

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)

2021

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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHICAGO FOUNDATION FOR WOMEN		D Employer identification number 36-3348160
	Doing business as		E Telephone number 312-577-2801
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 16,212,597.
	140 SOUTH DEARBORN STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60603		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: FELICIA BLAKLEY SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CFW.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1985	M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHICAGO FOUNDATION FOR WOMEN (CFW) INVESTS IN WOMEN AND GIRLS AS CATALYSTS, BUILDING STRONG		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	385
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,552,910.	Current Year 9,139,183.
	9 Program service revenue (Part VIII, line 2g)	1,000.	16,425.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,521,529.	1,063,207.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,641.	-156,158.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,080,080.	10,062,657.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,209,500.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,239,180.	1,722,315.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 451,883.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		918,964.	1,214,911.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,367,644.	6,384,476.	
19 Revenue less expenses. Subtract line 18 from line 12	-287,564.	3,678,181.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 20,403,643.	End of Year 20,116,109.
	21 Total liabilities (Part X, line 26)	1,238,265.	499,571.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,165,378.	19,616,538.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	FELICIA BLAKLEY, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ELEANOR A. LIVINGSTON, CP	ELEANOR A. LIVINGSTON	01/04/23	<input type="checkbox"/>	P00226461
Firm's name MUELLER & CO., LLP			Firm's EIN 36-2658780		
Firm's address 1707 N RANDALL ROAD ELGIN, IL 60123			Phone no. (847) 888-8600		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOR OVER THIRTY-SEVEN 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 \$ 3,752,732. including grants of \$ 3,447,250.) (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 2022, WORKING WITH NEARLY 3,000 DONORS AND LOCAL PARTNERS ON THE FRONT LINES, CFW INVESTED A TOTAL OF \$3,449,750 THROUGH 238 GRANTS, SUPPORTING 161 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 287,774 PEOPLE, OF WHICH 222,007 (83%) IDENTIFIED AS WOMEN OR GIRLS, 39,417 (15%)

4b (Code:) (Expenses \$ 756,126. 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 \$ 692,392. 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 \$ 559,503. including grants of \$) (Revenue \$)

4e Total program service expenses 5,760,753.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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
27 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
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 26		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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 **FELICIA BLAKLEY - 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) FELICIA BLAKLEY PRESIDENT & CEO	40.00			X				231,303.	0.	16,634.
(2) LINDA WAGNER CHIEF OPERATING OFFICER	40.00			X				139,289.	0.	13,649.
(3) CARMEN AWADZI DIRECTOR	3.00	X						0.	0.	0.
(4) JOAN BACON DIRECTOR	3.00	X						0.	0.	0.
(5) ADELA CEPEDA DIRECTOR	3.00	X						0.	0.	0.
(6) ALLISON CLARK DIRECTOR	3.00	X						0.	0.	0.
(7) DEBORAH B. COLE DIRECTOR	3.00	X						0.	0.	0.
(8) VALERIE COLLETTI DIRECTOR	3.00	X						0.	0.	0.
(9) REGINA CROSS DIRECTOR	3.00	X						0.	0.	0.
(10) JESSYCA DUDLEY DIRECTOR	3.00	X						0.	0.	0.
(11) ERICA DUNCAN DIRECTOR	3.00	X						0.	0.	0.
(12) GEORGINA HEARD VICE CHAIR, ADVOCACY COMMITTEE	3.00	X						0.	0.	0.
(13) KERI HOLLEB HOTALING VICE CHAIR, PROGRAM COMMITTEE	3.00	X						0.	0.	0.
(14) TOI HUTCHINSON DIRECTOR	3.00	X						0.	0.	0.
(15) SUSAN KUROWSKI DIRECTOR	3.00	X						0.	0.	0.
(16) TINA MANIKAS VICE CHAIR, COMMUNICATIONS COMMITTEE	3.00	X						0.	0.	0.
(17) KATHLEEN MCDONALD 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANITA MITAL DIRECTOR	3.00	X						0.	0.	0.
(19) MICHAEL NARCISO TREASURER	3.00	X		X				0.	0.	0.
(20) KELLY NORTON DIRECTOR	3.00	X						0.	0.	0.
(21) MARIE OSADJAN VICE CHAIR, RESOURCE DEVELOPMENT	3.00	X						0.	0.	0.
(22) MUNIRA PATEL VICE CHAIR, HR COMMITTEE	3.00	X						0.	0.	0.
(23) SILVIA RIVERA SECRETARY	3.00	X		X				0.	0.	0.
(24) KELLY SMITH-HALEY CHAIR	3.00	X		X				0.	0.	0.
(25) JESSICA SOHL DIRECTOR	3.00	X						0.	0.	0.
(26) LASAIA WADE DIRECTOR	3.00	X						0.	0.	0.
1b Subtotal								370,592.	0.	30,283.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								370,592.	0.	30,283.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	749,215.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	239,150.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,150,818.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 135,411.			
	h	Total. Add lines 1a-1f		9,139,183.			
Program Service Revenue	2 a	BOARD BOOT CAMP	Business Code				
			611430	16,425.	16,425.		
	b						
	c						
	d						
	e						
	g	Total. Add lines 2a-2f		16,425.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		608,169.		608,169.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				6,375,066.			
	7 b	Less: cost or other basis and sales expenses		5,920,028.			
	7 c	Gain or (loss)		455,038.			
	d	Net gain or (loss)		455,038.		455,038.	
8 a	Gross income from fundraising events (not including \$ 749,215. of contributions reported on line 1c). See Part IV, line 18						
			55,239.				
			229,912.				
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events		-174,673.		-174,673.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code				
			523000	18,515.	18,515.		
	b						
	c						
	e	Total. Add lines 11a-11d		18,515.			
12	Total revenue. See instructions		10,062,657.	34,940.	0.	888,534.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,447,250.	3,447,250.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	400,875.	326,069.	16,391.	58,415.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,074,624.	767,269.	79,793.	227,562.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,882.	28,759.	2,552.	7,571.
9 Other employee benefits	107,071.	79,086.	5,325.	22,660.
10 Payroll taxes	100,863.	74,603.	6,621.	19,639.
11 Fees for services (nonemployees):				
a Management				
b Legal	13,088.	9,590.	954.	2,544.
c Accounting	21,325.		21,325.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	88,076.	65,146.	5,781.	17,149.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	453,137.	424,854.	7,355.	20,928.
12 Advertising and promotion	3,200.	3,200.		
13 Office expenses	106,469.	76,298.	5,349.	24,822.
14 Information technology	72,412.	47,665.	2,440.	22,307.
15 Royalties				
16 Occupancy	105,851.	80,109.	4,654.	21,088.
17 Travel	3,494.	2,585.	229.	680.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	39,382.	39,208.	127.	47.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,783.		7,783.	
23 Insurance	5,671.	4,195.	372.	1,104.
24 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.)				
a OTHER PROGRAM EXPENSES	234,223.	234,123.	100.	0.
b PUBLIC EVENTS	29,797.	29,797.	0.	0.
c EQUIPMENT	14,321.	10,535.	1,012.	2,774.
d _____				
e All other expenses _____	16,682.	10,412.	3,677.	2,593.
25 Total functional expenses. Add lines 1 through 24e	6,384,476.	5,760,753.	171,840.	451,883.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	18,224.	9,112.	0.	9,112.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	724,021.	1	8,952.
	2 Savings and temporary cash investments	725,945.	2	4,503,123.
	3 Pledges and grants receivable, net	100,000.	3	595,000.
	4 Accounts receivable, net	1,683.	4	0.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	89,736.	9	88,258.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 100,275.		
	b Less: accumulated depreciation	10b 68,025.	25,119.	10c 32,250.
	11 Investments - publicly traded securities	18,737,139.	11	14,888,526.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,403,643.	16	20,116,109.	
Liabilities	17 Accounts payable and accrued expenses	62,482.	17	79,476.
	18 Grants payable	615,375.	18	219,750.
	19 Deferred revenue	321,258.	19	200,345.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	239,150.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,238,265.	26	499,571.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,596,851.	27	6,260,163.
	28 Net assets with donor restrictions	9,568,527.	28	13,356,375.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,165,378.	32	19,616,538.
33 Total liabilities and net assets/fund balances	20,403,643.	33	20,116,109.	

