

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>CHICAGO FOUNDATION FOR WOMEN</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>140 S. DEARBORN ST. 400</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>CHICAGO, IL 60603</b><br><b>F</b> Name and address of principal officer: <b>K. SUJATA</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>36-3348160</b><br><b>E</b> Telephone number<br><b>312-577-2801</b><br><b>G</b> Gross receipts \$ <b>7,067,245.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> 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   |  |   |
| <b>J</b> Website: ▶ <b>WWW.CFW.ORG</b>   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   |
| <b>L</b> Year of formation: <b>1985</b>  |  | <b>M</b> State of legal domicile: <b>IL</b>   |

**Part I Summary**

|            |  |  |  |
|------------|--|--|--|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>CHICAGO FOUNDATION FOR WOMEN (CFW) INVESTS IN WOMEN AND GIRLS AS CATALYSTS, BUILDING STRONG</b> |  |  |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |  |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>25</b>                                |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>25</b>                                |
| <b>5</b>   | Total number of individuals employed in calendar year 2017 (Part V, line 2a)   | <b>5</b>   | <b>20</b>                                |
| <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>363</b>                               |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                                |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>  | <b>0.</b>                                |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b><br><b>4,280,462.</b>                 | <b>Current Year</b><br><b>4,045,187.</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)   | <b>0.</b>  | <b>16,099.</b>                           |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>552,817.</b>  | <b>846,226.</b>                          |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>500.</b>  | <b>60,909.</b>                           |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>4,833,779.</b>                                      | <b>4,968,421.</b>                        |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>2,308,050.</b>                                      | <b>2,613,750.</b>                        |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>  | <b>0.</b>                                |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>1,240,195.</b>                                      | <b>1,301,167.</b>                        |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>  | <b>0.</b>                                |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>663,194.</b>  |  |  |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>748,925.</b>  | <b>949,996.</b>                          |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>4,297,170.</b>                                      | <b>4,864,913.</b>                        |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12   | <b>536,609.</b>  | <b>103,508.</b>                          |
| <b>20</b>  | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>15,365,596.</b> | <b>End of Year</b><br><b>15,714,848.</b> |
| <b>21</b>  | Total liabilities (Part X, line 26)  | <b>245,014.</b>  | <b>321,889.</b>                          |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20   | <b>15,120,582.</b>                                     | <b>15,392,959.</b>                       |

**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.

|                               |   |   |                         |   |                          |
|-------------------------------|---|---|-------------------------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>K. SUJATA, CEO</b><br>Type or print name and title | Date  |                         |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>CATHERINE M. FUNK, CPA</b>                   | Preparer's signature<br><b>CATHERINE M. FUNK, C</b> | Date<br><b>11/01/18</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00188165</b> |
|                               | Firm's name ▶ <b>MUELLER &amp; CO., LLP</b>                                   | Firm's EIN ▶ <b>36-2658780</b>                      |                         |   |                          |
|                               | Firm's address ▶ <b>1707 N RANDALL RD, STE 200 ELGIN, IL 60123</b>            | Phone no. <b>847-888-8600</b>                       |                         |   |                          |

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 \$ 2,963,665. including grants of \$ 2,613,750.) (Revenue \$ ) GRANTMAKING: SINCE ITS INCEPTION IN 1985, CHICAGO FOUNDATION FOR WOMEN HAS AWARDED \$33 MILLION IN GRANTS TO NEARLY 4,000 NONPROFIT ORGANIZATIONS WORKING TO SOLVE THE BIGGEST PROBLEMS FACING WOMEN AND GIRLS: ECONOMIC INSECURITY, VIOLENCE, AND LACK OF ACCESS TO HEALTHCARE AND INFORMATION.

IN FISCAL YEAR 2018, THE FOUNDATION AWARDED A TOTAL OF \$2,613,750 IN GRANTS TO 111 AGENCIES ADVANCING HEALTH, ECONOMIC SECURITY AND FREEDOM FROM VIOLENCE FOR CHICAGO-AREA WOMEN AND GIRLS. THIS REPRESENTS THE LARGEST, TOTAL ANNUAL GRANTMAKING SINCE CFW'S INCEPTION. CFW FUNDED OVER 160 PROJECTS IN 4 COUNTIES SERVING 94,129 PEOPLE.

4b (Code: ) (Expenses \$ 541,140. 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, THE WESTERN SUBURBS GIVING CIRCLE, AND THE NEWLY FORMED SOUTH SIDE 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 \$131,700 THIS FISCAL YEAR TO ORGANIZATIONS SERVING WOMEN AND GIRLS IN THEIR

4c (Code: ) (Expenses \$ 306,952. 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." A KEY COMPONENT OF OUR LONG-TERM VISION FOR INCREASING OUR IMPACT INCLUDES EXPANDING OUR ROLE AS A LEADER AND CONVENER OF DIVERSE GROUPS OF ORGANIZATIONS AND STAKEHOLDERS AROUND ISSUES OF CRITICAL IMPORTANCE TO THE LIVES OF WOMEN AND GIRLS, WHICH IN TURN, INFORMS STAKEHOLDERS AND HELPS BUILD OPPORTUNITIES TO ADVANCE PUBLIC POLICIES AND OTHER ADVOCACY EFFORTS. AS A RESULT, THE CFW COMMUNITY HAS WON OVER 30 LEGISLATIVE VICTORIES.

THROUGH THE 100% PROJECT, CFW IDENTIFIES OPPORTUNITIES FOR PROGRAMMATIC, PHILANTHROPIC, AND COLLABORATIVE SOLUTIONS TO ADVANCE

4d Other program services (Describe in Schedule O.) (Expenses \$ 260,036. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,071,793.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | X   |    |
| <b>3</b> 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  |
| <b>4 Section 501(c)(3) organizations.</b> 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   |    |
| <b>5</b> 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  |
| <b>6</b> 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   |    |
| <b>7</b> 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  |
| <b>8</b> 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  |
| <b>9</b> 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  |
| <b>10</b> 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   |    |
| <b>11</b> 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.   |     |    |
| <b>a</b> 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>b</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  |
| <b>c</b> 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  |
| <b>d</b> 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  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| <b>f</b> 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   |    |
| <b>12a</b> 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>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</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  |
| <b>15</b> 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  |
| <b>16</b> 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  |
| <b>17</b> 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  |
| <b>18</b> 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   |    |
| <b>19</b> 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 |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> 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   |    |
| <b>22</b> 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  |
| <b>23</b> 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   |    |
| <b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</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  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> 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  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</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> .....  |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> 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  |
| <b>37</b> 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  |
| <b>38</b> 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

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

**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 |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
|           | <b>1a</b> 25   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 25   |     |    |
| <b>2</b>  | 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  |
| <b>3</b>  | 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  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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>b</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  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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 |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>12c</b> |  | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</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).  |     |    |
| <b>16a</b> | 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>b</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? |     |    |
| <b>16b</b> |  |     |    |

**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)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) NICHOLAS J. BRUNICK<br>DIRECTOR          | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (2) ADELA CEPEDA<br>DIRECTOR                 | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) ALLISON CLARK<br>DIRECTOR                | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) VALERIE COLLETTI<br>DIRECTOR             | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) HARLENE ELLIN<br>DIRECTOR                | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) GEORGINA HEARD<br>DIRECTOR               | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) VIRGINIA HOLT<br>DIRECTOR                | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) KERI HOLLEB HOTALING<br>DIRECTOR         | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) SARAH HURWIT GOMEL<br>DIRECTOR           | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) ROBIN WOLKOFF LETCHINGER<br>DIRECTOR    | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (11) TINA MANIKAS<br>DIRECTOR                | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) MARIE OSADJAN<br>DIRECTOR               | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) MUNIRA PATEL<br>DIRECTOR                | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (14) SILVIA RIVERA<br>DIRECTOR               | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (15) PATRICIA SLOVAK<br>OFFICER, CHAIR       | 5.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (16) KELLY SMITH-HALEY<br>OFFICER, SECRETARY | 3.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (17) JENNIFER W. STEANS<br>DIRECTOR          | 3.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) BLAIR WELLENSIEK<br>OFFICER, TREASURER                    | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (19) WENDY K. WHITE EAGLE<br>OFFICER, PAST CHAIR               | 3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (20) CARMIN AWADZI<br>DIRECTOR                                 | 3.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) SUSIE KUROWSKI<br>DIRECTOR                                | 3.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) NINA SANCHEZ<br>DIRECTOR                                  | 3.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) COURTNEY WELTON<br>DIRECTOR                               | 3.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) GRETCHEN WOLF<br>DIRECTOR                                 | 3.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) ANN MARIE WRIGHT<br>DIRECTOR                              | 3.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) K.SUJATA<br>PRESIDENT & CEO                               | 40.00   |   |                       | X       |              |                              |        | 195,156.   | 0.  | 7,762.  |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 195,156.   | 0.  | 7,762.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 115,850.   | 0.  | 11,313.   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 311,006.   | 0.  | 19,075.   |

