Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUN 1, 2021 and ending MAY 31,

Open to Public

B (Check if	C Name of organization		D Employer identifi	cation number				
	Addre	SS MUE TINTOD I EACHE OF CUTCACO INC							
F	_]chang ∏Name	·			71				
	_]chang ∏Initial		D / it						
H	return □Final	Number and street (or P.O. box if mail is not delivered to street address) 1447 N. ASTOR STREET	Room/suit	E Telephone numbe 312-664-					
	returnلـــ termir		G Gross receipts \$	756,924.					
	ated ∏Aṃen	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60610	1						
	⊒return ∏Applid	CHICAGO, IL 00010	H(a) Is this a group re						
	⊥tion pendi	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	······ — —				
	Fav. 6v	empt status: X 501(c)(3) 501(c) ()	or 52						
		te: > WWW.JLCHICAGO.ORG	01 32	⊣ ′	list. See instructions				
		organization: X Corporation Trust Association Other ►	I Vos	H(c) Group exemptions 1912	M State of legal domicile: IL				
		Summary	L 100	u oriorniation. 1712 N	M State of legal doffliche, ± 1				
		Briefly describe the organization's mission or most significant activities: COMM	עידעוו	TMPROVEMENT					
Governance	'	Briefly describe the organization's mission of most significant activities.	011111	TITI TO V EITEIVI					
nar	2	Check this box if the organization discontinued its operations or dispose	end of mo	ero than 25% of its not as	ecote				
Ver		Number of voting members of the governing body (Part VI, line 1a)			14				
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			14				
જ જ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5				
itie		Total number of volunteers (estimate if necessary)			955				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
	Ť	The difference business taxable meeting from each 1,1 art 1, into 11		Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		446,735.	219,067.				
	9	Program service revenue (Part VIII, line 2g)		0.	233,212.				
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89,838.	25,411.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,309.	52,077.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		573,882.	529,767.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		210,159.	218,992.				
Expenses				0.	0.				
be	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 115, 2	35.						
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		270,164.	322,024.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		480,323.	541,016.				
	19	Revenue less expenses. Subtract line 18 from line 12		93,559.	-11,249.				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		2,403,579.	2,271,853.				
ASS	21	Total liabilities (Part X, line 26)		243,277.	193,143.				
Funda	22	Net assets or fund balances. Subtract line 21 from line 20		2,160,302.	2,078,710.				
Pa	art II	Signature Block							
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	y knowledge and belief, it is				
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepar	er has any knowledge.					
Sig	n	Signature of officer		Date					
Here		KRISTIN BERNHARD, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		CHRISTOPHER STRAUB		10/19/22 if self-employ	P01278490				
	parer	Firm's name WARADY & DAVIS LLP Firm's address 1717 DEERFIELD RD SUITE 300S		Firm's EIN 36-2170602					
Use	Only								
		DEERFIELD, IL 60015		Phone no. (8	47)267-9600				
Mav	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No				

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	METROPOLITAN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING	
	VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING	THE
	COMMUNITY THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAIN	ED
	VOLUNTEERS. THE JUNIOR LEAGUE OF CHICAGO, INC. (JLC) REACHES O	UT TO
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		Tes L21 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	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	006 004
4a	(Code:) (Expenses \$192,125 • including grants of \$) (Revenue \$)	236,234.
	THE JLC'S RESOURCES WERE USED IN FURTHERANCE OF ITS MISSION TO	
	LEADERSHIP TRAINING AND SERVICE TO THE COMMUNITY THROUGH TRAIN	
	VOLUNTEERS. MEMBER VOLUNTEERS CONTRIBUTED ROUGHLY 15,000 HOURS	
	SERVICE IN VARIOUS ACTIVITIES IN PURSUIT OF LEADERSHIP TRAINING	G AND
	COMMUNITY SERVICE.	
4b	(Code:) (Expenses \$	1
710	(Code:) (Expenses #	,
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 192,125.	,
_		Form 990 (2021)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ _{3,7}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24a	Schedule J 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(2) 501(c)(4) and 501(c)(20) organizations. Did the organization engage in an excess bonefit.	24d		
ZJa	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt 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			Ш
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Teter the number of Form W.C. included on line 1s. Enter 0, if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c		
		•		

