

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHICAGO FOUNDATION FOR WOMEN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 140 S. DEARBORN ST. 400 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60603 F Name and address of principal officer: K. SUJATA SAME AS C ABOVE	D Employer identification number 36-3348160 E Telephone number 312-577-2801 G Gross receipts \$ 7,169,738. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFW.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1985		M State of legal domicile: IL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CHICAGO FOUNDATION FOR WOMEN (CFW) INVESTS IN WOMEN AND GIRLS AS CATALYSTS, BUILDING STRONG		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	458
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,622,756.	4,107,968.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	799,082.	405,159.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	514.	12,584.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,422,352.	4,525,711.
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,182,712.	1,919,312.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,078,612.	1,140,852.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 495,682.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	828,031.	851,601.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,089,355.	3,911,765.
19	Revenue less expenses. Subtract line 18 from line 12	332,997.	613,946.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	13,821,594.	14,056,039.
22	Net assets or fund balances. Subtract line 21 from line 20	369,879.	327,719.
22		13,451,715.	13,728,320.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer K. SUJATA, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BETH ULBRICH	Preparer's signature Date
	Firm's name ▶ MUELLER & CO., LLP Firm's address ▶ 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	Check <input type="checkbox"/> if self-employed PTIN P01439597 Firm's EIN ▶ 36-2658780 Phone no. 847-888-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHICAGO FOUNDATION FOR WOMEN IS A GRANTMAKING ORGANIZATION DEDICATED TO INCREASING RESOURCES AND OPPORTUNITIES FOR WOMEN AND GIRLS IN THE GREATER CHICAGO AREA. OUR WORK IS ROOTED IN THREE AREAS OF WOMEN'S RIGHTS - ECONOMIC SECURITY, FREEDOM FROM VIOLENCE, AND ACCESS TO

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,210,413. including grants of \$ 1,919,312.) (Revenue \$) GRANTMAKING: SINCE 1985, CHICAGO FOUNDATION FOR WOMEN HAS AWARDED \$28 MILLION IN GRANTS TO MORE THAN 3,000 NONPROFIT ORGANIZATIONS OFFERING DIRECT SERVICES OR ENGAGING IN ADVOCACY PROJECTS THAT IMPROVE THE LIVES OF WOMEN AND GIRLS, FOCUSING ON THREE AREAS OF WOMEN'S RIGHTS: EXPANDING ECONOMIC SECURITY, FREEDOM FROM VIOLENCE, AND ENHANCING ACCESS TO HEALTH SERVICES AND INFORMATION.

IN FISCAL YEAR 2016, THE FOUNDATION AWARDED A TOTAL OF \$1,919,312 IN GRANTS TO 107 AGENCIES ADVANCING HEALTH, ECONOMIC SECURITY AND FREEDOM FROM VIOLENCE FOR CHICAGO-AREA WOMEN AND GIRLS. CFW FUNDED OVER 150 PROJECTS IN 4 COUNTIES SERVING 95,977 PEOPLE.

4b (Code:) (Expenses \$ 298,242. including grants of \$) (Revenue \$) LEADERSHIP DEVELOPMENT: THE FOUNDATION HOSTS THREE AFFINITY GROUPS: WOMEN UNITED, LBTQ, AND YOUNG WOMEN GIVING COUNCILS, WHICH PROMOTE AND CULTIVATE WOMEN'S PHILANTHROPY AND LEADERSHIP ACROSS DIVERSE COMMUNITIES. WOMEN ENGAGED WITH THESE COUNCILS ARE PREPARED TO BECOME ACTIVE LEADERS THROUGH TRAINING, PUBLIC EDUCATION, NETWORKING AND PHILANTHROPIC ACTIVITIES. IN ADDITION, THE FOUNDATION HOSTS THE NORTH SHORE GIVING CIRCLE, WHICH INVESTS IN WOMEN AND GIRLS IN THE NORTHERN SUBURBS, AND THE NEWLY FORMED WESTERN SUBURBS GIVING CIRCLE, THUS EXPANDING CFW'S REACH AND INTRODUCING NEW ORGANIZATIONS TO THE FOUNDATION'S CAPACITY BUILDING INITIATIVES. IN ALL, THE GIVING COUNCILS AND THE GIVING CIRCLES AWARDED \$128,000 THIS FISCAL YEAR TO ORGANIZATIONS SERVING WOMEN AND GIRLS IN THEIR RESPECTIVE COMMUNITIES.

4c (Code:) (Expenses \$ 509,536. including grants of \$) (Revenue \$) PUBLIC POLICY AND ADVOCACY: CHICAGO FOUNDATION FOR WOMEN EMPHASIZES THE VALUE AND NECESSITY OF ANALYZING ECONOMIC AND SOCIAL ISSUES THROUGH A "GENDER LENS." CFW CONVENES AND COORDINATES THE EFFORTS OF DIVERSE GROUPS AND ORGANIZATIONS WORKING TO BETTER THE LIVES OF WOMEN AND GIRLS. THROUGH COLLECTIVE IMPACT, THE FOUNDATION SEEKS TO ACHIEVE LARGE SCALE SYSTEM CHANGE. A KEY COMPONENT OF OUR LONG TERM VISION FOR INCREASING OUR IMPACT INCLUDES EXPANDING OUR ADVOCACY WORK AND ROLE AS A LEADER AND CONVENER THROUGH OUR NEWLY CREATED 100% PROJECT.

THE 100% PROJECT WILL IDENTIFY OPPORTUNITIES FOR PROGRAMMATIC, PHILANTHROPIC, AND LEGISLATIVE SOLUTIONS THAT PROVIDE THE MOST IMPACT IN SUPPORTING THREE AREAS OF FOCUS: ENDING VIOLENCE AGAINST WOMEN,

4d Other program services (Describe in Schedule O.) (Expenses \$ 230,301. including grants of \$) (Revenue \$)

4e Total program service expenses 3,248,492.

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> ?	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>		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>		
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?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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: **LINDA WAGNER - 312-577-2801**
140 S. DEARBORN ST. , NO. 400, CHICAGO, IL 60603

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 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) WENDY K. WHITE EAGLE CHAIR-ELECT, DIRECTOR	3.00	X		X				0.	0.	0.
(2) KELLY SMITH-HALEY SECRETARY, DIRECTOR	3.00	X		X				0.	0.	0.
(3) COURTNEY E. VANLONKHUYZEN DIRECTOR	3.00	X						0.	0.	0.
(4) NICHOLAS J. BRUNICK DIRECTOR	3.00	X						0.	0.	0.
(5) VIRGINIA HOLT DIRECTOR	3.00	X						0.	0.	0.
(6) TRINA FRESCO DIRECTOR	3.00	X						0.	0.	0.
(7) VALERIE COLLETTI DIRECTOR	3.00	X						0.	0.	0.
(8) TINA MANIKAS DIRECTOR	3.00	X						0.	0.	0.
(9) BLAIR WELLENSIEK DIRECTOR	3.00	X						0.	0.	0.
(10) HAROLD WOODRIDGE DIRECTOR	3.00	X						0.	0.	0.
(11) WENDY MANNING CHAIR, DIRECTOR	5.00	X		X				0.	0.	0.
(12) KATHRYN G. KENNEDY TREASURER, DIRECTOR	3.00	X		X				0.	0.	0.
(13) DEBRA WARNER DIRECTOR	3.00	X						0.	0.	0.
(14) JENNIFER W. STEANS DIRECTOR	3.00	X						0.	0.	0.
(15) NANNETTE ZANDER DIRECTOR	3.00	X						0.	0.	0.
(16) KATHLEEN JOHNSON POPE DIRECTOR	3.00	X						0.	0.	0.
(17) HARLENE ELLIN DIRECTOR	3.00	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 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			
(18) ROBIN WOLKOFF DIRECTOR	3.00	X						0.	0.	0.
(19) NANCY OLSON DIRECTOR	3.00	X						0.	0.	0.
(20) PATRICIA COSTELLO SLOVAK DIRECTOR	3.00	X						0.	0.	0.
(21) ADELA CEPEDA DIRECTOR	3.00	X						0.	0.	0.
(22) CHERYLE R. JACKSON DIRECTOR	3.00	X						0.	0.	0.
(23) MUNIRA PATEL DIRECTOR	3.00	X						0.	0.	0.
(24) ALLISON CLARK DIRECTOR	3.00	X						0.	0.	0.
(25) PEDRO GUERRERO DIRECTOR	3.00	X						0.	0.	0.
(26) SARAH HURWIT DIRECTOR	3.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								282,505.	0.	16,278.
d Total (add lines 1b and 1c)								282,505.	0.	16,278.