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       | 3   | 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 | 4   | 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                       | 5   | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|--|---|--|--------------------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |                                |   |   |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>  |                                |   |   |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>  | 1,137,161.                     |   |   |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>  |                                |   |   |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  |                                |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 2,908,026.                     |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 426,924.                       |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |  | 4,045,187.                     |   |   |  |  |
|  | <b>Program Service<br/>Revenue</b>  | <b>2 a</b> BOARD BOOT CAMP .....                               | <b>Business Code</b><br>900099 | 16,099.   | 16,099.                                 |  |  |
| <b>b</b> .....   |   |  |                                |   |   |  |  |
| <b>c</b> .....   |   |  |                                |   |   |  |  |
| <b>d</b> .....   |   |  |                                |   |   |  |  |
| <b>e</b> .....   |   |  |                                |   |   |  |  |
| <b>f</b> All other program service revenue .....                           |   |  |                                |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....                                      |   |  | 16,099.                        |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |  | 519,328.                       |   |   | 519,328.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                                |   |   |  |  |
|  | <b>5</b> Royalties .....  |  |                                |   |   |  |  |
|  | <b>6 a</b> Gross rents .....  | (i) Real   | (ii) Personal                  |   |   |  |  |
|  |   | <b>b</b> Less: rental expenses .....                           |                                |   |   |  |  |
|  |   | <b>c</b> Rental income or (loss) .....                         |                                |   |   |  |  |
|  |   | <b>d</b> Net rental income or (loss) .....                     |                                |   |   |  |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   | (ii) Other                     |   |   |  |  |
|  |   | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                                |   |   |  |  |
|  |   | <b>c</b> Gain or (loss) .....                                  |                                |   |   |  |  |
|  |   | <b>d</b> Net gain or (loss) .....                              |                                |   |   |  |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 1,137,161. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 158,765.                       |   |   |  |  |
|  |   | <b>b</b> Less: direct expenses .....                           | <b>b</b>                       | 158,765.  |   |  |  |
|  |   | <b>c</b> Net income or (loss) from fundraising events .....    |                                | 0.  |   |  |  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....   | <b>a</b>   |                                |   |   |  |  |
| <b>b</b> Less: direct expenses .....                                       |   | <b>b</b>   |                                |   |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....                 |   |  |                                |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b>  |  |                                |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   |                                |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....   |  |                                |   |   |  |  |
| Miscellaneous Revenue  |   | <b>Business Code</b>   |                                |   |   |  |  |
| <b>11 a</b> OTHER INCOME .....   |   | 900099   | 60,909.                        | 60,909.   |   |  |  |
|  | <b>b</b> .....  |  |                                |   |   |  |  |
|  | <b>c</b> .....  |  |                                |   |   |  |  |
|  | <b>d</b> All other revenue .....  |  |                                |   |   |  |  |
|  | <b>e Total.</b> Add lines 11a-11d .....   |  |                                | 60,909.   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                            |   |  | 4,968,421.                     | 77,008.   | 0.                                      | 846,226.   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 2,613,750.            | 2,613,750.                      |  |                             |
| 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   | 326,137.              | 202,205.                        | 42,398.                                | 81,534.                     |
| 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   | 771,413.              | 500,018.                        | 17,802.                                | 253,593.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 31,598.               | 20,217.                         | 1,733.                                 | 9,648.                      |
| 9 Other employee benefits  | 93,003.               | 59,503.                         | 5,102.                                 | 28,398.                     |
| 10 Payroll taxes   | 79,016.               | 50,555.                         | 4,334.                                 | 24,127.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 1,225.                | 784.                            | 67.                                    | 374.                        |
| c Accounting   | 20,207.               | 1,351.                          | 18,212.                                | 644.                        |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   | 77,860.               | 49,815.                         | 4,271.                                 | 23,774.                     |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  | 234,613.              | 182,352.                        | 7,958.                                 | 44,303.                     |
| 12 Advertising and promotion   | 12,231.               | 10,029.                         | 335.                                   | 1,867.                      |
| 13 Office expenses   | 95,139.               | 56,766.                         | 5,753.                                 | 32,620.                     |
| 14 Information technology  | 48,339.               | 28,205.                         | 1,471.                                 | 18,663.                     |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 127,854.              | 81,796.                         | 7,019.                                 | 39,039.                     |
| 17 Travel  | 4,907.                | 3,868.                          | 169.                                   | 870.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  | 113,401.              | 15,508.                         | 7,088.                                 | 90,805.                     |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 3,819.                |                                 | 3,819.                                 |                             |
| 23 Insurance   | 5,273.                | 3,374.                          | 289.                                   | 1,610.                      |
| 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 <b>FISCAL SPONSORSHIP EXPE</b>   | 135,936.              | 135,936.                        |  |                             |
| b <b>IN-KIND EXPENSES</b>  | 23,042.               | 15,580.                         | 1,096.                                 | 6,366.                      |
| c <b>BAD DEBT</b>  | 20,000.               | 20,000.                         | 0.                                     | 0.                          |
| d <b>EQUIPMENT</b>   | 14,122.               | 9,056.                          | 772.                                   | 4,294.                      |
| e All other expenses   | 12,028.               | 11,125.                         | 238.                                   | 665.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 4,864,913.            | 4,071,793.                      | 129,926.                               | 663,194.                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 33,084.               | 16,542.                         | 6,116.                                 | 10,426.                     |

**Part X Balance Sheet**

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

|   |  | (A)                |             | (B)         |  |
|---|--|--------------------|-------------|-------------|--|
|   |  | Beginning of year  |             | End of year |  |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 319,147.           | <b>1</b>    | 100,740.    |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 380,483.           | <b>2</b>    | 1,050,711.  |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 837,582.           | <b>3</b>    | 528,500.    |  |
|   | <b>4</b> Accounts receivable, net .....  | 20,900.            | <b>4</b>    | 3,600.      |  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                    | <b>5</b>    |             |  |
|   | <b>6</b> 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 ..... |                    | <b>6</b>    |             |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                    | <b>7</b>    |             |  |
|   | <b>8</b> Inventories for sale or use .....   |                    | <b>8</b>    |             |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 87,888.            | <b>9</b>    | 93,361.     |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 89,338. |             |             |  |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 64,317. |             |             |  |
|   | <b>11</b> Investments - publicly traded securities .....   | 13,692,019.        | <b>11</b>   | 13,912,915. |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                    | <b>12</b>   |             |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                    | <b>13</b>   |             |  |
|   | <b>14</b> Intangible assets .....  |                    | <b>14</b>   |             |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                    | <b>15</b>   |             |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 15,365,596.  | <b>16</b>          | 15,714,848. |             |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 28,278.            | <b>17</b>   | 24,588.     |  |
|   | <b>18</b> Grants payable .....   |                    | <b>18</b>   |             |  |
|   | <b>19</b> Deferred revenue .....   | 216,736.           | <b>19</b>   | 297,301.    |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                    | <b>20</b>   |             |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                    | <b>21</b>   |             |  |
|   | <b>22</b> 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 .....   |                    | <b>22</b>   |             |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                    | <b>23</b>   |             |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                    | <b>24</b>   |             |  |
|   | <b>25</b> 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 .....  |                    | <b>25</b>   |             |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 245,014.           | <b>26</b>   | 321,889.    |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                    |             |             |  |
|   | <b>27</b> Unrestricted net assets .....  | 8,016,082.         | <b>27</b>   | 8,134,176.  |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 1,485,469.         | <b>28</b>   | 1,621,152.  |  |
|   | <b>29</b> Permanently restricted net assets .....  | 5,619,031.         | <b>29</b>   | 5,637,631.  |  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                    |             |             |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                    | <b>30</b>   |             |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                    | <b>31</b>   |             |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                    | <b>32</b>   |             |  |
| <b>33</b> Total net assets or fund balances .....                         | 15,120,582.  | <b>33</b>          | 15,392,959. |             |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 15,365,596.  | <b>34</b>          | 15,714,848. |             |  |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 4,968,421.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 4,864,913.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 103,508.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 15,120,582. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 176,805.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | -7,936.     |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 15,392,959. |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | X   |    |
| <b>3a</b> 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>b</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 (2017)



