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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CHICAGO FOUNDATION FOR WOMEN

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
140 S DEARBORN ST NO 400

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60603

D Employer identification number
36-3348160

E Telephone number
(312) 577-2801

G Gross receipts $ 9,653,670

F Name and address of principal officer
K SUJATA
140 S DEARBORN ST NO 400
CHICAGO, IL 60603

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFW ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CHICAGO FOUNDATION FOR WOMEN (CFW) INVESTS IN WOMEN AND GIRLS AS CATALYSTS, BUILDING STRONG COMMUNITIES FOR ALL THE FOUNDATION ENVISIONS A WORLD IN WHICH ALL WOMEN AND GIRLS HAVE THE OPPORTUNITY TO THRIVE IN SAFE, JUST AND HEALTHY COMMUNITIES

Activities & Governance

2	Check this box ▶ ☐ 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**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	17
6	Total number of volunteers (estimate if necessary)	**6**	621
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,107,968	4,280,462
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,159	552,817
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,584	500
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,525,711	4,833,779
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,919,312	2,308,050
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)	1,140,852	1,240,195
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶565,354		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	851,601	748,925
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,911,765	4,297,170
19	Revenue less expenses Subtract line 18 from line 12	613,946	536,609

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,056,039	15,365,596
21	Total liabilities (Part X, line 26)	327,719	245,014
22	Net assets or fund balances Subtract line 21 from line 20	13,728,320	15,120,582

Net Assets or Fund Balances

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

****** 2017-11-03
Signature of officer Date

K SUJATA CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BETH ULBRICH	BETH ULBRICH	2017-10-20		P01439597

Firm's name ▶ MUELLER & CO LLP — Firm's EIN ▶ 36-2658780

Firm's address ▶ 1707 N RANDALL RD STE 200
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 . . . . . ☑

1 Briefly describe the organization's mission

CHICAGO FOUNDATION FOR WOMEN WAS ESTABLISHED IN 1985 BY FOUR CHICAGO-AREA WOMEN SEEKING TO IMPROVE THE LIVES OF CHICAGO-AREA WOMEN AND GIRLS AT THAT TIME, LESS THAN 3% OF INSTITUTIONAL, PHILANTHROPIC DOLLARS WENT TO SUPPORT THE ISSUES THAT IMPACT WOMEN AND GIRLS -

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 ☑ 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 ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,601,882 including grants of $ 2,308,050) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 263,828 including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 440,983 including grants of $) (Revenue $)

See Additional Data

(Code) (Expenses $ 297,856 including grants of $) (Revenue $)

GRANTEE EDUCATION & SUPPORT IN ADDITION TO GRANTS, CFW PROVIDES NUMEROUS EDUCATIONAL OPPORTUNITIES DESIGNED TO MEET GRANTEES' SPECIFIC ORGANIZATIONAL TRAINING NEEDS AT NO COST TO PARTICIPANTS, THUS ENABLING SMALL ORGANIZATIONS WITH LIMITED BUDGETS TO LEARN FROM SOME OF THE LEADING TRAINERS IN THE REGION TO HELP STRENGTHEN THE LEADERSHIP AND ORGANIZATIONAL SUSTAINABILITY OF OUR GRANTEE PARTNERS THE CORE CONCEPTS COACHING PROGRAM PROVIDES INDIVIDUALIZED INSTRUCTION ON TOPICS SUCH AS FINANCIAL MANAGEMENT, BOARD DEVELOPMENT, COMMUNICATIONS, AND FUNDRAISING CFW CONTINUED ITS ADVOCACY ACADEMY PROGRAM THIS YEAR FEATURING GROUP MENTORSHIP AND INDIVIDUAL COACHING TO THIS YEAR'S PARTICIPANTS, HELPING TO FACILITATE COALITION-BUILDING AND COLLABORATION CULTIVATE, THE WOMEN OF COLOR COLLABORATIVE PROVIDES A SPACE FOR WOMEN OF COLOR TO DISCUSS AND DEVELOP ALTERNATIVE METHODS OF LEADERSHIP DEVELOPMENT

4d Other program services (Describe in Schedule O)

(Expenses $ 297,856 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 3,604,549

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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 . .	**1a**	32		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27		
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?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶LINDA WAGNER 140 S DEARBORN ST NO 400 CHICAGO, IL 60603 (312) 577-2801

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								292,646	0	18,342

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

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c 1,092,883				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 3,187,579				
	g Noncash contributions included in lines 1a-1f $ 765,277				
	h **Total.** Add lines 1a-1f . . . . . ▶	4,280,462			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	497,447			497,447
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	4,722,661			
	b Less cost or other basis and sales expenses	4,667,291			
	c Gain or (loss)	55,370			
	d Net gain or (loss) . . . . . ▶	55,370	55,370		
	8a Gross income from fundraising events (not including $ 1,092,883 of contributions reported on line 1c) See Part IV, line 18 . . . . a	152,600			
	b Less direct expenses . . . b	152,600			
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a OTHER INCOME	900099	500	500	
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		500		
	12 **Total revenue.** See Instructions . . . . . ▶		4,833,779	55,870	0 497,447

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,308,050	2,308,050		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	290,236	174,538	40,466	75,232
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	762,158	511,295	9,182	241,681
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,957	20,175	1,460	9,322
9 Other employee benefits	81,473	53,095	3,843	24,535
10 Payroll taxes	75,371	49,118	3,556	22,697
11 Fees for services (non-employees)				
a Management				
b Legal	766	499	36	231
c Accounting	19,569	1,253	17,737	579
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	70,827	37,921	15,383	17,523
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	202,614	178,371	11,240	13,003
12 Advertising and promotion	6,859	5,664	162	1,033
13 Office expenses	95,585	62,413	4,759	28,413
14 Information technology	48,498	30,252	1,202	17,044
15 Royalties				
16 Occupancy	130,646	85,140	6,163	39,343
17 Travel	10,629	8,958	291	1,380
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	110,024	46,626	1,587	61,811
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,540		4,540	
23 Insurance	2,912	1,898	137	877
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INKIND	22,161	12,405	4,561	5,195
b MISCELLANEOUS	13,236	10,388	392	2,456
c EQUIPMENT	10,059	6,490	570	2,999
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,297,170	3,604,549	127,267	565,354
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 ▶ ☑ if following SOP 98-2 (ASC 958-720)	25,967	12,984	3,428	9,555

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	222,752	1	319,147
	2	Savings and temporary cash investments	495,093	2	380,483
	3	Pledges and grants receivable, net	511,071	3	837,582
	4	Accounts receivable, net	26,682	4	20,000
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	81,238	9	88,788
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 88,074			
	b	Less accumulated depreciation — 10b: 60,497	32,116	10c	27,577
	11	Investments—publicly traded securities	12,687,087	11	13,692,019
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	14,056,039	16	15,365,596
Liabilities	17	Accounts payable and accrued expenses	35,734	17	28,278
	18	Grants payable		18	
	19	Deferred revenue	291,985	19	216,736
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	327,719	26	245,014
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	7,431,245	27	8,016,082
	28	Temporarily restricted net assets	1,521,604	28	1,485,469
	29	Permanently restricted net assets	4,775,471	29	5,619,031
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	13,728,320	33	15,120,582
	34	Total liabilities and net assets/fund balances	14,056,039	34	15,365,596

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,833,779
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,297,170
3	Revenue less expenses Subtract line 2 from line 1	3	536,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,728,320
5	Net unrealized gains (losses) on investments	5	855,653
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,120,582

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 36-3348160

Name: CHICAGO FOUNDATION FOR WOMEN

Form 990 (2016)

Form 990, Part III, Line 4a:

GRANTMAKING SINCE 1985, CHICAGO FOUNDATION FOR WOMEN HAS AWARDED $ 30 MILLION IN GRANTS TO MORE THAN 3,500 NONPROFIT ORGANIZATIONS OFFERING DIRECT SERVICES OR ENGAGING IN ADVOCACY PROJECTS THAT IMPROVE THE LIVES OF WOMEN AND GIRLS, FOCUSING ON THREE AREAS OF WOMEN'S RIGHTS EXPANDING ECONOMIC SECURITY, FREEDOM FROM VIOLENCE, AND ENHANCING ACCESS TO HEALTH SERVICES AND INFORMATION IN FISCAL YEAR 2017, THE FOUNDATION AWARDED A TOTAL OF $2,308,050 IN GRANTS TO 135 AGENCIES IN FIVE COUNTIES ADVANCING HEALTH, ECONOMIC SECURITY AND FREEDOM FROM VIOLENCE FOR CHICAGO-AREA WOMEN AND GIRLS

