

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Form header section containing organization name (CHICAGO FOUNDATION FOR WOMEN), identification number (36-3348160), address (140 SOUTH DEARBORN STREET, CHICAGO, IL 60603), and principal officer (FELICIA DAVIS).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

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

Signature block section with fields for officer signature (FELICIA DAVIS), preparer name (GREGORY F. KASH), and firm information (MUELLER & CO., LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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: FOR OVER THIRTY-SIX YEARS, CFW HAS BEEN THE ONLY ORGANIZATION IN THE REGION TO TAKE A COMPREHENSIVE APPROACH TO UNDERSTAND AND ADDRESS THE CHALLENGES AND NEEDS WOMEN AND GIRLS FACE THROUGH EVERY STAGE OF THEIR LIVES WITH A FOCUS ON ECONOMIC SECURITY, FREEDOM FROM VIOLENCE, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] 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 \$ 3,452,286. including grants of \$ 3,209,500. ) (Revenue \$ ) GRANTMAKING: CFW REMAINS AT THE FOREFRONT OF IDENTIFYING THE NEXT CHALLENGES FOR WOMEN, GIRLS, TRANS, AND GENDER NONBINARY INDIVIDUALS WITH DEEP ROOTS IN THE COMMUNITY. IN FISCAL YEAR 2021, WORKING WITH NEARLY 3,000 DONORS AND LOCAL PARTNERS ON THE FRONT LINES, CFW INVESTED A TOTAL OF \$3,209,500.00 THROUGH 257 GRANTS, SUPPORTING 167 ORGANIZATIONS WORKING TO ADVANCE HEALTH, ECONOMIC SECURITY, AND SAFETY OF CHICAGO-AREA WOMEN, GIRLS, TRANS, AND GENDER NONBINARY INDIVIDUALS.

CFW SUPPORTS ORGANIZATIONS AND THEIR LEADERS THROUGHOUT THE GREATER CHICAGO AREA, INCLUDING COOK, LAKE, DUPAGE, WILL, MCHENRY, AND KANE COUNTIES. OVER THE PAST YEAR, CFW GRANTS SERVED 113,919 PEOPLE, 29% IDENTIFY AS AFRICAN AMERICAN, 39% AS LATINX, 23% AS CAUCASIAN/WHITE, 4%

4b (Code: ) (Expenses \$ 566,650. including grants of \$ ) (Revenue \$ ) OUTREACH, ADVOCACY AND COMMUNICATIONS: THANKS TO THE PAST, SUSTAINED SUPPORT OF THESE MOVEMENTS AND THEIR INFRASTRUCTURE, EVEN IN TIMES OF MORE INTENSE POLITICAL OPPOSITION, CFW AND OUR PARTNERS HAVE BEEN ABLE TO HARNESS THE OPPORTUNITY OF THE CURRENT POLITICAL CLIMATE TO DRIVE PROGRESSIVE CHANGE. CFW'S INVESTMENTS IN COALITIONS, ADVOCACY, AND BUILDING THE LEADERSHIP DEVELOPMENT OF ADVOCATES HAVE CONTRIBUTED TO OVER 55 PIECES OF PRO-WOMEN-AND-GIRLS LEGISLATION PASSED OVER THE PAST SIX YEARS. THIS HAS INCLUDED THE EQUAL RIGHTS AMENDMENT IN ILLINOIS, THE NO SALARY HISTORY LAW THAT STRENGTHENS THE ILLINOIS EQUAL PAY ACT, THE ILLINOIS REPRODUCTIVE HEALTH ACT, AND A STATEWIDE SEXUAL HARASSMENT LAW. AS A RESULT, ILLINOIS IS INCREASINGLY BECOMING A BASTION FOR WOMEN'S RIGHTS IN A NATIONALLY POLARIZING AND OPPRESSIVE SOCIOPOLITICAL

4c (Code: ) (Expenses \$ 263,691. including grants of \$ ) (Revenue \$ ) CAPACITY BUILDING: CFW INTENTIONALLY COUPLES ITS GRANTMAKING WITH A BROAD RANGE OF HIGH-QUALITY, NO-COST PROGRAMS RANGING FROM BOARD DEVELOPMENT, TO FUNDRAISING TO EXECUTIVE COACHING FOR EMERGING WOMEN LEADERS ON THE FRONTLINES OF THE GENDER EQUITY MOVEMENT. THROUGH THIS WORK, CFW BUILDS THE STRENGTH OF WOMEN-LED ORGANIZATIONS AND ENSURES THAT ORGANIZATIONAL AND LEADERSHIP DEVELOPMENT IS APPLIED WITH A GENDER LENS, PARTICULARLY WHEN ORGANIZATIONAL LEADERS ARE WORKING TO ADDRESS POVERTY AND INEQUITY.

CFW'S GIVING COUNCILS AND CIRCLES REPRESENT GROUPS OF ENERGIZED AND DIVERSE PEOPLE WHO HAVE COME TOGETHER AROUND SHARED INTERESTS TO RAISE MONEY AND AWARD GRANTS ACCORDING TO THESE INTERESTS. CFW HOSTS THREE

4d Other program services (Describe on Schedule O.) (Expenses \$ 226,786. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,509,413.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>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	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<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 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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 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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on 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 SOUTH DEARBORN STREET, 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARMEN AWADZI DIRECTOR	3.00	X					0.	0.	0.	
(2) JOAN BACON DIRECTOR	3.00	X					0.	0.	0.	
(3) ADELA CEPEDA DIRECTOR	3.00	X					0.	0.	0.	
(4) ALLISON CLARK DIRECTOR	3.00	X					0.	0.	0.	
(5) DEBORAH B. COLE DIRECTOR	3.00	X					0.	0.	0.	
(6) VALERIE COLLETTI DIRECTOR	3.00	X					0.	0.	0.	
(7) REGINA CROSS DIRECTOR	3.00	X					0.	0.	0.	
(8) JESSYCA DUDLEY DIRECTOR	3.00	X					0.	0.	0.	
(9) ERICA DUNCAN DIRECTOR	3.00	X					0.	0.	0.	
(10) SARAH HURWIT GOMEL DIRECTOR	3.00	X					0.	0.	0.	
(11) GEORGINA HEARD DIRECTOR	3.00	X					0.	0.	0.	
(12) KERI HOLLEB HOTALING DIRECTOR	3.00	X					0.	0.	0.	
(13) TOI HUTCHINSON DIRECTOR	3.00	X					0.	0.	0.	
(14) SUSAN KUROWSKI DIRECTOR	3.00	X					0.	0.	0.	
(15) TINA MANIKAS DIRECTOR	3.00	X					0.	0.	0.	
(16) KATHLEEN MCDONALD DIRECTOR	3.00	X					0.	0.	0.	
(17) ANITA MITAL DIRECTOR	3.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL NARCISO OFFICER, TREASURER	3.00	X		X				0.	0.	0.
(19) KELLY NORTON DIRECTOR	3.00	X						0.	0.	0.
(20) MARIE OSADJAN DIRECTOR	3.00	X						0.	0.	0.
(21) MUNIRA PATEL DIRECTOR	3.00	X						0.	0.	0.
(22) SILVIA RIVERA OFFICER, SECRETARY	3.00	X		X				0.	0.	0.
(23) KELLY SMITH-HALEY OFFICER, CHAIR	3.00	X		X				0.	0.	0.
(24) JESSICA SOHL DIRECTOR	3.00	X						0.	0.	0.
(25) LASAIA WADE DIRECTOR	3.00	X						0.	0.	0.
(26) GRETCHEN WOLF DIRECTOR	3.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								434,272.	0.	34,190.
<b>d Total (add lines 1b and 1c)</b>								434,272.	0.	34,190.

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 3

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Includes entries for ANN MARIE WRIGHT, FELICIA DAVIS, LINDA WAGNER, and EMILY DREKE.