**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) 2013   | (b) 2014   | (c) 2015   | (d) 2016   | (e) 2017   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 3,882,742. | 3,623,270. | 4,120,551. | 4,290,313. | 4,045,187. | 19,962,063. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 3,882,742. | 3,623,270. | 4,120,551. | 4,290,313. | 4,045,187. | 19,962,063. |
| <b>5</b> 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) ..... |            |            |            |            |            | 1,821,433.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 18,140,630. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2013   | (b) 2014   | (c) 2015   | (d) 2016   | (e) 2017   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 3,882,742. | 3,623,270. | 4,120,551. | 4,290,313. | 4,045,187. | 19,962,063.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 475,013.   | 594,616.   | 535,646.   | 497,447.   | 519,328.   | 2,622,050.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |            |            |            |            |            |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |            |            |            |            |            | 22,584,113.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |            |            |            |            | 12         |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 80.32 %                             |
| <b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....  | <b>15</b> | 89.05 %                             |
| <b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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 .....     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                         |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....    |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>   |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> 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 |
|--|-----|----|
| <b>1</b> 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. |     |    |
| <b>2</b> 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 |
|---|-----|----|
| <b>1</b> 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 |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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).  |     |    |
| <b>3</b> 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**

|  |     |    |
|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.  |     |    |
| <b>a</b> 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>b</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.  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.  |     |    |
| <b>a</b> 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>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   |     |    |

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

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

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> 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). |   |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2017 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2017 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2017   |                             |  |   |
| <b>a</b>   |                             |  |   |
| <b>b</b> From 2013   |                             |  |   |
| <b>c</b> From 2014   |                             |  |   |
| <b>d</b> From 2015   |                             |  |   |
| <b>e</b> From 2016   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2017 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2012 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2017 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2017 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2013  |                             |  |   |
| <b>b</b> Excess from 2014  |                             |  |   |
| <b>c</b> Excess from 2015  |                             |  |   |
| <b>d</b> Excess from 2016  |                             |  |   |
| <b>e</b> Excess from 2017  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2017

**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

**2017**

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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**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<br><b>CHICAGO FOUNDATION FOR WOMEN</b> | Employer identification number<br><b>36-3348160</b> |
|---|---|

**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 campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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) 2017

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  | 7,662.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   | 910.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b) .....   | 8,572.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>  | Other exempt purpose expenditures .....   | 4,858,040.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d) .....   | 4,866,612.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  | 393,331.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f) .....   | 98,333.   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0- .....   | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>  | 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |            |
|---|----------|----------|----------|----------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 350,784. | 345,588. | 364,859. | 393,331. | 1,454,562. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          | 2,181,843. |
| <b>c</b> Total lobbying expenditures                                | 3,776.   | 4,487.   | 9,175.   | 8,572.   | 26,010.    |
| <b>d</b> Grassroots nontaxable amount                               | 87,696.  | 86,397.  | 91,215.  | 98,333.  | 363,641.   |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          | 545,462.   |
| <b>f</b> Grassroots lobbying expenditures                           | 1,248.   | 2,012.   | 7,200.   | 7,662.   | 18,122.    |

**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 |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..   |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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 .....   | 10                      |   |
| 2 Aggregate value of contributions to (during year) .....   | 51,075.                 |   |
| 3 Aggregate value of grants from (during year) .....  | 44,500.                 |   |
| 4 Aggregate value at end of year .....  | 773,135.                |   |
| 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 7/25/06, 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? .....

Yes  No

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)? .....

Yes  No

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 .....

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

Schedule D (Form 990) 2017

**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                     | 6,311,339.       | 5,286,240.     | 5,328,253.         | 5,511,631.           | 5,037,459.          |
| b Contributions                                  | 18,600.          | 843,560.       | 126,276.           | 293,698.             | 88,350.             |
| c Net investment earnings, gains, and losses     | 217,100.         | 408,314.       | 32,711.            | 273,076.             | 582,271.            |
| d Grants or scholarships                         | 223,100.         | 226,775.       | 201,000.           | 204,000.             | 196,449.            |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 6,323,939.       | 6,311,339.     | 5,286,240.         | 5,328,253.           | 5,511,631.          |

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  89.00 %
- c Temporarily restricted endowment  11.00 %

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.                          | 2,006.                       | 6,017.         |
| d Equipment  |                                      | 81,315.                         | 62,311.                      | 19,004.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 25,021.        |

**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)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 5,067,366. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 176,805.   |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 176,805.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 4,890,561. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 77,860.    |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 77,860.    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 4,968,421. |

**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.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 4,794,989. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 7,936.     |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 7,936.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 4,787,053. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 77,860.    |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 77,860.    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 4,864,913. |

**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 2014, 2015 AND 2016 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 THE

**Part XIII** Supplemental Information (continued)

INTERNAL REVENUE SERVICE.

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, 2018 AND 2017.



**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<br>(add col. (a) through<br>col. (c)) |            |
|-----------------|--|---|----------------------------------|---------------------|--|------------|
|                 |  | ANNUAL<br>LUNCHEON<br>(event type)                          | IMPACT<br>AWARDS<br>(event type) | 2<br>(total number) |  |            |
| Revenue         | 1  | Gross receipts  | 1,193,216.                       | 72,995.             | 29,715.  | 1,295,926. |
|                 | 2  | Less: Contributions   | 1,044,184.                       | 64,509.             | 28,468.  | 1,137,161. |
|                 | 3  | Gross income (line 1 minus line 2)                          | 149,032.                         | 8,486.              | 1,247.   | 158,765.   |
| Direct Expenses | 4  | Cash prizes   |                                  |                     |  |            |
|                 | 5  | Noncash prizes  |                                  |                     |  |            |
|                 | 6  | Rent/facility costs   |                                  |                     | 800.   | 800.       |
|                 | 7  | Food and beverages  | 91,512.                          | 8,486.              | 447.   | 100,445.   |
|                 | 8  | Entertainment   | 39,960.                          |                     |  | 39,960.    |
|                 | 9  | Other direct expenses                                       | 17,560.                          |                     |  | 17,560.    |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                  |                     |  | 158,765.   |
| 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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**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.

| <b>1 (a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| ACCION CHICAGO<br>1436 W. RANDOLPH, SUITE 300<br>CHICAGO, IL 60607                 | 36-3966573     | 501(C)(3)                              | 15,000.                         | 0.                                       |  |  | FEMALE ENTREPRENEURSHIP PROGRAM           |
| ACCION CHICAGO<br>1436 W. RANDOLPH, SUITE 300<br>CHICAGO, IL 60607                 | 36-3966573     | 501(C)(3)                              | 21,000.                         | 0.                                       |  |  | CFW ENGLEWOOD INITIATIVE                  |
| AFFINITY COMMUNITY SERVICES<br>2850 S. WABASH AVE.<br>CHICAGO, IL 60616            | 36-4157571     | 501(C)(3)                              | 1,500.                          | 0.                                       |  |  | LGBT/HIV ED SUPPORT GROUP                 |
| AFFINITY COMMUNITY SERVICES<br>2850 S. WABASH AVE.<br>CHICAGO, IL 60616            | 36-4157571     | 501(C)(3)                              | 2,800.                          | 0.                                       |  |  | GENERAL OPERATING SUPPORT                 |
| ALIVE CENTER<br>500 W. 5TH AVE.<br>NAPERVILLE, IL 60563                            | 45-4998475     | 501(C)(3)                              | 10,100.                         | 0.                                       |  |  | DARE TO BE RARE (DTBR): GIRL EMPOWERMENT  |
| ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W. WASHINGTON -<br>CHICAGO, IL 60661 | 36-4272272     | 501(C)(3)                              | 50,000.                         | 0.                                       |  |  | THE EMERGENCY FUND                        |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

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

Schedule I (Form 990) (2017)

**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                       |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| APNA GHAR, INC. (OUR HOME)<br>4350 N BROADWAY<br>CHICAGO, IL 60613                      | 36-3698770 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                |
| ARAB AMERICAN FAMILY SERVICES<br>9044 SOUTH OCTAVIA AVENUE<br>BRIDGEVIEW, IL 60455-2126 | 60-0002593 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                |
| ARISE CHICAGO<br>1436 W. RANDOLPH SUITE 202<br>CHICAGO, IL 60607                        | 20-1072983 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                |
| ASSATA'S DAUGHTERS<br>235 E. 58TH ST<br>CHICAGO, IL 60637                               | 51-0181498 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPERATING EXPENSE                                |
| BETWEEN FRIENDS<br>P.O. BOX 608548<br>CHICAGO, IL 60660                                 | 36-3460990 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                |
| BETWEEN FRIENDS<br>P.O. BOX 608548<br>CHICAGO, IL 60660                                 | 36-3460990 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                |
| CABRINI GREEN LEGAL AID<br>740 N. MILWAUKEE AVENUE<br>CHICAGO, IL 60642                 | 36-2775706 | 501(C)(3)                     | 43,000.                  | 0.                                |   |  | REUNITE MOMS AND KIDS CAMPAIGN                           |
| CARA<br>237 S. DESPLAINES<br>CHICAGO, IL 60661  | 36-4268095 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | CARA'S ELEANOR CAREER ADVANCEMENT PROGRAM (ECAP)         |
| CENTER FOR ADVANCING DOMESTIC PEACE - 813 S. WESTERN AVE. -<br>CHICAGO, IL 60612        | 33-1075347 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT FOR PARTNER ABUSE INTERVENTION |