Form 990, Part III, Line 4b:

LEADERSHIP DEVELOPMENT THE FOUNDATION HOSTS THREE AFFINITY GROUPS WOMEN UNITED, LBTQ, AND YOUNG WOMEN GIVING COUNCILS, WHICH PROMOTE AND CULTIVATE WOMEN'S PHILANTHROPY AND LEADERSHIP ACROSS DIVERSE COMMUNITIES WOMEN ENGAGED WITH THESE COUNCILS ARE PREPARED TO BECOME ACTIVE LEADERS THROUGH TRAINING, PUBLIC EDUCATION, NETWORKING AND PHILANTHROPIC ACTIVITIES IN ADDITION, THE FOUNDATION HOSTS THE NORTH SHORE GIVING CIRCLE AND THE WESTERN SUBURBS GIVING CIRCLE, THUS EXPANDING CFW'S REACH AND INTRODUCING NEW ORGANIZATIONS TO THE FOUNDATION'S CAPACITY BUILDING INITIATIVES IN ALL, THE GIVING COUNCILS AND THE GIVING CIRCLES AWARDED $131,700 THIS FISCAL YEAR TO ORGANIZATIONS SERVING WOMEN AND GIRLS IN THEIR RESPECTIVE COMMUNITIES CFW CONTINUES TO OFFER THE BOARD MEMBER BOOT CAMP, INCLUDING A TRAINING OFFERED TO BOARD MEMBERS OF OUR GRANTEE ORGANIZATIONS AND COMMUNITY MEMBERS WHO HAVE 5 YEARS OR LESS EXPERIENCE SERVING ON BOARDS THE BOARD BOOT CAMP PROGRAM ALSO COLLABORATES WITH CORPORATE AFFINITY GROUPS IN ORDER TO GROW THE POOL OF DIVERSE PARTICIPANTS AND TRAINED BOARD PROSPECTS FROM THE CORPORATE COMMUNITY 92 WOMEN AND MEN PARTICIPATED IN BOOT CAMP DURING THIS FISCAL YEAR

Form 990, Part III, Line 4c:

PUBLIC POLICY AND ADVOCACY CHICAGO FOUNDATION FOR WOMEN EMPHASIZES THE VALUE AND NECESSITY OF ANALYZING ECONOMIC AND SOCIAL ISSUES THROUGH A "GENDER LENS " A KEY COMPONENT OF OUR LONG-TERM VISION FOR INCREASING OUR IMPACT INCLUDES EXPANDING OUR ROLE AS A LEADER AND CONVENER OF DIVERSE GROUPS OF ORGANIZATIONS AND STAKEHOLDERS AROUND ISSUES OF CRITICAL IMPORTANCE TO THE LIVES OF WOMEN AND GIRLS, WHICH IN TURN, INFORMS STAKEHOLDERS AND HELPS BUILD OPPORTUNITIES TO ADVANCE PUBLIC POLICIES AND OTHER ADVOCACY EFFORTS THROUGH THE 100% PROJECT, CFW IDENTIFIES OPPORTUNITIES FOR PROGRAMMATIC, PHILANTHROPIC, AND COLLABORATIVE SOLUTIONS TO ADVANCE GENDER EQUITY IN VARIOUS SECTORS INCLUDING THOSE OF PRIORITY TO CFW ENDING VIOLENCE AGAINST WOMEN, ECONOMIC SECURITY, AND ACCESS TO COMPREHENSIVE, AFFORDABLE, AND RESPECTFUL HEALTH CARE IT'S AN ALL-OUT, ALL-IN EFFORT TO ELIMINATE GENDER BIAS IN METROPOLITAN CHICAGO BY THE YEAR 2030 DURING FY 2017, THE FOUNDATION CONTINUED ITS PARTNERSHIP WITH THE CATALYST FUND FOR REPRODUCTIVE JUSTICE TO SUPPORT LOCAL REPRODUCTIVE JUSTICE ADVOCACY ORGANIZATIONS LED BY WOMEN OF COLOR CFW HAS HELPED TO ACCELERATE THE ADVOCACY GOALS OF THIS COHORT BY USING ITS OWN VOICE THROUGH THE MEDIA AS WELL AS CFW'S WEBSITE AND E-NEWSLETTER TO FRAME THE ISSUES OF KEY IMPORTANCE TO REPRODUCTIVE JUSTICE FOR WOMEN AND GIRLS IN THE CHICAGO REGION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLAS J BRUNICK DIRECTOR	3 00	X						0	0	0
ADELA CEPEDA DIRECTOR	3 00	X						0	0	0
ALLISON CLARK DIRECTOR	3 00	X						0	0	0
VALERIE COLLETTI DIRECTOR	3 00	X						0	0	0
HARLENE ELLIN DIRECTOR	3 00	X						0	0	0
TRINA FRESCO DIRECTOR	3 00	X						0	0	0
PEDRO GUERRERO DIRECTOR	3 00	X						0	0	0
GEORGINA HEARD DIRECTOR	3 00	X						0	0	0
VIRGINIA HOLT DIRECTOR	3 00	X						0	0	0
KERI HOLLEB HOTALING DIRECTOR	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH HURWIT DIRECTOR	3 00	X						0	0	0
ROBIN LETCHINGER DIRECTOR	3 00	X						0	0	0
TINA MANIKAS DIRECTOR	3 00	X						0	0	0
WENDY MANNING DIRECTOR	3 00	X						0	0	0
NANCY OLSON DIRECTOR	3 00	X						0	0	0
MARIE OSADJAN DIRECTOR	3 00	X						0	0	0
MUNIRA PATEL DIRECTOR	3 00	X						0	0	0
KATHLEEN JOHNSON POPE DIRECTOR	3 00	X						0	0	0
SILVIA RIVERA DIRECTOR	3 00	X						0	0	0
PATRICIA COSTELLO SLOVAK DIRECTOR, CHAIR-ELECT	3 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY SMITH-HALEY DIRECTOR, SECRETARY	3 00	X		X				0	0	0
JENNIFER W STEANS DIRECTOR	3 00	X						0	0	0
COURTNEY E VANLONKHUYZEN DIRECTOR	3 00	X						0	0	0
BLAIR WELLENSIEK DIRECTOR, TREASURER	3 00	X		X				0	0	0
WENDY K WHITE EAGLE DIRECTOR, CHAIR	3 00	X		X				0	0	0
NANNETTE ZANDER DIRECTOR	3 00	X						0	0	0
KSUJATA PRESIDENT & CEO	40 00			X				180,296	0	7,470
LINDA WAGNER VP, FINANCE & ADMINISTRATI	40 00					X		112,350	0	10,872

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHICAGO FOUNDATION FOR WOMEN

Employer identification number
36-3348160

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	9,667,255	3,882,742	3,623,270	4,120,551	4,290,313	25,584,131
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	9,667,255	3,882,742	3,623,270	4,120,551	4,290,313	25,584,131
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)						553,330
6 **Public support.** Subtract line 5 from line 4						25,030,801

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	9,667,255	3,882,742	3,623,270	4,120,551	4,290,313	25,584,131
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	421,281	475,013	594,616	535,646	497,447	2,524,003
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						28,108,134

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	**14**	89 050 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	**15**	90 310 %

16a **33 1/3% support test—2016.** 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 ▶ ☑

b **33 1/3% support test—2015.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2016.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

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 ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	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)? *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)*	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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 ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 **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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493311016227

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	7,200	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,975	
c Total lobbying expenditures (add lines 1a and 1b)	9,175	
d Other exempt purpose expenditures	4,287,995	
e Total exempt purpose expenditures (add lines 1c and 1d)	4,297,170	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	364,859	

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)	91,215	
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? ☐ **Yes** ☐ **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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	30,835	350,784	345,588	364,859	1,092,066
b Lobbying ceiling amount (150% of line 2a, column(e))					1,638,099
c Total lobbying expenditures	3,039	3,776	4,487	9,175	20,477
d Grassroots nontaxable amount	82,708	87,696	86,397	91,215	348,016
e Grassroots ceiling amount (150% of line 2d, column (e))					522,024
f Grassroots lobbying expenditures	1,273	1,248	2,012	7,200	11,733

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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)	100,148	
3	Aggregate value of grants from (during year)	86,750	
4	Aggregate value at end of year	740,555	