Total to Part VII, Section A, line 1c ..... 434,272. 34,190.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>	60,765.			
	<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 similar amounts not included above	<b>1f</b>	3,492,145.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 400,048.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		3,552,910.			
Program Service Revenue	<b>2 a</b>	BOARD BOOT CAMP	<b>Business Code</b>				
			900099	1,000.	1,000.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		1,000.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		556,784.		556,784.	
	<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>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	8,538,143.			
	<b>c</b>	Gain or (loss)	<b>7c</b>	964,745.			
	<b>d</b>	Net gain or (loss)		964,745.	964,745.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 60,765. of contributions reported on line 1c). See Part IV, line 18						
			0.				
		<b>8a</b>					
<b>b</b>	Less: direct expenses	<b>8b</b>	0.				
<b>c</b>	Net income or (loss) from fundraising events		0.				
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>				
			900099	4,641.	4,641.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
<b>e</b>	<b>Total.</b> Add lines 11a-11d		4,641.				
<b>12</b>	<b>Total revenue.</b> See instructions		5,080,080.	970,386.	0.	556,784.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,209,500.	3,209,500.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	360,483.	178,409.	74,755.	107,319.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	674,134.	401,551.		272,583.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,729.	16,665.	2,148.	10,916.
<b>9</b> Other employee benefits .....	103,360.	57,939.	7,469.	37,952.
<b>10</b> Payroll taxes .....	71,474.	40,065.	5,165.	26,244.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	14,653.	6,010.	4,706.	3,937.
<b>c</b> Accounting .....	21,864.	1,185.	19,903.	776.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	92,776.	52,006.	6,704.	34,066.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	294,430.	241,102.	26,587.	26,741.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	115,089.	65,302.	8,681.	41,106.
<b>14</b> Information technology .....	59,074.	29,338.	3,298.	26,438.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	98,185.	55,038.	7,094.	36,053.
<b>17</b> Travel .....	377.	90.	228.	59.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	43,125.	26,378.	944.	15,803.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	4,728.		4,728.	
<b>23</b> Insurance .....	5,504.	3,086.	397.	2,021.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a OTHER EXPENSES</b>	83,277.	44,408.	18,702.	20,167.
<b>b FISCAL SPONSORSHIP EXPE</b>	64,496.	64,496.		
<b>c EQUIPMENT</b>	16,972.	12,431.	857.	3,684.
<b>d GIVING COUNCIL</b>	4,414.	4,414.		
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,367,644.	4,509,413.	192,366.	665,865.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	24,708.	12,354.	0.	12,354.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	749,668.	<b>1</b>	724,021.
	<b>2</b> Savings and temporary cash investments .....	401,393.	<b>2</b>	725,945.
	<b>3</b> Pledges and grants receivable, net .....	270,000.	<b>3</b>	100,000.
	<b>4</b> Accounts receivable, net .....	6,440.	<b>4</b>	1,683.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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 .....	74,261.	<b>9</b>	89,736.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 102,968.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 77,849.	21,199.	<b>10c</b> 25,119.
	<b>11</b> Investments - publicly traded securities .....	15,873,502.	<b>11</b>	18,737,139.
	<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 33) .....	17,396,463.	<b>16</b>	20,403,643.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	43,780.	<b>17</b>	62,482.
	<b>18</b> Grants payable .....	105,500.	<b>18</b>	615,375.
	<b>19</b> Deferred revenue .....	79,053.	<b>19</b>	321,258.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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>	239,150.
	<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 .....	228,333.	<b>26</b>	1,238,265.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,577,391.	<b>27</b>	9,596,851.
	<b>28</b> Net assets with donor restrictions .....	8,590,739.	<b>28</b>	9,568,527.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	17,168,130.	<b>32</b>	19,165,378.
<b>33</b> Total liabilities and net assets/fund balances .....	17,396,463.	<b>33</b>	20,403,643.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,080,080.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,367,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	-287,564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,168,130.
5	Net unrealized gains (losses) on investments	5	2,284,812.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,165,378.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4290313.	4045187.	6075451.	5091081.	3492145.	22994177.
<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 .....	4290313.	4045187.	6075451.	5091081.	3492145.	22994177.
<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) .....						3582504.
<b>6 Public support.</b> Subtract line 5 from line 4.						19411673.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4290313.	4045187.	6075451.	5091081.	3492145.	22994177.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	497,447.	519,328.	614,802.	584,798.	556,784.	2773159.
<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						25767336.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	75.33 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	76.29 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>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.</i>		

**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)? <i>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).</i>		

**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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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 governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b 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? <i>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.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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) 2020

**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> (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 (grassroots lobbying) .....	5,135.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	2,119.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	7,254.													
<b>d</b>	Other exempt purpose expenditures .....	4,502,159.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	4,509,413.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	375,471.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	93,868.													
<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 (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	393,331.	419,478.	340,160.	375,471.	1,528,440.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,292,660.
<b>c</b> Total lobbying expenditures	8,572.	8,508.	10,378.	7,254.	34,712.
<b>d</b> Grassroots nontaxable amount	98,333.	104,870.	85,040.	93,868.	382,111.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					573,167.
<b>f</b> Grassroots lobbying expenditures	7,662.	7,348.	8,828.	5,135.	28,973.

**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)).**

	(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

**2020**

**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) .....	101,056.	
3 Aggregate value of grants from (during year) .....	148,000.	
4 Aggregate value at end of year .....	1,184,888.	
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 (for example, 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? .....

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

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**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 make 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 program
  - 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	6,539,952.	6,961,208.	6,323,939.	6,311,339.	5,286,240.
b Contributions	329,343.	2,600.	527,200.	18,600.	843,560.
c Net investment earnings, gains, and losses	1,444,349.	-184,049.	315,644.	217,100.	408,314.
d Grants or scholarships	241,400.	239,807.	205,575.	223,100.	226,775.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,072,244.	6,539,952.	6,961,208.	6,323,939.	6,311,339.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  80.0000 %
  - c Term endowment  20.0000 %
- 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? <input type="checkbox"/> | 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.	4,412.	3,611.
d Equipment		94,945.	73,437.	21,508.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,119.

**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 FASB 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>	7,272,117.
<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>	2,284,812.
<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>	2,284,812.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,987,305.
<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>	92,775.
<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>	92,775.
<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>	5,080,080.

**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>	5,274,869.
<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>	
<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>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,274,869.
<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>	92,775.
<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>	92,775.
<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>	5,367,644.

**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:**

CFW 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.

CFW HAS EVALUATED THE TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS. CURRENTLY, THE 2017, 2018 AND 2019 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 CFW'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 YEAR ENDED JUNE 30, 2021 AND 2020.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		IMPACT AWARDS (event type)	1 (event type)	NONE (total number)	
Revenue	1	Gross receipts	54,688.	6,077.	60,765.
	2	Less: Contributions	54,688.	6,077.	60,765.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