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

			Yes	No					
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			l					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
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).	_		v					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		X					
	any contributions that were not tax deductible as charitable contributions?	6a							
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6h							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b							
и а	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	х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5							
Ŭ	to file Form 8282?	7с		Х					
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		Х					
f									
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							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against								
192	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZA							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x					
excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1									
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		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6	Х							
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	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion 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		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► IL									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial							
	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									
	JACEE BURNES - 312-664-4462									
	1447 N ASTOR ST, CHICAGO, IL 60610									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	١		Pos	itior			Reportable	Reportable	Estimated
Tame and the	hours per		not check more than one a, unless person is both an					compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a)			ated		organization	(W-2/1099-MISC/	from the
	related	ıstee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) MELISSA SCHUMACHER	25.00	=	=	0		Ξ 0	Œ			
PRESIDENT		X		х				0.	0.	0
(2) JACQUELINE ZIMMERMAN	25.00									
EXECUTIVE VICE PRESIDENT		X		Х				0.	0.	0
(3) TAYLOR TROVILLION	20.00									
SENIOR VICE PRESIDENT		Х		Х				0.	0.	0
(4) KATE MAJOR	20.00									
TREASURER		X		Х				0.	0.	0
(5) BRIDGETTE LOBDELL	15.00									
RECORDING SECRETARY		X		Х				0.	0.	0
(6) COURTNEY COOKE	20.00									
FUNDRAISING DIRECTOR		Х						0.	0.	0
(7) REBEKAH BUESCHEL	5.00									
ADVOCACY DIRECTOR		Х						0.	0.	0
(8) COLLEEN CARILLO	2.00									
DEIB DIRECTOR		Х						0.	0.	0
(9) JANE WORKMAN	4.00									
NOMINATING DIRECTOR		Х						0.	0.	0
(10) KARA GOODBRAND	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0
(11) LISA ALLEN	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0
(12) BECKLEY MAGGIO	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0
(13) KRISTIN OLSON	1.00	۱								
BOARD MEMBER	2 00	Х						0.	0.	0
(14) BECKY HOGAN	3.00	١								_
EXECUTIVE VICE PRESIDENT-ELECT	1 00	Х		_				0.	0.	0
(15) ELIZABETH ERVIN	1.00	٠,							_	_
BOARD MEMBER THRU 08/21		Х		_		-		0.	0.	0
		-								
		1								
	1	1	1	1	1		i	i	İ	i e

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimated		
		hours per					is bot or/trus		compensation	compensation			unt of	
		week (list any	├.					,	from the	from related organizations		other compensation		
		hours for	direct						organization	(W-2/1099-MISC		•	nsation n the	
		related	e or (stee			nsate		(W-2/1099-MISC/	1099-NEC)			ization	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,		•	elated	
		below	/idua	tutior	je.	Key employee	lest c	ner				organi	zations	
		line)	Indi	Insti	Officer	Key	High	Former			\bot			
											4			
			1											
											+			
			1											
-							-				+			
			1											
		<u> </u>									+			
			1											
-											\top			
			1											
			1											
										,	\downarrow			
	Subtotal								0.).		0.	
	Total from continuation sheets to Part VI								0.).		0.	
	Fotal (add lines 1b and 1c)										, • <u> </u>		· ·	
	compensation from the organization	iot iiriited to tr	iose	IISLE	eu ai	DOV	e) wi	10 1	eceived more than \$100	,000 or reportable			0	
	compensation from the organization											ΤY	es No	
3 [Did the organization list any former officer,	director, trust	ee. I	kev e	ame	love	e. o	hic	nhest compensated emr	lovee on				
	ine 1a? If "Yes," complete Schedule J for s	•		•		•	•	_	у	•		3	Х	
	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150										Г	4	Х	
	Did any person listed on line 1a receive or a													
r	endered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son .					5	X	
Section	on B. Independent Contractors													
	Complete this table for your five highest co										ensat	tion fro	m	
t	he organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	-	/ear.				
	(A) Name and business	address	NT/	INC	7				(B) Description of s	envices	Co	(C) mpens	ation	
	Name and business	address	1//	OINI	<u>. </u>			\dashv	Description of s	ervices		препа	ation	
-								\dashv						
								\dashv						
2	otal number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨				(0							
											F	orm 99	90 (2021)	