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? ☑ Yes ☐ 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? ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an 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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,286,240	5,328,253	5,511,631	5,037,459	4,809,486
b Contributions	843,560	126,276	293,698	88,350	70,264
c Net investment earnings, gains, and losses	408,314	32,711	273,076	582,271	349,909
d Grants or scholarships	226,775	201,000	204,000	196,449	156,743
e Other expenditures for facilities and programs					35,457
f Administrative expenses					
g End of year balance	6,311,339	5,286,240	5,328,253	5,511,631	5,037,459

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 89 000 %
- c Temporarily restricted endowment ▶ 11 000 %

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		8,023	1,203	6,820
d Equipment		80,051	59,294	20,757
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				27,577

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. *(Column (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. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements			1	5,628,457
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	855,653		
b	Donated services and use of facilities	2b	9,851		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	865,504
3	Subtract line **2e** from line **1**			3	4,762,953
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	70,826		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	70,826
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	4,833,779

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	4,236,195
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	9,851		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	9,851
3	Subtract line **2e** from line **1**			3	4,226,344
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	70,826		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	70,826
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,297,170

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3348160
Name: CHICAGO FOUNDATION FOR WOMEN

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	EARNINGS PROVIDE AN ONGOING SOURCE OF INCOME TO THE FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION HAS BEEN DETERMINED TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR EITHER FEDERAL OR STATE INCOME TAXES THE FOUNDATION HAS EVALUATED THE TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS CURRENTLY, THE 2013, 2014 AND 2015 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATIO N BY THE INTERNAL REVENUE SERVICE, HOWEVER, THE FOUNDATION IS NOT CURRENTLY UNDER AUDIT NO R HAS THE FOUNDATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE BASED ON THE EVALUATI ON OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS WOULD BE UPHELD UN DER AN EXAMINATION, THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHICAGO FOUNDATION FOR WOMEN

Employer identification number
36-3348160

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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 ANNUAL LUNCHEON (event type)	(b) Event #2 IMPACT AWARDS (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,118,705	87,040	39,738	1,245,483
	2 Less Contributions	975,147	79,003	38,733	1,092,883
	3 Gross income (line 1 minus line 2)	143,558	8,037	1,005	152,600
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			500	500
	7 Food and beverages	88,554	8,037		96,591
	8 Entertainment	37,074		505	37,579
	9 Other direct expenses	17,930			17,930
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				152,600
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ 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 _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 200

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	PROSPECTIVE GRANTEE ORGANIZATIONS FOR THE PRIMARY SPRING AND FALL CYCLES AND THE CATALYST FUND FOR REPRODUCTIVE JUSTICE CYCLE ARE REQUIRED TO SUBMIT A PROPOSAL REQUESTING FUNDING, INCLUDING THE PURPOSE OF THE GRANT, POPULATION TO BE SERVED, AND EXPECTED OUTCOMES POTENTIAL GRANTEES ALSO SUBMIT CURRENT FINANCIAL INFORMATION INCLUDING AUDITS THE PROPOSALS ARE REVIEWED BY STAFF AND A BOARD-LED COMMITTEE TO DETERMINE IF FUNDING WILL BE RECOMMENDED TO THE BOARD OF DIRECTORS THE PROPOSALS AND THE EVALUATIONS ARE PRESENTED TO THE BOARD OF DIRECTORS, AND IF APPROVED, THE PROPOSALS ARE FUNDED UPON BOARD APPROVAL, THE PROGRAM STAFF PREPARES A RECORD WHICH OUTLINES GRANT CONDITIONS FOR ALL PRIMARY SPRING AND FALL CYCLES AND THE CATALYST FUND FOR REPRODUCTIVE JUSTICE CYCLE GRANT AWARDS, THE GRANTEE IS REQUIRED TO SIGN A GRANT AGREEMENT LETTER AND RETURN A SIGNED COPY TO THE FOUNDATION OFFICE ALL GRANTEES WHO ARE AWARDED GRANTS ARE REQUIRED TO SUBMIT A NARRATIVE AND FINANCIAL REPORT AT THE END OF THE FUNDING CYCLE DESCRIBING THE USES OF THE FUNDS AND THE OUTCOMES THESE REPORTS ARE REVIEWED BY PROGRAM STAFF TO ASSURE COMPLIANCE WITH TERMS OF THE GRANT AWARDED, AND ANY ISSUES THAT ARISE AS A RESULT OF THIS REVIEW ARE FOLLOWED UP WITH THE GRANTEES IF THE FOUNDATION LEARNS OF ANY IMPROPER EXPENDITURE OF ITS GRANT FUNDS, IT WILL PURSUE CORRECTION WITH THE GRANTEE DONOR ADVISED FUND GRANTS ARE RECOMMENDED BY THE DONOR OF THE FUND, AND THE PROGRAM STAFF REVIEWS REQUESTS TO VERIFY 501(C)(3) STATUS AND OTHER LEGAL REQUIREMENTS UPON VERIFICATION, DONOR ADVISED FUND GRANTS ARE PRESENTED TO THE BOARD OF DIRECTORS FOR RATIFICATION NO FINAL REPORTS ARE REQUIRED FOR DONOR ADVISED GRANTS FOUNDATION GRANTEES ARE ELIGIBLE TO PARTICIPATE IN SKILL SHARE PROGRAM, WHICH BRINGS TOGETHER NONPROFITS AND PARTNER FOUNDATIONS TO CONNECT WITH EACH OTHER AND EXCHANGE EXPERTISE ORGANIZATIONS CAN REQUEST SUPPORT FOR A TOPIC, OR OFFER EXPERTISE, AND GET MATCHED FOR ONE-ON-ONE LEARNING SESSIONS, EACH RECEIVING A $200 GRANT FOR A COMPLETED SESSION NO FINAL REPORT IS REQUIRED FOR THIS CAPACITY BUILDING OPPORTUNITY

Additional Data

Software ID:
Software Version:
EIN: 36-3348160
Name: CHICAGO FOUNDATION FOR WOMEN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHE CREW 4721 N MAPLEWOOD AVE UNIT 2 CHICAGO, IL 60625	46-4433205	501(C)3		2,500			SHE CAST
SHE CREW 4721 N MAPLEWOOD AVE UNIT 2 CHICAGO, IL 60625	46-4433205	501(C)3		4,000			SHE CAST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A LONG WALK HOME 1658 N MILWAUKEE AVENUE CHICAGO, IL 60647	30-0053613	501(C)3		15,000			GIRL/FRIENDS LEADERSHIP INSTITUTE
A LONG WALK HOME 1658 N MILWAUKEE AVENUE CHICAGO, IL 60647	30-0053613	501(C)3		10,000			GENERAL OPERATING SUPPORT FOR GIRL/FRIENDS LEADERSHIP INSTITUTE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS LIVING OF METROPOLITAN CHICAGO 115 W CHICAGO AVE CHICAGO, IL 60654	36-3310774	501(C)3		10,000			THE EMPOWERED FE FES
ACCION CHICAGO 1436 W RANDOLPH SUITE 300 CHICAGO, IL 60607	36-3966573	501(C)3		2,000			PLANNING - ENGLEWOOD INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCION CHICAGO 1436 W RANDOLPH SUITE 300 CHICAGO, IL 60607	36-3966573	501(C)3		25,000			CFW ENGLEWOOD INITIATIVE
ACCION CHICAGO 1436 W RANDOLPH SUITE 300 CHICAGO, IL 60607	36-3966573	501(C)3		15,000			WOMEN'S ENTREPRENEURSHIP PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCION CHICAGO 1436 W RANDOLPH SUITE 300 CHICAGO, IL 60607	36-3966573	501(C)3		1,000			MEMBERSHIP FOR THE CHATHAM BUSINESS ASSOCIATION
AFFINITY COMMUNITY SERVICES 2850 S WABASH AVE CHICAGO, IL 60616	36-4157571	501(C)3		710			GENDER PAY GAP