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

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





**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**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

**2020**

**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
360 YOUTH SERVICES 1305 W. OSWEGO RD. NAPERVILLE, IL 60540	36-2936229	501(C)(3)	15,000.	0.			WOMEN'S TRANSITIONAL HOUSING
A LONG WALK HOME 1658 N. MILWAUKEE AVE. STE. 104 CHICAGO, IL 60647	30-0053613	501(C)(3)	7,000.	0.			GIRL/FRIENDS LEADERSHIP INSTITUTE
AFFINITY COMMUNITY SERVICES 2850 S. WABASH AVE. #108 CHICAGO, IL 60616	36-4157571	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
AFFINITY COMMUNITY SERVICES 2850 S. WABASH AVE. #108 CHICAGO, IL 60616	36-4157571	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W. WASHINGTON STE. 504 - CHICAGO, IL 60661	36-4272272	501(C)(3)	50,000.	0.			ALL CHICAGO'S EMERGENCY FUND PROGRAM
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W. WASHINGTON STE. 504 - CHICAGO, IL 60661	36-4272272	501(C)(3)	50,000.	0.			ALL CHICAGO'S EMERGENCY FUND PROGRAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **167.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W. WASHINGTON STE. 504 - CHICAGO, IL 60661	36-4272272	501(C)(3)	5,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE EMERGENCY FUND
ALLIES FOR COMMUNITY BUSINESS 135 N. KEDZIE AVE. CHICAGO, IL 60612	36-3966573	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ALLIES FOR COMMUNITY BUSINESS 135 N. KEDZIE AVE. CHICAGO, IL 60612	36-3966573	501(C)(3)	25,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
APNA GHAR, INC. 4350 N. BROADWAY, 2ND FLOOR 2ND FLO CHICAGO, IL 60613	36-3698770	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
APNA GHAR, INC. 4350 N. BROADWAY, 2ND FLOOR 2ND FLO CHICAGO, IL 60613	36-3698770	501(C)(3)	7,500.	0.			TECHNOLOGY SUPPORTS FOR SURVIVORS OF VIOLENCE
APNA GHAR, INC. 4350 N. BROADWAY, 2ND FLOOR 2ND FLO CHICAGO, IL 60613	36-3698770	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ARAB AMERICAN FAMILY SERVICES 7000 W 111TH ST STE 300 STE. 300 WORTH, IL 60482-1851	60-0002593	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ARCUS BEHAVIORAL HEALTH & WELLNESS 5214 N WESTERN AVE STE. 104 CHICAGO, IL 60625	82-2095881	501(C)(3)	7,500.	0.			PROGRAMMING FOR COVID-19 IMPACTED WOMEN & GIRLS
ARISE CHICAGO 1700 W. HUBBARD STE. 2E CHICAGO, IL 60622	20-1072983	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ARISE CHICAGO 1700 W. HUBBARD STE. 2E CHICAGO, IL 60622	20-1072983	501(C)(3)	7,500.	0.			SUPPORT FOR IMMIGRANT WORKING FAMILIES UNDER COVID
ASCEND JUSTICE 555 W. HARRISON ST. STE. 1900 CHICAGO, IL 60607	36-3647731	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
ASOCIACION LATINA DE ASISTENCIA Y PREVENCIÓN DEL CÁNCER DE MAMA - 3023 N. CLARK ST. STE. 613 - CHICAGO, IL 60657	45-2586118	501(C)(3)	7,500.	0.			REDUCING IMPACT OF COVID-19 IN LATINX COMMUNITY
AUSTIN CHILDCARE PROVIDERS NETWORK 5701 W. DIVISION ST. CHICAGO, IL 60651	36-4395447	501(C)(3)	7,500.	0.			COVID 19 ASSISTANCE
AWAKENINGS ART 4001 N. RAVENSWOOD AVE. #204C CHICAGO, IL 60613	27-1747959	501(C)(3)	4,200.	0.			EXHIBIT SUPPORT
AWAKENINGS ART 4001 N. RAVENSWOOD AVE. #204C CHICAGO, IL 60613	27-1747959	501(C)(3)	7,500.	0.			SELF CARE FOR CAREGIVERS
BETWEEN FRIENDS P.O. BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)(3)	2,500.	0.			CAPACITY BUILDING SUPPORT
BETWEEN FRIENDS P.O. BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)(3)	3,000.	0.			ENHANCE REMOTE WORK CAPACITY
BETWEEN FRIENDS P.O. BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BLACK GIRLS BREAK BREAD 1322 S. PRAIRIE #602 CHICAGO, IL 60605	81-4951998	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
BLACK GIRLS BREAK BREAD 1322 S. PRAIRIE #602 CHICAGO, IL 60605	81-4951998	501(C)(3)	3,495.	0.			GENERAL OPERATING SUPPORT
BLACK GIRLS BREAK BREAD 1322 S. PRAIRIE #602 CHICAGO, IL 60605	81-4951998	501(C)(3)	12,000.	0.			COLLABORATION IN MATERNAL HEALTH
BLACK GIRLS BREAK BREAD 1322 S. PRAIRIE #602 CHICAGO, IL 60605	81-4951998	501(C)(3)	2,700.	0.			COLLABORATIVE CARE MODEL
BLUE TIN PRODUCTION 640 W. IRVING PARK RD. ROOM 101 CHICAGO, IL 60613	84-3133322	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
BRAVE SPACE ALLIANCE 1515 E. 52ND PLACE CHICAGO, IL 60615	84-4538090	501(C)(3)	7,500.	0.			COVID-19 EMERGENCY RESPONSE
BRAVE SPACE ALLIANCE 1515 E. 52ND PLACE CHICAGO, IL 60615	84-4538090	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
BRAVE SPACE ALLIANCE 1515 E. 52ND PLACE CHICAGO, IL 60615	84-4538090	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BRAVE SPACE ALLIANCE 1515 E. 52ND PLACE CHICAGO, IL 60615	84-4538090	501(C)(3)	25,000.	0.			CHICAGO AREA TRANS SURVEY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BUILD, INC. 5100 W. HARRISON CHICAGO, IL 60644	23-7022085	501(C)(3)	15,000.	0.			BUILDING GIRLS 2 WOMEN
CABRINI GREEN LEGAL AID 6 S. CLARK ST. CHICAGO, IL 60603	36-2775706	501(C)(3)	40,000.	0.			ADVOCACY WORK FOR WOMEN AND MOTHERS
CARA 237 S DESPLAINES ST CHICAGO, IL 60661	36-4268095	501(C)(3)	15,000.	0.			CAREER ADVANCEMENT PROGRAM
CASA ESPERANZA PROJECT 8801 S. SAGINAW AVE. CHICAGO, IL 60617	36-3909531	501(C)(3)	2,000.	0.			SUPPORT SERVICES FOR HOMELESS WOMEN AND CHILDREN
CENTER FOR ADVANCING DOMESTIC PEACE - 813 S. WESTERN AVE. - CHICAGO, IL 60612	33-1075347	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR CONSTITUTIONAL RIGHTS INC - 666 BROADWAY, FL 7 - NEW YORK, NY 10012-2317	22-6082880	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATION - 307 N. MICHIGAN AVE. STE. 1818 - CHICAGO, IL 60601	26-0220074	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO COMMUNITY BOND FUND W.SIDE JUSTICE CENTER 601 S CALIFORNIA AVE. - CHICAGO, IL 60612	47-5015710	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO DESI YOUTH RISING 4350 N BROADWAY SECOND FLOOR CHICAGO, IL 60613	36-3698770	501(C)(3)	2,100.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 FREEDOM SCHOOL 719 S. STATE ST. FLOOR 4 CHICAGO, IL 60605	20-4735643	501(C)(3)	25,000.	0.			PROJECT HEALUS
CHICAGO FURNITURE BANK 135 S LASALLE ST, STE 2000 CHICAGO, IL 60603	83-1214857	501(C)(3)	15,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY - 2229 S. MICHIGAN AVE. STE. 304 - CHICAGO, IL 60616	36-3376432	501(C)(3)	10,000.	0.			TRANSWORKS PROGRAM
CHICAGO VOLUNTEER DOULAS PO BOX 5851 CHICAGO, IL 60680	27-3636022	501(C)(3)	12,000.	0.			DOULAS FOR HEALTHY EQUITY
CHICAGO WOMEN IN TRADES 2444 W. 16TH ST. STE. 3E CHICAGO, IL 60608	36-3256699	501(C)(3)	65,000.	0.			ADVANCING EQUITY AND INCLUSION FOR WOMEN
CHICAGO WOMEN IN TRADES 2444 W. 16TH ST. STE. 3E CHICAGO, IL 60608	36-3256699	501(C)(3)	15,000.	0.			TECHNICAL OPPORTUNITIES PROGRAM
CHICAGO WOMEN'S HEALTH CENTER 1025 W. SUNNYSIDE AVE. STE. 201 CHICAGO, IL 60640	36-2922469	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO YOUTH CENTERS 218 S WABASH AVE. STE. 510 CHICAGO, IL 60604	36-2344429	501(C)(3)	15,000.	0.			FAMILY ENGAGEMENT PROGRAM
CHILDREN'S LEGAL CENTER 833 W CHICAGO AVE STE. 320 CHICAGO, IL 60642	83-0994270	501(C)(3)	7,500.	0.			COVID-19 ASSISTANCE FOR IMMIGRANTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CHINESE MUTUAL AID ASSOCIATION 1016 W. ARGYLE CHICAGO, IL 60640	36-3139799	501(C)(3)	15,000.	0.			YOUNG WOMEN WARRIORS
COLUMBIA COLLEGE CHICAGO 600 S. MICHIGAN AVE. CHICAGO, IL 60605	36-6112087	501(C)(3)	5,000.	0.			WOMEN'S SUFFRAGE MURAL PROJECT
COMMUNITIES UNITED 4600 W. PALMER CHICAGO, IL 60639	36-4394374	501(C)(3)	7,500.	0.			COVID-19 ANTI-DISPLACEMENT PROJECT
COMMUNITIES UNITED 4600 W. PALMER CHICAGO, IL 60639	36-4394374	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY ORGANIZING AND FAMILY ISSUES - 2245 S. MICHIGAN AVE STE. 200 - CHICAGO, IL 60616	36-4044632	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY ORGANIZING AND FAMILY ISSUES - 2245 S. MICHIGAN AVE STE. 200 - CHICAGO, IL 60616	36-4044632	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	7,500.	0.			HEALTH CARE ACCESS THROUGH TELEHEALTH
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N. KEDZIE AVE. 5TH FLOOR - CHICAGO, IL 60651-4152	36-2950380	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N. KEDZIE AVE. 5TH FLOOR - CHICAGO, IL 60651-4152	36-2950380	501(C)(3)	7,192.	0.			COVID-19 IT IMPROVEMENT PROJECT
CROSSROADS FUND 3411 W. DIVERSEY, #20 CHICAGO, IL 60647	36-3092907	501(C)(3)	15,000.	0.			CHICAGO RACIAL JUSTICE POOLED FUND
CROSSROADS FUND 3411 W. DIVERSEY, #20 CHICAGO, IL 60647	36-3092907	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CROSSROADS FUND 3411 W. DIVERSEY, #20 CHICAGO, IL 60647	36-3092907	501(C)(3)	7,500.	0.			CULTIVATE: WOMEN OF COLOR LEADERSHIP PROGRAM
CYN COUNSELING CENTER 18640 W. ROUTE 120 GRAYSLAKE, IL 60030	36-2991247	501(C)(3)	7,500.	0.			TRAUMA INFORMED COUNSELING FOR DOMESTIC VIOLENCE SURVIVORS
DEBORAH'S PLACE 2822 W. JACKSON BLVD CHICAGO, IL 60612	36-3382973	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
DEMOISELLE 2 FEMME 7159 S. PEORIA CHICAGO, IL 60621	35-2220199	501(C)(3)	15,000.	0.			COALITION FOR URBAN GIRLS CHICAGO
DISTINCTIVELY ME 33 W. 155TH PLACE S. HOLLAND, IL 60473	82-4906159	501(C)(3)	3,000.	0.			TEEN TEE: NURTURING THE DEVELOPMENT OF BLACK GIRLS
EMPOWERING WOMEN 310 S MICHIGAN AVE UNIT 1303 CHICAGO, IL 60604	85-1246920	501(C)(3)	2,000.	0.			SOUTHIDE JOB TRAINING PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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ENLACE CHICAGO 2756 S. HARDING AVE CHICAGO, IL 60623	36-3727669	501(C)(3)	15,000.	0.			SUPPORTING SPANISH-SPEAKING IMMIGRANT WOMEN
EQUAL HOPE 300 S. ASHLAND AVE., STE. 202 CHICAGO, IL 60607	26-2264895	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
EQUAL HOPE 300 S. ASHLAND AVE., STE. 202 CHICAGO, IL 60607	26-2264895	501(C)(3)	7,500.	0.			MY SISTER'S HOME
EQUAL HOPE 300 S. ASHLAND AVE., STE. 202 CHICAGO, IL 60607	26-2264895	501(C)(3)	43,000.	0.			GENERAL OPERATING SUPPORT
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST. 3RD FLOOR CHICAGO, IL 60622	36-3088628	501(C)(3)	7,500.	0.			ERIE TEEN CENTER COVID-19 RESPONSE
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST. 3RD FLOOR CHICAGO, IL 60622	36-3088628	501(C)(3)	15,000.	0.			REPRODUCTIVE HEALTH PROGRAM
EVANSTON REBUILDING WAREHOUSE 1245 HARTREY AVE. EVANSTON, IL 60202	27-3797852	501(C)(3)	10,000.	0.			ENGAGING WOMEN IN THE TRADES
EVERTHRIVE ILLINOIS 1006 S. MICHIGAN AVE, STE. 200 CHICAGO, IL 60605	36-3651051	501(C)(3)	35,000.	0.			COMMUNITY EMPOWERMENT PROJECT
FAMILY CHRISTIAN HEALTH CENTER 31 W. 155TH ST. HARVEY, IL 60426	36-4346917	501(C)(3)	15,000.	0.			ELIMINATING MATERNAL MORTALITY