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 **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,220,037.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,887,931.				
	g Noncash contributions included in lines 1a-1f: \$		46,971.				
	h Total. Add lines 1a-1f		4,107,968.				
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		535,646.			535,646.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,289,418.	50,000.				
		b Less: cost or other basis and sales expenses					
		2,454,905.	15,000.				
	c Gain or (loss)	-165,487.	35,000.				
	d Net gain or (loss)			-130,487.	-130,487.		
	8 a Gross income from fundraising events (not including \$ 1,220,037. of contributions reported on line 1c). See Part IV, line 18	a	174,122.				
		b Less: direct expenses	b	174,122.			
c Net income or (loss) from fundraising events				0.			
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME		900099	12,584.	12,584.			
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			12,584.			
12 Total revenue. See instructions.			4,525,711.	-117,903.	0.	535,646.	

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	1,919,312.	1,919,312.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	291,689.	168,966.	49,726.	72,997.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	677,532.	490,357.	2,348.	184,827.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,928.	18,310.	1,458.	7,160.
9 Other employee benefits	75,863.	51,502.	4,221.	20,140.
10 Payroll taxes	68,840.	46,807.	3,728.	18,305.
11 Fees for services (non-employees):				
a Management				
b Legal	745.	411.	173.	161.
c Accounting	19,028.	1,311.	17,204.	513.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,749.	47,427.	3,777.	18,545.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	201,018.	185,428.	3,435.	12,155.
12 Advertising and promotion	18,482.	9,241.	9,241.	
13 Office expenses	90,467.	61,980.	5,091.	23,396.
14 Information technology	67,035.	47,998.	2,387.	16,650.
15 Royalties				
16 Occupancy	131,365.	89,307.	7,136.	34,922.
17 Travel	16,499.	14,655.	898.	946.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	117,423.	37,382.	5,709.	74,332.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,741.		2,741.	
23 Insurance	2,911.	1,979.	158.	774.
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 INKIND	46,971.	14,177.	28,480.	4,314.
b FISCAL SPONSORSHIP	22,705.	22,705.		
c MOVING EXPENSES	17,734.		17,734.	
d MISCELLANEOUS	13,679.	10,365.	1,239.	2,075.
e All other expenses	13,049.	8,872.	707.	3,470.
25 Total functional expenses. Add lines 1 through 24e	3,911,765.	3,248,492.	167,591.	495,682.
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	32,598.	16,299.	9,241.	7,058.

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	69,264.	1	222,752.
	2 Savings and temporary cash investments	306,162.	2	495,093.
	3 Pledges and grants receivable, net	82,321.	3	511,071.
	4 Accounts receivable, net	20,000.	4	26,682.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	70,827.	9	81,238.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,074.		
	b Less: accumulated depreciation	10b 55,958.	10c	32,116.
	11 Investments - publicly traded securities	13,256,162.	11	12,687,087.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,821,594.	16	14,056,039.	
Liabilities	17 Accounts payable and accrued expenses	56,809.	17	35,734.
	18 Grants payable		18	
	19 Deferred revenue	313,070.	19	291,985.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	369,879.	26	327,719.
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	7,400,923.	27	7,431,245.
	28 Temporarily restricted net assets	1,401,597.	28	1,521,604.
	29 Permanently restricted net assets	4,649,195.	29	4,775,471.
	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	13,451,715.	33	13,728,320.
	34 Total liabilities and net assets/fund balances	13,821,594.	34	14,056,039.

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	4,525,711.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,911,765.
3	Revenue less expenses. Subtract line 2 from line 1	3	613,946.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,451,715.
5	Net unrealized gains (losses) on investments	5	-337,341.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,728,320.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2015)

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

2015

Open to Public Inspection

Name of the organization **CHICAGO FOUNDATION FOR WOMEN** Employer identification number **36-3348160**

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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 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		
Total						

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

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,277,344.	9,667,255.	3,882,742.	3,623,270.	4,120,551.	23,571,162.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	2,277,344.	9,667,255.	3,882,742.	3,623,270.	4,120,551.	23,571,162.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						187,776.
6 Public support. Subtract line 5 from line 4.						23,383,386.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,277,344.	9,667,255.	3,882,742.	3,623,270.	4,120,551.	23,571,162.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	293,789.	421,281.	475,013.	594,616.	535,646.	2,320,345.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						25,891,507.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90.31 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	90.16 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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

b 33 1/3% support tests - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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.	Yes	No
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. **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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	2,012.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	2,475.													
c	Total lobbying expenditures (add lines 1a and 1b)	4,487.													
d	Other exempt purpose expenditures	3,907,278.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,911,765.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	345,588.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	86,397.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	299,375.	30,835.	350,784.	345,588.	1,026,582.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,539,873.
c Total lobbying expenditures	2,805.	3,039.	3,776.	4,487.	14,107.
d Grassroots nontaxable amount	74,844.	82,708.	87,696.	86,397.	331,645.
e Grassroots ceiling amount (150% of line 2d, column (e))					497,468.
f Grassroots lobbying expenditures	2,805.	1,273.	1,248.	2,012.	7,338.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization CHICAGO FOUNDATION FOR WOMEN **Employer identification number** 36-3348160

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	11	
2 Aggregate value of contributions to (during year)	52,795.	
3 Aggregate value of grants from (during year)	55,500.	
4 Aggregate value at end of year	677,359.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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Schedule D (Form 990) 2015

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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? Yes No

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? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,328,253.	5,511,631.	5,037,459.	4,809,486.	4,828,767.
b Contributions	126,276.	293,698.	88,350.	70,264.	97,901.
c Net investment earnings, gains, and losses	32,711.	273,076.	582,271.	349,909.	36,818.
d Grants or scholarships	201,000.	204,000.	196,449.	156,743.	69,985.
e Other expenditures for facilities and programs				35,457.	84,015.
f Administrative expenses					
g End of year balance	5,286,240.	5,328,253.	5,511,631.	5,037,459.	4,809,486.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 90.00 %
- c Temporarily restricted endowment 10.00 %

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		8,023.	7,901.	122.
d Equipment		80,051.	48,057.	31,994.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				32,116.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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.

1	Total revenue, gains, and other support per audited financial statements		1	4,118,621.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-337,341.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-337,341.	
3	Subtract line 2e from line 1	3	4,455,962.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,749.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	69,749.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,525,711.	

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.

1	Total expenses and losses per audited financial statements		1	3,842,016.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	3,842,016.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69,749.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	69,749.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,911,765.	

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.

PART V, LINE 4:

EARNINGS PROVIDE AN ONGOING SOURCE OF INCOME TO THE FOUNDATION

PART X, LINE 2:

THE FOUNDATION HAS BEEN DETERMINED TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR EITHER FEDERAL OR STATE INCOME TAXES.

THE FOUNDATION HAS EVALUATED THE TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE 2012, 2013 AND 2014 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE; HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE FOUNDATION BEEN CONTACTED BY THIS

Part XIII Supplemental Information (continued)

JURISDICTION.

