa colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10, d	Part I,	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.		0.			-		·		0.
Schedule J - Advertisin					1: -1 - 1 ·	D:-					
Part I Income From	Periodica	ais Repo	ortea on	a Cons	solidated	Basis					
1 Name of periodical		2 Gross advertising income		3. Direct vising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain compute	5. Circulat e income	•	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)]
(4)											
Totals (carry to Part II, line (5))	•		0.).						0.
	•	-									Form 990-T (2019)

Form 990-T (2019) Chicago Youth Centers 36-2344429 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)			-				
Totals from Part I	>	0.	0.			•	0
		Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

Form 990-T	Net	Net Operating Loss Deduction					
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year			
06/30/09	3,138.	3,138.	0.	0.			
06/30/11	1,483.	1,483.	0.	0.			
06/30/12	832.	832.	0.	0.			
06/30/16	21,277.	7,813.	13,464.	13,464.			
NOL Carryov	ver Available This	Year	13,464.	13,464.			