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	10,062,657.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,384,476.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,678,181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,165,378.
5	Net unrealized gains (losses) on investments	5	-3,227,021.
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	19,616,538.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4045187.	6075451.	5091081.	3492145.	9139183.	27843047.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4045187.	6075451.	5091081.	3492145.	9139183.	27843047.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6636113.
6 Public support. Subtract line 5 from line 4.						21206934.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	4045187.	6075451.	5091081.	3492145.	9139183.	27843047.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	519,328.	614,802.	584,798.	556,784.	608,169.	2883881.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	60,909.	36,316.	8,318.	4,641.	18,515.	128,699.
11 Total support. Add lines 7 through 10						30855627.
12 Gross receipts from related activities, etc. (see instructions)					12	533,817.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	68.73	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	75.33	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 Did the activities described on 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

CHICAGO FOUNDATION FOR WOMEN

Employer identification number

36-3348160

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>359,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political 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-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,760.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	2,136.													
c	Total lobbying expenditures (add lines 1a and 1b)	7,896.													
d	Other exempt purpose expenditures	5,752,857.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,760,753.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	438,038.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	109,510.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	419,478.	340,160.	375,471.	438,038.	1,573,147.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,359,721.
c Total lobbying expenditures	8,508.	10,378.	7,254.	7,896.	34,036.
d Grassroots nontaxable amount	104,870.	85,040.	93,868.	109,510.	393,288.
e Grassroots ceiling amount (150% of line 2d, column (e))					589,932.
f Grassroots lobbying expenditures	7,348.	8,828.	5,135.	5,760.	27,071.

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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."

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

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.

Blank lines for providing supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

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)	50,000.	
3 Aggregate value of grants from (during year)	167,000.	
4 Aggregate value at end of year	815,818.	
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

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

Schedule D (Form 990) 2021

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	8,072,244.	6,539,952.	6,961,208.	6,323,939.	6,311,339.
b Contributions	986.	329,343.	2,600.	527,200.	18,600.
c Net investment earnings, gains, and losses	-901,729.	1,444,349.	-184,049.	315,644.	217,100.
d Grants or scholarships	230,625.	241,400.	239,807.	205,575.	223,100.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,940,876.	8,072,244.	6,539,952.	6,961,208.	6,323,939.

- 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.	5,215.	2,808.
d Equipment		92,252.	62,810.	29,442.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				32,250.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements	1	7,102,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-3,227,021.
b	Donated services and use of facilities	2b	180,599.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	174,673.
e	Add lines 2a through 2d	2e	-2,871,749.
3	Subtract line 2e from line 1	3	9,974,581.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,076.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	88,076.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,062,657.