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

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AFFINITY COMMUNITY SERVICES 2850 S WABASH AVE CHICAGO, IL 60616	36-4157571	501(C)3		15,000			GENERAL OPERATING SUPPORT
AIDS FOUNDATION OF CHICAGOPRIDE ACTION TANK 200 W JACKSON BLVD CHICAGO, IL 60606	36-3412054	501(C)3		1,000			SUMMIT ON LGBTQ AGING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALIVE CENTER 500 W 5TH AVE NAPERVILLE, IL 60563	45-4998475	501(C)3		8,000			DARE TO BE RARE (DTBR) GIRL EMPOWERMENT
ALL CHICAGO MAKING HOMELESSNESS HISTORY 651 W WASHINGTON CHICAGO, IL 60661	36-4272272	501(C)3		50,000			THE EMERGENCY FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE OF FILIPINOS FOR IMMIGRANT RIGHTS AND EMPOWERMENT 4300 N CALIFORNIA AVE CHICAGO, IL 60618	26-3305351	501(C)3		1,900			100 DAYS OF FILIPINA DOMESTIC WORKER EMPOWERMENT
APNA GHAR INC (OUR HOME) 4350 N BROADWAY CHICAGO, IL 60613	36-3698770	501(C)3		1,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APNA GHAR INC (OUR HOME) 4350 N BROADWAY CHICAGO, IL 60613	36-3698770	501(C)3		20,000			GENERAL OPERATING SUPPORT
ARAB AMERICAN FAMILY SERVICES 9044 SOUTH OCTAVIA AVENUE BRIDGEVIEW, IL 604552126	60-0002593	501(C)3		15,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARISE CHICAGO 1436 W RANDOLPH SUITE 202 CHICAGO, IL 60607	20-1072983	501(C)3		1,900			IMMIGRANT WORKING WOMEN RAPID RESPONSE
ARISE CHICAGO 1436 W RANDOLPH SUITE 202 CHICAGO, IL 60607	20-1072983	501(C)3		2,500			WORKING FAMILY POLICY ENFORCEMENT

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

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BECOME 5140 S HYDE PARK BLVD 8G CHICAGO, IL 60615	46-1585510	501(C)3		5,000			CARING AND REIGNITING OUR EMPOWERMENT (CARE) A DAY FOR WOMEN AND GIRLS TO LEARN AND REJUVENATE
BETWEEN FRIENDS PO BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)3		2,500			YOUTH CREATING ALLIES FOR RELATIONSHIP EQUALITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETWEEN FRIENDS PO BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)3		5,000			BETWEEN FRIENDS ACQUISITION OF A NIGHT OUT
BETWEEN FRIENDS PO BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)3		20,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETWEEN FRIENDS PO BOX 608548 CHICAGO, IL 60660	36-3460990	501(C)3		900			REACH - YOUTH DEVELOPMENT TRAINING OPPORTUNITIES
ILLINOIS JUSTICE FOUNDATION 732 E 42ND STREET CHICAGO, IL 60653	51-0181498	501(C)3		25,000			CHICAGO FOSTER YOUTH MOVING (FYM)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAVE CAMPS INC 1114 WEST BELMONT APT 1 CHICAGO, IL 60657	36-3467921	501(C)3		2,500			GIVING TUESDAY
NATIONAL KOREAN AMERICAN SERVICE AND EDUCATION CONSORTIUM 4712 S HALSTED CHICAGO, IL 60609	11-3303986	501(C)3		2,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL KOREAN AMERICAN SERVICE AND EDUCATION CONSORTIUM 4712 S HALSTED CHICAGO, IL 60609	11-3303986	501(C)3		7,500			GENERAL OPERATING SUPPORT
CABRINI GREEN LEGAL AID 740 N MILWAUKEE AVENUE CHICAGO, IL 60642	36-2775706	501(C)3		43,000			REUNITE MOMS AND KIDS CAMPAIGN

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

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CARA 237 S DESPLAINES CHICAGO, IL 60661	36-4268095	501(C)3		30,000			CARA'S ELEANOR CAREER ADVANCEMENT PROGRAM (ECAP)
CENTER FOR ADVANCING DOMESTIC PEACE 813 S WESTERN AVE CHICAGO, IL 60612	33-1075347	501(C)3		7,500			BELIEFS & SKILLS FOR DOMESTIC PEACE PROGRAM EVALUATION

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

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CENTER FOR REPRODUCTIVE RIGHTS 199 WATER ST NEW YORK, NY 10038	13-3669731	501(C)3		3,000			GENERAL OPERATING SUPPORT
CHICAGO ABORTION FUND 333 W NORTH AVE STE 267 CHICAGO, IL 60610	36-3451293	501(C)3		750			GENERAL OPERATING SUPPORT

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

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CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATION 307 N MICHIGAN AVE CHICAGO, IL 60601	26-0220074	501(C)3		1,000			STUDENTS WORKING TO END EXPLOITATION AND TRAFFICKING (S W E E T)
CHICAGO ALLIANCE AGAINST SEXUAL EXPLOITATION 307 N MICHIGAN AVE CHICAGO, IL 60601	26-0220074	501(C)3		20,000			POLICY WORK END DEMAND ILLINOIS AND SEXUAL ASSAULT REFORM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHICAGO BOOKS TO WOMEN IN PRISON 4511 N HERMITAGE AVE CHICAGO, IL 60640	45-5271700	501(C)3		1,250			GENERAL OPERATING SUPPORT
CHICAGO BOOKS TO WOMEN IN PRISON 4511 N HERMITAGE AVE CHICAGO, IL 60640	45-5271700	501(C)3		2,500			LBTQ BOOK PROJECT

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

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CHICAGO COMMUNITY BOND FUND PO BOX 479015 CHICAGO, IL 60614	47-5015710	501(C)3		5,000			GENERAL OPERATING SUPPORT
CHICAGO FREEDOM SCHOOL 719 S STATE STREET CHICAGO, IL 60605	20-4735643	501(C)3		1,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO FREEDOM SCHOOL 719 S STATE STREET CHICAGO, IL 60605	20-4735643	501(C)3		3,000			GENERAL OPERATING SUPPORT
CHICAGO FREEDOM SCHOOL 719 S STATE STREET SUITE 3N CHICAGO, IL 60605	20-4735643	501(C)3		21,000			PROJECT HEAL US

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

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CHICAGO HOME THEATER CO LINKS HALL 3111 WESTERN AVE CHICAGO, IL 60618	36-3135652	501(C)3		2,000			CHICAGO HOME THEATER FESTIVAL
CHICAGO HOUSE AND SOCIAL SERVICE AGENCY 1925 N CLYBOURN CHICAGO, IL 60614	36-3376432	501(C)3		20,000			TRANSWORKS PROGRAM

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

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CHICAGO METROPOLITAN BATTERED WOMEN'S NETWORK 1 E WACKER DRIVE SUITE 1630 CHICAGO, IL 60601	36-3331605	501(C)3		10,000			GENERAL OPERATING SUPPORT
CHICAGO METROPOLITAN BATTERED WOMEN'S NETWORK 1 E WACKER DRIVE SUITE 1630 CHICAGO, IL 60601	36-3331605	501(C)3		4,500			STRATEGIC PLANNING PROCESS

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

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CHICAGO METROPOLITAN BATTERED WOMEN'S NETWORK 1 E WACKER DRIVE SUITE 1630 CHICAGO, IL 60601	36-3331605	501(C)3		2,500			ADVOCACY AND CAPACITY BUILDING FOR DV FIELD
CHICAGO WOMEN IN TRADES 2444 W 16TH ST CHICAGO, IL 60608	36-3256699	501(C)3		2,000			PLANNING - ENGLEWOOD INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO WOMEN IN TRADES 2444 W 16TH ST CHICAGO, IL 60608	36-3256699	501(C)3		25,000			ENGLEWOOD INITIATIVE
CHICAGO WOMEN IN TRADES 2444 W 16TH ST CHICAGO, IL 60608	36-3256699	501(C)3		65,000			TECHNICAL OPPORTUNITIES PROGRAM AND POLICY/ADVOCACY

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

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CHICAGO WOMEN'S HEALTH CENTER 1025 WEST SUNNYSIDE AVENUE CHICAGO, IL 60640	36-2922469	501(C)3		25,000			GENERAL OPERATING SUPPORT
CHICAGO WOMEN'S HEALTH CENTER 1025 WEST SUNNYSIDE AVENUE CHICAGO, IL 60640	36-2922469	501(C)3		900			INTEGRATIVE HEALTH PROGRAM CONFERENCE ATTENDANCE

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

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CHICAGO WORKERS' COLLABORATIVE 37 S ASHLAND AVE CHICAGO, IL 60632	26-1470308	501(C)3		5,000			BUILDING COMMUNITY POWER TO END GENDER VIOLENCE
CHICAGO WORKERS' COLLABORATIVE 37 S ASHLAND AVE CHICAGO, IL 60632	26-1470308	501(C)3		30,000			COMMUNITIES AGAINST GENDER VIOLENCE ALLIANCE'S WORK TO BUILD THE GENDER EQUITY NETWORK