Schedule I (Form 990)

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FAMILY RESCUE 8811 S. STONY ISLAND AVE. CHICAGO, IL 60617	36-3170408	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FAMILY RESCUE 8811 S. STONY ISLAND AVE. CHICAGO, IL 60617	36-3170408	501(C)(3)	30,000.	0.			ENGLEWOOD WOMEN'S INITIATE
FARMWORKER AND LANDSCAPER ADVOCACY PROJECT - 33 N. LASALLE ST. STE. 900 - CHICAGO, IL 60602	36-4306362	501(C)(3)	7,500.	0.			EMPOWERING LATINO WOMEN IN FINANCIAL NEED
FARMWORKER AND LANDSCAPER ADVOCACY PROJECT - 33 N. LASALLE ST. STE. 900 - CHICAGO, IL 60602	36-4306362	501(C)(3)	7,500.	0.			WOMEN'S SUPPORT CIRCLES FOR LOW-INCOME LATINAS
FEDERACION DE CLUBES MICHOACANOS EN ILLINOIS - 1638 S BLUE ISLAND AVE. - CHICAGO, IL 60608	41-2061019	501(C)(3)	2,250.	0.			COVID-19 RAPID RESPONSE
FENIX FAMILY HEALTH CENTER 130 WASHINGTON AVE. HIGHWOOD, IL 60040-1122	26-3889647	501(C)(3)	10,000.	0.			ENGAGING LOW INCOME LATINAS IN HEALTH EDUCATION
FIREBIRD COMMUNITY ARTS 2651 W LAKE ST. CHICAGO, IL 60612	36-3639885	501(C)(3)	7,500.	0.			PROJECT FIRE
FIREBIRD COMMUNITY ARTS 2651 W LAKE ST. CHICAGO, IL 60612	36-3639885	501(C)(3)	15,000.	0.			PROJECT FIRE
GIRLFORWARD PO BOX 607516 CHICAGO, IL 60660	45-2987277	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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GIRLFORWARD PO BOX 607516 CHICAGO, IL 60660	45-2987277	501(C)(3)	7,500.	0.			COVID-19 RELIEF FOR REFUGEE GIRLS
GIRLFORWARD PO BOX 607516 CHICAGO, IL 60660	45-2987277	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
GIRLS LIKE ME PROJECT 7116 S. MORGAN CHICAGO, IL 60621	45-5141076	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
GIRLS LIKE ME PROJECT 7116 S. MORGAN CHICAGO, IL 60621	45-5141076	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
GIRLS ON THE RUN - CHICAGO 1415 N. DAYTON ST., STE. 112 CHICAGO, IL 60642	36-4331462	501(C)(3)	3,000.	0.			GIRLS ON THE RUN-CHICAGO
GIRLS PLAY SPORTS, INC. PO BOX 8072 EVANSTON, IL 60204	47-1837292	501(C)(3)	5,000.	0.			FALL PROGRAMMING IN SUPPORT OF REMOTE LEARNING
GLOBAL GIRLS, INC. 8151 S. S. CHICAGO AVE. CHICAGO, IL 60617	36-4367027	501(C)(3)	7,500.	0.			VIRTUAL HUB DAYTIME SCHOOL
GROW YOUR OWN TEACHERS 1901 W. CARROLL AVE. STE. 201 CHICAGO, IL 60612	20-8324406	501(C)(3)	7,500.	0.			COVID-19 COMMUNITY RESPONSE
GROW YOUR OWN TEACHERS 1901 W. CARROLL AVE. STE. 201 CHICAGO, IL 60612	20-8324406	501(C)(3)	35,000.	0.			GENERAL OPERATING SUPPORT

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GYRLS IN THE HOOD FOUNDATION 944 W. 71ST CHICAGO, IL 60621	81-4646922	501(C)(3)	2,450.	0.			SOUTH SIDE GIVING CIRCLE MATCH
GYRLS IN THE HOOD FOUNDATION 944 W. 71ST CHICAGO, IL 60621	81-4646922	501(C)(3)	1,200.	0.			SOUTH SIDE GIVING CIRCLE LEADERSHIP AWARD
GYRLS IN THE HOOD FOUNDATION 944 W. 71ST CHICAGO, IL 60621	81-4646922	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
GYRLS IN THE HOOD FOUNDATION 944 W. 71ST CHICAGO, IL 60621	81-4646922	501(C)(3)	7,000.	0.			H.O.O.D. KITS PROGRAM
GYRLS IN THE HOOD FOUNDATION 944 W. 71ST CHICAGO, IL 60621	81-4646922	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GYRLS IN THE HOOD FOUNDATION 944 W. 71ST CHICAGO, IL 60621	81-4646922	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
GYRLS IN THE HOOD FOUNDATION 944 W. 71ST CHICAGO, IL 60621	81-4646922	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	3,000.	0.			COVID-19 IMMIGRANT SUPPORT PROJECT
HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	15,000.	0.			WOMEN MOVING FORWARD TOGETHER

Schedule I (Form 990)

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HARMONY, HOPE & HEALING 703 W. MONROE ST. CHICAGO, IL 60661	65-1174145	501(C)(3)	4,754.	0.			MUSIC MEDITATIONS FOR INCARCERATED WOMEN
HEALING TO ACTION 332 S. MICHIGAN AVE, STE. 1032/H696 CHICAGO, IL 60604	81-4546742	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
HEALING TO ACTION 332 S. MICHIGAN AVE, STE. 1032/H696 CHICAGO, IL 60604	81-4546742	501(C)(3)	7,500.	0.			CAPACITY-BUILDING SUPPORT
HEALING TO ACTION 332 S. MICHIGAN AVE, STE. 1032/H696 CHICAGO, IL 60604	81-4546742	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
HEART WOMEN & GIRLS 3473 S MARTIN LUTHER KING DR #192 CHICAGO, IL 60616	27-3625796	501(C)(3)	7,500.	0.			ADDRESSING VIOLENCE DUE TO COVID 19
HEART WOMEN & GIRLS 3473 S MARTIN LUTHER KING DR #192 CHICAGO, IL 60616	27-3625796	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HEARTLAND ALLIANCE'S NATIONAL IMMIGRANT JUSTICE CENTER - 224 S MICHIGAN AVE STE. 600 - CHICAGO, IL 60604	36-1877640	501(C)(3)	25,000.	0.			GENDER JUSTICE INITIATIVE
HEARTLAND HUMAN CARE SERVICES 208 S. LASALLE STE. 1300 CHICAGO, IL 60604	36-4053244	501(C)(3)	50,000.	0.			IDEA (IMAGINE, DEDICATE, EARN, ACHIEVE) PROGRAM
HENRY WILLIAMS LOVE FOUNDATION PO BOX 703 HAZEL CREST, IL 60429	82-1556431	501(C)(3)	7,500.	0.			BLACK BUSINESS INCUBATION

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HUMAN RIGHTS WATCH 350 FIFTH AVE., 34TH FLOOR NEW YORK, NY 10118-4700	13-2875808	501(C)(3)	5,000.	0.			WOMEN'S RIGHTS PROJECT
IC STARS 415 N DEARBORN ST CHICAGO, IL 60654	36-4253411	501(C)(3)	7,500.	0.			INCREASING MINORITY WOMEN'S FINANCIAL STABILITY AND HEALTH
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - 719 S. STATE, 4TH FLOOR - CHICAGO, IL 60605	36-3223988	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - 719 S. STATE, 4TH FLOOR - CHICAGO, IL 60605	36-3223988	501(C)(3)	7,500.	0.			ELEVATING BIPOC AND TGNC YOUTH LEADERSHIP
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - 719 S. STATE, 4TH FLOOR - CHICAGO, IL 60605	36-3223988	501(C)(3)	42,000.	0.			GENERAL OPERATING SUPPORT
ILLINOIS PRISON PROJECT 53 W. JACKSON STE. 1056 CHICAGO, IL 60604	83-4052929	501(C)(3)	7,500.	0.			MEDICALLY VULNERABLE WOMEN IN PRISON
ILLINOIS PRISON PROJECT 53 W. JACKSON STE. 1056 CHICAGO, IL 60604	83-4052929	501(C)(3)	10,000.	0.			INCARCERATED WOMEN & SURVIVORS PROJECT
IMAGINE ENGLEWOOD IF 6002 S. HALSTED ST. CHICAGO, IL 60621	30-0008783	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL HOUSE OF FASHION 520 N. MICHIGAN AVE STE. 132 CHICAGO, IL 60611	85-1563065	501(C)(3)	5,000.	0.			COVID 19 FACEMASKS FOR FIRST RESPONDERS

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JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)(3)	7,500.	0.			REPAIR ECONOMIC IMPACT OF COVID-19
JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)(3)	75,000.	0.			CAREERS IN MANUFACTURING PROGRAMS
JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)(3)	10,000.	0.			WOMEN IN MANUFACTURING
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS, STE. 302 CHICAGO, IL 60610	36-3476552	501(C)(3)	7,500.	0.			ADVANCING HEALTH AND SAFETY PLANS IN SENIOR BUILDINGS
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS, STE. 302 CHICAGO, IL 60610	36-3476552	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
KAN-WIN 1440 RENAISSANCE DR. #460 PARK RIDGE, IL 60068	36-3752338	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
KENNEDY KING COLLEGE -DAWSON TECHNICAL INSTITUTE - 3901 S. STATE ST. - CHICAGO, IL 60609	36-2606236	501(C)(3)	15,000.	0.			BUILDING WOMEN IN CONSTRUCTION
KENWOOD OAKLAND COMMUNITY ORGANIZATION - 4242 S. COTTAGE GROVE AVE. - CHICAGO, IL 60653	36-2598637	501(C)(3)	15,000.	0.			GIRLS LEAD
KINZIE INDUSTRIAL DEVELOPMENT CORPORATION - 320 N DAMEN AVE FLOOR 1 - CHICAGO, IL 60612	36-3312341	501(C)(3)	70,000.	0.			CAREER PATHWAY IN EMT TRAINING PROGRAM