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

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

1	Total expenses and losses per audited financial statements	1	6,651,672.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	180,599.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	174,763.
e	Add lines 2a through 2d	2e	355,362.
3	Subtract line 2e from line 1	3	6,296,310.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,076.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	88,076.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,384,386.

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 2018, 2019 AND 2020 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 UPHOLD UNDER AN EXAMINATION; THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEAR ENDED JUNE 30, 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 174,673.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 174,763.

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)	ANNUAL LUNCHEON (event type)	NONE (total number)	
Revenue	1	Gross receipts	56,408.	747,496.	803,904.
	2	Less: Contributions	44,069.	704,596.	748,665.
	3	Gross income (line 1 minus line 2)	12,339.	42,900.	55,239.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	12,339.	37,900.	50,239.
	8	Entertainment		5,000.	5,000.
	9	Other direct expenses	11,252.	163,421.	174,673.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			229,912.
11	Net income summary. Subtract line 10 from line 3, column (d)			-174,673.	

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A LONG WALK HOME 1658 N. MILWAUKEE AVE, STE 104 CHICAGO, IL 60647	30-0053613	501(C)(3)	12,000.	0.			BLACK GIRLHOOD ALTAR PROJECT
A LONG WALK HOME 1659 N. MILWAUKEE AVE, STE 104 CHICAGO, IL 60647	30-0053613	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
AFFINITY COMMUNITY SERVICES 2850 S. WABASH AVE, STE 108 CHICAGO, IL 60616	36-4157571	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
AFFINITY COMMUNITY SERVICES 2853 S. WABASH AVE, STE 108 CHICAGO, IL 60616	36-4157571	501(C)(3)	52,000.	0.			CAPACITY BUILDING SUPPORT
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W. WASHINGTON BLVD, STE 504 - CHICAGO, IL 60661	36-4272272	501(C)(3)	50,000.	0.			ALL CHICAGO'S EMERGENCY FUND
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 652 W. WASHINGTON BLVD, STE 504 - CHICAGO, IL 60661	36-4272272	501(C)(3)	50,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **237.**