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

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CHICAGO YOUTH CENTERS 218 S WABASH AVE SUITE 600 CHICAGO, IL 60604	36-2344429	501(C)3		15,000			CHICAGO YOUTH CENTERS' GIRLS EXCELLING IN MATH AND SCIENCE
COMMUNITIES FIRST ASSOCIATION 163 S OAK PARK AVENUE OAK PARK, IL 60302	26-2798792	501(C)3		1,000			DIASPORIC HUES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ORGANIZING AND FAMILY ISSUES (COFI) 1436 WEST RANDOLPH 4TH FLOOR CHICAGO, IL 60607	36-4044632	501(C)3		25,000			PUBLIC POLICY LEADERSHIP AND ADVOCACY PROJECT
COMMUNITYHEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)3		1,500			WELL WOMEN HEALTH INITATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN 1116 N KEDZIE AVENUE 5TH FLOOR CHICAGO, IL 606514152	36-2950380	501(C)3		15,000			GENERAL OPERATING SUPPORT
CROSSROADS FUND 3411 WEST DIVERSEY 20 CHICAGO, IL 60647	36-3092907	501(C)3		5,000			CULTIVATE WOMEN OF COLOR PROGRAM

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

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DEBORAH'S PLACE 2822 W JACKSON BLVD CHICAGO, IL 60612	36-3382973	501(C)3		20,000			TERESA'S INTERIM HOUSING PROGRAM
DEMOISELLE 2 FEMME NFP 10924 S HALSTED CHICAGO, IL 60628	35-2220199	501(C)3		2,500			THE YOUNG WOMEN'S PROJECTG FOR EDUCATIONAL AND ECONOMIC EQUITY IN ENGLEWOOD (E4)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DEMOISELLE 2 FEMME NFP 10924 S HALSTED CHICAGO, IL 60628	35-2220199	501(C)3		2,000			ENGLEWOOD INITIATIVE PLANNING
DEMOISELLE 2 FEMME NFP 10924 S HALSTED CHICAGO, IL 60628	35-2220199	501(C)3		25,000			T-3 - TRANSITION, TRANSFORM, TRANSCEND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE LEGAL CLINIC 555 W HARRISON SUITE 1900 CHICAGO, IL 60607	36-3647731	501(C)3		15,000			GENERAL OPERATING SUPPORT
EVERTHRIVE ILLINOIS 1256 W CHICAGO CHICAGO, IL 60642	36-3651051	501(C)3		2,000			PLANNING - ENGLEWOOD INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVERTHRIVE ILLINOIS 1256 W CHICAGO CHICAGO, IL 60642	36-3651051	501(C)3		40,000			ENGLEWOOD EMPOWERMENT INITIATIVE
EVERTHRIVE ILLINOIS 1256 W CHICAGO CHICAGO, IL 60642	36-3651051	501(C)3		5,000			THE CAMPAIGN TO SAVE OUR MOTHERS AND BABIES

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVERTHRIVE ILLINOIS 1256 W CHICAGO CHICAGO, IL 60642	36-3651051	501(C)3		570			2017 CITYMATCH LEADERSHIP CONFERENCE & HEALTHY START CONVENTION
FACING FORWARD TO END HOMELESSNESS 642 NORTH KEDZIE AVE CHICAGO, IL 60612	36-3397005	501(C)3		20,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY RESCUE 9204 S COMMERCIAL AVENUE CHICAGO, IL 60617	36-3170408	501(C)3		2,000			ENGLEWOOD INITIATIVE PLANNING
FAMILY RESCUE 9204 S COMMERCIAL AVENUE CHICAGO, IL 60617	36-3170408	501(C)3		15,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY RESCUE 9204 S COMMERCIAL AVENUE CHICAGO, IL 60617	36-3170408	501(C)3		25,000			ENGLEWWOD WOMEN'S INITIATIVE- FAMILY RESCUE'S ENGAGEMENT FOCUS
EVENGELICAL LUTHERAN CHURCH IN AMERICA 643 W 31ST STREET CHICAGO, IL 60616	41-1568278	501(C)3		500			WOMEN'S MARCH ON CHICAGO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FUND FOR JUSTICE DBA CHICAGO APPLESEED FUND FOR JUSTICE 750 N LAKE SHORE DR CHICAGO, IL 60611	23-7059214	501(C)3		15,000			MAKING CHILD SUPPORT ADJUDICATION FAIRER AND MORE EFFECTIVE
GILLOURY INSTITUTE DBA SILK ROAD RISING 77 W WASHINGTON ST CHICAGO, IL 60602	01-0693025	501(C)3		2,500			THE FOUR HIJABS 2017 TOUR

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

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GILLOURY INSTITUTE DBA SILK ROAD RISING 77 W WASHINGTON ST CHICAGO, IL 60602	01-0693025	501(C)3		1,100			CAPACITY BUILDING ONE-ON-ONE TRAINING ON QUICKBOOKS ONLINE ACCOUNTING SOFTWARE
GIRLFORWARD PO BOX 607516 CHICAGO, IL 60660	45-2987277	501(C)3		15,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRLFORWARD PO BOX 607516 CHICAGO, IL 60660	45-2987277	501(C)3		500			PRESENTING AT SOUTH X SOUTHWEST EDUCATION CONFERENCE
GIRLS IN THE GAME 1401 S SACRAMENTO DRIVE CHICAGO, IL 60623	36-4024533	501(C)3		10,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GIRLS IN THE GAME 1401 S SACRAMENTO DRIVE CHICAGO, IL 60623	36-4024533	501(C)3		1,500			STRATEGIC PLANNING CONSULTANT
GOODCITY CHICAGO 7116 S MORGAN CHICAGO, IL 60621	36-3467921	501(C)3		2,350			A GIRL SHALL LEAD

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

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GLOBAL GIRLS THE GLOBAL STUDIO CHICAGO, IL 60617	36-4367027	501(C)3		1,400			LETTERS TO LEADERS
GLOBAL GIRLS THE GLOBAL STUDIO CHICAGO, IL 60617	36-4367027	501(C)3		4,000			OUT OF THE CLOSET - STAGED STORIES OF DOMESTIC VIOLENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROW YOUR OWN ILLINOIS 820 W JACKSON BLVD SUITE 330 CHICAGO, IL 606073062	20-8324406	501(C)3		35,000			GENERAL OPERATING
HANA CENTER 4300 N CALIFORNIA AVE CHICAGO, IL 60618	36-2746468	501(C)3		15,000			DOMESTIC VIOLENCE PREVENTION AND FAMILY SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LATINO UNION OF CHICAGO 4811 NORTH CENTRAL PARK CHICAGO, IL 60625	61-1403712	501(C)3		1,500			GENERAL OPERATING SUPPORT
LATINO UNION OF CHICAGO 4811 NORTH CENTRAL PARK CHICAGO, IL 60625	61-1403712	501(C)3		2,500			COALITION AGAINST WORKPLACE SEXUAL VIOLENCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LATINO UNION OF CHICAGO 4811 NORTH CENTRAL PARK CHICAGO, IL 60625	61-1403712	501(C)3		1,000			GENERAL OPERATING SUPPORT
HEALTH & DISABILITY ADVOCATES (HDA) 205 WEST RANDOLPH STREET CHICAGO, IL 60606	36-4042562	501(C)3		15,000			THE WOMEN'S JUSTICE INITIATIVE (WJI)

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

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HEALTH & DISABILITY ADVOCATES (HDA) 205 WEST RANDOLPH STREET CHICAGO, IL 60606	36-4042562	501(C)3		1,000			THE WOMEN'S JUSTICE INITIATIVE (WJI)
HEART WOMEN & GIRLS 4407 S LAKE PARK AVE CHICAGO, IL 60653	27-3625796	501(C)3		15,000			GENERAL OPERATING

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

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HEARTLAND HUMAN CARE SERVICES 4411 N RAVENSWOOD CHICAGO, IL 60640	36-4053244	501(C)3		50,000			IDEA (IMAGINE, DEDICATE, EARN, ACHIEVE)
HUMAN RIGHTS WATCH 350 FIFTH AVE 34TH FLOOR NEW YORK, NY 101184700	13-2875808	501(C)3		5,000			WOMEN'S RIGHTS DIVISION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH AND MEDICINE POLICY RESEARCH GROUP 514 NORTH ELMWOOD AVENUE OAK PARK, IL 603022228	36-3143826	501(C)3		1,350			STAGE 1 PREPARATION FOR "DOULAS AT COOK COUNTY JAIL" PROJECT
ILLINOIS CAUCUS FOR ADOLESCENT HEALTH 719 S STATE 4TH FLOOR CHICAGO, IL 60605	36-3223988	501(C)3		43,000			CHAT NETWORK