BASED ON THE EVALUATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS WOULD BE UPHeld UNDER AN EXAMINATION; THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2016 AND 2015.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL LUNCHEON (event type)	IMPACT AWARDS (event type)	3 (total number)		
Revenue	1	Gross receipts	1,214,713.	72,430.	107,016.	1,394,159.
	2	Less: Contributions	1,048,364.	65,057.	106,616.	1,220,037.
	3	Gross income (line 1 minus line 2)	166,349.	7,373.	400.	174,122.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	108,095.	7,373.	400.	115,868.
	8	Entertainment	58,254.			58,254.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **CHICAGO FOUNDATION FOR WOMEN** Employer identification number **36-3348160**

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
360 YOUTH SERVICES 1305 W. OSWEGO ROAD NAPERVILLE, IL 60540	36-2936229	501(C)3	7,000.	0.			WOMEN'S TRANSITIONAL HOUSING PROGRAM
A SAFE PLACE 2710 17TH STREET, SUITE 100 ZION, IL 60099-1563	36-3032700	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
ACCESS LIVING OF METROPOLITAN CHICAGO - 115 WEST CHICAGO AVENUE - CHICAGO, IL 60654-3209	36-3310774	501(C)3	10,000.	0.			THE EMPOWERED FE FES
ACCESS LIVING OF METROPOLITAN CHICAGO - 115 WEST CHICAGO AVENUE - CHICAGO, IL 60654-3209	36-3310774	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT
ACCION CHICAGO 1436 W. RANDOLPH, SUITE 300 CHICAGO, IL 60607	36-3966573	501(C)3	2,000.	0.			WOMEN'S OUTREACH PROGRAM
ADVOCATES FOR YOUTH 2000 M STREET NW, SUITE 750 WASHINGTON, DC 20036	52-1173590	501(C)3	4,000.	0.			BRINGING OUT OF SILENCE: ABORTION STORIES FROM THE 1 IN 3 CAMPAIGN TO CHICAGO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **138.**