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

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIES FOR COMMUNITY BUSINESS (FORMERLY ACCION CHICAGO) - 135 N. KEDZIE AVE - CHICAGO, IL 60612	36-3966573	501(C)(3)	25,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
ANEW: BUILDING BEYOND VIOLENCE & ABUSE - 18137 S. HARWOOD - HOMWOOD, IL 60430	36-3089796	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
APNA GHAR, INC. (OUR HOME) 4350 N. BROADWAY, 2ND FLOOR CHICAGO, IL 60613	36-3698770	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ARAB AMERICAN FAMILY SERVICES 7000 W. 111TH ST, STE 300 WORTH, IL 60632		501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ARISE CHICAGO 1700 W. HUBBARD, STE 2E CHICAGO, IL 60622	20-1072983	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ARISE CHICAGO 1701 W. HUBBARD, STE 2E CHICAGO, IL 60622	20-1072983	501(C)(3)	35,000.	0.			OUTREACH & EDUCATION TO VULNERABLE WORKERS
ASOCIACION LATINA DE ASISTENCIA Y PREVENCION DEL CANCER DE MAMA - 3023 N. CLARK ST, STE 613 - CHICAGO, IL 60657	45-2586118	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ASSATA'S DAUGHTERS 5700 S. PRAIRIE AVE CHICAGO, IL 60637	52-2094677	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ASSATA'S DAUGHTERS 5700 S. PRAIRIE AVE CHICAGO, IL 60637	52-2094677	501(C)(3)	17,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BA NIA INCORPORATED 6950 S. PERRY AVE CHICAGO, IL 60612	36-4051755	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BETWEEN FRIENDS P.O. BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
BLACK GIRLS BREAK BREAD 1322 S. PRAIRIE AVE, STE 602 CHICAGO, IL 60605	81-4951998	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BLACK GIRLS DANCE 105 E. 89TH ST CHICAGO, IL 60619-6644	82-1437264	501(C)(3)	22,800.	0.			CAPACITY BUILDING SUPPORT
BLUE TIN PRODUCTION 640 W. IRVING PARK RD, ROOM 101 CHICAGO, IL 60613	47-4847984	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
BRAVE SPACE ALLIANCE 1515 E. 52ND PL CHICAGO, IL 60615	84-4538090	501(C)(3)	15,000.	0.			TRANS RELIEF FUND AND FUNERAL FUND
BUILD, INC. 5100 W. HARRISON ST 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)	35,000.	0.			ADVOCACY FOR WOMEN AND MOTHERS
CARA 237 S. DESPLAINES ST CHICAGO, IL 60661	36-4268095	501(C)(3)	15,000.	0.			CAREER ADVANCEMENT 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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ADVANCING DOMESTIC PEACE - 813 S. WESTERN AVE, UNIT 1C - CHICAGO, IL 60612	33-1075347	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR DISABILITY AND ELDER LAW - 205 W. RANDOLPH ST, STE 1610 - CHICAGO, IL 60606	36-3203809	501(C)(3)	10,000.	0.			HOUSING PRESERVATION PROJECT
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER ST. NEW YORK, NY 10038	13-3669731	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO ABORTION FUND 334 W. NORTH AVE, UNIT 267 CHICAGO, IL 60610	36-3451293	501(C)(3)	15,000.	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 COMMONS ASSOCIATION 515 E. 50TH ST CHICAGO, IL 60615	36-2169136	501(C)(3)	40,000.	0.			FAMILY HUB EMPLOYMENT SUPPORT PROGRAM
CHICAGO COMMUNITY BOND FUND 601 S. CALIFORNIA AVE CHICAGO, IL 60612	47-5015710	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVE, STE 2200 CHICAGO, IL 60601	36-3432023	501(C)(3)	10,000.	0.			CHICAGOLAND WORKFORCE FUNDERS ALLIANCE
CHICAGO FREEDOM SCHOOL 719 S. STATE ST, 4TH FLOOR CHICAGO, IL 60605	20-4735643	501(C)(3)	25,000.	0.			PROJECT HEAL US AND REPRODUCTIVE JUSTICE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO FURNITURE BANK 4801 S. WHIPPLE ST CHICAGO, IL 60632	83-1214857	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO THERAPY COLLECTIVE 5237 N. CLARK ST, #2 CHICAGO, IL 60640	81-0881153	501(C)(3)	9,000.	0.			ADVOCATING AT INTERSECTIONS OF VIOLENCE
CHICAGO VOLUNTEER DOULAS P.O. BOX 5851 CHICAGO, IL 60680	27-3636022	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO VOLUNTEER DOULAS P.O. BOX 5852 CHICAGO, IL 60680	27-3636022	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO WOMEN IN PHILANTHROPY 216 W. JACKSON BLVD, STE 625 CHICAGO, IL 60606	36-3585244	501(C)(3)	5,500.	0.			CWIP LUNCHEON SPONSORSHIP
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 2445 W. 16TH ST, STE 3E CHICAGO, IL 60608	36-3256699	501(C)(3)	20,000.	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
CHILDREN'S BEST INTEREST PROJECT 2522 W. WINNEMAC AVE, STE 1 CHICAGO, IL 60625	45-5441381	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHINESE MUTUAL AID ASSOCIATION 1016 W. ARGYLE CHICAGO, IL 60640	36-3139799	501(C)(3)	15,000.	0.			YOUNG WOMEN WARRIORS PROGRAM
COMMUNITIES UNITED 4600 W. PALMER CHICAGO, IL 60639	36-4394374	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY ORGANIZING AND FAMILY ISSUES (COFI) - 2245 S. MICHIGAN AVE, STE 200 - CHICAGO, IL 60616	36-4044632	501(C)(3)	30,000.	0.			PUBLIC POLICY LEADERSHIP AND ADVOCACY PROJECT
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
CROSSROADS FUND 3411 W. DIVERSEY PKWY, STE 20 CHICAGO, IL 60647	36-3092907	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT AND CULTIVATE: WOMEN OF COLOR LEADERSHIP
CYN COUNSELING CENTER 18640 W. ROUTE 120 GRAYSLAKE, IL 60030	36-2991247	501(C)(3)	7,500.	0.			TRAUMA INFORMED COUNSELING
DEBORAH'S PLACE 2822 W. JACKSON BLVD CHICAGO, IL 60612	36-3382973	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ENLACE CHICAGO 2759 S. HARDING AVE CHICAGO, IL 60623	36-3727669	501(C)(3)	20,000.	0.			COMMUNITY HEALTH WORKERS SUPPORT
EQUAL HOPE 300 S. ASHLAND AVE CHICAGO, IL 60402	26-2264895	501(C)(3)	43,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUAL HOPE 301 S. ASHLAND AVE CHICAGO, IL 60402	26-2264895	501(C)(3)	10,000.	0.			EQUAL HOPE ACCESS TO CARE
EQUITY FOR ALL OF US 218 S. WABASH AVE, STE 700 CHICAGO, IL 60604	85-1250003	501(C)(3)	10,000.	0.			ACCESSIBLE HEALTHCARE FOR WOMEN IN HOSPITALITY
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST, 3RD FLOOR CHICAGO, IL 60622	36-3088628	501(C)(3)	15,000.	0.			REPRODUCTIVE HEALTH PROGRAM
EVERTHRIVE ILLINOIS 1006 S. MICHIGAN AVE, STE 200 CHICAGO, IL 60605	36-3651051	501(C)(3)	35,000.	0.			COMMUNITY EMPOWERMENT PROJECT
EVERTHRIVE ILLINOIS 1007 S. MICHIGAN AVE, STE 200 CHICAGO, IL 60605	36-3651051	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FAMILY CHRISTIAN HEALTH CENTER 31 W. 155TH ST HARVEY, IL 60426	36-4346917	501(C)(3)	15,000.	0.			ELIMINATING MATERNAL MORTALITY
FAMILY RESCUE 8811 S. STONY ISLAND AVE CHICAGO, IL 60617	36-3170408	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FAMILY RESCUE 8812 S. STONY ISLAND AVE CHICAGO, IL 60617	36-3170408	501(C)(3)	30,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
FIREBIRD COMMUNITY ARTS 2651 W. LAKE ST CHICAGO, IL 60612	36-3639885	501(C)(3)	15,000.	0.			PROJECT FIRE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE HIGHWOOD PUBLIC LIBRARY - 102 HIGHWOOD AVE - HIGHWOOD, IL 60040	83-4409594	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
GADS HILL CENTER 1919 W. CULLERTON ST CHICAGO, IL 60608	36-2167082	501(C)(3)	15,000.	0.			HEALTHY MOVES
GIRLFORWARD P.O. BOX 607516 CHICAGO, IL 60660	45-2987277	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
GIRLS INC. OF CHICAGO 2212 S. MICHIGAN AVE, STE 210 CHICAGO, IL 60616	81-4491475	501(C)(3)	10,000.	0.			HEALTHY SEXUALITY
GIRLS LIKE ME PROJECT 7116 S. MORGAN CHICAGO, IL 60621	45-5141076	501(C)(3)	10,000.	0.			DIGITAL INNOVATIVE VOICES OF ADVOCACY SISTERS
GIRLS LIKE ME PROJECT 7116 S. MORGAN CHICAGO, IL 60621	45-5141076	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
GROW YOUR OWN TEACHERS 1901 W. CARROLL AVE, STE 201 CHICAGO, IL 60612	20-8324406	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
GYRLS IN THE HOOD FOUNDATION 944 W. 71ST ST CHICAGO, IL 60621	81-4646922	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GYRLS IN THE HOOD FOUNDATION 945 W. 71ST ST CHICAGO, IL 60621	81-4646922	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANA CENTER 4300 N. CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)(3)	15,000.	0.			WOMEN MOVING FORWARD TOGETHER
HEALING TO ACTION 332 S. MICHIGAN AVE, STE. H696 CHICAGO, IL 60604	81-4546742	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HEART WOMEN & GIRLS 3473 S. MARTIN LUTHER KING DR , STE CHICAGO , IL 60616	27-3625796	501(C)(3)	20,000.	0.			HEART TO GROW: REPRO JUSTICE FOR MUSLIMS
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 ST, STE 1300 CHICAGO, IL 60604	36-4053244	501(C)(3)	50,000.	0.			IDEA (IMAGINE, DEDICATE, EARN, ACHIEVE)
HOLISTIC BIRTH COLLECTIVE NFP 1315 E. 54TH ST, STE 1W CHICAGO, IL 60615	36-3348160	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HUMAN RIGHTS WATCH 350 FIFTH AVE, 34TH FLOOR NEW YORK, NY 10118-4700	13-2875808	501(C)(3)	10,000.	0.			WOMEN'S RIGHTS PROJECT
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH - P.O. BOX 477629 - CHICAGO, IL 60647	36-3223988	501(C)(3)	42,000.	0.			GENERAL OPERATING SUPPORT
ILLINOIS CONTRACEPTIVE ACCESS NOW (ICAN!) - A PROJECT OF ALLIANCECHICAGO - 225 W. ILLINOIS ST, 5TH FLOOR - CHICAGO, IL 60654	81-5434098	501(C)(3)	15,000.	0.			ILLINOIS CONTRACEPTIVE ACCESS NOW