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

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ILLINOIS SAFE SCHOOLS ALLIANCE 180 N MICHIGAN AVE CHICAGO, IL 606016959	20-4255290	501(C)3		10,000			GENERAL OPERATING SUPPORT
IMPACT CHICAGO 4057 N DAMEN AVE CHICAGO, IL 60618	36-3526682	501(C)3		1,500			SPEAK UP, SPEAK OUT BYSTANDER SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)3		2,000			PLANNING - ENGLEWOOD INITIATIVE
JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)3		25,000			ENGLEWOOD INITIATIVE

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

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JANE ADDAMS RESOURCE CORPORATION 4432 N RAVENSWOOD CHICAGO, IL 60640	36-3682559	501(C)3		75,000			WOMEN IN MANUFACTURING PROGRAM
JANE ADDAMS SENIOR CAUCUS 1111 N WELLS SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)3		2,500			MORAL DAY OF ACTION AGAINST CONGRESSMAN PAUL RYAN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JANE ADDAMS SENIOR CAUCUS 1111 N WELLS SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)3		25,000			STARTING WITH WOMEN'S LIVES STRENGTHEN AND PROTECT SOCIAL SECURITY, MORAL AND JUST STATE BUDGET AND AGING WITH DIGNITY IN AFFORDABLE HOUSING
JANE ADDAMS SENIOR CAUCUS 1111 N WELLS SUITE 302 CHICAGO, IL 60610	36-3476552	501(C)3		1,200			RISE UP 2017 - PEOPLE'S ACTION INSTITUTE FOUNDATION CONVENTION

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JOHN MARSHALL LAW SCHOOL 315 S PLYMOUTH CT CHICAGO, IL 60604	36-2371220	501(C)3		5,500			DOMESTIC VIOLENCE CLINIC ADVOCACY
KAN-WIN 1440 RENAISSANCE DR PARK RIDGE, IL 60068	36-3752338	501(C)3		1,340			WOMEN'S MARCH IN D C

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

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KAN-WIN 1440 RENAISSANCE DR PARK RIDGE, IL 60068	36-3752338	501(C)3		25,000			GENERAL OPERATING SUPPORT
KAN-WIN 1440 RENAISSANCE DR PARK RIDGE, IL 60068	36-3752338	501(C)3		3,500			NATIONAL KOREAN AMERICAN COALITION TO END DOMESTIC ABUSE (NKACEDA)

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

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KINZIE INDUSTRIAL DEVELOPMENT CORPORATION (KIDC) 320 NORTH DAMEN AVENUE CHICAGO, IL 60612	36-3312341	501(C)3		75,000			CAREER PATHWAYS IN EMT TRAINING PROGRAM
KOREAN AMERICAN RESOURCE & CULTURAL CENTER 6212 N LINCOLN AVE CHICAGO, IL 60659	36-3991857	501(C)3		7,000			HANA CENTER MERGER

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

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LADIES OF VIRTUE 1014 E 47TH STREET CHICAGO, IL 60653	80-0530610	501(C)3		2,000			LOV SISTERS UNITED
LAKE COUNTY CRISIS CENTER (A SAFE PLACE) 2710 17TH STREET ZION, IL 60099	36-3032700	501(C)3		15,000			GENERAL OPERATING SUPPORT

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LAKE COUNTY CRISIS CENTER (A SAFE PLACE) 2710 17TH STREET ZION, IL 60099	36-3032700	501(C)3		15,000			GENERAL OPERATING SUPPORT
LATINO UNION OF CHICAGO 4811 NORTH CENTRAL PARK CHICAGO, IL 60625	61-1403712	501(C)3		2,500			LATINO UNION INTERNATIONAL WOMEN'S DAY CELEBRATION

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

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LATINO UNION OF CHICAGO 4811 NORTH CENTRAL PARK CHICAGO, IL 60625	61-1403712	501(C)3		20,000			CHICAGO COALITION OF HOUSEHOLD WORKERS
LATINOS PROGRESANDO 3047 W CERMAK RD CHICAGO, IL 60623	36-4355072	501(C)3		20,000			THE VIOLENCE AGAINST WOMEN ACT (VAWA) PROJECT

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LAWYERS' COMMITTEE FOR BETTER HOUSING 33 N LASALLE SUITE 900 CHICAGO, IL 60602	36-3134577	501(C)3		1,500			GENERAL OPERATING SUPPORT
LIFE SPAN 70 E LAKE STREET CHICAGO, IL 60601	36-2991281	501(C)3		15,000			DIRECT LEGAL SERVICES FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE

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LIFTUPLIFT WORLDWIDE 821 BUTTERNUT CT FRANKFORT, IL 60423	47-3351774	501(C)3		1,000			SEXUAL ASSAULT PREVENTION WEEK
LITERATURE FOR ALL OF US 2010 DEWEY EVANSTON, IL 60201	36-4167228	501(C)3		15,000			WORKFORCE DEVELOPMENT

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LOVE UNITY & VALUES (LUV) INSTITUTE 1507 E 53RD STREET CHICAGO, IL 60615	45-4329663	501(C)3		15,000			CENTER OF EXCELLENCE FOR WOMEN WITH PROMISE
METROPOLITAN CHICAGO BREAST CANCER TASK FORCE 300 S ASHLAND AVE SUITE 202 CHICAGO, IL 60607	26-2264895	501(C)3		48,000			GENERAL OPERATING SUPPORT

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METROPOLITAN CHICAGO BREAST CANCER TASK FORCE 300 S ASHLAND AVE SUITE 202 CHICAGO, IL 60607	26-2264895	501(C)3		4,500			STRATEGIC PROGRAM PLANNING POST AFFORDABLE CARE ACT AND POST ILLINOIS MEDICAID REFORM
METROPOLITAN CHICAGO BREAST CANCER TASK FORCE 300 S ASHLAND AVE SUITE 202 CHICAGO, IL 60607	26-2264895	501(C)3		2,000			BEYOND OCTOBER

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METROPOLITAN FAMILY SERVICES 1 NORTH DEARBORN SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)3		2,000			PLANNING - ENGLEWOOD INITIATIVE
METROPOLITAN FAMILY SERVICES 1 NORTH DEARBORN SUITE 1000 CHICAGO, IL 60602	36-2167940	501(C)3		25,000			FINANCIAL EMPOWERMENT SERVICES FOR WOMEN

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

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MIDWEST ACADEMY 27 E MONROE CHICAGO, IL 60603	36-2776406	501(C)3		15,000			WOMEN'S LEGISLATIVE LEADERSHIP PROJECT
MIDWEST ACCESS COALITION PO BOX 408373 CHICAGO, IL 60640	47-2160168	501(C)3		600			GENERAL OPERATING SUPPORT

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MIDWEST ACCESS COALITION PO BOX 408373 CHICAGO, IL 60640	47-2160168	501(C)3		1,200			GENERAL OPERATING SUPPORT
MIDWEST ACCESS PROJECT PO BOX 13173 CHICAGO, IL 606130173	20-8336719	501(C)3		20,000			GENERAL OPERATING SUPPORT

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MIKVA CHALLENGE 332 MICHIGAN AVE CHICAGO, IL 60604	52-2033353	501(C)3		15,000			NEIGHBORHOOD LEADERSHIP INITIATIVE
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)3		1,000			GENERAL OPERATING SUPPORT

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MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)3		2,500			CAFES EN ACCION
MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)3		15,000			DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS

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

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MUJERES LATINAS EN ACCION 2124 WEST 21ST PLACE CHICAGO, IL 60608	36-2877520	501(C)3		7,500			STRATEGIC PLANNING
MUSLIM WOMEN'S ALLIANCE 3820 N CLARK ST SPT 3 CHICAGO, IL 60613	41-2262031	501(C)3		10,000			#GIVING TUESDAY

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MUTUAL GROUND INC 418 OAK AVENUE AURORA, IL 60206	36-2921680	501(C)3		15,000			MGI DOMESTIC VIOLENCE PROGRAM
NARAL PRO-CHOICE AMERICA FOUNDATION 1156 15TH STREET NW SUITE 700 WASHINGTON, DC 20005	52-1100361	501(C)3		1,000			GENERAL OPERATING SUPPORT

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TIDES CENTER 1735 CATON AVENUE 7-C BROOKLYN, NY 11226	94-3213100	501(C)3		15,000			REPRODUCTIVE JUSTICE PROGRAM IN CHICAGO
NATIONAL IMMIGRANT JUSTICE CENTER 208 SOUTH LASALLE SUITE 1300 CHICAGO, IL 60606	36-1877640	501(C)3		25,000			GENDER JUSTICE INITIATIVE