Га	rt v	1111		or note to ony lin	as in this Dort VIII			
			Check if Schedule O contains a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	20,068. 50,942. 148,057. 14,413.	219,067.			
		_	Totally lad in loo 1a 11	Business Code				
Ce	2	а	MEMBERSHIP DUES	611430	233,212.	233,212.		
erv ue		b						
m S		۳ C						
Program Service Revenue		d e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f	>	233,212.			
	3		Investment income (including dividends, intereditors other similar amounts)	roceeds	27,554.			27,554.
	5		Royalties					
			Gross rents 6a Less: rental expenses 6b	(ii) Personal				
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 113,116.					
•		b	Less: cost or other basis					
an (and sales expenses 76 115, 259.					
Revenue		C	Gain or (loss) 7c -2,143.		-2,143.			-2,143.
e. H			Net gain or (loss)		-2,143.			-2,143.
G.	0	а	including \$ 20,068 • of					
			contributions reported on line 1c). See					
			Part IV, line 18	150,265.				
		b	Less: direct expenses8b	97,485.				
					52,780.			52,780.
	9	а	Gross income from gaming activities. See	10 600				
			Part IV, line 19 9a	10,688.				
			Less: direct expenses 9b Net income or (loss) from gaming activities	14,413.	-3,725.			-3,725.
			Gross sales of inventory, less returns		3,723.			3,723.
		u	and allowances10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory)				
S				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOME	900099	3,022.	3,022.		
llan		b						
Re		q	All other revenue					
Σ			All other revenue		3,022.			
	12	_	Total revenue. See instructions		529,767.	236,234.	0.	74,466.

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 respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 000		60 404	
7	Other salaries and wages	192,393.	74,956.	60,431.	57,006
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		2 5 4 2	0.056	0.604
9	Other employee benefits	9,092.	3,542.	2,856.	2,694 5,187
10	Payroll taxes	17,507.	6,821.	5,499.	5,187
11	Fees for services (nonemployees):				
а	Management				
b	Legal	55.600		55 600	
С	Accounting	57,620.		57,620.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	10.605		40.605	
f	Investment management fees	10,605.		10,605.	
g	,	0.7.004	44 060	6 456	40.045
	column (A), amount, list line 11g expenses on Sch 0.)	27,981.	11,260.	6,476.	10,245
12	Advertising and promotion	1,223.	0 583	01 050	1,223
13	Office expenses	24,402.	2,573.	21,069.	760
14	Information technology	14,690.	3,544.	2,244.	8,902
15	Royalties	0.5.500	10 150	6 052	0 250
16	Occupancy	27,790.	12,158.	6,253.	9,379
17	Travel	286.			286
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 250	4 250		
19	Conferences, conventions, and meetings	1,350.	1,350.		
20	Interest	20 007		20 207	
21	Payments to affiliates	39,287.	0 702	39,287.	C C00
22	Depreciation, depletion, and amortization	22,570.	8,793.	7,089.	6,688
23	Insurance	42,772.	16,664.	13,435.	12,673
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COMMUNITY PROJECTS	47,606.	47,606.		
b	MISCELLANEOUS	1,644.	1,325.	127.	192
С	MEMBER EXPENSES	1,533.	1,533.		
d	TRAINING	665.		665.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	541,016.	192,125.	233,656.	115,235
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)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			592,390.	1	496,479.
	2	Savings and temporary cash investments			290,368.	2	247,584.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	7,299.	4	161.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			17,281.	9	25,846.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	737,672.			
	b	Less: accumulated depreciation	10b	469,090.	239,096.		268,582.
	11	Investments - publicly traded securities			1,257,145.	11	1,233,201.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			2,403,579.	16	2,271,853.
	17	Accounts payable and accrued expenses			24,390.	17	30,218.
	18	Grants payable	465 045	18	4.60.005		
	19	Deferred revenue			167,945.	19	162,925.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unre			F0 040	23	
	24	Unsecured notes and loans payable to unrela-			50,942.	24	0.
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D			243,277.	25	193,143.
	26	Total liabilities. Add lines 17 through 25			243,211•	26	193,143.
es		Organizations that follow FASB ASC 958, cl	neck ner	e 🖊 🔼			
ů	07	and complete lines 27, 28, 32, and 33.			2,156,822.	27	2,076,325.
3ale	27	Net assets without donor restrictions			3,480.	28	2,385.
βE	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			3,400.	28	2,303.
Ξ			956, CH	eck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33. Capital stock or trust principal, or current fund	le			29	
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et /	32	Total net assets or fund balances			2,160,302.	32	2,078,710.
Z	33	Total liabilities and net assets/fund balances		ı	2,403,579.	33	2,271,853.
	_ 55	Total habilities and thet assets/fully balafices			_, _ 0 0 1 0 1 0 1		Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,0 1,2			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4 2							
5	Net unrealized gains (losses) on investments	5		-70,343				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2	,07	8,7	10.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit					
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE JUNIOR LEAGUE OF CHICAGO, INC. 36-2195474 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	· · ·	•	,					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	` '	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	469,589.	488,789.	463,043.	446,735.	452,279.	2,320,435.		
2	Tax revenues levied for the organ-								
	ization'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	160 500	100 500	160 010	446 505	450 050			
	Total. Add lines 1 through 3	469,589.	488,789.	463,043.	446,735.	452,279.	2,320,435.		
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)								
	Public support. Subtract line 5 from line 4.						2,320,435.		
	ction B. Total Support					1			
	ndar year (or fiscal year beginning in)	(a) 2017 469, 589.	(b) 2018 488, 789.	(c) 2019 463, 043.	(d) 2020 446,735.	(e) 2021 452, 279.	(f) Total		
	Amounts from line 4	409,309.	400,/09.	403,043.	440,/35.	452,279.	2,320,435.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	19,187.	26,713.	30,050.	19,987.	25,411.	121,348.		
_	and income from similar sources	19,107.	20,713.	30,030.	19,907.	45,411.	121,340.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	1,518.	4,658.	1,244.	3,843.	3,022.	14,285.		
	assets (Explain in Part VI.)	1,510.	4,000.	1,211.	3,043.	3,022.	2,456,068.		
	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (esa inetrueti	one)			12	894,795.		
12	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax			034,7331		
10	organization, check this box and stop	hana							
Sec	etion C. Computation of Publ		rcentage						
	Public support percentage for 2021 (I			column (f))		14	94.48 %		
	Public support percentage from 2020					15	94.94 %		
	33 1/3% support test - 2021. If the o								
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2020. If the o								
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain in	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Ti	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш		