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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ILLINOIS PRISON PROJECT 53 W. JACKSON BLVD, STE. 1056 CHICAGO, IL 60604	45-5441381	501(C)(3)	12,000.	0.			INCARCERATED WOMEN & SURVIVORS PROJECT
INDUSTRIAL COUNCIL OF NEARWEST CHICAGO (ICNC) - 320 N. DAMEN AVE, 1ST FLOOR - CHICAGO, IL 60612	36-3312341	501(C)(3)	25,000.	0.			CAREER PATHWAY IN EMT TRAINING PROGRAM
INTERACTION INITIATIVE INC. 1440 W. TAYLOR ST, STE 88 CHICAGO, IL 60607	47-3592997	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
JANE ADDAMS RESOURCE CORPORATION 4432 N. RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
JANE ADDAMS RESOURCE CORPORATION 4433 N. RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)(3)	20,000.	0.			WOMEN IN MANUFACTURING
JANE ADDAMS SENIOR CAUCUS 1111 N. WELLS, STE 302 CHICAGO, IL 60610	36-3476552	501(C)(3)	25,000.	0.			GENERAL OPERATING
KAN-WIN 1440 RENAISSANCE DR, STE 460 PARK RIDGE, IL 60068	36-3752338	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
KENWOOD OAKLAND COMMUNITY ORGANIZATION - 4242 S. COTTAGE GROVE AVE - CHICAGO, IL 60653	36-2598637	501(C)(3)	15,000.	0.			GIRLS LEAD
LADIES OF VIRTUE 1245 S. MICHIGAN AVE, STE 149 CHICAGO, IL 60605	80-0530610	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LADIES OF VIRTUE 1246 S. MICHIGAN AVE, STE 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LADIES OF VIRTUE 1248 S. MICHIGAN AVE, STE 149 CHICAGO, IL 60605	80-0530610	501(C)(3)	65,000.	0.			CAPACITY BUILDING SUPPORT
LAKE COUNTY CRISIS CENTER (A SAFE PLACE) - 2710 17TH ST - ZION, IL 60099	36-3032700	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
LATINO UNION OF CHICAGO 4811 N. CENTRAL PARK CHICAGO, IL 60625	61-1403712	501(C)(3)	20,000.	0.			HOUSEHOLD WORKER ORGANIZING
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 ST, STE 900 - CHICAGO, IL 60602	36-3134577	501(C)(3)	30,000.	0.			ENGLEWOOD WOMEN'S 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 CHICAGO, IL 60653	52-2168409	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
LOGAN SQUARE NEIGHBORHOOD ASSOCIATION - 2840 N. MILWAUKEE AVE - CHICAGO, IL 60618	36-2638491	501(C)(3)	15,000.	0.			PARENT MENTOR PROGRAM/LOS PADRES MENTORES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE, UNITY & VALUES (LUV) INSTITUTE - 4659 S. COTTAGE GROVE AVE - CHICAGO, IL 60653	45-4329663	501(C)(3)	15,000.	0.			LADIES OF LEADERSHIP
LOVE, UNITY & VALUES (LUV) INSTITUTE - 4661 S. COTTAGE GROVE AVE - CHICAGO, IL 60653	45-4329663	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LOVE, UNITY & VALUES (LUV) INSTITUTE - 4662 S. COTTAGE GROVE AVE - CHICAGO, IL 60653	45-4329663	501(C)(3)	65,000.	0.			CAPACITY BUILDING SUPPORT
METROPOLITAN FAMILY SERVICES 101 N. WACKER DR, STE 1700 CHICAGO, IL 60601	36-2167940	501(C)(3)	25,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
MIKVA CHALLENGE 200 S. MICHIGAN AVE, STE 1000 CHICAGO, IL 60604	52-2033353	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
MITCHELL MUSEUM OF THE AMERICAN INDIAN - 3001 CENTRAL ST - EVANSTON, IL 60201	20-0679235	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
MOTHER & CHILD ALLIANCE 917 W. 18TH ST CHICAGO, IL 60608	36-4432079	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MOTHERS OPPOSED TO VIOLENCE EVERYWHERE - 3147 W. DOUGLAS BLVD - CHICAGO, IL 60623	53-0196617	501(C)(3)	10,000.	0.			JUSTICE FOR MISSING & MURDERED WOMEN & GIRLS
MRELIEF 2045 W. GRAND AVE, STE B CHICAGO, IL 60612	47-3559589	501(C)(3)	12,000.	0.			INCREASING SNAP ACCESS IN CHICAGO