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LADIES OF VIRTUE 1245 S. MICHIGAN, STE. 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	7,500.	0.			COVID19 RELIEF
LADIES OF VIRTUE 1245 S. MICHIGAN, STE. 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
LADIES OF VIRTUE 1245 S. MICHIGAN, STE. 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LAKE COUNTY CRISIS CENTER 2710 17TH ST. ZION, IL 60099	36-3032700	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LATIN UNITED COMMUNITY HOUSING ASSOCIATION - 3541 W. NORTH AVE - CHICAGO, IL 60647	36-3213453	501(C)(3)	3,000.	0.			GENERAL OPERATING SUPPORT
LATINO UNION OF CHICAGO 4811 N. CENTRAL PARK CHICAGO, IL 60625	61-1403712	501(C)(3)	20,000.	0.			HOUSEHOLD WORKERS PROGRAM
LATINOS PROGRESANDO 3047 W CERMAK RD CHICAGO, IL 60623	36-4355072	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
LAWYER'S COMMITTEE FOR BETTER HOUSING - 33 N. LASALLE STE. 900 - CHICAGO, IL 60602	36-3134577	501(C)(3)	30,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
LEADING EDGE GROUP 419 W 144TH ST RIVERDALE, IL 60827	85-1465105	501(C)(3)	7,500.	0.			SUPPORT FOR FRONTLINE PARENTS

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LIFE IS WORK 5463 W. CHICAGO AVE CHICAGO, IL 60651	82-3436927	501(C)(3)	7,500.	0.			OUR HELPING HAND INITIATIVE
LIFE SPAN 70 E. LAKE ST. STE. 600 CHICAGO, IL 60601	36-2991281	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LIFT-CHICAGO 4601 S. COTTAGE GROVE AVE PO BOX 53 CHICAGO, IL 60653	52-2168409	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
LIFT-CHICAGO 4601 S. COTTAGE GROVE AVE PO BOX 53 CHICAGO, IL 60653	52-2168409	501(C)(3)	7,500.	0.			CHICAGO FAMILY GOAL FUND
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N MILWAUKEE AVE - CHICAGO, IL 60618	36-2638491	501(C)(3)	15,000.	0.			MOBILE PARENT MENTOR PROGRAM
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N MILWAUKEE AVE - CHICAGO, IL 60618	36-2638491	501(C)(3)	7,500.	0.			COVID-19 COMMUNITY SOLIDARITY FUND
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N MILWAUKEE AVE - CHICAGO, IL 60618	36-2638491	501(C)(3)	15,000.	0.			SELF CARE AND MENTAL HEALTH RESOURCES
LOVE, UNITY & VALUES (LUV) INSTITUTE - 4659 S. COTTAGE GROVE AVE. - CHICAGO, IL 60653	45-4329663	501(C)(3)	15,000.	0.			LADIES OF LEADERSHIP
MASJID AL-RABIA 637 S. DEARBORN ST, FLOOR 1 CHICAGO, IL 60605	82-0715092	501(C)(3)	2,700.	0.			DISABILITY JUSTICE + ACCESSIBILITY PROGAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MASJID AL-RABIA 637 S. DEARBORN ST, FLOOR 1 CHICAGO, IL 60605	82-0715092	501(C)(3)	2,500.	0.			DISABILITY JUSTICE + ACCESSIBILITY PROGRAM
METROPOLITAN FAMILY SERVICES ONE N. DEARBORN ST., STE. 1000 CHICAGO, IL 60602	36-2167940	501(C)(3)	26,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
MIDWEST ACCESS PROJECT 5215 N RAVENSWOOD STE. 206 CHICAGO, IL 60640	20-8336719	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
MIDWEST ACCESS PROJECT 5215 N RAVENSWOOD STE. 206 CHICAGO, IL 60640	20-8336719	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MIDWEST ACCESS PROJECT 1452 E. 53RD ST. CHICAGO, IL 60615	46-4322565	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
MIKVA CHALLENGE 200 S MICHIGAN AVE. STE. 1000 CHICAGO, IL 60604	52-2033353	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MOTHER & CHILD ALLIANCE 917 W 18TH ST. STE. 213 CHICAGO, IL 60608	36-4432079	501(C)(3)	7,500.	0.			COVID-19 RAPID RESPONSE
MOTHER & CHILD ALLIANCE 917 W 18TH ST. STE. 213 CHICAGO, IL 60608	36-4432079	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

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MUJERES LATINAS EN ACCION 2124 W. 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
NARAL PRO-CHOICE AMERICA FOUNDATION - 1156 15TH ST. N.W., STE. 700 - WASHINGTON, DC 20005	52-1100361	501(C)(3)	1,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL ABLE NETWORK, INC. 567 W. LAKE ST. STE. 1150 CHICAGO, IL 60661	23-7339397	501(C)(3)	50,000.	0.			THE IT CAREER LAB TRAINING PROGRAM
NATIONAL ABLE NETWORK, INC. 567 W. LAKE ST. STE. 1150 CHICAGO, IL 60661	23-7339397	501(C)(3)	20,000.	0.			WOMEN'S WORKFORCE ENGLEWOOD
NATIONAL ASIAN PACIFIC AMERICAN WOMENS FORUM - PO BOX 13255 - CHICAGO, IL 60613	36-4799986	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL ASIAN PACIFIC AMERICAN WOMENS FORUM - PO BOX 13255 - CHICAGO, IL 60613	36-4799986	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL ASIAN PACIFIC AMERICAN WOMENS FORUM - PO BOX 13255 - CHICAGO, IL 60613	36-4799986	501(C)(3)	30,000.	0.			REPRODUCTIVE JUSTICE ORGANIZING PROJECT
NEW COMMUNITY OUTREACH 3627 S. COTTAGE GROVE AVE. CHICAGO, IL 60653	82-3088298	501(C)(3)	7,000.	0.			GARDEN TO TABLE
N. SUBURBAN LEGAL AID CLINIC 3500 WESTERN AVE., STE. 2A HIGHLAND PARK, IL 60035	47-2859426	501(C)(3)	7,500.	0.			LEGAL AID FOR VICTIMS OF DOMESTIC VIOLENCE

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N.E. DUPAGE FAMILY AND YOUTH SERVICES - 3 FRIENDSHIP PLAZA - ADDISON, IL 60101	45-0562810	501(C)(3)	7,500.	0.			PATHWAY (SUPPORT GROUPS FOR WOMEN)
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSEY AVE. CHICAGO, IL 60639	20-1413891	501(C)(3)	7,500.	0.			COVID-19 EMERGENCY ASSISTANCE
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSEY AVE. CHICAGO, IL 60639	20-1413891	501(C)(3)	20,000.	0.			WOMEN FORWARD CHICAGO
ONE ROOF CHICAGO PO BOX 25325 CHICAGO, IL 60625	83-3495607	501(C)(3)	10,000.	0.			PLANNING FOR LGBTQ+-CENTERED HOUSING
ONE ROOF CHICAGO PO BOX 25325 CHICAGO, IL 60625	83-3495607	501(C)(3)	1,500.	0.			PLANNING FOR LGBTQ+-CENTERED HOUSING
OPEN COMMUNITIES 1880 OAK AVE. STE. 301 EVANSTON, IL 60201	36-2934709	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
OPTIONS FOR YOUTH 5234 S. BLACKSTONE AVE, STE. H CHICAGO, IL 60615	20-1438278	501(C)(3)	7,500.	0.			TEEN MOTHERS & CHILDREN COVID-19 RESPONSE
ORGANIZING NEIGHBORHOODS FOR EQUALITY - 4648 N. RACINE - CHICAGO, IL 60640	51-0137583	501(C)(3)	15,000.	0.			WOMEN OF COLOR TABLE
P.R.E.T.T.Y. INC. 442 W. 100TH PL CHICAGO IL 60628 CHICAGO, IL 60628	81-2986435	501(C)(3)	7,500.	0.			P.R.E.T.T.Y. INC. FEMININE FUNDAMENTALS

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PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN AVE., 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN AVE., 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN AVE., 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)(3)	15,000.	0.			ACCESS BIRTH CONTROL (ABC) INITIATIVE
POLISHED PEBBLES 10816 S. PARNELL CHICAGO, IL 60628	51-0677821	501(C)(3)	7,000.	0.			VIRTUAL POLISHED PEBBLES
POLISHED PEBBLES 10816 S. PARNELL CHICAGO, IL 60628	51-0677821	501(C)(3)	1,200.	0.			SOUTH SIDE GIVING CIRCLE LEADERSHIP AWARD
POLISHED PEBBLES 10816 S. PARNELL CHICAGO, IL 60628	51-0677821	501(C)(3)	15,000.	0.			THE PINK HARD HATS: REAL SKILLS, REAL JOBS INITIATIVE
PROACTIVE COMMUNITY SERVICES 19740 GOVERNORS HIGHWAY, STE. 118 FLOSSMOOR, IL 60422	87-0743740	501(C)(3)	1,200.	0.			SOUTH SIDE GIVING CIRCLE LEADERSHIP AWARD
PUBLIC NARRATIVE 1245 S. MICHIGAN AVE STE. 121 CHICAGO, IL 60605	36-3759714	501(C)(3)	7,500.	0.			REDUCING THE IMPACT OF THE PANDEMIC
REFUGEEONE 5705 N. LINCOLN AVE. CHICAGO, IL 60659	36-3817743	501(C)(3)	7,500.	0.			COVID-19 RELIEF