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

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NEW MOMS INC 5317 W CHICAGO AVE CHICAGO, IL 60651	36-3265804	501(C)3		15,000			WORKFORCE DEVELOPMENT PROGRAM
NORTHLIGHT THEATRE 9501 SKOKIE BLVD SKOKIE, IL 60077	23-7390464	501(C)3		7,500			MASTER CLASS SERIES-YWCA EVANSTON/NORTH SHORE

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

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NORTHLIGHT THEATRE 9501 SKOKIE BLVD SKOKIE, IL 60077	23-7390464	501(C)3		1,800			SPEAK UP! THEATRE FOR SOCIAL CHANGE
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSITY AVE CHICAGO, IL 60639	20-1413891	501(C)3		2,650			WOMEN FORWARD CHICAGO

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OPEN STUDIO PROJECT 901 SHERMAN AVENUE EVANSTON, IL 60626	36-3894275	501(C)3		9,600			THERAPEUTIC ART SERVICES FOR DISADVANTAGED YOUNG WOMEN AT CURT'S CAFE
OPTIONS FOR YOUTH 5234 S BLACKSTONE AVE SUITE H CHICAGO, IL 60615	20-1438278	501(C)3		10,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORGANIZING NEIGHBORHOODS FOR EQUALITY NORTHSIDE 4648 N RACINE CHICAGO, IL 60640	51-0137583	501(C)3		2,000			FIRST 100 DAYS OUTREACH PROJECT
PEDIATRIC AIDS CHICAGO PREVENTION INITIATIVE 200 W JACKSON BLVD CHICAGO, IL 60606	36-4432079	501(C)3		19,000			PERINATAL ENHANCED CASE MANAGEMENT (PECM)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)3		1,500			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)3		7,500			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)3		5,000			GENERAL OPERATING
PLANNED PARENTHOOD OF ILLINOIS 18 SOUTH MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 60603	36-2170901	501(C)3		15,000			TEEN LARC ACCESS CAMPAIGN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POLISHED PEBBLES 4518 S COTTAGE GROVE AVE CHICAGO, IL 60653	51-0677821	501(C)3		5,000			GENERAL OPERATING SUPPORT
PRAIRIE STATE LEGAL SERVICES 325 W WASHINGTON ST WAUKEGAN, IL 60085	37-1030764	501(C)3		10,000			LEGAL SERVICES FOR DOMESTIC VIOLENCE SURVIVORS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROGRESSIVE INC 409 E MAIN ST MADISON, WI 537032863	39-0773233	501(C)3		10,000			THE PROGRESSIVE MEDIA PROJECT - VOICES OF DIVERSITY
PROJECT EXPLORATION 4511 SOUTH EVANS CHICAGO, IL 60653	36-4305660	501(C)3		15,000			STEM PROGRAM FOR GIRLS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RAPE VICTIM ADVOCATES 180 N MICHIGAN AVE CHICAGO, IL 60601	36-3049386	501(C)3		565			ADVOCATE'S POSTCARDS TO IL SENATORS
RAPE VICTIM ADVOCATES 180 N MICHIGAN AVE CHICAGO, IL 60601	36-3049386	501(C)3		25,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RAVENSWOOD COMMUNITY COUNCIL 1770 W BERTEAU AVE CHICAGO, IL 60613	36-2472126	501(C)3		600			RAVENSWOOD'S WOMEN LEADERS IN BUSINESS 2017 ROUNDTABLE
REFUGEEONE 4753 N BROADWAY SUITE 401 CHICAGO, IL 60640	36-3817743	501(C)3		15,000			REFUGEEONE WOMEN'S HEALTH PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESTORED HOPE 8930 S THROOP ST CHICAGO, IL 60620	27-4246922	501(C)3		1,500			STANDING IN OUR TRUTH
RESTORED HOPE 8930 S THROOP ST CHICAGO, IL 60620	27-4246922	501(C)3		680			LEADERSHIP TRAINING PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROGER BALDWIN FOUNDATION OF THE ACLU INC 180 N MICHIGAN AVE SUITE 2300 CHICAGO, IL 606011287	36-2682569	501(C)3		5,000			REPRODUCTIVE RIGHTS PROJECT
ROGER BALDWIN FOUNDATION OF THE ACLU INC 180 N MICHIGAN AVE SUITE 2300 CHICAGO, IL 606011287	36-2682569	501(C)3		25,000			REPRODUCTIVE RIGHTS PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SARAH'S INN 309 HARRISON OAK PARK, IL 60304	36-3084461	501(C)3		15,000			ADVOCACY AND COUNSELING PROGRAM - IMMIGRANT DV SURVIVORS PROJECT
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 50 E WASHINGTON STREET SUITE 500 CHICAGO, IL 60602	36-3151279	501(C)3		30,000			WOMEN'S LAW AND POLICY PROJECT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTH SUBURBAN FAMILY SHELTER 18137-39 S HARWOOD AVE HOMEWOOD, IL 60430	36-3089796	501(C)3		15,000			GENERAL OPERATING SUPPORT
TARGET HOPE 4713 BLARNEY DRIVE MATTESON, IL 604431887	36-3933644	501(C)3		15,000			TARGET HOPE STEM INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAMWORK ENGLEWOOD 815 W 63RD STREET 2ND FLOOR CHICAGO, IL 60621	74-3102944	501(C)3		2,000			ENGLEWOOD INITIATIVE PLANNING
TEAMWORK ENGLEWOOD 815 W 63RD STREET 2ND FLOOR CHICAGO, IL 60621	74-3102944	501(C)3		25,000			ENGLEWOOD WOMEN'S INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TEEN PARENT CONNECTION 475 TAFT AVE GLEN ELLYN, IL 60137	36-3387034	501(C)3		15,000			COMMUNITY BASED DOULA PROGRAM
THE FAMILY DEFENSE CENTER 70 E LAKE STREET CHICAGO, IL 60601	20-3096347	501(C)3		20,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HARBOUR 1440 RENAISSANCE DR PARK RIDGE, IL 60068	36-2827480	501(C)3		10,000			EMERGENCY SHELTER AND TRANSITIONAL HOUSING FOR COMMUNITY YOUTH
THE NIGHT MINISTRY 4711 N RAVENSWOOD CHICAGO, IL 60640	36-3145764	501(C)3		7,500			RESPONSE-ABILITY PREGNANT AND PARENTING PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE NIGHT MINISTRY 4711 N RAVENSWOOD CHICAGO, IL 60640	36-3145764	501(C)3		15,000			RESPONSE-ABILITY PREGNANT AND PARENTING PROGRAM (RAPPP)
LAKE COUNTY CRISIS CENTER (A SAFE PLACE) 2710 17TH STREET ZION, IL 60099	36-3032700	501(C)3		2,500			LAKECOUNTY A WELCOMING AND INCLUSIVE COMMUNITY SUMMIT OF LEADERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE VIOLA PROJECT 1020 W BRYN MAWR AVE CHICAGO, IL 60660	45-4401545	501(C)3		1,460			MEASURE FOR MEASURE WOMEN AND CIVIC ENGAGEMENT
THE VIOLA PROJECT 1020 W BRYN MAWR AVE CHICAGO, IL 60660	45-4401545	501(C)3		5,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TO KNOW IS TO KNOW (FORMERLY WOMEN'S HEALTH FOUNDATION) 632 W DEMING CHICAGO, IL 60614	38-3836491	501(C)3		3,000			PELVIC HEALTH EDUCATION DIVERSITY PILOT PROJECT
TRAFFICK FREE 418 S WABASH CHICAGO, IL 60605	45-2076230	501(C)3		2,500			#GIVING TUESDAY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAFFICK FREE 418 S WABASH CHICAGO, IL 60605	45-2076230	501(C)3		1,400			DROP IN CENTER
TRITON COLLEGE 2000 FIFTH AVE RIVER GROVE, IL 601711907	36-3089812	501(C)3		15,000			GADGET (GIRLS ADVENTURING IN DESIGN, ENGINEERING AND TECHNOLOGY)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCAN 3605 W FILLMORE ST CHICAGO, IL 60624	36-2167937	501(C)3		15,000			PHENOMENAL WOMAN
UNICEF 500 NORTH MICHIGAN AVE SUITE 1000 CHICAGO, IL 60611	13-1760110	501(C)3		20,000			US FUND FOR UNICEF