3 Enter total number of other organizations listed in the line 1 table ▶ **145.**

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFFINITY COMMUNITY SERVICES 1424-28 E. 53RD STREET, SUITE 306 CHICAGO, IL 60615	36-4157571	501(C)3	15,000.	0.			COMMUNITY OUTREACH & LEADERSHIP PROGRAM (COIL)
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W WASHINGTON, SUITE 504 - CHICAGO, IL 60661	23-7359890	501(C)3	1,302.	0.			2016 NATIONAL CONFERENCE ON ENDING FAMILY AND YOUTH HOMELESSNESS
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W WASHINGTON, SUITE 504 - CHICAGO, IL 60661	23-7359890	501(C)3	50,000.	0.			EMERGENCY FUND - FLEXIBLE FINANCIAL FUND
APNA GHAR 4350 N BROADWAY, 2ND FLOOR CHICAGO, IL 60613	36-3698770	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
APNA GHAR 4350 N BROADWAY, 2ND FLOOR CHICAGO, IL 60613	36-3698770	501(C)3	1,500.	0.			TECHNICAL ASSISTANCE SCHOLARSHIP FOR TECHNOLOGY UPGRADE
ARAB AMERICAN FAMILY SERVICES 9044 SOUTH OCTAVIA AVENUE BRIDGEVIEW, IL 60455-2126	60-0002593	501(C)3	15,000.	0.			ARAB AMERICAN DOMESTIC VIOLENCE INTERVENTION AND PREVENTION PROGRAM (AADVIPP)
ARISE CHICAGO 1436 W RANDOLPH, SUITE 202 CHICAGO, IL 60607	20-1072983	501(C)3	5,000.	0.			GRASSROOTS ORGANIZING FOR PAID SICK DAYS AND FAIR SCHEDULING
ASSATA'S DAUGHTERS P.O. BOX 802156 CHICAGO, IL 60680-2156	51-0181498	501(C)3	4,000.	0.			GENERAL OPERATIONS
ASSATA'S DAUGHTERS P.O. BOX 802156 CHICAGO, IL 60680-2156	51-0181498	501(C)3	2,000.	0.			EMERGING ORGANIZATION GIVING COUNCIL MATCHING GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA UNIVERSITY 347 S. GLADSTONE AVE. AURORA, IL 60506-4892	63-2166964	501(C)3	7,500.	0.			PROMOTING GIRLS IN STEM, PROFESSIONAL DEVELOPMENT WORKSHOP
BETWEEN FRIENDS POST OFFICE BOX 608548 CHICAGO, IL 60660-8548	36-3460990	501(C)3	20,000.	0.			GENERAL OPERATIONS
BETWEEN FRIENDS POST OFFICE BOX 608548 CHICAGO, IL 60660-8548	36-3460990	501(C)3	298.	0.			SCHOLARSHIP FOR CREATIVE LEADERSHIP FOR MANAGERS, SUPERVISORS AND TEAM LEADERS AND MAKING THE
BEYOND THE BABY BLUES P.O. BOX 6579 EVANSTON, IL 60204	16-1649901	501(C)3	7,500.	0.			FEELING BETTER OPEN SUPPORT GROUP
BLACK ON BOTH SIDES 5733 UNIVERSITY AVE. CHICAGO, IL 60637	51-0181498	501(C)3	30,000.	0.			BLACK ON BOTH SIDES
BRAVE CAMPS, INC. 1114 BELMONT AVENUE CHICAGO, IL 60657	81-1807926	501(C)3	1,300.	0.			EMERGING ORGANIZATION GIVING COUNCIL MATCHING GRANT
BRAVE CAMPS, INC. 1114 BELMONT AVENUE CHICAGO, IL 60657	81-1807926	501(C)3	8,700.	0.			GENERAL OPERATING SUPPORT
BYP100 5733 S. UNIVERSITY AVE. CHICAGO, IL 60637	11-3303986	501(C)3	3,000.	0.			GENERAL OPERATING SUPPORT
BYP100 5733 S. UNIVERSITY AVE. CHICAGO, IL 60637	11-3303986	501(C)3	3,250.	0.			EMERGING ORGANIZATION GIVING COUNCIL MATCHING GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BYP100 5733 S. UNIVERSITY AVE. CHICAGO, IL 60637	11-3303986	501(C)3	3,500.	0.			GENERAL OPERATING SUPPORT
CABRINI GREEN LEGAL AID 740 N. MILWAUKEE CHICAGO, IL 60642	36-2775706	501(C)3	46,000.	0.			REUNITE MOMS AND KIDS CAMPAIGN
CENTER OF INNOVATION AND RESEARCH ON VETERANS AND MILITARY FAMILIES (CIR) A - 1150 S. OLIVE ST, ST. 1400 - LOS ANGELES, CA 90015	95-1642394	501(C)3	3,000.	0.			THE STATE OF THE AMERICAN VETERAN - CHICAGOLAND STUDY- MILITARY
CHICAGO ABORTION FUND 333 W. NORTH AVENUE, STE. 267 CHICAGO, IL 60610	36-3451293	501(C)3	7,500.	0.			ORGANIZATIONAL ASSESSMENT
CHICAGO ABORTION FUND 333 W. NORTH AVENUE, STE. 267 CHICAGO, IL 60610	36-3451293	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATION - 307 N. MICHIGAN AVE. STE. 1818 - CHICAGO, IL 60601	26-0220074	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATION - 307 N. MICHIGAN AVE. STE. 1818 - CHICAGO, IL 60601	26-0220074	501(C)3	20,000.	0.			END DEMAND ILLINOIS
CHICAGO FREEDOM SCHOOL 719 S. STATE STREET, SUITE 3N CHICAGO, IL 60605	20-4735643	501(C)3	22,000.	0.			PROJECT HEALUS
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY, INC. - 1925 N. CLYBOURN, SUITE 401 - CHICAGO, IL 60614	36-3376432	501(C)3	20,000.	0.			TRANSWORKS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO METROPOLITAN BATTERED WOMEN'S NETWORK - 1 E. WACKER DR., SUITE 1630 - CHICAGO, IL 60601	36-3331605	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT FOR POLICY AND ADVOCACY WORK
CHICAGO METROPOLITAN BATTERED WOMEN'S NETWORK - 1 E. WACKER DR., SUITE 1630 - CHICAGO, IL 60601	36-3331605	501(C)3	4,000.	0.			DOMESTIC VIOLENCE OUTCOME MEASURES
CHICAGO URBAN LEAGUE 4510 S. MICHIGAN AVE. CHICAGO, IL 60653	36-2225483	501(C)3	3,000.	0.			GROWING IN FORTITUDE TOGETHER (GIFT)
CHICAGO VOLUNTEER DOULAS, INC. PO BOX 5851 CHICAGO, IL 60608	27-3636022	501(C)3	1,500.	0.			EMERGING ORGANIZATION GIVING COUNCIL MATCHING GRANT
CHICAGO VOLUNTEER DOULAS, INC. PO BOX 5851 CHICAGO, IL 60608	27-3636022	501(C)3	3,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO WOMEN IN TRADES 2444 W. 16TH STREET, SUITE 3E CHICAGO, IL 60608	36-3256699	501(C)3	65,000.	0.			TECHNICAL OPPORTUNITIES PROGRAM AND ADVOCACY
CHICAGO WOMEN'S HEALTH CENTER, INC. - 1025 W SUNNYSIDE AVE, SUITE 201 - CHICAGO, IL 60640	36-2922469	501(C)3	25,000.	0.			GENERAL OPERATIONS
COMMUNITY ORGANIZING AND FAMILY ISSUES - 1436 W. RANDOLPH, 4TH FLOOR - CHICAGO, IL 60607	36-4044632	501(C)3	25,000.	0.			PUBLIC POLICY AND LEADERSHIP ADVOCACY PROJECT - YEAR ONE OF TWO
COMMUNITYHEALTH 2611 WEST CHICAGO AVENUE CHICAGO, IL 60622-4519	36-3831793	501(C)3	1,500.	0.			WELL WOMEN HEALTH INITIATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCORDIA PLACE 3300 N. WHIPPLE PLACE CHICAGO, IL 60618	32-0033719	501(C)3	3,000.	0.			CONCORDIA PLACE'S ADVOCATE STRATEGY
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N. KEDZIE AVENUE, 5TH FLOOR - CHICAGO, IL 60651-4152	36-2950380	501(C)3	15,000.	0.			CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN
CROSSROADS FUND 3411 WEST DIVERSEY, #20 CHICAGO, IL 60647	36-3092907	501(C)3	5,000.	0.			CULTIVATE: WOMEN OF COLOR PROGRAM
CURT'S CAFE SOUTH 1813 DEMPSTER STEET EVANSTON, IL 60201	45-3934105	501(C)3	10,000.	0.			COMPREHENSIVE CAPACITY BUILDING FOR STUDENT EMPOWERMENT
DEAF PLANET SOUL 4585 NORTH ELSTON AVE., UNIT 207 CHICAGO, IL 60630	47-5188083	501(C)3	5,000.	0.			UNBREAKABLE: DEAF WOMEN'S SELF DEFENSE - PILOT
DEBORAH'S PLACE 2822 WEST JACKSON CHICAGO, IL 60612	36-3382973	501(C)3	20,000.	0.			TERESA'S INTERIM HOUSING PROGRAM
DEMOISELLE 2 FEMME NFP 10924 S. HALSTED CHICAGO, IL 60628	35-2220199	501(C)3	2,000.	0.			FEMME 2 S.T.E.M.
DEMOISELLE 2 FEMME NFP 10924 S. HALSTED CHICAGO, IL 60628	35-2220199	501(C)3	5,000.	0.			FEMME 2 S.T.E.M.
DOMESTIC VIOLENCE LEGAL CLINIC 555 W. HARRISON, SUITE 1900 CHICAGO, IL 60607	36-3647731	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERTHRIVE ILLINOIS 1256 WEST CHICAGO AVENUE CHICAGO, IL 60642-5703	36-3651051	501(C)3	46,000.	0.			ENGLEWOOD INITIATIVE
FACING FORWARD TO END HOMELESSNESS 642 N KEDZIE AVENUE CHICAGO, IL 60612	36-3397005	501(C)3	20,000.	0.			HOUSING FIRST