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REFUGEEONE 5705 N. LINCOLN AVE. CHICAGO, IL 60659	36-3817743	501(C)(3)	15,000.	0.			WOMEN'S HEALTH PROJECT
RESIDENT ASSOCIATION OF GREATER ENGLEWOOD - 6623 S. UNION AVE #1 - CHICAGO, IL 60621	84-3226248	501(C)(3)	1,200.	0.			SOUTH SIDE GIVING CIRCLE LEADERSHIP AWARD
RESILIENCE 180 N MICHIGAN AVE. STE. 600 CHICAGO, IL 60601	36-3049386	501(C)(3)	7,500.	0.			AUSTIN-BASED COVID RELIEF
RESILIENCE 180 N MICHIGAN AVE. STE. 600 CHICAGO, IL 60601	36-3049386	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
RIVENDELL THEATRE ENSEMBLE 5775 N. RIDGE AVE. CHICAGO, IL 60660	36-4074148	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
ROGER BALDWIN FOUNDATION OF THE ACLU, INC. - 150 N. MICHIGAN AVE, STE. 600 - CHICAGO, IL 60601	36-2682569	501(C)(3)	20,000.	0.			REPRODUCTIVE RIGHTS PROJECT
ROGER BALDWIN FOUNDATION OF THE ACLU, INC. - 150 N. MICHIGAN AVE, STE. 600 - CHICAGO, IL 60601	36-2682569	501(C)(3)	20,000.	0.			WOMEN'S REPRODUCTIVE RIGHTS PROJECT
SAFER FOUNDATION 571 W. JACKSON CHICAGO, IL 60661	36-2762168	501(C)(3)	7,500.	0.			PUSH FOR FREEDOM
SAFER FOUNDATION 571 W. JACKSON CHICAGO, IL 60661	36-2762168	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT

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SARAH'S CIRCLE 4838 N SHERIDAN RD. CHICAGO, IL 60640	36-3043662	501(C)(3)	7,500.	0.			PERMANENT SUPPORTIVE HOUSING CASE MANAGERS
SARAH'S INN 1547 CIRCLE AVE. FOREST PARK, IL 60130	36-3084461	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SENIOR RAINBOW ASSISTANCE PROGRAM 3005 N. KILBOURN AVE CHICAGO, IL 60641	83-3921052	501(C)(3)	7,500.	0.			BASIC NECESSITIES PROGRAM
SHRIVER CENTER ON POVERTY LAW 67 E MADISON STE. 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	3,000.	0.			WOMEN'S LAW AND POLICY INITIATIVE
SHRIVER CENTER ON POVERTY LAW 67 E MADISON STE. 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	25,000.	0.			WOMEN'S LAW AND POLICY INITIATIVE
SISTA AFYA COMMUNITY CARE 1817 E. 71ST ST. CHICAGO, IL 60649	36-3397908	501(C)(3)	7,500.	0.			COVID-19 COMMUNITY CARE
SISTA AFYA COMMUNITY CARE 1817 E. 71ST ST. CHICAGO, IL 60649	36-3397908	501(C)(3)	2,100.	0.			COMMUNITY CARE CHECK-IN PROJECT
SISTA AFYA COMMUNITY CARE 1817 E. 71ST ST. CHICAGO, IL 60649	36-3397908	501(C)(3)	10,000.	0.			BUILDING WOMEN'S COMMUNITY MENTAL WELLNESS CARE
SISTERS NETWORK CHICAGO CHAPTER 10727 S. EBERHART AVE. CHICAGO, IL 60628	36-4186289	501(C)(3)	3,000.	0.			ADDRESSING THE NEEDS OF AFRICAN AMERICAN CANCER SURVIVORS

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SISTERS NETWORK CHICAGO CHAPTER 10727 S. EBERHART AVE. CHICAGO, IL 60628	36-4186289	501(C)(3)	2,100.	0.			GENERAL OPERATING SUPPORT
SISTERS WORKING IT OUT 21114 VIVIENNE DR. CHICAGO, IL 60443	26-2862273	501(C)(3)	3,000.	0.			CARING FOR COMMUNITIES HARDEST HIT BY COVID-19
SOUTH SUBURBAN FAMILY SHELTER 18137-39 S. HARWOOD AVE HOMWOOD, IL 60430	36-3089796	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SOUTH SIDE CENTER OF HOPE 6423 S. WOODLAWN AVE. CHICAGO, IL 60637	36-3332673	501(C)(3)	1,200.	0.			SOUTH SIDE GIVING CIRCLE LEADERSHIP AWARD
ST. LEONARD'S MINISTRIES 2100 W. WARREN BOULEVARD CHICAGO, IL 60612	36-2378516	501(C)(3)	15,000.	0.			WORKFORCE DEVELOPMENT AND SUPPORTIVE SERVICES
STYLES 4 KIDZ 235 HARRISON ST OAK PARK, IL 60304	45-3213257	501(C)(3)	3,000.	0.			GENERAL OPERATING SUPPORT
SWOP CHICAGO C/O BEYOND LEGAL AID, 17 N. STATE CHICAGO, IL 60601	26-2264638	501(C)(3)	7,725.	0.			STREET OUTREACH PROGRAM
SWOP CHICAGO C/O BEYOND LEGAL AID, 17 N. STATE CHICAGO, IL 60601	26-2264638	501(C)(3)	4,450.	0.			GENERAL OPERATING SUPPORT
SYRIAN COMMUNITY NETWORK 5439 N. BROADWAY CHICAGO, IL 60640	47-3105667	501(C)(3)	7,500.	0.			COVID-19 EMERGENCY CASE MANAGEMENT

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TARGET HOPE 4713 BLARNEY DRIVE MATTESON, IL 60443-1887	36-3933644	501(C)(3)	7,500.	0.			COVID-19 EDUCATIONAL EMERGENCY RESPONSE
TARGET HOPE 4713 BLARNEY DRIVE MATTESON, IL 60443-1887	36-3933644	501(C)(3)	20,000.	0.			COVID-19 EMERGENCY EDUCATION INITIATIVE
TEAMWORK ENGLEWOOD 815 W. 63RD ST. 2ND FLOOR CHICAGO, IL 60621	74-3102944	501(C)(3)	50,000.	0.			ENGLEWOOD WOMENS INITIATIVE
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	10,000.	0.			PATHWAYS TO PREVENTION
TELPOCHCALLI COMMUNITY EDUCATION PROJECT - 2832 W. 24TH BLVD - CHICAGO, IL 60623	71-0961074	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
TELPOCHCALLI COMMUNITY EDUCATION PROJECT - 2832 W. 24TH BLVD - CHICAGO, IL 60623	71-0961074	501(C)(3)	5,000.	0.			CUIDAR NUESTRO TESORO
TELPOCHCALLI COMMUNITY EDUCATION PROJECT - 2832 W. 24TH BLVD - CHICAGO, IL 60623	71-0961074	501(C)(3)	10,000.	0.			COMMUNITY CHILDCARE SUPPORT
THE ANSWER INC. 7600 W. ROOSEVELT RD. STE. 8 FOREST PARK, IL 60130	39-2054814	501(C)(3)	10,000.	0.			SPECTRUM SOCIALITE
THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE., STE. 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	5,000.	0.			IMMIGRANT FUNDERS COLLOBORATIVE

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THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE., STE. 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	5,000.	0.			IMMIGRANT FUNDERS COLLOBORATIVE
THE DREAMCATCHER FOUNDATION 5401 S. HYDE PARK BLVD. #302 CHICAGO, IL 60615	56-2640816	501(C)(3)	5,000.	0.			COVID-19 CRISIS PROGRAM
THE DREAMCATCHER FOUNDATION 5401 S. HYDE PARK BLVD. #302 CHICAGO, IL 60615	56-2640816	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE DREAMCATCHER FOUNDATION 5401 S. HYDE PARK BLVD. #302 CHICAGO, IL 60615	56-2640816	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THE NETWORK 1 E WACKER DRIVE, STE. 1630 CHICAGO, IL 60601	36-3331605	501(C)(3)	7,500.	0.			DOMESTIC VIOLENCE CRISIS RESPONSE FUND
THE NIGHT MINSITRY 1735 N. ASHLAND AVE., STE. 2000 CHICAGO, IL 60622	36-3145764	501(C)(3)	15,000.	0.			RESPONSE-ABILITY PREGNANT AND PARENTING PROGRAM
THE PINK FUND PO BOX 603 BLOOMFIELD HILLS, MI 48303	45-0544575	501(C)(3)	7,500.	0.			REAL HELP NOW FINANCIAL BRIDGE
THE PUDDLE PROJECT P.O.BOX 418 FLOSSMOOR, IL 60422	47-5483444	501(C)(3)	7,500.	0.			COVID RELIEF FUND
THE PUDDLE PROJECT P.O.BOX 418 FLOSSMOOR, IL 60422	47-5483444	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT