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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MUJERES LATINAS EN ACCION 2124 W. 21ST PL CHICAGO, IL 60608	36-2877520	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL ABLE NETWORK, INC. 566 W. LAKE ST, STE 1150 CHICAGO, IL 60661	23-7339397	501(C)(3)	25,000.	0.			WOMEN'S WORKFORCE ENGLEWOOD
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 ASIAN PACIFIC AMERICAN WOMENS FORUM - 568 W. LAKE ST, STE 1150 - CHICAGO, IL 60613	36-4799986	501(C)(3)	30,000.	0.			CHICAGO REPRODUCTIVE JUSTICE ORGANIZING PROJECT
NEW COMMUNITY OUTREACH 3627 S. COTTAGE GROVE AVE CHICAGO, IL 60653	82-3088298	501(C)(3)	10,000.	0.			KEY YOUTH RESTORATIVE JUSTICE PROGRAM
NORTHWEST SIDE HOUSING CENTER 5233 W. DIVERSEY AVE CHICAGO, IL 60639	20-1413891	501(C)(3)	20,000.	0.			WOMEN FORWARD CHICAGO
OF COLOR INC 2033 W. 95TH ST CHICAGO, IL 60643	36-4840123	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
OF COLOR INC 2035 W. 95TH ST CHICAGO, IL 60643	36-4840123	501(C)(3)	42,000.	0.			CAPACITY BUILDING SUPPORT
ONE ROOF CHICAGO P.O. BOX 25325 CHICAGO, IL 60625	83-3495607	501(C)(3)	10,000.	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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ORGANIZING NEIGHBORHOODS FOR EQUALITY: NORTHSIDE - 4648 N. RACINE - CHICAGO, IL 60640	51-0137583	501(C)(3)	20,000.	0.			WOMEN OF COLOR TABLE
PEER HEALTH EXCHANGE CHICAGO 100 WEBSTER ST, STE 300 OAKLAND, CA 94607	56-2374305	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 17 N. STATE ST, STE 500 CHICAGO, IL 60602	36-2170901	501(C)(3)	11,500.	0.			WAUKEGAN HEALTH CENTER OPERATIONS
PLANNED PARENTHOOD OF ILLINOIS 18 N. STATE ST, STE 500 CHICAGO, IL 60602	36-2170901	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
POLISHED PEBBLES 10816 S. PARNELL CHICAGO, IL 60628	51-0677821	501(C)(3)	10,000.	0.			MOMMY AND ME ENTREPRENEURSHIP PROGRAM
POLISHED PEBBLES 10816 S. PARNELL CHICAGO, IL 60628	51-0677821	501(C)(3)	15,000.	0.			PINK HARD HATS: GIRLS IN TRADES
PROJECT EXPLORATION 4511 S. EVANS CHICAGO, IL 60653	36-4305660	501(C)(3)	15,000.	0.			SISTERS4SCIENCE
PROJECT UNLOADED PO BOX 37734 BALTIMORE, MD 21297	20-5806345	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
PUBLIC NARRATIVE 1245 S. MICHIGAN AVE, STE 121 CHICAGO, IL 60605	36-3759714	501(C)(3)	9,000.	0.			STORYTELLING + MEDIA RELATIONS TRAINING