Schedule A (Form 990) 2021

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.)

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 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.
 - **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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a	2		
3c	3a		
3c			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	3b		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3c		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b 9c	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a			
5c 6 7 8 9a 9b 9c 10a	5a		
5c 6 7 8 9a 9b 9c 10a	5b		
7 8 9a 9b 9c			
9a 9b 9c	6		
9a 9b 9c			
9a 9b 9c 10a	7		
9a 9b 9c 10a	8		
9b 9c 10a			
9b 9c 10a	00		
9c 10a	ซล		
10a	9b		
10a	90		
	30		
10b	10a		
(F	10b		

Par	t IV S	Supporting Organizations (continued)			
		, contract,		Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а	A perso	n who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		ow, the governing body of a supported organization?	11a		
b		member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		Part VI.	11c		
Sec		Type I Supporting Organizations			•
				Yes	No
1	Did the	governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ipported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		s, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	ed organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		organization operate for the benefit of any supported organization other than the supported			
		ation(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,			
	supervis	sed, or controlled the supporting organization.	2		
Sec		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 truste	ees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mana	gement of the supporting organization was vested in the same persons that controlled or managed			
	the sup	ported organization(s).	1		
Sec	tion 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			
	organiza	ation'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			
	organiza	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were ar	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiza	ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the orga	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reas	on of the relationship described on line 2, above, did the organization's supported organizations have a			
	significa	ant voice in the organization's investment policies and in directing the use of the organization's			
		or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ed organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		he box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а		ne organization satisfied the Activities Test. Complete line 2 below.			
b		ne organization is the parent of each of its supported organizations. Complete line 3 below.			
С		ne organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	$\overline{}$	·
2		s Test. Answer lines 2a and 2b below.		Yes	No
а		stantially all of the organization's activities during the tax year directly further the exempt purposes of			
	•	ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		upported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		se activities constituted substantially all of its activities.	2a		
b		activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		nore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	-		
_		ctivities but for the organization's involvement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.			
а		organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		s of each of the supported organizations? If "Yes" or "No" 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.