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UPWARDLY GLOBAL 123 W MADISON SUITE 1950 CHICAGO, IL 60602	94-3346127	501(C)3		40,000			TO MOVE HIGHLY-EDUCATED AND SKILLED, YET UNEMPLOYED OR UNDER EMPLOYED FEMALE IMMIGRANTS AND REFUGEES INTO EQUITABLE EMPLOYMENT OPPORTUNITIES AND FINANCIAL SECURITY
VICTORY GARDENS THEATER 2433 N LINCOLN AVE CHICAGO, IL 60614	36-2807341	501(C)3		1,775			CELEBRATING WOMEN OF COLOR AT THE THEATER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VICTORY GARDENS THEATER 2433 N LINCOLN AVE CHICAGO, IL 60614	36-2807341	501(C)3		1,100			MARKETING DIRECTOR REGISTRATION & TRAVEL FOR DIGITAL BOOT CAMP CONFERENCE
VOICES FOR ILLINOIS CHILDREN 208 S LASALLE ST SUITE 1490 CHICAGO, IL 60604	36-3480909	501(C)3		15,000			RESEARCH - STATE INVESTMENT IN WOMEN AND GIRLS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAREHOUSE WORKERS FOR JUSTICE 37 S ASHLAND AVE FIRST FLOOR CHICAGO, IL 60607	80-0792786	501(C)3		20,000			WWJ'S WOMEN'S COMMITTEE
WOMEN EMPLOYED 65 E WACKER PLACE SUITE 1500 CHICAGO, IL 60601	36-2969526	501(C)3		1,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN EMPLOYED 65 E WACKER PLACE SUITE 1500 CHICAGO, IL 60601	36-2969526	501(C)3		30,000			GENERAL OPERATING SUPPORT - YEAR TWO OF TWO
WOMEN'S BUSINESS DEVELOPMENT CENTER 8 S MICHIGAN AVENUE SUITE 400 CHICAGO, IL 60603	36-3488628	501(C)3		2,000			PLANNING - ENGLEWOOD INITIATIVE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WOMEN'S BUSINESS DEVELOPMENT CENTER 8 S MICHIGAN AVENUE SUITE 400 CHICAGO, IL 60603	36-3488628	501(C)3		25,000			ENGLEWOOD INITIATIVE
8TH DAY CENTER FOR JUSTICE 835 W ADDISON ST CHICAGO, IL 60613	36-2826825	501(C)3		4,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG CHICAGO AUTHORS 1180 NMILWAUKEE AVE CHICAGO, IL 60642	36-3772997	501(C)3		1,000			GENERAL OPERATING SUPPORT
YOUNG CHICAGO AUTHORS 1180 NMILWAUKEE AVE CHICAGO, IL 60642	36-3772997	501(C)3		2,000			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUTH OUTLOOK 1828 OLD NAPERVILLE ROAD NAPERVILLE, IL 60563	36-4223806	501(C)3		10,000			Y LINK (HEALTHY RELATIONSHIPS FOR LGBTQ+ YOUTH)
YWCA METROPOLITAN CHICAGO 1 N LASALLE SUITE1150 CHICAGO, IL 60602	36-2179765	501(C)3		1,000			MARCHING FOR OUR MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA OF EVANSTONNORTH SHORE 1215 CHURCH STREET EVANSTON, IL 602013505	36-2193618	501(C)3		15,000			COMPREHENSIVE DOMESTIC VIOLENCE SERVICES
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVENUE GURNEE, IL 600314474	36-3314976	501(C)3		15,000			SEXUAL ASSAULT ADVOCACY, COUNSELING AND PREVENTION EDUCATION

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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.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
CHICAGO FOUNDATION FOR WOMEN

Employer identification number
36-3348160

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 KSUJATA PRESIDENT & CEO	**(i)**	180,296	0	0	5,676	1,794	187,766	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

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	20	743,117	MARKET VALUE
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOODS)	X	96	22,160	MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493311016227

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
CHICAGO FOUNDATION FOR WOMEN

Employer identification number
36-3348160

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	ISSUES THAT MATTER TO ALL OF US - EQUITY IN EDUCATION, JOBS, ACCESS TO HEALTHCARE AND FREEDOM FROM GENDER-BASED VIOLENCE SINCE CFW'S FOUNDING 32 YEARS AGO, WE HAVE INVESTED MORE THAN $30 MILLION AND PROVIDED NEARLY 4,000 GRANTS TO IMPROVE THE LIVES OF WOMEN AND GIRLS WOMEN AND GIRLS HAVE MADE SUBSTANTIAL PROGRESS OVERALL, WOMEN IN ILLINOIS ENJOY A WIDE RANGE OF REPRODUCTIVE RIGHTS AND FREEDOMS HALF OF ILLINOIS' STATEWIDE ELECTED EXECUTIVE OFFICES ARE HELD BY WOMEN WOMEN IN ILLINOIS RANK IN THE TOP HALF OF ALL STATES FOR MOST INDICATORS OF SOCIAL AND ECONOMIC AUTONOMY, EARNING THE STATE AN OVERALL RANK OF 15TH IN THE NATION HOWEVER, A GREAT DEAL OF WORK STILL NEEDS TO BE DONE TO ADDRESS CONTINUING GENDER INEQUALITIES IN ILLINOIS, WHITE WOMEN EARN 79 CENTS FOR EVERY $1 PAID TO MEN THE WAGE GAP IS EVEN LARGER FOR WOMEN OF COLOR, WITH BLACK WOMEN EARNING ONLY 63 CENTS AND LATINA WOMEN EARNING ONLY 48 CENTS FOR EVERY $1 PAID TO MEN THIS COSTS ILLINOIS WOMEN $39 BILLION ANNUALLY IN LOST INCOME HALF OF FEMALE-HEADED HOUSEHOLDS IN ILLINOIS ARE JUST ONE FINANCIAL EMERGENCY AWAY FROM FALLING INTO POVERTY AND, THE COST OF WOMANHOOD IN OUR SOCIETY IS MORE THAN FINANCIAL ONE IN THREE WOMEN WILL EXPERIENCE PHYSICAL VIOLENCE IN HER LIFETIME, AND, IN SOME OF OUR CITY'S NEIGHBORHOODS, AS MANY AS HALF OF ALL WOMEN HAVE BEEN VICTIMS OF DOMESTIC VIOLENCE THESE CHALLENGES FACE THE WOMEN AND GIRLS OF CHICAGO, BUT THEY IMPACT ALL OF US WE MUST FIND NEW WAYS TO CHANGE THE NARRATIVE FOR WOMEN AND GIRLS, AND FOR OUR CITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BY-LAWS OF CHICAGO FOUNDATION FOR WOMEN STATE, IN ARTICLE VI, SECTION 2A , THAT THE EX ECUTIVE COMMITTEE SHALL (I)HAVE AND EXCERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE FOUNDATION BETWEEN MEETINGS OF THE BOARD AND (II) REVIEW ANNUALLY THE SALARY AND P ERFORMANCE 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 TH E 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 ")

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS PASSED A RESOLUTION IN F/Y 2012 STATING THAT "THE BOARD OF DIRECTOR S 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, SHAL L REVIEW, REVISE AS APPROPRIATE, AND APPROVE FOR SIGNATURE AND FILING, BY AN OFFICER OF CH ICAGO FOUNDATION FOR WOMEN, THE IRS FORM 990 (AND APPROPRIATE STATE FILINGS)" ANNUALLY, AL L BOARD MEMBERS ARE INVITED TO A PRESENTATION OF THE IRS FORM 990 PRIOR TO SEEKING THEIR A PPROVAL OF THE DOCUMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	PRIOR TO THE FIRST BOARD MEETING OF EACH FISCAL YEAR, ALL DIRECTORS ARE ASKED TO FILL OUT AND SIGN A CONFLICT OF INTEREST POLICY FORM WHEN RELEVANT, OTHER COMMITTEE MEMBERS AND ST AFF ARE REQUESTED TO COMPLETE THE CONFLICT OF INTEREST POLICY FORM BEFORE ANY VOTE BY THE BOARD ON GRANTS, THE CHAIR SPECIFICALLY ASKS IF ANY VOTING MEMBER HAS ANY CONFLICT AS TO ANY ORGANIZATION THAT IS THE SUBJECT OF THE VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DURING F/Y 2017, THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE PERFORMANC E OF THE PRESIDENT AND RECOMMENDED A MERIT-BASED SALARY INCREASE BASED ON COMPARATIVE NATI ONAL DATABASE INFORMATION, EDUCATION, YEARS OF EXPERIENCE, BUDGET RESPONSIBILITY AND OVERA LL RESULTS FOR THE REPORTING PERIOD THE PROPOSED SALARY INCREASE WAS SUBMITTED TO AND APP ROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE U PON REQUEST AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 CAN BE FOUND ON OUR WEBSITE AT WWW CFW ORG