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 ALLIANCE AGAINST SEXUAL EXPLOITATION - 307 N. MICHIGAN AVE. - CHICAGO, IL 60601          | 26-0220074 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                                  |
| CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATION - 307 N. MICHIGAN AVE. - CHICAGO, IL 60601          | 26-0220074 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | POLICY WORK: END DEMAND ILLINOIS AND SEXUAL ASSAULT REFORM |
| CHICAGO COMMUNITY BOND FUND WESTSIDE JUSTICE CENTER CHICAGO, IL 60612                            | 47-5015710 | 501(C)(3)                     | 2,800.                   | 0.                                |   |  | CCBF'S CAMPAIGN TO END MONEY BOND                          |
| CHICAGO FREEDOM SCHOOL 719 S STATE STREET CHICAGO, IL 60605                                      | 20-4735643 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | PROJECT HEALUS   |
| CHICAGO METROPOLITAN BATTERED WOMEN'S NETWORK - 1 E WACKER DRIVE, SUITE 1630 - CHICAGO, IL 60601 | 36-3331605 | 501(C)(3)                     | 2,100.                   | 0.                                |   |  | CAPACITY BUILDING SCHOLARSHIP                              |
| CHICAGO METROPOLITAN BATTERED WOMEN'S NETWORK - 1 E WACKER DRIVE, SUITE 1630 - CHICAGO, IL 60601 | 36-3331605 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                  |
| CHICAGO PERIOD PROJECT 2731 N CAMPBELL AVE CHICAGO, IL 60647                                     | 81-4479035 | 501(C)(3)                     | 750.                     | 0.                                |   |  | GENERAL OPERATING SUPPORT                                  |
| CHICAGO PERIOD PROJECT 2731 N CAMPBELL AVE CHICAGO, IL 60647                                     | 81-4479035 | 501(C)(3)                     | 1,500.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                                  |
| CHICAGO VOLUNTEER DOULAS PO BOX 5851 CHICAGO, IL 60680   | 27-3636022 | 501(C)(3)                     | 2,750.                   | 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                         |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHICAGO VOLUNTEER DOULAS<br>PO BOX 5851<br>CHICAGO, IL 60680                     | 27-3636022 | 501(C)(3)                     | 3,500.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                                  |
| CHICAGO WOMEN IN TRADES<br>2444 W. 16TH ST.<br>CHICAGO, IL 60608                 | 36-3256699 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | TECHNICAL OPPORTUNITIES PROGRAM                            |
| CHICAGO WOMEN IN TRADES<br>2444 W. 16TH ST.<br>CHICAGO, IL 60608                 | 36-3256699 | 501(C)(3)                     | 65,000.                  | 0.                                |   |  | TECHNICAL OPPORTUNITIES PROGRAM AND POLICY/ADVOCACY        |
| CHICAGO WOMEN'S HEALTH CENTER<br>1025 WEST SUNNYSIDE AVENUE<br>CHICAGO, IL 60640 | 36-2922469 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                  |
| CHICAGO WORKERS' COLLABORATIVE<br>37 S. ASHLAND AVE.<br>CHICAGO, IL 60632        | 26-1470308 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | BUILDING COMMUNITY POWER TO END GENDER VIOLENCE            |
| CHICAGO WORKERS' COLLABORATIVE<br>37 S. ASHLAND AVE.<br>CHICAGO, IL 60632        | 26-1470308 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | BUILDING COMMUNITY POWER TO END GENDER VIOLENCE            |
| CHICAGO YOUTH CENTERS<br>218 S WABASH AVE., SUITE 600<br>CHICAGO, IL 60604       | 36-2344429 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | CHICAGO YOUTH CENTERS' GIRLS EXCELLING IN MATH AND SCIENCE |
| CHINESE MUTUAL AID ASSOCIATION<br>1016 W. ARGYLE<br>CHICAGO, IL 60640            | 36-3139799 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GIVING TUESDAY VIDEO SUBMISSION                            |
| CIVIC NATION<br>1415 CHAPIN STREET, NW, #208<br>WASHINGTON, DC 20009             | 47-3576918 | 501(C)(3)                     | 3,000.                   | 0.                                |   |  | GALVANIZE  |

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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COMMUNITY FILM WORKSHOP OF CHICAGO<br>6200 SOUTH DREXEL BOULEVARD<br>CHICAGO, IL 60637                      | 23-7174173 | 501(C)(3)                     | 2,000.                   | 0.                                |   |  | NICE SHOT                                     |
| COMMUNITY ORGANIZING AND FAMILY ISSUES (COFI) - 1436 WEST RANDOLPH, 4TH FLOOR - CHICAGO, IL 60607           | 36-4044632 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | STOP (STEPPING OUT OF POVERTY) DEBT SURVEY    |
| COMMUNITY ORGANIZING AND FAMILY ISSUES (COFI) - 1436 WEST RANDOLPH, 4TH FLOOR - CHICAGO, IL 60607           | 36-4044632 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | PUBLIC POLICY LEADERSHIP AND ADVOCACY PROJECT |
| COMMUNITYHEALTH<br>2611 W CHICAGO AVE<br>CHICAGO, IL 60622  | 36-3831793 | 501(C)(3)                     | 2,000.                   | 0.                                |   |  | WELL WOMEN HEALTH INITIATIVE                  |
| CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N. KEDZIE AVENUE, 5TH FLOOR - CHICAGO, IL 60651-4152 | 36-2950380 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                     |
| CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N. KEDZIE AVENUE, 5TH FLOOR - CHICAGO, IL 60651-4152 | 36-2950380 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                     |
| CURT'S CAFE<br>2922 CENTRAL STREET<br>EVANSTON, IL 60201  | 45-3934105 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | STUDENT STIPENDS                              |
| DEBORAH'S PLACE<br>2822 W. JACKSON BLVD.<br>CHICAGO, IL 60612   | 36-3382973 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | TERESA'S INTERIM HOUSING PROGRAM              |
| DEMOISELLE 2 FEMME, NFP<br>7159 S. PEORIA<br>CHICAGO, IL 60621  | 35-2220199 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | T3- TRANSITION, TRANSFORM, TRANSCEND!         |

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| DEMOISELLE 2 FEMME, NFP<br>7159 S. PEORIA<br>CHICAGO, IL 60621                     | 35-2220199 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | 2017-2018 WOMEN & GIRLS SYMPOSIUM SERIES        |
| DOMESTIC VIOLENCE LEGAL CLINIC<br>555 W. HARRISON, SUITE 1900<br>CHICAGO, IL 60607 | 36-3647731 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                       |
| DOMESTIC VIOLENCE LEGAL CLINIC<br>555 W. HARRISON, SUITE 1900<br>CHICAGO, IL 60607 | 36-3647731 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                       |
| ERIE FAMILY HEALTH CENTER<br>1701 W. SUPERIOR STREET<br>CHICAGO, IL 60622          | 36-3088628 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | WOMEN AND CHILDREN'S HEALTH EMPOWERMENT PROGRAM |
| EVERTHRIVE ILLINOIS<br>1256 W. CHICAGO<br>CHICAGO, IL 60642                        | 36-3651051 | 501(C)(3)                     | 3,000.                   | 0.                                |   |  | SOUTH & WEST SIDE COMMUNITY EMPOWERMENT PROJECT |
| EVERTHRIVE ILLINOIS<br>1256 W. CHICAGO<br>CHICAGO, IL 60642                        | 36-3651051 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | STRATEGIC MESSAGING                             |
| FAMILY RESCUE<br>9204 S COMMERCIAL AVENUE<br>CHICAGO, IL 60617                     | 36-3170408 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                       |
| FAMILY RESCUE<br>9204 S COMMERCIAL AVENUE<br>CHICAGO, IL 60617                     | 36-3170408 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | ENGLEWOOD WOMEN'S INITIATIVE                    |
| FAMILY RESCUE<br>9204 S COMMERCIAL AVENUE<br>CHICAGO, IL 60617                     | 36-3170408 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                       |