Aggregate fair market value of all non-exempt-use assets (see

Sche	edule A (Form 990) 2021 THE JUNIOR LEAGUE OF C	HICAGO), INC.	36-2195474 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	tion 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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)

	• • • • • • • • • • • • • • • • • • • •		
	instructions for short tax year or assets held for part of year):		
а	Average monthly value of securities	1a	
b	Average monthly cash balances	1 b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	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 0.015 of line 3 (for greater amount,		
	see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sect	ion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	
_			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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,

	Se (Se	ction D ee instru	, lines 5, 6 uctions.)	s, and 8;	and Part \	, Section	on E, lines 2, 5, and	6. Als	o comp	lete this par	t for any additional information.	
SCHE	DULE	Α,	PART	II,	LINE	10,	EXPLANATI	ON	FOR	OTHER	INCOME:	
MISC	INC	OME										
2017	AMO	UNT:	: \$	1,5	18.							
2018	AMO	UNT:	: \$	4,6	58.							
2019	AMO	UNT:	: \$	1,2	44.							
2020	AMO	UNT:	: \$	3,8	43.							
2021	AMO	UNT:	: \$	3,0	22.							

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, 36-2195474 INC. Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
-	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or many one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509 contributor,	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, literary, or ed	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contrib is checked, e purpose. Do	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ne filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

THE JUNIOR LEAGUE OF CHICAGO, INC.

36-2195474

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COLLEEN CARES 3632 DORAL DR ELGIN, IL 60124	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE JUNIOR LEAGUE OF CHICAGO, INC.

36-2195474

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	fadditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	

Name of organization **Employer identification number** 36-2195474 THE JUNIOR LEAGUE OF CHICAGO, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36-2195474

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officiality, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	, ,		. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	urt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	_	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			e
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or	terminated by the o	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ear			
5	Does the organization have a written policy regarding the per		tion, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	rvation easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	itorcing conservation	on easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above		tfti 170/b)/4//D)/3
8				
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati		-	
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	note to the organization:	s ili lariciai staterriei	its that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	•	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its final	•	•	•
b	If the organization elected, as permitted under FASB ASC 95			
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,, -		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			• • •
а	Revenue included on Form 990, Part VIII, line 1	~		> \$
	Assets included in Form 990, Part X			

132051 10-28-21

Schedule D (Form 990) 2021

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

		IOR LEAGUE			_			219547		
	t III Organizations Maintaining C								inuea)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	t make si	gnificant use	of its		
	collection items (check all that apply):		. —							
а	Public exhibition	d			hange progra					
b	Scholarly research	е	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							n Part XIII.		
5	During the year, did the organization solicit or								_	_
D	to be sold to raise funds rather than to be ma							Yes		_ No
Pai	t IV Escrow and Custodial Arrang	=	ete if the	e organizatio	n answered '	'Yes" on I	Form 990, Pai	rt IV, line 9, o	r	
	reported an amount on Form 990, Par									
та	Is the organization an agent, trustee, custodia		•							٦
	on Form 990, Part X?							L Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table:				Λ		
								Amou	<u> </u>	
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						. 1 f			
	Did the organization include an amount on Fo								F	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	T V Endowment Funds. Complete if							haali () Fai		ما د ما د
	-	(a) Current year	(d)	Prior year	(c) Two year	s back (d) Three years	Dack (e) FO	ır years	Браск
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	ce (line 1	1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	nd administe	red for th	e organizatior	1		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations								4	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	Schedule R?				3b	<u></u>	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered			1		, Part X, I	line 10.			
	Description of property	(a) Cost or o			or other		cumulated	(d) Bo	ok valu	ıe
		basis (investr	ment)		(other)	depi	reciation	<u> </u>		0.0
1a	Land				0,000.				20,0	
b	Buildings			57	7,960.	3	44,784.	23	33,1	76.
С	Leasehold improvements						<u> </u>	ļ		
	Caulinment	l l		1 17	9 712	1	24 306.	. 1	5 4	.06

Schedule D (Form 990) 2021

268,582.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 THE JUNIOR	LEAGUE OF CHI	CAGO. INC. 36	5-2195474 _{Page}
Part VII Investments - Other Securities.		201007 11101 20	
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 en	d-of-year market value
(1) Financial derivatives			<u> </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	1
(a) I	Description		(b) Book value
<u>(1)</u>			
(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.	5 000 D . W. W		_
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(6) (7) (8)