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THE ROBERTI COMMUNITY HOUSE 919 8TH ST. WAUKEGAN, IL 60085	47-2348102	501(C)(3)	7,500.	0.			ELIMINATING BARRIERS TO ECONOMIC STABILITY
TIMES UP FOUNDATION P.O. BOX 33633 WASHINGTON, DC 20033	82-4526736	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
TPA NETWORK 5537 N. BROADWAY CHICAGO, IL 60640	36-3591116	501(C)(3)	6,336.	0.			POSITIVELY AGING WOMEN'S COHORT
TRICKSTER CULTURAL CENTER 190 S. ROSELLE RD SCHAUMBURG, IL 60193	46-1640865	501(C)(3)	5,000.	0.			VOICES OF OUR NATIVE WOMEN TO HEAL
TRUC MINISTRIES 9046 S MACKINAW CHICAGO, IL 60617	36-3696950	501(C)(3)	7,500.	0.			THE PHOENIX PROJECT
UCAN 3605 W FILLMORE ST CHICAGO, IL 60624	36-2167937	501(C)(3)	15,000.	0.			PHENOMENAL WOMAN
UN NUEVO DESPERTAR-A NEW AWAKENING 2300 S. MILLARD AVE. CHICAGO, IL 60623	47-4335665	501(C)(3)	7,500.	0.			RESPONSE TO COVID-19 PANDEMIC
UN NUEVO DESPERTAR-A NEW AWAKENING 2300 S. MILLARD AVE. CHICAGO, IL 60623	47-4335665	501(C)(3)	5,000.	0.			ACCESS TO TECH CAPABILITIES FOR WOMEN
UPWARDLY GLOBAL 123 W MADISON STE. 1950 CHICAGO, IL 60602	94-3346127	501(C)(3)	40,000.	0.			IMMIGRANT AND REFUGEE WOMEN'S RESILIENCY AND EMPLOYABILITY

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VOCEL 5317 W. CHICAGO AVE. CHICAGO, IL 60651	46-2159711	501(C)(3)	5,000.	0.			HELP US HELP EACH OTHER
WAREHOUSE WORKERS FOR JUSTICE 37 S. ASHLAND AVE., FIRST FLOOR CHICAGO, IL 60607	80-0792786	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
WOMEN EMPLOYED 1 E. WACKER DRIVE STE. 3110 CHICAGO, IL 60601	36-2969526	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
WOMEN EMPLOYED 1 E. WACKER DRIVE STE. 3110 CHICAGO, IL 60601	36-2969526	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
WOMEN EMPLOYED 1 E. WACKER DRIVE STE. 3110 CHICAGO, IL 60601	36-2969526	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
WOMEN FOR ECONOMIC JUSTICE 5205 S HARDING AVE., APT.1 CHICAGO, IL 60623	45-2218648	501(C)(3)	7,500.	0.			CASA DE ACTIVISMO COMUNITARIO DOMITILA BARRIOS
WOMEN FOR ECONOMIC JUSTICE 5205 S HARDING AVE., APT.1 CHICAGO, IL 60623	45-2218648	501(C)(3)	15,000.	0.			CASA DE ACTIVISMO COMUNITARIO DOMITILA BARRIOS
WOMEN'S ALL POINTS BULLETIN PO BOX 5323 CHICAGO, IL 60680-5323	80-0390294	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT
WOMEN'S BUSINESS DEVELOPMENT CENTER - 8 S. MICHIGAN AVE. STE. 400 - CHICAGO, IL 60603-3471	36-3488628	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH EMPOWERMENT PERFORMANCE PROJECT - 835 W. ADDISON ST. - CHICAGO, IL 60657	36-3135652	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
YWCA METROPOLITAN CHICAGO 1 N. LASALLE STE. 1700 CHICAGO, IL 60602	36-2179765	501(C)(3)	7,448.	0.			COVID-RELATED CAPACITY BUILDING
YWCA METROPOLITAN CHICAGO 1 N. LASALLE STE. 1700 CHICAGO, IL 60602	36-2179765	501(C)(3)	15,000.	0.			ECONOMIC EMPOWERMENT
YWCA METROPOLITAN CHICAGO 1 N. LASALLE STE. 1700 CHICAGO, IL 60602	36-2179765	501(C)(3)	20,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
YWCA OF EVANSTON/N. SHORE 1215 CHURCH ST. EVANSTON, IL 60201-3505	36-2193618	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT
YWCA OF EVANSTON/N. SHORE 1215 CHURCH ST. EVANSTON, IL 60201-3505	36-2193618	501(C)(3)	15,000.	0.			COMPREHENSIVE DOMESTIC VIOLENCE SERVICES
YWCA OF GREATER PITTSBURGH 305 WOOD ST. PITTSBURGH, PA 15222	25-0965639	501(C)(3)	500.	0.			GENERAL OPERATING SUPPORT
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVE GURNEE, IL 60031	36-3314976	501(C)(3)	7,500.	0.			SEXUAL ASSAULT PROGRAMS

**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

**2020**

Open to Public Inspection

Name of the organization

**CHICAGO FOUNDATION FOR WOMEN**

Employer identification number

**36-3348160**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**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) FELICIA DAVIS PRESIDENT & CEO	(i)	202,851.	0.	0.	6,150.	6,903.	215,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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 instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	18	374,353.	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 ( OTHER GOODS )	X	5	25,695.	MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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.		

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

Multiple horizontal lines for supplemental information.

**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

**2020**

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, GIRLS, TRANS AND GENDER NON BINARY INDIVIDUALS HAVE THE  
OPPORTUNITY TO THRIVE IN SAFE, JUST AND HEALTHY COMMUNITIES.

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

ACCESS TO HEALTH CARE SERVICES AND INFORMATION. CFW WORKS WITH A  
COMMUNITY OF SOCIALLY-MINDED INVESTORS WHO SHARE OUR PASSION FOR  
IMPROVING THE LIVES OF WOMEN, GIRLS, TRANS, AND GENDER NONBINARY PEOPLE  
AND ENSURES THAT EVERY DOLLAR THEY GIVE ACHIEVES MAXIMUM IMPACT. WE  
HOLD OURSELVES AND OUR GRANTEEES TO A HIGH STANDARD, CONDUCTING RIGOROUS  
EVALUATION, CAREFUL MONITORING, AND COMMUNITY-CENTERED RESULTS. CFW  
ALSO INVESTS IN THE FUTURE OF ORGANIZATIONS THROUGH LEADERSHIP  
DEVELOPMENT AND BUILDING SUSTAINABLE NONPROFIT INFRASTRUCTURE. AS A  
RESULT, TWO-THIRDS OF NONPROFITS FOR WHICH CFW WAS THE FIRST  
INSTITUTIONAL FUNDER ARE STILL THRIVING TEN YEARS AFTER RECEIVING THEIR  
FIRST CFW GRANT.

CFW TAKES A THREE-PRONGED APPROACH TO ACHIEVE ITS MISSION:

- 1) ADVOCATING FOR UNDERSERVED WOMEN AND GIRLS;
- 2) PROVIDING GRANT SUPPORT TO BOTH EMERGING AND ESTABLISHED  
ORGANIZATIONS;
- 3) OFFERING AN INNOVATIVE ARRAY OF LEADERSHIP DEVELOPMENT AND CAPACITY  
BUILDING PROGRAMMING.

SERVING AS A BACKBONE ORGANIZATION, CFW CONVENES AND COORDINATES THE

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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EFFORTS OF DIVERSE ORGANIZATIONS WORKING TO BETTER THE LIVES OF WOMEN, GIRLS, TRANS, AND GENDER NONBINARY INDIVIDUALS. THROUGH COLLECTIVE IMPACT, CFW SEEKS TO ACHIEVE LARGE-SCALE SYSTEMIC CHANGE.

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

AS ASIAN/PACIFIC ISLANDER, 1% AS ARAB AMERICAN/MIDDLE EASTERN, 2% MULTI-RACIAL, 1% AS AMERICAN INDIAN/INDIGENOUS PEOPLES, AND 1% AS OTHER. OF THOSE SERVED, 52% ARE LIVING AT 150% OR BELOW THE FEDERAL POVERTY LEVEL.

AS THE COVID-19 PANDEMIC CONTINUES, CFW IS MORE COMMITTED THAN EVER TO DOING MORE OF WHAT WE ARE BEST AT, PROVIDING STRATEGIC AND FLEXIBLE INVESTMENTS TO THE MOST CRITICAL ORGANIZATIONS IMPROVING THE LIVES OF CHICAGO'S MOST VULNERABLE WOMEN AND THEIR FAMILIES. TO THAT END, CFW IS APPROACHING THIS CRITICAL TIME WITH A THREE-PHASED STRATEGY: RESPONSE, RECOVERY, AND RESILIENCE. THE RESPONSE, RECOVERY, AND RESILIENCE FUND AT CFW WILL INVEST IN WOMEN AND THEIR FAMILIES AS THEY EMERGE FROM THE IMMEDIATE AFTERMATH OF COVID-19 AND SERVE AS A CRITICAL RESOURCE FOR THE CHICAGO NONPROFIT SECTOR SERVING WOMEN AND GIRLS AS THEY TOO TAKE STOCK, RECALIBRATE AND REBUILD. WITH CFW'S CLOSE PARTNERSHIP, THESE ORGANIZATIONS WILL REBUILD UPON AN EVEN-STRONGER FOUNDATION, ONE THAT CENTERS GENDER EQUITY AND RACIAL JUSTICE IN EVERYTHING THEY DO.