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| FAMILY SHELTER SERVICE<br>605 E. ROOSEVELT RD.<br>WHEATON, IL 60187-5568                                     | 36-2883552 | 501(C)(3)                     | 7,600.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                                   |
| FAMILY SHELTER SERVICE<br>605 E. ROOSEVELT RD.<br>WHEATON, IL 60187-5568                                     | 36-2883552 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT<br>FOR FAMILY SHELTER<br>SERVICE  |
| FUND FOR JUSTICE DBA CHICAGO<br>APPLESEED FUND FOR JUSTICE - 750<br>N. LAKE SHORE DR. - CHICAGO, IL<br>60611 | 23-7059214 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | NEW APPROACHES TO HELPING<br>WOMEN SEEKING CHILD<br>SUPPORT |
| GIRLFORWARD<br>PO BOX 607516<br>CHICAGO, IL 60660  | 45-2987277 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                                   |
| GIRLFORWARD<br>PO BOX 607516<br>CHICAGO, IL 60660  | 45-2987277 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                                   |
| GIRLFORWARD<br>PO BOX 607516<br>CHICAGO, IL 60660  | 45-2987277 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                   |
| GROW YOUR OWN ILLINOIS<br>820 W JACKSON BLVD, SUITE 330<br>CHICAGO, IL 60607-3062                            | 20-8324406 | 501(C)(3)                     | 35,000.                  | 0.                                |   |  | GENERAL OPERATING   |
| HANA CENTER<br>4300 N CALIFORNIA AVE.<br>CHICAGO, IL 60618   | 36-2746468 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | HANA CENTER FAMILY<br>EMPOWERMENT PROGRAM                   |
| LATINO UNION OF CHICAGO<br>4811 NORTH CENTRAL PARK<br>CHICAGO, IL 60625                                      | 61-1403712 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | CHICAGO COALITION OF<br>HOUSEHOLD WORKERS                   |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HAVEN HOUSE<br>840 AMES STREET<br>HAMMOND, IN 46320   | 35-1725951 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                  |
| HEALING TO ACTION<br>332 SOUTH MICHIGAN AVE, STE. 1032/H<br>CHICAGO, IL 60604                     | 81-4546742 | 501(C)(3)                     | 2,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                  |
| HEALING TO ACTION<br>332 SOUTH MICHIGAN AVE, STE. 1032/H<br>CHICAGO, IL 60604                     | 81-4546742 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                  |
| HEART WOMEN & GIRLS<br>4407 S LAKE PARK AVE<br>CHICAGO, IL 60653                                  | 27-3625796 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                  |
| HEARTLAND ALLIANCE'S NATIONAL<br>IMMIGRANT JUSTICE CENTER - 208 S.<br>LASALLE - CHICAGO, IL 60604 | 36-1877640 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENDER JUSTICE INITIATIVE                  |
| HEARTLAND HUMAN CARE SERVICES<br>208 S. LASALLE<br>CHICAGO, IL 60604                              | 36-4053244 | 501(C)(3)                     | 50,000.                  | 0.                                |   |  | IMAGINE, DEDICATE, EARN,<br>ACHIEVE (IDEA) |
| HUMAN RIGHTS WATCH<br>350 FIFTH AVE., 34TH FLOOR<br>NEW YORK, NY 10118-4700                       | 13-2875808 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | WOMEN'S RIGHTS DIVISION                    |
| ILLINOIS BIRTH JUSTICE<br>514 NORTH ELMWOOD AVENUE<br>OAK PARK, IL 60302-2228                     | 36-3143826 | 501(C)(3)                     | 2,750.                   | 0.                                |   |  | IBJ GENERAL OPERATING<br>SUPPORT           |
| ILLINOIS BIRTH JUSTICE<br>514 NORTH ELMWOOD AVENUE<br>OAK PARK, IL 60302-2228                     | 36-3143826 | 501(C)(3)                     | 3,500.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                  |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - 719 S. STATE, 4TH FLOOR - CHICAGO, IL 60605           | 36-3223988 | 501(C)(3)                     | 43,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| ILLINOIS SAFE SCHOOLS ALLIANCE<br>180 N. MICHIGAN AVE<br>CHICAGO, IL 60601-6959               | 20-4255290 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | STRATEGIC PARTNERSHIP<br>EXPLORATION PROCESS                              |
| JANE ADDAMS RESOURCE CORPORATION<br>4432 N. RAVENSWOOD<br>CHICAGO, IL 60640                   | 36-3682559 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | EWI WOMEN IN<br>MANUFACTURING   |
| JANE ADDAMS RESOURCE CORPORATION<br>4432 N. RAVENSWOOD<br>CHICAGO, IL 60640                   | 36-3682559 | 501(C)(3)                     | 75,000.                  | 0.                                |   |  | WOMEN IN MANUFACTURING<br>PROGRAM   |
| JANE ADDAMS SENIOR CAUCUS<br>1111 N. WELLS, SUITE 302<br>CHICAGO, IL 60610                    | 36-3476552 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | STARTING WITH WOMEN'S<br>LIVES: STRENGTHEN AND<br>PROTECT SOCIAL SECURITY |
| JANE ADDAMS SENIOR CAUCUS<br>1111 N. WELLS, SUITE 302<br>CHICAGO, IL 60610                    | 36-3476552 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | STRATEGIC PLANNING  |
| KAN-WIN<br>1440 RENAISSANCE DR.<br>PARK RIDGE, IL 60068                                       | 36-3752338 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| KAN-WIN<br>1440 RENAISSANCE DR.<br>PARK RIDGE, IL 60068                                       | 36-3752338 | 501(C)(3)                     | 35,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| KINZIE INDUSTRIAL DEVELOPMENT CORPORATION (KIDC) - 320 NORTH DAMEN AVENUE - CHICAGO, IL 60612 | 36-3312341 | 501(C)(3)                     | 70,000.                  | 0.                                |   |  | CAREER PATHWAYS IN EMT<br>TRAINING PROGRAM                                |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LADIES OF VIRTUE<br>1245 SOUTH MICHIGAN, SUITE 149<br>CHICAGO, IL 60605      | 80-0530610 | 501(C)(3)                     | 1,750.                   | 0.                                |   |  | WORLD AIDS DAY CONFERENCE   |
| LADIES OF VIRTUE<br>1245 SOUTH MICHIGAN, SUITE 149<br>CHICAGO, IL 60605      | 80-0530610 | 501(C)(3)                     | 3,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| LAKE COUNTY CRISIS CENTER (A SAFE PLACE) - 2710 17TH STREET - ZION, IL 60099 | 36-3032700 | 501(C)(3)                     | 13,500.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| LAKE COUNTY CRISIS CENTER (A SAFE PLACE) - 2710 17TH STREET - ZION, IL 60099 | 36-3032700 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| LAKE COUNTY CRISIS CENTER (A SAFE PLACE) - 2710 17TH STREET - ZION, IL 60099 | 36-3032700 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| LATINOS PROGRESANDO<br>3047 W CERMAK RD<br>CHICAGO, IL 60623                 | 36-4355072 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | THE VAWA PROJECT  |
| LIFE SPAN<br>70 E. LAKE STREET<br>CHICAGO, IL 60601                          | 36-2991281 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | DIRECT LEGAL SERVICES FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE |
| LIFE SPAN<br>70 E. LAKE STREET<br>CHICAGO, IL 60601                          | 36-2991281 | 501(C)(3)                     | 50,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT   |
| LITERATURE FOR ALL OF US<br>5940 N SHERIDAN<br>CHICAGO, IL 60660             | 36-4167228 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT   |

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| LITERATURE FOR ALL OF US<br>5940 N SHERIDAN<br>CHICAGO, IL 60660                                   | 36-4167228 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | BOARD DEVELOPMENT AND EXECUTIVE DIRECTOR TRANSITION         |
| LITERATURE FOR ALL OF US<br>5940 N SHERIDAN<br>CHICAGO, IL 60660                                   | 36-4167228 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | TRANSFORMATIVE BOOK GROUP FOR WOMEN OF YWCA/BRIDGES PROGRAM |
| LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N. MILWAUKEE AVENUE - CHICAGO, IL 60618               | 36-2638491 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | PARENT MENTORS IN HERMOSA & LOGAN SQ.                       |
| LOVE, UNITY & VALUES (LUV) INSTITUTE - 1507 E. 53RD STREET - CHICAGO, IL 60615                     | 45-4329663 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | CENTER OF EXCELLENCE FOR WOMEN WITH PROMISE                 |
| METROPOLITAN CHICAGO BREAST CANCER TASK FORCE - 300 S. ASHLAND AVE., SUITE 202 - CHICAGO, IL 60607 | 26-2264895 | 501(C)(3)                     | 46,500.                  | 0.                                |   |  | GENERAL OPERATING   |
| METROPOLITAN FAMILY SERVICES<br>1 NORTH DEARBORN, SUITE 1000<br>CHICAGO, IL 60602                  | 36-2167940 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | ENGLEWOOD WOMEN'S INITIATIVE                                |
| MIDWEST ACCESS PROJECT<br>P.O. BOX 13173<br>CHICAGO, IL 60613-0173                                 | 20-8336719 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                                   |
| MIDWEST ACCESS PROJECT<br>P.O. BOX 13173<br>CHICAGO, IL 60613-0173                                 | 20-8336719 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                   |
| MIKVA CHALLENGE<br>200 S MICHIGAN AVE.<br>CHICAGO, IL 60604  | 52-2033353 | 501(C)(3)                     | 19,000.                  | 0.                                |   |  | YOUNG WOMEN'S EMPOWERMENT INITIATIVE                        |