FACING FORWARD TO END HOMELESSNESS 642 N KEDZIE AVENUE CHICAGO, IL 60612	36-3397005	501(C)3	400.	0.			PIERCE FAMILY FOUNDATION PEER SKILL SHARE
FAMILY DEFENSE CENTER 70 EAST LAKE STREET, SUITE 1100 CHICAGO, IL 60601-5959	20-3096347	501(C)3	20,000.	0.			MOTHER'S DEFENSE PROJECT
FAMILY DEFENSE CENTER 70 EAST LAKE STREET, SUITE 1100 CHICAGO, IL 60601-5959	20-3096347	501(C)3	600.	0.			SCHOLARSHIP - CONFERENCE FUNDING
FAMILY DEFENSE CENTER 70 EAST LAKE STREET, SUITE 1100 CHICAGO, IL 60601-5959	20-3096347	501(C)3	600.	0.			PIERCE FAMILY FOUNDATION PEER SKILL SHARE
FAMILY MATTERS 7731 N. MARSHFIELD AVENUE CHICAGO, IL 60626	36-3588490	501(C)3	7,500.	0.			TEEN GIRLS PROGRAM
FAMILY RESCUE, INC. 9204 SOUTH COMMERCIAL AVENUE, SUITE CHICAGO, IL 60617	36-3170408	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
FAMILY SHELTER SERVICE 605 E. ROOSEVELT RD. CHICAGO, IL 60187-5568	36-2883552	501(C)3	7,000.	0.			HOTLINE PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLFORWARD P.O. BOX 597527 CHICAGO, IL 60659	45-2987277	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT
GIRLS IN THE GAME 1401 S. SACRAMENTO DRIVE CHICAGO, IL 60623	36-4024533	501(C)3	3,000.	0.			GIRLS IN THE GAME THREE-YEAR STRATEGIC PLANNING PROCESS
GOOD NEWS PARTNERS 1600 W. JONQUIL TERRACE CHICAGO, IL 60626	36-3107283	501(C)3	7,500.	0.			NEW LIFE INTERIM HOUSING WORKFORCE DEVELOPMENT
GROW YOUR OWN ILLINOIS 820 W JACKSON BLVD, SUITE 330 CHICAGO, IL 60607-3062	20-8324406	501(C)3	40,000.	0.			GENERAL OPERATING SUPPORT
HEART WOMEN & GIRLS 4407 SOUTH LAKE PARK AVE. CHICAGO, IL 60653	36-3223988	501(C)3	15,000.	0.			HEART WOMEN & GIRLS
HEARTLAND HEALTH CENTERS 3048 N. WILTON AVE CHICAGO, IL 60657-6710	36-3843377	501(C)3	2,000.	0.			MARKETING PLAN TO INCREASE ACCESS TO HHC HEALTHCARE SERVICES
HEARTLAND HUMAN CARE SERVICES 208 S. LA SALLE, SUITE 1300 CHICAGO, IL 60604	36-4053244	501(C)3	50,000.	0.			IDEA
HUMAN RIGHTS WATCH 350 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10118-4700	13-2875808	501(C)3	5,000.	0.			WOMEN'S RIGHTS DIVISION
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - 226 SOUTH WABASH AVENUE, SUITE 900 - CHICAGO, IL 60604	36-3223988	501(C)3	46,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS SAFE SCHOOLS ALLIANCE 70 E. LAKE, SUITE 900 CHICAGO, IL 60601	20-4255290	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT
JANE ADDAMS RESOURCE CORPORATION 4432 NORTH RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)3	75,000.	0.			WOMEN IN MANUFACTURING PROGRAM
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS STREET, SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)3	835.	0.			SCHOLARSHIP - CONFERENCE COSTS
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS STREET, SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)3	15,000.	0.			STRENGTHEN AND PROTECT SOCIAL SECURITY, STATE BUDGET, AND ECONOMIC JUSTICE
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS STREET, SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)3	3,000.	0.			THE FIGHT TO PRESERVE AFFORDABLE HOUSING FUNDING FOR PRESBYTERIAN HOME RESIDENTS
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS STREET, SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)3	3,000.	0.			HEALTH CARE & STATE BUDGET CRISIS TEACH IN
KAN-WIN 2434 E. DEMPSTER ST. SUITE 111 DES PLAINES, IL 60016	36-3752338	501(C)3	25,000.	0.			BILINGUAL DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES
KINZIE INDUSTRIAL DEVELOPMENT CORPORATION - 320 NORTH DAMEN AVE., FIRST FLOOR - CHICAGO, IL 60612	36-3312341	501(C)3	75,000.	0.			CAREER PATHWAYS IN EMT TRAINING PROGRAM
KOREAN AMERICAN COMMUNITY SERVICES 4300 N. CALIFORNIA AVE. CHICAGO, IL 60618-1514	36-2746468	501(C)3	15,000.	0.			DOMESTIC VIOLENCE PREVENTION AND FAMILY SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO UNION OF CHICAGO 3416 W BRYN MAWR AVENUE CHICAGO, IL 60659-3410	61-1403712	501(C)3	1,300.	0.			SCHOLARSHIP FOR STRATEGIC PLANNING
LATINO UNION OF CHICAGO 3416 W BRYN MAWR AVENUE CHICAGO, IL 60659-3410	61-1403712	501(C)3	600.	0.			PIERCE FAMILY FOUNDATION SKILL SHARE
LATINO UNION OF CHICAGO 3416 W BRYN MAWR AVENUE CHICAGO, IL 60659-3410	61-1403712	501(C)3	20,000.	0.			CHICAGO COALITION OF HOUSEHOLD WORKERS
LATINO UNION OF CHICAGO 3416 W BRYN MAWR AVENUE CHICAGO, IL 60659-3410	61-1403712	501(C)3	3,500.	0.			COALITION AGAINST WORKPLACE SEXUAL VIOLENCE
LATINOS PROGRESANDO 3047 W. CERMAK RD CHICAGO, IL 60623	36-4355072	501(C)3	20,000.	0.			THE VAWA PROJECT
LAWYERS' COMMITTEE FOR BETTER HOUSING - 33 N. LASALLE, SUITE 900 - CHICAGO, IL 60602	36-3134577	501(C)3	1,500.	0.			GENERAL OPERATING SUPPORT
LIFE SPAN, INC. 70 EAST LAKE STREET, SUITE 700 CHICAGO, IL 60601	36-2991281	501(C)3	15,000.	0.			LEGAL SERVICE FOR MIDDLE EASTERN IMMIGRANTS
LITERATURE FOR ALL OF US 2010 DEWEY AVENUE EVANSTON, IL 60201-3021	36-4167228	501(C)3	2,000.	0.			GENERAL OPERATING SUPPORT
LITERATURE FOR ALL OF US 2010 DEWEY AVENUE EVANSTON, IL 60201-3021	36-4167228	501(C)3	15,000.	0.			WORKFORCE DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERATURE FOR ALL OF US 2010 DEWEY AVENUE EVANSTON, IL 60201-3021	36-4167228	501(C)3	1,500.	0.			GENERAL OPERATING SUPPORT
METROPOLITAN CHICAGO BREAST CANCER TASK FORCE - 300 S. ASHLAND AVENUE, SUITE 202 - CHICAGO, IL 60607	26-2264895	501(C)3	50,000.	0.			GENERAL OPERATING SUPPORT
MIDWEST ACADEMY 27 EAST MONROE, SUITE 1100 CHICAGO, IL 60603	36-2776406	501(C)3	15,000.	0.			WOMEN'S LEGISLATIVE LEADERSHIP PROJECT
MIDWEST ACCESS PROJECT P.O. BOX 13173 CHICAGO, IL 60613-0173	20-8336719	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
MIDWEST ACCESS PROJECT P.O. BOX 13173 CHICAGO, IL 60613-0173	20-8336719	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT
MUJERES LATINAS EN ACCIN 2124 W. 21ST PLACE CHICAGO, IL 60608-4010	36-2877520	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT
MUJERES LATINAS EN ACCIN 2124 W. 21ST PLACE CHICAGO, IL 60608-4010	36-2877520	501(C)3	15,000.	0.			DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS
MUJERES LATINAS EN ACCIN 2124 W. 21ST PLACE CHICAGO, IL 60608-4010	36-2877520	501(C)3	500.	0.			GENERAL OPERATING SUPPORT
NARAL PRO-CHOICE AMERICA FOUNDATION - 1156 15TH STREET, N.W., SUITE 700 - WASHINGTON, DC 20005	52-1100361	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL IMMIGRANT JUSTICE CENTER 208 SOUTH LASALLE STREET, SUITE 130 CHICAGO, IL 60604	36-1877640	501(C)3	25,000.	0.			GENDER JUSTICE INITIATIVE - YEAR ONE OF TWO
NATIONAL IMMIGRANT JUSTICE CENTER 208 SOUTH LASALLE STREET, SUITE 130 CHICAGO, IL 60604	36-1877640	501(C)3	2,000.	0.			COUNTER TRAFFIKING PROJECT
NATIONAL IMMIGRANT JUSTICE CENTER 208 SOUTH LASALLE STREET, SUITE 130 CHICAGO, IL 60604	36-1877640	501(C)3	1,165.	0.			SCHOLARHIP TO ATTEND NONPROFIT TECHNOLOGY CONFERENCE
NEW MOMS, INC. 5317 W CHICAGO AVEUNE 1 CHICAGO, IL 60651	36-3265804	501(C)3	15,000.	0.			WORKFORCE DEVELOPMENT (FORMERLY THE ACADEMY OF PROFESSIONAL DEVELOPMENT)