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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REFUGEEONE 5705 N. LINCOLN AVE CHICAGO, IL 60659	36-3817743	501(C)(3)	20,000.	0.			WOMEN'S HEALTH PROJECT
RESILIENCE 180 N. MICHIGAN AVE, STE 600 CHICAGO, IL 60601	36-3049386	501(C)(3)	25,000.	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.			WOMENS AND REPRODUCTIVE RIGHTS PROJECT
ROGER BALDWIN FOUNDATION OF THE ACLU, INC. - 152 N. MICHIGAN AVE, STE 600 - CHICAGO, IL 60601	36-2682569	501(C)(3)	10,000.	0.			WOMEN'S AND REPRODUCTIVE RIGHTS PROJECT
SARAH'S INN 1547 CIRCLE AVE FOREST PARK, IL 60130	36-3084461	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
SEXPECTATIONS CHICAGO 3313 W. ARMITAGE AVE CHICAGO, IL 60647	80-0853586	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
SHRIVER CENTER ON POVERTY LAW 67 E. MADISON, STE 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	25,000.	0.			WOMEN'S LAW & POLICY INITIATIVE
SHRIVER CENTER ON POVERTY LAW 68 E. MADISON, STE 2000 CHICAGO, IL 60603	36-3151279	501(C)(3)	6,000.	0.			WOMEN'S LAW & POLICY INITIATIVE
SISTA AFYA COMMUNITY CARE, NFP 1817 E. 71ST ST CHICAGO, IL 60649	36-3397908	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

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

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SISTA AFYA COMMUNITY CARE, NFP 1817 E. 71ST ST CHICAGO, IL 60649	36-3397908	501(C)(3)	20,000.	0.			HOLISTIC MENTAL WELLNESS CARE
SISTERREACH 2811 CLARKE RD MEMPHIS, TN 38115	45-4013343	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SISTERS NETWORK CHICAGO CHAPTER 10727 S. EBERHART AVE CHICAGO, IL 60628	36-4186289	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
SOUTHSIDE CENTER OF HOPE 2425 W. JACKSON BLVD CHICAGO, IL 60612	36-3332673	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
SOUTHSIDE CENTER OF HOPE 2427 W. JACKSON BLVD CHICAGO, IL 60612	36-3332673	501(C)(3)	49,000.	0.			CAPACITY BUILDING SUPPORT
SURVIVORS KNOW 1901 W. CARROLL AVE CHICAGO, IL 60612	82-1199695	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
TAPROOTS, INC. 2718 W. ADAMS ST, 2ND FLOOR CHICAGO, IL 60612	36-3041825	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TARGET HOPE 4713 BLARNEY DR MATTESON, IL 60443-1887	36-3933644	501(C)(3)	20,000.	0.			SATURDAY ACADEMY ACADEMIC ACHIEVEMENT
TEAMWORK ENGLEWOOD 815 W. 63RD ST, 2ND FLOOR CHICAGO, IL 60621	74-3102944	501(C)(3)	70,000.	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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TELPOCHCALLI COMMUNITY EDUCATION PROJECT - 2832 W. 24TH BLVD - CHICAGO, IL 60623	71-0961074	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THE DREAMCATCHER FOUNDATION 5401 S. HYDE PARK BLVD CHICAGO, IL 60615	56-2640816	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
THE NETWORK: ADVOCATING AGAINST DOMESTIC VIOLENCE - 1 E. WACKER DR, STE 1630 - CHICAGO, IL 60601	36-3331605	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
THE RESURRECTION PROJECT (TRP) 1805 S. PAULINA ST CHICAGO, IL 60608	36-3576073	501(C)(3)	15,000.	0.			HOPE FAMILY SERVICES
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)	8,000.	0.			FINANCIAL GROWTH OF LATINX WOMEN
UPWARDLY GLOBAL 123 W. MADISON ST, STE 1950 CHICAGO, IL 60602	94-3346127	501(C)(3)	40,000.	0.			CREATING PATHWAYS TO QUALITY EMPLOYMENT
WAREHOUSE WORKERS FOR JUSTICE 37 S. ASHLAND AVE, FIRST FLOOR CHICAGO, IL 60607	80-0792786	501(C)(3)	20,000.	0.			ORGANIZING WOMEN WAREHOUSE WORKERS
WOMEN EMPLOYED 1 E. WACKER DR, STE 3110 CHICAGO, IL 60601	36-2969526	501(C)(3)	25,000.	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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WOMEN FOR ECONOMIC JUSTICE 2505 S. HARDING AVE, STE1 CHICAGO, IL 60623	45-2218648	501(C)(3)	15,000.	0.			TRANSFORMATIONAL LEADERSHIP PROJECT
WOMEN'S ALL POINTS BULLETIN - WAPB P.O. 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.			ELEVATING WOMEN CHILDCARE BUSINESS OWNERS
WORKERS CENTER FOR RACIAL JUSTICE 2243-2245 E. 71ST ST CHICAGO, IL 60649	45-4461270	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
YWCA METROPOLITAN CHICAGO 1 N. LASALLE ST, STE 1700 CHICAGO, IL 60602	36-2179765	501(C)(3)	30,000.	0.			ENGLEWOOD WOMEN'S INITIATIVE
YWCA OF EVANSTON/NORTH SHORE 1215 CHURCH ST EVANSTON, IL 60201-3505	36-2193618	501(C)(3)	7,500.	0.			YW TECH LAB
YWCA OF EVANSTON/NORTH SHORE 1216 CHURCH ST EVANSTON, IL 60201-3505	36-2193618	501(C)(3)	15,000.	0.			COMPREHENSIVE DOMESTIC VIOLENCE SERVICES

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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