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

CFW ALSO LEVERAGES THE STRENGTH OF SEVERAL EXTERNAL PARTNERS TO ENSURE

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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THE LONG-TERM SUSTAINABILITY AND SUCCESS OF ITS WORK. IN PARTNERSHIP WITH THE OFFICE OF THE CITY CLERK OF CHICAGO, CFW HOSTED A 2020 VIRTUAL GIRLS SUMMIT, AND SEVERAL SMALLER FOCUSED VIRTUAL CONVERSATIONS IN 2021 AS A CONTINUATION OF THE GIRLS SUMMIT, BRINGING TOGETHER OVER 400 PARTICIPANTS FROM ACROSS THE CITY TO HAVE A CONVERSATION ABOUT THE SAFETY AND WELLBEING OF ALL YOUNG WOMEN, GIRLS, TRANS, AND NONBINARY INDIVIDUALS AGES 13-24. IN ADDITION, CFW IS A MEMBER OF THE CLOSING WOMEN'S WEALTH GAP (CWWG), WE DEMAND MORE COALITION, AND A HOST OF FUNDERS' COLLABORATIVES AND WORKS IN CLOSE PARTNERSHIP WITH LOCAL GOVERNMENT LEADERS. CHICAGO'S FIRST LADY SERVED AS A CFW HONORARY AMBASSADOR, CFW'S PRESIDENT AND CEO IS A MEMBER OF THE CHICAGO MAYOR'S TASKFORCE ON WOMEN AND GIRLS AND CFW HAS A STRONG PARTNERSHIP WITH ILLINOIS LT. GOVERNOR, JULIANA STRATTON, ON ADDRESSING WOMEN LEAVING THE WORKFORCE TO ASSUME PRIMARY CAREGIVING RESPONSIBILITIES TO AGING PARENTS.

FINALLY, CFW REGULARLY LEVERAGES ITS VOICE AND PUBLIC PLATFORM TO GROW THE PUBLIC'S AWARENESS AND SUPPORT FOR THE MOST CRITICAL ISSUES IMPACTING CHICAGO'S WOMEN AND GIRLS. CFW'S PRESIDENT AND CEO, FELICIA DAVIS BLAKLEY, IS A REGULAR CONTRIBUTOR IN THE MEDIA AS A VOICE FOR CHICAGO'S WOMEN AND GIRLS, PARTICULARLY THOSE WHO ARE OFTEN UNHEARD. OVER THE PAST YEAR, CFW HAS BEEN FEATURED OR MENTIONED IN 35 MEDIA OPPORTUNITIES. FELICIA HAS PARTICIPATED IN CHICAGO TONIGHT, WCPT, WVON, WBBM, WBEZ, NBC 5, ABC, WGN AMERICA NEWS NATION, AND HAS WRITTEN OR CO-AUTHORED OPINION PIECES PUBLISHED IN THE CHICAGO TRIBUNE, CRAIN'S CHICAGO BUSINESS, AND THE CHICAGO SUN-TIMES.

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



Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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GIVING COUNCILS, ALL OF WHOM FOCUS THEIR GIVING ON SPECIFIC GROUPS OF WOMEN AND GIRLS IN THE CHICAGO REGION. THEY ENGAGE IN GRANTMAKING BY AND FOR THEIR RESPECTIVE COMMUNITIES AS INDICATED BY THE NAME OF THE GIVING COUNCIL:

- LBTQ GIVING COUNCIL (LESBIAN, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING)
- WOMEN OF COLOR UNITED GIVING COUNCIL
- YOUNG WOMEN'S GIVING COUNCIL

IN ADDITION, CFW HOSTS FOUR GEOGRAPHY-BASED GIVING CIRCLES. THESE GIVING CIRCLES FOCUS THEIR GRANTMAKING FOR WOMEN AND GIRLS IN THEIR RESPECTIVE COMMUNITIES, USING HYPER-LOCAL GEOGRAPHY, AS INDICATED BY THE NAME OF THE GIVING CIRCLE:

- THE WESTERN SUBURBS GIVING CIRCLE
- THE NORTH SHORE GIVING CIRCLE
- THE QUEENMAKERS: THE SOUTH SIDE GIVING CIRCLE
- WEST SIDE GIVING CIRCLE

LASTLY, CFW IS ALSO CONSCIOUSLY BUILDING ITS CAPACITY TO ENSURE THAT THE ORGANIZATION SERVES ALL WHO IDENTIFY AS FEMALE IN THE CHICAGO REGION AND IS ONE WHERE ALL WOMEN, GIRLS, TRANS, AND GENDER NONBINARY INDIVIDUALS SEE THEMSELVES. AS SUCH, CFW IS INTENTIONALLY CREATING THE SPACE TO BUILD AND SUSTAIN AN INSTITUTION THAT IS AWARE OF AND ADDRESSES ITS OWN STRUCTURAL RACIAL BIASES. AS A FIRST STEP, CFW HAS CONVENED AN ANTI-RACISM TRANSFORMATION TEAM, A CFW BODY COMPRISED OF 16 INTERNAL AND EXTERNAL STAKEHOLDERS REPRESENTING CFW'S VAST NETWORK WHO WILL LEAD THE EFFORT TO TRANSFORM CFW INTO AN ANTI-RACIST INSTITUTION. THIS TEAM WILL DO THAT BY ENGAGING IN CONTINUAL ANALYSIS AND ESSENTIAL

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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RESTRUCTURING OF CFW TO ENSURE THAT THE FOUNDATION'S WAY OF BEING IS ONE THAT WIELDS A SHARED POWER WITH, AND HOLDS ITSELF ACCOUNTABLE TO, RACIALLY OPPRESSED GROUPS TO ACHIEVE ITS GOAL OF GENDER EQUITY. THE ANTI-RACISM TRANSFORMATION TEAM IS NOW REFLECTED IN CFW'S ORGANIZATIONAL CHART, REPORTING DIRECTLY TO THE PRESIDENT & CEO.

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

STRATEGIC INITIATIVES: CFW IS UNIQUELY POSITIONED TO COORDINATE AND LEAD COLLECTIVE IMPACT WORK. FOR EXAMPLE, CFW HAS SUPPORTED A COHORT OF 30 GRANTEE PARTNERS AS PART OF THE ELEANOR NETWORK (EN). INDIVIDUALLY, THESE NONPROFIT ORGANIZATIONS WORK TO ADDRESS THE ECONOMIC SECURITY OF LOW- TO MODERATE-INCOME WOMEN AND FAMILIES THROUGHOUT THE REGION. BEYOND GRANTS, CFW PROVIDES TECHNICAL ASSISTANCE AND CAPACITY-BUILDING TO EN MEMBERS, CONVENES THEM QUARTERLY TO SHARE RESOURCES AND BUILD TRUSTING RELATIONSHIPS. IN 2017 CFW, BUILDING ON THE SUCCESS OF THE ELEANOR NETWORK, LAUNCHED THE ENGLEWOOD WOMEN'S INITIATIVE (EWI), A PLACE-BASED, COMMUNITY-CENTERED AND HOLISTIC APPROACH TO WOMEN'S ECONOMIC SECURITY. CFW ALSO CONVENES THE DOMESTIC VIOLENCE LEADERS COLLABORATIVE (DV LEADERS), COMPOSED OF OVER 20 DIRECT SERVICE AND GRASSROOTS ORGANIZATIONS WORKING TO INTERROGATE MAINSTREAM RESPONSES TO DOMESTIC VIOLENCE. THESE INITIATIVES CONTRIBUTE TO THE LARGER BODY OF CFW'S EXPERTISE, DISCOVERY, AND PARTNERSHIPS.

CFW HAS AN AMBITIOUS GOAL TO ADVANCE GENDER EQUITY FOR THE REGION AS PART OF ITS STRATEGIC PLAN. THIS WORK TAKES A NUMBER OF FORMS, INCLUDING LARGE-SCALE POLICY CHANGE AND ADVOCACY, AS WELL AS WORK TO TRANSFORM THE CULTURE AND SYSTEMS WITHIN ORGANIZATIONS. WITH REGARD TO THE LATTER, OVER THE PAST TWO YEARS, CFW HAS BEEN ENGAGING OUR BROADER

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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COMMUNITY OF GRANTEES AND STAKEHOLDERS IN CONVERSATIONS TO BETTER UNDERSTAND HOW THE ORGANIZATIONS WE SUPPORT UNDERSTAND AND, IN TURN, WORK TOWARD GENDER EQUITY. THROUGH THESE LEARNINGS, CFW CAN REFINE/RESTRUCTURE PROGRAMS TO BETTER SUPPORT GRANTEES/COMMUNITIES. OVER THE LONG-TERM, OUR VISION IS TO CREATE A "GENDER EQUITY INDEX" THAT ORGANIZATIONS CAN USE TO SELF-EVALUATE THE DEGREE TO WHICH THEY HAVE EMBEDDED GENDER EQUITY WITHIN THEIR ORGANIZATION AND PROVIDE THEM ACTIONABLE STEPS THEY CAN TAKE TO MOVE TOWARD MORE FULLY EMBEDDING GENDER EQUITY INTO THEIR ORGANIZATION.

IN SPRING OF 2021, CFW LAUNCHED SHECOVERY- A ROADMAP TO ADDRESS COVID-19'S IMPACT ON WOMEN AND GIRLS FOCUSED ON GETTING WOMEN BACK TO WORK, ADDRESSING THE EVICTION CRISIS, CARING FOR OUR CAREGIVERS, AND DEMANDING AN ANTI-RACIST HEALTHCARE SYSTEM. WITH THIS COMES A COMMITMENT TO RAISE AND DISTRIBUTE SIGNIFICANT RESOURCES AGAINST THESE AMBITIOUS BUT CRITICAL GOALS.

EXPENSES \$ 226,786. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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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 ORGANIZATION THAT IS THE SUBJECT OF THE VOTE.

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

DURING FY 2021, 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:

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

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.