ON YOUR FEET FOUNDATION 1555 SHERMAN AVE #173 CHICAGO, IL 60201	36-4460465	501(C)3	7,500.	0.			CASE MANAGEMENT
PEDIATRIC AIDS CHICAGO PREVENTION INITIATIVE (PACPI) - 200 WEST JACKSON BLVD SUITE 2100 - CHICAGO, IL 60606-6944	36-4432079	501(C)3	19,000.	0.			PERINATAL HIV ENHANCED CASE MANAGEMENT
PLANNED PARENTHOOD FEDERATION OF AMERICA - 434 WEST 33RD ST., 12TH FLOOR - NEW YORK, NY 10001-2601	13-1644147	501(C)3	2,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN, 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)3	15,000.	0.			TEEN LARC ACCESS CAMPAIGN
PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN, 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)3	5,000.	0.			GENERATIONS CELEBRATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN, 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)3	1,500.	0.			GENERAL OPERATING SUPPORT
PROJECT EXPLORATION 4511 S. EVANS CHICAGO, IL 60637	36-4305660	501(C)3	15,000.	0.			SISTERS4SCIENCE
RAD REMEDY C/O RILEY JOHNSON 4439 N. WHIPPLE # CHICAGO, IL 60625	46-5714479	501(C)3	3,000.	0.			GENERAL OPERATING SUPPORT
RAD REMEDY C/O RILEY JOHNSON 4439 N. WHIPPLE # CHICAGO, IL 60625	46-5714479	501(C)3	1,500.	0.			EMERGING ORGANIZATION GIVING COUNCIL MATCHING GRANT
RAPE VICTIM ADVOCATES 180 N. MICHIGAN AVE, SUITE 600 CHICAGO, IL 60601	36-3049386	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT
RAPE VICTIM ADVOCATES 180 N. MICHIGAN AVE, SUITE 600 CHICAGO, IL 60601	36-3049386	501(C)3	2,000.	0.			SCHOLARSHIP - FUNDRAISING CONSULTANT
REFUGEEONE 4753 N. BROADWAY, SUITE 401 CHICAGO, IL 60640-5266	36-3817743	501(C)3	15,000.	0.			REFUGEE WOMEN'S HEALTH
REFUGEEONE 4753 N. BROADWAY, SUITE 401 CHICAGO, IL 60640-5266	36-3817743	501(C)3	15,000.	0.			REFUGEE WOMEN'S HEALTH
RIVENDELL THEATRE ENSEMBLE 5775 NORTH RIDGE AVE. CHICAGO, IL 60660	36-4074148	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVENDELL THEATRE ENSEMBLE 5775 NORTH RIDGE AVE. CHICAGO, IL 60660	36-4074148	501(C)3	5,500.	0.			DRY LAND TOWN HALL DISCUSSION SERIES
ROGER BALDWIN FOUNDATION OF THE ACLU, INC. - 180 N. MICHIGAN AVE., SUITE 23007 - CHICAGO, IL 60601-1287	36-2682569	501(C)3	25,000.	0.			REPRODUCTIVE AND WOMEN'S RIGHTS PROJECT - YEAR ONE OF TWO
RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ST, SUITE 250 CHICAGO, IL 60612-3228	36-2174823	501(C)3	15,000.	0.			MILITARY SEXUAL TRAUMA PROGRAM OF THE RUSH UNIVERSITY ROAD HOME PROGRAM
SARAH'S INN 309 HARRISON STREET OAK PARK, IL 60305-9909	36-3084461	501(C)3	15,000.	0.			ADVOCACY AND COUNSELING PROGRAM, IMMIGRANT SURVIVOR SERVICES
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 50 EAST WASHINGTON, SUITE 500 - CHICAGO, IL 60602	36-3151279	501(C)3	2,000.	0.			GENERAL OPERATING SUPPORT
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 50 EAST WASHINGTON, SUITE 500 - CHICAGO, IL 60602	36-3151279	501(C)3	1,000.	0.			WOMEN'S LAW & POLICY CENTER
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 50 EAST WASHINGTON, SUITE 500 - CHICAGO, IL 60602	36-3151279	501(C)3	30,000.	0.			WOMEN'S LAW AND POLICY PROJECT - THRID YEAR OF THREE
SILK ROAD RISING 6 EAST MONROE ST., #801 CHICAGO, IL 60603-2711	01-0693025	501(C)3	1,000.	0.			CAPACITY-BUILDING SCHOLARSHIP: WEBSITE CONSULTANT
SOUTH SUBURBAN FAMILY SHELTER 18139 S. HARWOOD AVENUE/ P.O. BOX 9 HOMWOOD, IL 60430	36-3089796	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASC, INC 700 S. CLINTON ST. CHICAGO, IL 60607-4350	36-2870923	501(C)3	15,000.	0.			THE WOMEN'S JUSTICE INITIATIVE
TEEN PARENT CONNECTION 475 TAFT AVENUE GLEN ELLYN, IL 60137-6209	36-3387034	501(C)3	15,000.	0.			COMMUNITY BASED DOULA PROGRAM
THE CARA PROGRAM 237 SOUTH DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)3	30,000.	0.			ELEANOR CAREER ADVANCEMENT PROGRAM
THE LILAC TREE: WOMEN IN TRANSITION, INC. - 1123 EMERSON ST. SUITE 215 - EVANSTON, IL 60201	36-3729842	501(C)3	5,462.	0.			VOLUNTEER CLIENT OUTREACH PROGRAM
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVENUE CHICAGO, IL 60640-4407	36-3145764	501(C)3	15,000.	0.			RESPONSE-ABILITY PREGNANT AND PARENTING PROGRAM (RAPPP)
THE VIOLA PROJECT 2554 WEST GUNNISON STREET, APT. 3 CHICAGO, IL 60625-2814	45-4401545	501(C)3	3,500.	0.			GENERAL OPERATING SUPPORT
TRAFFICK FREE 418 S. WABASH CHICAGO, IL 60605	45-2076230	501(C)3	1,000.	0.			RESPONDING TO THE NEED: CREATING OUR OVERNIGHT DROP-IN CENTER
TRITON COLLEGE FOUNDATION 2000 FIFTH AVE RIVER GROVE, IL 60171-1907	36-3089812	501(C)3	10,000.	0.			GADGET (GIRLS ADVENTURING IN DESIGN, ENGINEERING & TECHNOLOGY)
UCAN 3737 N. MOZART STREET CHICAGO, IL 60618-3615	36-2167937	501(C)3	15,000.	0.			PHENOMENAL WOMAN PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPWARDLY GLOBAL (CHICAGO) 180 N WABASH, SUITE 310 CHICAGO, IL 60601	94-3346127	501(C)3	40,000.	0.			WOMEN'S PROGRAM
WAREHOUSE WORKERS FOR JUSTICE 37 SOUTH ASHLAND, FIRST FLOOR CHICAGO, IL 60607	25-1740134	501(C)3	30,000.	0.			WAREHOUSE WORKERS FOR JUSTICE WOMEN'S COMMITTEE
WINGS PROGRAM INC. P.O. BOX 95615 PALATINE, IL 60095-0615	36-3456061	501(C)3	10,000.	0.			GENERAL OPERATING
WOMEN EMPLOYED INSTITUTE 65 E. WACKER PLACE, SUITE 1500 CHICAGO, IL 60601	36-2969526	501(C)3	1,000.	0.			GENERAL OPERATING SUPPORT
WOMEN EMPLOYED INSTITUTE 65 E. WACKER PLACE, SUITE 1500 CHICAGO, IL 60601	36-2969526	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT - FIRST YEAR OF TWO-YEAR AWARD
WOMEN EMPLOYED INSTITUTE 65 E. WACKER PLACE, SUITE 1500 CHICAGO, IL 60601	36-2969526	501(C)3	2,000.	0.			GENERAL OPERATING SUPPORT
WOMEN'S BUSINESS DEVELOPMENT CENTER - 8 S MICHIGAN AVE, SUITE 400 - CHICAGO, IL 60603	36-3488628	501(C)3	15,000.	0.			WOMEN VENTREPRENEURSHIP PROGRAM
YOUTH & OPPORTUNITY UNITED (Y.O.U.) - 1027 SHERMAN AVE. - EVANSTON, IL 60202	36-2734966	501(C)3	10,000.	0.			HEALTHY RELATIONSHIPS INITIATIVE (HRI)
YOUTH JOB CENTER OF EVANSTON 1114 CHURCH STREET EVANSTON, IL 60201-2604	36-3252809	501(C)3	50,000.	0.			WOMEN INVESTED IN LEARNING AND LIVELIHOODS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH OUTLOOK 1828 OLD NAPERVILLE RD NAPERVILLE, IL 60563-1580	36-4223806	501(C)3	10,000.	0.			Y LINK
YWCA OF EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201-3505	36-2193618	501(C)3	15,000.	0.			COMPREHENSIVE DOMESTIC VIOLENCE SERVICES
YWCA OF EVANSTON/NORTH SHORE 1215 CHURCH STREET EVANSTON, IL 60201-3505	36-2193618	501(C)3	7,500.	0.			POST MERGER ACTIVITIES: YWCA OF EVANSTON'S ACQUISITION OF FAMILY SERVICES OF GLENCOE'S
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVENUE GURNEE, IL 60031-4474	36-3314976	501(C)3	15,000.	0.			SEXUAL ASSAULT ADVOCACY, COUNSELING AND PREVENTION EDUCATION - TWO-YEAR ADVOCACY REQUEST
FUND FOR JUSTICE DBA CHICAGO APPLESEED FUND FOR JUSTICE - 750 N. LAKE SHORE DRIVE, 4TH FLOOR - CHICAGO, IL 60611	23-7059214	501(C)3	15,000.	0.			IMPROVING THE CHILD SUPPORT ADJUDICATION SYSTEM FOR SINGLE MOTHERS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