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

- a** Receive a severance payment or change-of-control payment?
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 BLAKLEY PRESIDENT & CEO	(i)	231,303.	0.	0.	0.	16,634.	247,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDA WAGNER CHIEF OPERATING OFFICER	(i)	139,289.	0.	0.	0.	13,649.	152,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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 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	10	130,611.	MARKET VALUE
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AIRLINE VOUCH)	X	24	4,800.	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)**

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 Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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 GRANTEES 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) 2021

132211 11-11-21

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:

IDENTIFIED AS MALE, AND 4,608 (2%) IDENTIFIED AS TRANSGENDER OR GENDER NONBINARY. OF THOSE SERVED, 36% IDENTIFY AS AFRICAN AMERICAN, 35% AS LATINX, 20% AS CAUCASIAN/WHITE, 4% AS ASIAN/PACIFIC ISLANDER, 1% AS ARAB AMERICAN/MIDDLE EASTERN, 2% MULTI-RACIAL, 1% AS AMERICAN INDIAN/INDIGENOUS PEOPLES, AND 1% AS OTHER.

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.

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

CONTEXT.

CFW ALSO LEVERAGES THE STRENGTH OF SEVERAL EXTERNAL PARTNERS TO ENSURE 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

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

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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 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 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.

IN FY22, CFW LAUNCHED THE REPRODUCTIVE JUSTICE CHAMPIONS, WHICH SEEKS

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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TO ELEVATE THE EXPERTISE, LEADERSHIP, AND LIVED EXPERIENCES OF BLACK, INDIGENOUS, PEOPLE OF COLOR (BIPOC) AND AFRICANA, LATIN, ASIAN, AND NATIVE AMERICAN (ALANA) GROUPS IN ILLINOIS WORKING AT THE INTERSECTIONS OF REPRODUCTIVE AND SEXUAL JUSTICE AND OTHER SOCIAL JUSTICE MOVEMENTS. CFW WILL IMPLEMENT A STRATEGY THAT WILL LEAD TO A REGION-WIDE SAFE-HAVEN FOR REPRODUCTIVE HEALTH ACCESS AND IMPROVED HEALTH OUTCOMES. THIS INITIATIVE WILL BE A REGIONAL MODEL FOR HOW TO CREATE A SANCTUARY WHILE BUILDING THE MOVEMENT TO ENSURE REPRODUCTIVE AND SEXUAL JUSTICE AND ACCESS DURING A TIME OF INCREASED ATTACK.

THE BLACK WOMEN-LED CAPACITY BUILDING (BLOC) PROGRAM IS A DATA-DRIVEN FUNDING MODEL THAT SUPPORTS BLACK WOMEN-LED ORGANIZATIONS, MEASURES IMPACT AND BEGINS TO MAKE THE CASE TO OTHER FUNDERS (REGIONAL AND NATIONAL) TO STRATEGICALLY FUND TARGETED CAPACITY BUILDING EFFORTS. CFW WILL WORK SIDE BY SIDE WITH GRANTEEES, AND WITH THE SUPPORT OF OUR PROGRAM AND HR DEPARTMENTS, GRANTEEES WILL BE POSITIONED TO IMPLEMENT SYSTEMATIC CARE STRUCTURES THAT INCLUDE COMPREHENSIVE BENEFITS PACKAGES FOR ORGANIZATIONS AND THEIR STAFF.

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

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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ELEANOR NETWORK, LAUNCHED THE ENGLEWOOD WOMEN'S INITIATIVE (EWI), A PLACE-BASED, COMMUNITY-CENTERED AND HOLISTIC APPROACH TO WOMEN'S ECONOMIC SECURITY. 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. CFW IS HOST TO THE WILLIE'S WARRIORS LEADERSHIP INITIATIVE, A UNIQUE LEADERSHIP DEVELOPMENT PROGRAM NAMED IN HONOR OF THE LATE CIVIL RIGHTS LEADER, REV. WILLIE T. BARROW. WILLIE'S WARRIORS, ESTABLISHED IN 2018, OFFERS BLACK WOMEN FROM ALL SECTORS AND BACKGROUNDS A SPACE TO GAIN A DEEPER SENSE OF THEMSELVES AS LEADERS, STRENGTHENING THEIR PERSONAL LEADERSHIP STYLE AND BRINGING THEIR WHOLE SELVES TO THE TABLE. WARRIORS EXPLORE THE IDEA OF LEADERSHIP, PERSONAL GROWTH AND TRANSFORMATION, AND HOW TO SUSTAIN THEMSELVES WHILE MOVING OUR COMMUNITIES FORWARD. IN 2022, THE FOUNDATION GRADUATED THE FOURTH COHORT OF WARRIORS AND WILL SOON WELCOME THE FIFTH COHORT.

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 \$ 559,503. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization CHICAGO FOUNDATION FOR WOMEN	Employer identification number 36-3348160
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FORM 990, PART VI, SECTION A, LINE 1A:

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

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

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

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

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

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

DURING FY 2022, THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE PERFORMANCE OF THE PRESIDENT AND RECOMMENDED A MERIT-BASED SALARY INCREASE BASED ON COMPARATIVE NATIONAL DATABASE INFORMATION, EDUCATION, YEARS OF EXPERIENCE, BUDGET RESPONSIBILITY AND OVERALL RESULTS FOR THE REPORTING PERIOD. THE PROPOSED SALARY INCREASE WAS SUBMITTED TO AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD.

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

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