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| MUJERES LATINAS EN ACCION<br>2124 WEST 21ST PLACE<br>CHICAGO, IL 60608                     | 36-2877520 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                              |
| MUJERES LATINAS EN ACCION<br>2124 WEST 21ST PLACE<br>CHICAGO, IL 60608                     | 36-2877520 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | DOMESTIC VIOLENCE AND<br>SEXUAL ASSAULT PROGRAMS       |
| MUJERES LATINAS EN ACCION<br>2124 WEST 21ST PLACE<br>CHICAGO, IL 60608                     | 36-2877520 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                              |
| NATIONAL ASIAN PACIFIC AMERICAN<br>WOMEN'S FORUM - 4346 N BROADWAY -<br>CHICAGO, IL 60603  | 94-3213100 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | NAPAWF CHICAGO<br>REPRODUCTIVE JUSTICE                 |
| NATIONAL NETWORK OF ABORTION FUND<br>P.O. BOX 22457<br>PHILADELPHIA, PA 19110              | 04-3236982 | 501(C)(3)                     | 500.                     | 0.                                |   |  | NATIONAL NETWORK OF<br>ABORTION FUNDS - 2018<br>SUMMIT |
| NEW MOMS, INC.<br>5317 W. CHICAGO AVE.<br>CHICAGO, IL 60651                                | 36-3265804 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | JOB TRAINING (FORMERLY<br>"WORKFORCE DEVELOPMENT")     |
| NORTHWEST SIDE HOUSING CENTER<br>5233 WEST DIVERSITY AVE.<br>CHICAGO, IL 60639             | 20-1413891 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | WOMEN FORWARD CHICAGO                                  |
| PEER HEALTH EXCHANGE CHICAGO<br>223 W. JACKSON BLVD.<br>CHICAGO, IL 60606                  | 56-2374305 | 501(C)(3)                     | 6,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                              |
| PLANNED PARENTHOOD OF ILLINOIS<br>18 SOUTH MICHIGAN AVENUE, 6TH FLOOR<br>CHICAGO, IL 60603 | 36-2170901 | 501(C)(3)                     | 2,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                              |

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| PLANNED PARENTHOOD OF ILLINOIS<br>18 SOUTH MICHIGAN AVENUE, 6TH FLOOR<br>CHICAGO, IL 60603            | 36-2170901 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                      |
| PLANNED PARENTHOOD OF ILLINOIS<br>18 SOUTH MICHIGAN AVENUE, 6TH FLOOR<br>CHICAGO, IL 60603            | 36-2170901 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | TEEN BIRTH CONTROL ACCESS CAMPAIGN             |
| PRAIRIE STATE LEGAL SERVICES<br>325 W. WASHINGTON ST,<br>WAUKEGAN, IL 60085                           | 37-1030764 | 501(C)(3)                     | 13,500.                  | 0.                                |   |  | LEGAL SERVICES FOR DOMESTIC VIOLENCE SURVIVORS |
| PUBLIC NARRATIVE<br>600 S. MICHIGAN AVE<br>CHICAGO, IL 60605  | 36-3759714 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | CFW'S MEDIA TRAINING                           |
| RAPE VICTIM ADVOCATES<br>180 N MICHIGAN AVE.<br>CHICAGO, IL 60601                                     | 36-3049386 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                      |
| REFUGEEONE<br>4753 N. BROADWAY, SUITE 401<br>CHICAGO, IL 60640  | 36-3817743 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | REFUGEEONE WOMEN'S HEALTH PROJECT              |
| ROGER BALDWIN FOUNDATION OF THE<br>ACLU, INC. - 150 N. MICHIGAN AVE,<br>SUITE 600 - CHICAGO, IL 60601 | 36-2682569 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | WOMEN'S AND REPRODUCTIVE RIGHTS PROJECT        |
| SARAH'S INN<br>309 HARRISON<br>OAK PARK, IL 60304   | 36-3084461 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                      |
| SARAH'S INN<br>309 HARRISON<br>OAK PARK, IL 60304   | 36-3084461 | 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                        |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 67 E MADISON - CHICAGO, IL 60603 | 36-3151279 | 501(C)(3)                     | 2,000.                   | 0.                                |   |  | "THE FUTURE OF JUSTICE" SUMMIT                            |
| SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 67 E MADISON - CHICAGO, IL 60603 | 36-3151279 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | WOMEN'S LAW AND POLICY PROJECT                            |
| SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 67 E MADISON - CHICAGO, IL 60603 | 36-3151279 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | WOMEN'S LAW AND POLICY PROJECT                            |
| SOUTH SUBURBAN FAMILY SHELTER<br>18137-39 S. HARWOOD AVE<br>HOMEWOOD, IL 60430    | 36-3089796 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                 |
| SOUTH SUBURBAN FAMILY SHELTER<br>18137-39 S. HARWOOD AVE<br>HOMEWOOD, IL 60430    | 36-3089796 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                                 |
| ST. LEONARD'S MINISTRIES<br>2100 W. WARREN BOULEVARD<br>CHICAGO, IL 60612         | 36-2378516 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | WORKFORCE DEVELOPMENT & SUPPORTIVE SERVICES - GRACE HOUSE |
| SYRIAN COMMUNITY NETWORK<br>138 CIRCLE RIDGE DRIVE<br>BURR RIDGE, IL 60527        | 47-3105667 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GIVING TUESDAY VIDEO SUBMISSION                           |
| TARGET HOPE<br>4713 BLARNEY DRIVE<br>MATTESON, IL 60443-1887                      | 36-3933644 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | TARGET HOPE STEM INITIATIVE                               |
| TEAMWORK ENGLEWOOD<br>815 W. 63RD STREET 2ND FLOOR<br>CHICAGO, IL 60621           | 74-3102944 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | ENGLEWOOD WOMENS 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                                   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE CARING PLACE, INC.<br>607 BULLSEYE LAKE ROAD<br>VALPARAISO, IN 46383                     | 31-0944075 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT  |
| THE CHICAGO COMMUNITY FOUNDATION<br>225 NORTH MICHIGAN AVE., SUITE 2200<br>CHICAGO, IL 60601 | 36-3432023 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | ILLINOIS IMMIGRATION<br>FUNDERS COLLABORATIVE                        |
| THE FAMILY DEFENSE CENTER<br>70 E LAKE ST<br>CHICAGO, IL 60601                               | 20-3096347 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT  |
| THE HARBOUR<br>1440 RENAISSANCE DR.<br>PARK RIDGE, IL 60068                                  | 36-2827480 | 501(C)(3)                     | 13,500.                  | 0.                                |   |  | EMERGENCY SHELTER AND<br>TRANSITIONAL HOUSING FOR<br>COMMUNITY YOUTH |
| THE NIGHT MINISTRY<br>4711 N. RAVENSWOOD<br>CHICAGO, IL 60640                                | 36-3145764 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | RESPONSE-ABILITY PREGNANT<br>AND PARENTING PROGRAM<br>(RAPPP)        |
| THE VIOLA PROJECT<br>1020 W BRYN MAWR AVE<br>CHICAGO, IL 60660                               | 45-4401545 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT  |
| TRANSFORMATIVE JUSTICE LAW PROJECT<br>OF IL - 203 N. LASALLE - CHICAGO,<br>IL 60601          | 36-3959353 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT  |
| TRITON COLLEGE<br>2000 FIFTH AVE<br>RIVER GROVE, IL 60171-1907                               | 36-3089812 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | FROM GADGETS TO SURGE  |
| UCAN<br>3605 W FILLMORE ST<br>CHICAGO, IL 60624  | 36-2167937 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | PHENOMENAL WOMAN   |