PROSPECTIVE GRANTEE ORGANIZATIONS FOR THE PRIMARY SPRING AND FALL CYCLES AND THE CATALYST FUND FOR REPRODUCTIVE JUSTICE CYCLE, ARE REQUIRED TO SUBMIT A PROPOSAL REQUESTING FUNDING, INCLUDING THE PURPOSE OF THE GRANT, POPULATION TO BE SERVED, AND EXPECTED OUTCOMES. POTENTIAL GRANTEES ALSO SUBMIT CURRENT FINANCIAL INFORMATION INCLUDING AUDITS. THE PROPOSALS ARE REVIEWED BY STAFF AND A BOARD-LED SUB-COMMITTEE TO DETERMINE IF FUNDING WILL BE RECOMMENDED TO THE BOARD OF DIRECTORS. THE PROPOSALS AND THE EVALUATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS, AND IF APPROVED, THE

Part IV Supplemental Information

PROPOSALS ARE FUNDED.

UPON BOARD APPROVAL, THE PROGRAM STAFF PREPARES A RECORD WHICH OUTLINES GRANT CONDITIONS. FOR ALL PRIMARY SPRING AND FALL CYCLES AND THE CATALYST FUND FOR REPRODUCTIVE JUSTICE CYCLE GRANT AWARDS, THE GRANTEE IS REQUIRED TO SIGN A GRANT AGREEMENT LETTER AND RETURN A SIGNED COPY TO THE FOUNDATION OFFICE.

ALL GRANTEES WHO ARE AWARDED GRANTS ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT AT THE END OF THE FUNDING CYCLE DESCRIBING THE USES OF THE FUNDS AND THE OUTCOMES. THESE REPORTS ARE REVIEWED BY PROGRAM STAFF TO ASSURE COMPLIANCE WITH TERMS OF THE GRANT AWARDED, AND ANY ISSUES THAT ARISE AS A RESULT OF THIS REVIEW ARE FOLLOWED UP WITH THE GRANTEES. IF THE FOUNDATION LEARNS OF ANY IMPROPER EXPENDITURE OF ITS GRANT FUNDS, IT WILL PURSUE CORRECTION WITH THE GRANTEE.

DONOR ADVISED FUND GRANTS ARE RECOMMENDED BY THE DONOR OF THE FUND, AND THE PROGRAM STAFF REVIEWS REQUESTS TO VERIFY 501(C)(3) STATUS AND OTHER LEGAL REQUIREMENTS. UPON VERIFICATION, DONOR ADVISED FUND GRANTS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR RATIFICATION. NO FINAL REPORTS ARE REQUIRED FOR DONOR ADVISED GRANTS.

FOUNDATION GRANTEES ARE ELIGIBLE TO PARTICIPATE IN SKILL SHARE PROGRAM, WHICH BRINGS TOGETHER NONPROFITS AND PARTNER FOUNDATIONS TO CONNECT WITH EACH OTHER AND EXCHANGE EXPERTISE. ORGANIZATIONS CAN REQUEST SUPPORT FOR A TOPIC, OR OFFER EXPERTISE, AND GET MATCHED FOR ONE-ON-ONE LEARNING SESSIONS, EACH RECEIVING A \$200 GRANT FOR A COMPLETED SESSION. NO FINAL REPORT IS REQUIRED FOR THIS CAPACITY BUILDING OPPORTUNITY.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BETWEEN FRIENDS

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIP FOR CREATIVE LEADERSHIP FOR MANAGERS, SUPERVISORS AND TEAM LEADERS AND MAKING THE TRANSITION FROM STAFF TO SUPERVISOR

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF EVANSTON/NORTH SHORE

(H) PURPOSE OF GRANT OR ASSISTANCE: POST MERGER ACTIVITIES: YWCA OF EVANSTON'S ACQUISITION OF FAMILY SERVICES OF GLENCOE'S BATTERER INTERVENTION PROGRAM FOR MEN

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input 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	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to 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	X
b Any related organization?	6b	X
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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

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 are not 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) K.SUJATA PRESIDENT, CEO	(i)	173,041.	0.	0.	4,690.	1,765.	179,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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 **CHICAGO FOUNDATION FOR WOMEN** Employer identification number **36-3348160**

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				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	21	408,898.	MARKET VALUE
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 ▶ (GOODS AND SER)	X	91	46,971.	MARKET VALUE
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**

	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 is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public
Inspection

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES FOR ALL. THE FOUNDATION ENVISIONS A WORLD IN WHICH ALL
WOMEN AND GIRLS HAVE THE OPPORTUNITY TO THRIVE IN SAFE, JUST, AND
HEALTHY COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH CARE SERVICES AND INFORMATION. TO SUPPORT OUR PHILANTHROPY, THE
FOUNDATION PROMOTES INCREASED INVESTMENT IN WOMEN AND GIRLS, RAISES
AWARENESS ABOUT THEIR ISSUES AND POTENTIAL, AND DEVELOPS THEM AS
LEADERS AND PHILANTHROPISTS.

WHEN YOU INVEST IN WOMEN AND GIRLS, YOU INVEST IN STRONGER, MORE STABLE
FAMILIES AND COMMUNITIES. YOU DEVELOP CAPABLE WORKERS, PEOPLE WHO
PRODUCE MORE, SAVE MORE, AND SPEND MORE, RIGHT NOW AND 30 YEARS FROM
NOW. YOU RAISE A GENERATION OF HEALTHIER KIDS AND BRIGHTER FUTURES,
AND YOU LOWER THE COST OF EVERYTHING FROM PUBLIC SAFETY TO SOCIAL
SERVICES TO HEALTHCARE.

INVEST IN WOMEN AND GIRLS, AND YOU INVEST IN A SOCIETY THAT WORKS - FOR
EVERYONE!

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CFW CONTINUES TO OFFER THE BOARD MEMBER BOOT CAMP, INCLUDING A TRAINING
OFFERED TO BOARD MEMBERS OF OUR GRANTEE ORGANIZATIONS AND COMMUNITY
MEMBERS WHO HAVE 5 YEARS OR LESS EXPERIENCE SERVING ON BOARDS. THE

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

BOARD BOOT CAMP PROGRAM ALSO OFFERS COLLABORATION WITH CORPORATE AFFINITY GROUPS IN ORDER TO GROW THE POOL OF DIVERSE PARTICIPANTS AND TRAINED BOARD PROSPECTS FROM THE CORPORATE COMMUNITY. 92 WOMEN AND MEN PARTICIPATED IN BOOT CAMP DURING THIS FISCAL YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ECONOMIC SECURITY, AND ACCESS TO COMPREHENSIVE, AFFORDABLE, AND RESPECTFUL HEALTH CARE. IT'S AN ALL-OUT, ALL-IN EFFORT TO ELIMINATE GENDER BIAS IN METROPOLITAN CHICAGO BY THE YEAR 2030.

CFW CONTINUES TO PARTICIPATE IN THE CHICAGO AREA DONORS TO END DOMESTIC VIOLENCE (CADEDV), A GROUP OF STAKEHOLDERS, INCLUDING FUNDERS, NONPROFITS AND GOVERNMENT AGENCIES TO ADDRESS DOMESTIC VIOLENCE IN THE CHICAGO AREA. OVER THE PAST YEAR, CADEDV HAS EVOLVED TO BECOME MORE FOCUSED ON BUILDING COLLABORATIONS WITH OTHER FIELDS AND SECTORS IN AN EFFORT TO ADDRESS THE NEEDS OF SURVIVORS AND THOSE AFFECTED BY DOMESTIC VIOLENCE IN A MORE COLLECTIVE AND COMPREHENSIVE WAY. IT ALSO AIMS TO LOOK AT PREVENTION, AND SHORT-AND LONG-TERM SOLUTIONS TO STEMMING DOMESTIC VIOLENCE IN PARTNERSHIP WITH OTHER SECTORS AND A BROADER SET OF STAKEHOLDERS.