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<br>123 W MADISON SUITE 1950<br>CHICAGO, IL 60602                          | 94-3346127 | 501(C)(3)                     | 40,000.                  | 0.                                |   |  | UPWARDLY GLOBAL'S WOMEN'S PROGRAM  |
| VICTORY GARDENS THEATER<br>2433 N LINCOLN AVE.<br>CHICAGO, IL 60614                       | 36-2807341 | 501(C)(3)                     | 2,500.                   | 0.                                |   |  | BOARD DEVELOPMENT CONSULTANT   |
| WAREHOUSE WORKERS FOR JUSTICE<br>37 S. ASHLAND AVE., FIRST FLOOR<br>CHICAGO, IL 60607     | 80-0792786 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | WOMEN'S COMMITTEE OF WAREHOUSE WORKERS FOR JUSTICE                       |
| WEST SUBURBAN ACTION PROJECT<br>3415 WEST NORTH AVE., SUITE D<br>MELROSE PARK, IL 60160   | 36-3783551 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT  |
| WEST SUBURBAN ACTION PROJECT<br>3415 WEST NORTH AVE., SUITE D<br>MELROSE PARK, IL 60160   | 36-3783551 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GIVING TUESDAY CAMPAIGN  |
| WOMEN EMPLOYED<br>65 E. WACKER PLACE, SUITE 1500<br>CHICAGO, IL 60601                     | 36-2969526 | 501(C)(3)                     | 1,000.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT  |
| WOMEN EMPLOYED<br>65 E. WACKER PLACE, SUITE 1500<br>CHICAGO, IL 60601                     | 36-2969526 | 501(C)(3)                     | 25,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT  |
| WOMEN'S BUSINESS DEVELOPMENT CENTER - 8 S. MICHIGAN AVENUE, SUITE 400 - CHICAGO, IL 60603 | 36-3488628 | 501(C)(3)                     | 21,000.                  | 0.                                |   |  | WBDC/EWI EARLY CHILDHOOD EDUCATION ENTREPRENEURSHIP PROGRAM IN ENGLEWOOD |
| WOMEN'S MARCH CHICAGO<br>421 WEST MELROSE 8B<br>CHICAGO, IL 60657                         | 81-4721481 | 501(C)(3)                     | 4,500.                   | 0.                                |   |  | MARCH TO THE POLLS   |

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              |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| YOUNG INVINCIBLES<br>1725 DESALES ST. NW<br>WASHINGTON, DC 20036                        | 46-2214021 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | DIVERSIFYING ILLINOIS' APPRENTICESHIPS          |
| YOUTH OUTLOOK<br>1828 OLD NAPERVILLE ROAD<br>NAPERVILLE, IL 60563                       | 36-4223806 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | Y LINK (HEALTHY RELATIONSHIPS FOR LGBTQ+ YOUTH) |
| YWCA METROPOLITAN CHICAGO<br>1 N. LASALLE, SUITE1150<br>CHICAGO, IL 60602               | 36-2179765 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | YWCA ECONOMIC SUSTAINABILITY SERVICES           |
| YWCA OF EVANSTON/NORTH SHORE<br>1215 CHURCH STREET<br>EVANSTON, IL 60201-3505           | 36-2193618 | 501(C)(3)                     | 3,400.                   | 0.                                |   |  | COMPREHENSIVE DOMESTIC VIOLENCE SERVICES        |
| YWCA OF EVANSTON/NORTH SHORE<br>1215 CHURCH STREET<br>EVANSTON, IL 60201-3505           | 36-2193618 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | SUSTAINAILITY AND SUCCESSION PLANNING           |
| YWCA OF EVANSTON/NORTH SHORE<br>1215 CHURCH STREET<br>EVANSTON, IL 60201-3505           | 36-2193618 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | COMPREHENSIVE DOMESTIC VIOLENCE SERVICES        |
| 360 YOUTH SERVICES<br>1305 W. OSWEGO ROAD<br>NAPERVILLE, IL 60540                       | 36-2936229 | 501(C)(3)                     | 10,100.                  | 0.                                |   |  | FEMALE TRANSITIONAL HOUSING PROGRAM             |
| AFFINITY COMMUNITY SERVICES<br>2850 S. WABASH AVE.<br>CHICAGO, IL 60616                 | 36-4157571 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | GENERAL OPERATING                               |
| ARAB AMERICAN FAMILY SERVICES<br>9044 SOUTH OCTAVIA AVENUE<br>BRIDGEVIEW, IL 60455-2126 | 60-0002593 | 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       |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ASSET FUNDERS NETWORK C/O<br>PHILANTHROPY NEW YORK - 1500<br>BROADWAY. 7TH FLOOR - NEW YORK, NY<br>10036 | 13-3001403 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | WOMEN AGING INTO POVERTY<br>FUNDER BRIEF |
| BRAVE SPACE ALLIANCE<br>237 E 58TH ST<br>CHICAGO, IL 60637   | 26-3728794 | 501(C)(3)                     | 3,600.                   | 0.                                |   |  | GENERAL OPERATING SUPPORT                |
| BRAVE SPACE ALLIANCE<br>237 E 58TH ST<br>CHICAGO, IL 60637   | 26-3728794 | 501(C)(3)                     | 3,750.                   | 0.                                |   |  | FREEDOM FROM VIOLENCE<br>INITIATIVES     |
| BUILD, INC.<br>5100 W. HARRISON<br>CHICAGO, IL 60644   | 23-7022085 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | GIRLS 2 WOMEN                            |
| BUILD, INC.<br>5100 W. HARRISON<br>CHICAGO, IL 60644   | 23-7022085 | 501(C)(3)                     | 6,000.                   | 0.                                |   |  | GIRLS 2 WOMEN                            |
| BUILD, INC.<br>5100 W. HARRISON<br>CHICAGO, IL 60644   | 23-7022085 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | GIRLS 2 WOMEN (G2W)                      |
| CENTER FOR ADVANCING DOMESTIC<br>PEACE - 813 S. WESTERN AVE. -<br>CHICAGO, IL 60612                      | 33-1075347 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | GENERAL OPERATING SUPPORT                |
| CHICAGO ASSOCIATION OF WOMEN IN<br>LAW ENFORCEMENT, INC. - 12463 S<br>WABASH AVE - CHICAGO, IL 60628     | 81-1445395 | 501(C)(3)                     | 3,000.                   | 0.                                |   |  | CAWLE'S WOMEN'S<br>ORIENTATION           |
| CHICAGO COMMUNITY BOND FUND<br>WESTSIDE JUSTICE CENTER<br>CHICAGO, IL 60612                              | 47-5015710 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | CCBF'S CAMPAIGN TO END<br>MONEY BOND     |

Schedule I (Form 990)



**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 noncash 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, COMMUNITY MEMBERS, AND A BOARD-LED 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

**Part IV** Supplemental Information

IF APPROVED, THE 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 APPROVAL. NO FINAL REPORTS ARE REQUIRED FOR DONOR ADVISED GRANTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

|   | Yes       | No       |
|---|-----------|----------|
| <b>1a</b> 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.<br><input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax indemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account<br><input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |           |          |
| <b>b</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 .....   | <b>1b</b> |          |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....   | <b>2</b>  |          |
| <b>3</b> 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.<br><input checked="" type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations<br><input type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input type="checkbox"/> Approval by the board or compensation committee  |           |          |
| <b>4</b> 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:   |           |          |
| <b>a</b> Receive a severance payment or change-of-control payment? .....  | <b>4a</b> | <b>X</b> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....  | <b>4b</b> | <b>X</b> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....   | <b>4c</b> | <b>X</b> |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |           |          |
| <b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |           |          |
| <b>5</b> 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:   |           |          |
| <b>a</b> The organization? .....  | <b>5a</b> | <b>X</b> |
| <b>b</b> Any related organization? .....  | <b>5b</b> | <b>X</b> |
| If "Yes" on line 5a or 5b, describe in Part III.  |           |          |
| <b>6</b> 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:   |           |          |
| <b>a</b> The organization? .....  | <b>6a</b> | <b>X</b> |
| <b>b</b> Any related organization? .....  | <b>6b</b> | <b>X</b> |
| If "Yes" on line 6a or 6b, describe in Part III.  |           |          |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....  | <b>7</b>  | <b>X</b> |
| <b>8</b> 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 .....  | <b>8</b>  | <b>X</b> |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....   | <b>9</b>  |          |

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

Schedule J (Form 990) 2017

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

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

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

| (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<br>PRESIDENT & CEO | (i)  | 195,156.   | 0.                                  | 0.                                  | 5,921.   | 1,841.                  | 202,918.                        | 0.  |
|                                 | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                 | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                 | (ii) |  |                                     |                                     |  |                         |                                 |   |





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

| Part I Types of Property                                     | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                          | 19  | 396,796.   | 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 ▶ ( AIRLINE TICKETS )                               | X                          | 100   | 20,000.  | MARKET VALUE  |
| 26 Other ▶ ( OTHER GOODS )                                   | X                          | 15  | 3,042.   | MARKET VALUE  |
| 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 isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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:

RESPECTIVE COMMUNITIES.

CFW CONTINUES TO OFFER THE BOARD MEMBER BOOT CAMP, INCLUDING A TRAINING  
OFFERED TO BOARD MEMBERS OF OUR GRANTEE ORGANIZATIONS AND COMMUNITY

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

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

732211 09-07-17

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

MEMBERS WHO HAVE 5 YEARS OR LESS EXPERIENCE SERVING ON BOARDS. THE BOARD BOOT CAMP PROGRAM ALSO COLLABORATES WITH CORPORATE AFFINITY GROUPS IN ORDER TO GROW THE POOL OF DIVERSE PARTICIPANTS AND TRAINED BOARD PROSPECTS FROM THE CORPORATE COMMUNITY. 141 WOMEN AND MEN PARTICIPATED IN BOOT CAMP DURING THIS FISCAL YEAR.

LAUNCHED IN FY 2017, CFW CONTINUED THE ENGLEWOOD WOMEN'S INITIATIVE (EWI) IN FY 2018. THROUGH THIS PROGRAM, A STRATEGIC ALLIANCE OF EIGHT AGENCIES IS COLLECTIVELY WORKING TO STRENGTHEN AND SUSTAIN THE ECONOMIC SECURITY OF LOW-INCOME WORKING WOMEN AND ENTREPRENEURS AND THEIR CHILDREN LIVING IN ENGLEWOOD. THE GOAL OF THIS INITIATIVE IS TO GROW THE FINANCIAL SECURITY OF 60 FEMALE-HEADED HOUSEHOLDS BY PUTTING THEM ON A PATH TO SUSTAINABLE INCOME, DEFINED AS MORE THAN \$40,000 PER YEAR.

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

GENDER EQUITY IN VARIOUS SECTORS INCLUDING THOSE OF PRIORITY TO CFW: ENDING VIOLENCE AGAINST WOMEN, 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 WITHIN A GENERATION.

DURING FY 2018 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<br>CHICAGO FOUNDATION FOR WOMEN | Employer identification number<br>36-3348160 |
|--|--|

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

GRANTEE EDUCATION & SUPPORT: IN ADDITION TO GRANTS, CFW PROVIDES A RANGE OF NO COST EDUCATIONAL OPPORTUNITIES DESIGNED TO EQUIP GRANTEES WITH THE ESSENTIAL SKILLS AND KNOWLEDGE TO BE EFFECTIVE AND RESILIENT LEADERS, PARTICULARLY IN THE NONPROFIT SECTOR, AND POWERFUL ADVOCATES FOR GENDER EQUITY. OUR PROGRAMMING ENABLES SMALL ORGANIZATIONS WITH LIMITED BUDGETS TO LEARN FROM SOME OF THE LEADING TRAINERS IN THE REGION TO HELP STRENGTHEN THEIR LEADERSHIP AND ORGANIZATIONAL SUSTAINABILITY. TO DATE, APPROXIMATELY 290 LEADERS FROM OVER 40 ORGANIZATIONS WERE IMPACTED BY OUR CAPACITY BUILDING PROGRAMMING.

THE CORE CONCEPTS COACHING PROGRAM PROVIDES INDIVIDUALIZED INSTRUCTION ON TOPICS SUCH AS FINANCIAL MANAGEMENT, BOARD DEVELOPMENT, COMMUNICATIONS, AND FUNDRAISING. IN ADDITION, CFW CONTINUED ITS ADVOCACY TRAINING THROUGH ITS MEDIA RELATIONS TRAINING, WHICH INCREASES NONPROFIT LEADERS' EFFECTIVENESS AROUND MEDIA MESSAGING, STORYTELLING, SOCIAL MEDIA AND ACTING AS A SPOKESPERSON FOR THEIR ORGANIZATION TO HELP ADVANCE THEIR MISSION. CULTIVATE, THE WOMEN OF COLOR COLLABORATIVE PROVIDES A SPACE FOR WOMEN OF COLOR TO DISCUSS AND DEVELOP ALTERNATIVE METHODS OF LEADERSHIP DEVELOPMENT, ORGANIZATION BUILDING AND COMMUNITY ORGANIZING. NEW THIS YEAR, IN PARTNERSHIP WITH THE WILLIE TAPLIN BARROW LEADERSHIP INSTITUTE AND MUSEUM AND AFRICAN AMERICAN LEGACY AND AN INITIATIVE OF THE CHICAGO COMMUNITY TRUST, CFW WILL BUILD A NEW NETWORK AND PIPELINE OF BLACK WOMEN LEADERS COMMITTED TO ADVANCING ISSUES OF EQUITY IN CHICAGO THROUGH THE WILLIE'S WARRIORS PROGRAM.

EXPENSES \$ 260,036. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

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").

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

THE BOARD OF DIRECTORS PASSED A RESOLUTION IN FY 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, COMMITTEE MEMBERS AND STAFF ARE ALSO 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

|  |  |
|--|--|
| Name of the organization<br>CHICAGO FOUNDATION FOR WOMEN | Employer identification number<br>36-3348160 |
|--|--|

ORGANIZATION THAT IS THE SUBJECT OF THE VOTE.

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

DURING FY 2018, 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:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 CAN BE FOUND ON OUR WEBSITE AT WWW.CFW.ORG.



**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** 07/01/2017

**& Ending** 06/30/2018  
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<br>CHICAGO FOUNDATION FOR WOMEN  | Year-end amounts |   |
| MAIL ADDRESS<br>140 S. DEARBORN ST., NO. 400  | A) ASSETS        | A) \$ 15,714,848.                         |
| CITY, STATE<br>CHICAGO, IL  | B) LIABILITIES   | B) \$ 321,889.                            |
| ZIP CODE<br>60603   | C) NET ASSETS    | C) \$ 15,392,959.                         |
| <b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>   | PERCENTAGE       | AMOUNT                                    |
| D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   | 82.307%          | D) \$ 4,220,051.                          |
| E) GOVERNMENT GRANTS & MEMBERSHIP DUES  | %                | E) \$                                     |
| F) OTHER REVENUES   | 17.693%          | F) \$ 907,135.                            |
| G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)   | 100%             | G) \$ 5,127,186.                          |
| <b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>   |                  |   |
| H) OPERATING CHARITABLE PROGRAM EXPENSE   | 32.184%          | H) \$ 1,616,808.                          |
| I) EDUCATION PROGRAM SERVICE EXPENSE  | %                | I) \$                                     |
| J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)   | 32.184%          | J) \$ 1,616,808.                          |
| J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):  |                  | \$ 16,542.                                |
| K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS   | 52.029%          | K) \$ 2,613,750.                          |
| L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)   | 84.212%          | L) \$ 4,230,558.                          |
| M) MANAGEMENT AND GENERAL EXPENSE   | 2.586%           | M) \$ 129,926.                            |
| N) FUNDRAISING EXPENSE  | 13.201%          | N) \$ 663,194.                            |
| O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)   | 100%             | O) \$ 5,023,678.                          |
| <b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b><br>(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) |                  |   |
| <b>PROFESSIONAL FUNDRAISERS:</b>  |                  |   |
| 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) \$                                     |
| <b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>  |                  |   |
| S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  |                  | S) \$ 0.                                  |
| <b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>  |                  |   |
| T) NAME, TITLE: <u>K. SUJATA, PRESIDENT/CEO</u>   |                  | T) \$ 195,156.                            |
| U) NAME, TITLE: <u>L. WAGNER, VP, FINANCE &amp; ADMINISTRATION</u>  |                  | U) \$ 115,850.                            |
| V) NAME, TITLE: <u>EMILY DREKE, DIRECTOR OF DEVELOPMENT &amp; COMMUNICATIONS</u>  |                  | V) \$ 96,820.                             |
| <b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)<br>CODE CATEGORIES  |                  | List on back side of instructions<br>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>33,084.</u> ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ <u>16,542.</u> ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ <u>6,116.</u> ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ <u>10,426.</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:<br><br><u>FIRST BANK AND TRUST, NAPERVILLE, IL</u><br><u>CHARLES SCHWAB, CHICAGO, IL</u><br><u>MERRILL 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

**BLAIR WELLENSIEK**

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

**CATHERINE M. FUNK, CPA**

PREPARER (PRINT NAME) SIGNATURE DATE