DURING FY 2016 THE FOUNDATION CONTINUED ITS PARTNERSHIP WITH THE CATALYST FUND FOR REPRODUCTIVE JUSTICE TO SUPPORT LOCAL REPRODUCTIVE JUSTICE ADVOCACY ORGANIZATIONS LED BY WOMEN OF COLOR. CFW HAS HELPED TO ACCELERATE THE ADVOCACY GOALS OF THIS COHORT BY USING ITS OWN VOICE -THROUGH THE MEDIA AS WELL AS CFW'S WEBSITE AND E-NEWSLETTER-TO FRAME THE ISSUES OF KEY IMPORTANCE TO REPRODUCTIVE JUSTICE FOR WOMEN AND GIRLS IN THE CHICAGO REGION.

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GRANTEE EDUCATION & SUPPORT: IN ADDITION TO GRANTS, CFW PROVIDES NUMEROUS EDUCATIONAL OPPORTUNITIES DESIGNED TO MEET GRANTEE'S SPECIFIC ORGANIZATIONAL TRAINING NEEDS AT NO COST TO PARTICIPANTS, THUS ENABLING SMALL ORGANIZATIONS WITH LIMITED BUDGETS TO LEARN FROM SOME OF THE LEADING TRAINERS IN THE REGION TO HELP STRENGTHEN THE LEADERSHIP AND ORGANIZATIONAL SUSTAINABILITY OF OUR GRANTEE PARTNERS. THE CORE CONCEPTS COACHING PROGRAM PROVIDES INDIVIDUALIZED INSTRUCTION ON TOPICS SUCH AS FINANCIAL MANAGEMENT, BOARD DEVELOPMENT, COMMUNICATIONS, AND FUNDRAISING.

CFW CONTINUED ITS ADVOCACY ACADEMY PROGRAM THIS YEAR, HELPING TO FACILITATE COALITION-BUILDING AND COLLABORATION AMONG OUR GRANTEES. CULTIVATE, THE WOMEN OF COLOR COLLABORATIVE PROVIDES A SPACE FOR WOMEN OF COLOR TO DISCUSS AND DEVELOP ALTERNATIVE METHODS OF LEADERSHIP. EXPENSES \$ 230,301. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE BY-LAWS OF CHICAGO FOUNDATION FOR WOMEN STATE, IN ARTICLE VI, SECTION 2A., THAT THE EXECUTIVE COMMITTEE SHALL (I) HAVE AND EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE FOUNDATION BETWEEN MEETINGS OF THE BOARD AND (II) REVIEW ANNUALLY THE SALARY AND PERFORMANCE OF THE PRESIDENT. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR, THE PAST CHAIR OR CHAIR-ELECT AND THE COMMITTEE CHAIRS, OTHER THAN THE AUDIT COMMITTEE CHAIR, OF THE FOUNDATION. ADDITIONAL DIRECTORS MAY BE ADDED TO THE EXECUTIVE COMMITTEE UPON NOMINATION BY THE CHAIR AND A RESOLUTION ADOPTED BY A MAJORITY OF THE BOARD (THE "APPOINTED DIRECTORS").

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

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

THE BOARD OF DIRECTORS PASSED A RESOLUTION IN F/Y 2012 STATING THAT "THE BOARD OF DIRECTORS SHALL HAVE AN OPPORTUNITY TO REVIEW A FINAL DRAFT OF THE IRS FORM 990...AND THAT, AFTER SUCH REVIEW, THE AUDIT COMMITTEE CHAIR, ON ADVICE AND CONSENT OF THE AUDIT COMMITTEE, SHALL REVIEW, REVISE AS APPROPRIATE, AND APPROVE FOR SIGNATURE AND FILING, BY AN OFFICER OF CHICAGO FOUNDATION FOR WOMEN, THE IRS FORM 990 (AND APPROPRIATE STATE FILINGS)" ANNUALLY, ALL BOARD MEMBERS ARE INVITED TO A PRESENTATION OF THE IRS FORM 990 PRIOR TO SEEKING THEIR APPROVAL OF THE DOCUMENT.

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

PRIOR TO THE FIRST BOARD MEETING OF EACH FISCAL YEAR, ALL DIRECTORS ARE ASKED TO FILL OUT AND SIGN A CONFLICT OF INTEREST POLICY FORM. WHEN RELEVANT, OTHER COMMITTEE MEMBERS AND STAFF ARE REQUESTED TO COMPLETE THE CONFLICT OF INTEREST POLICY FORM. BEFORE ANY VOTE BY THE BOARD ON GRANTS, THE CHAIR SPECIFICALLY ASKS IF ANY VOTING MEMBER HAS ANY CONFLICT AS TO ANY ORGANIZATION THAT IS THE SUBJECT OF THE VOTE.

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

DURING F/Y 2016, THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE PERFORMANCE OF THE PRESIDENT AND RECOMMENDED A MERIT-BASED SALARY INCREASE BASED ON COMPARATIVE NATIONAL DATABASE INFORMATION, EDUCATION, YEARS OF EXPERIENCE, BUDGET RESPONSIBILITY AND OVERALL RESULTS FOR THE REPORTING PERIOD. THE PROPOSED SALARY INCREASE WAS SUBMITTED TO AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

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

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-01014954

Report for the Fiscal Period:

Beginning 07/01/2015

& Ending 06/30/2016
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-3348160

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 03/29/1985
MO DAY YR

LEGAL NAME CHICAGO FOUNDATION FOR WOMEN	Year-end amounts	
MAIL ADDRESS 140 S. DEARBORN ST. , NO. 400	A) ASSETS	A) \$ 14,056,039.
CITY, STATE CHICAGO, IL	B) LIABILITIES	B) \$ 327,719.
ZIP CODE 60603	C) NET ASSETS	C) \$ 13,728,320.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	91.112%	D) \$ 4,282,090.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	8.888%	F) \$ 417,743.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 4,699,833.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	36.793%	H) \$ 1,503,302.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	36.793%	J) \$ 1,503,302.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$ 16,299.
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	46.974%	K) \$ 1,919,312.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	83.767%	L) \$ 3,422,614.
M) MANAGEMENT AND GENERAL EXPENSE	4.102%	M) \$ 167,591.
N) FUNDRAISING EXPENSE	12.132%	N) \$ 495,682.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 4,085,887.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: <u>K. SUJATA, PRESIDENT/CEO</u>		T) \$ 173,041.
U) NAME, TITLE: <u>L. WAGNER, VP, FINANCE & ADMINISTRATION</u>		U) \$ 109,464.
V) NAME, TITLE: <u>EMILY DREKE, DIRECTOR OF DEVELOPMENT & COMMUNICATIONS</u>		V) \$ 75,279.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <u>GRANTMAKING</u>	W) #	300
X) DESCRIPTION: <u>PUBLIC POLICY AND ADVOCACY</u>	X) #	300
Y) DESCRIPTION: <u>GRANTEE EDUCATION AND SUPPORT</u>	Y) #	300

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	<input checked="" type="checkbox"/>	
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ <u>32,598.</u> ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ <u>16,299.</u> ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ <u>9,241.</u> ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ <u>7,058.</u>		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>FIRST BANK AND TRUST, NAPERVILLE, IL</u> <u>CHARLES SCHWAB, CHICAGO, IL</u> <u>MERRILLY LYNCH, CHICAGO, IL</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>LINDA WAGNER - 312-577-2801</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

K. SUJATA

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

BETH ULBRICH

PREPARER (PRINT NAME) SIGNATURE DATE