<u>scne</u>	edule D (Form 990) 2021 THE CONTOR LEAGUE OF CHICA	1GO, 11	NC •	30-	ZIJJI/I Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	h Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	١.			
1	Total revenue, gains, and other support per audited financial statements			1	594,029.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-70,343.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d			33,312.		
е	Add lines 2a through 2d			2e	-37,031.
3	Subtract line 2e from line 1			3	631,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	10,605.		
b	Other (Describe in Part XIII.)	. 4b	-111,898.		
С	Add lines 4a and 4b			4c	-101,293.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	529,767.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	th Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	675,621.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	33,312.		
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d	111,898.		
е	Add lines 2a through 2d			2e	145,210.
3	Subtract line 2e from line 1			3	530,411.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	10,605.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	10,605.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	541,016.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE GUIDANCE IN THE FASB CODIFICATION TOPIC RELATED TO UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT THE ORGANIZATION HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS. UNDER THE GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS "MORE LIKELY THAN NOT" THAT IT IS SUSTAINABLE, BASED ON ITS THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS TECHNICAL MERITS. FROM SUCH A POSITION SHOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH A TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IOR LEAGUE OF CHIC				30-2193	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)			(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
T.4.1	<u> </u>	1				
Total List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	 s or has been notified	l d it is exempt from re	l egistration
		_				
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Schedule	G (Form 990) 2021

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
				PERFECT		(add col. (a) through				
			ANNUAL GALA	PAIRINGS	6	col. (c))				
<u>o</u>			(event type)	(event type)	(total number)	551. (5))				
Revenue				26.222	44 60	450 000				
Rev	1	Gross receipts	88,884.	36,822.	44,627.	170,333.				
_				16 000	2 700	00 000				
	2	Less: Contributions	0.	16,288.	3,780.	20,068.				
	_		88,884.	20,534.	40,847.	150,265.				
	3	Gross income (line 1 minus line 2)	00,004.	20,334.	40,047.	130,203.				
	4	Cash prizes								
	7	Odan prizes								
	5	Noncash prizes								
ses										
ens	6	Rent/facility costs	46,173.	3,000.	20,395.	69,568.				
Direct Expenses										
ect	7	Food and beverages	338.	2,822.	8,609.	11,769.				
Ē					4 000	10.00				
	8	Entertainment	2,200.	3,000.	4,888.	10,088.				
	9	Other direct expenses	3,198.	344.	2,518.	6,060. 97,485.				
		Direct expense summary. Add lines 4 through	52,780.							
Pa	11 Net income summary. Subtract line 10 from line 3, column (d) 52,780 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.	anowored 100 on 1 om	1000,1 01111, 1110 10, 01	roportou more triari					
4			(a) Divaria	(b) Pull tabs/instant	(-) Ottoi	(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))				
eve!										
ш	1	Gross revenue								
es	2	Cash prizes								
ens	_									
Direct Expenses	3	Noncash prizes								
ect	1	Rent/facility costs								
Ë	-	Therm racinty costs								
	5	Other direct expenses								
		,	Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No No	No No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>					
	_									
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>					
0	Ent	ter the state(s) in which the organization condu	uoto gamina aativitias:							
		· · · · · · · · · · · · · · · · · · ·	_	etatee?		Yes No				
a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:										
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No				
b	lf "	Yes," explain:								

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 THE JUNIOR LEAGUE OF CHICAGO, INC.	36-21954/4 Page 3
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 former	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	10 - 0/
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	ecords:
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 received by the organization ▶	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:	
Nome >	
Name	
Gaming manager compensation > \$	
Description of services provided	
· · · · · · · · · · · · · · · · · · ·	
Director/officer Employee Independent contractor	
17 Mandatany diatributions:	
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 to be distributed to other exempt organizations or sp	ent 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	d (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990)	THE	JUNIOR	LEAGUE	OF	CHICAGO,	INC.	36-2195474 Page 4
Part IV	G (Form 990) Supplemental Info	rmation	(continued)					-
-								
-								

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36-2195474

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

WOMEN OF ALL RACES, RELIGIONS, AND NATIONAL ORIGINS WHO DEMONSTRATE AN

INTEREST IN AND A COMMITMENT TO VOLUNTEERISM.

FORM 990, PART VI, SECTION A, LINE 6:

ASSOCIATE MEMBERS - THE ASSOCIATE COURSE OFFERS WIDE EXPOSURE TO VARIOUS

ASPECTS OF THE LEAGUE. THE ASSOCIATE PERIOD IS INTENDED TO PROVIDE AN

INTRODUCTION TO THE LEAGUE AND FACILITATE THE ON-BOARDING OF NEW MEMBERS.

ASSOCIATE COUNSELORS SERVE AS GUIDES AND MENTORS THROUGHOUT THE COURSE.

ACTIVE MEMBERS - AFTER COMPLETING THE ASSOCIATE COURSE, THE MEMBER IS

PROMOTED TO ACTIVE STATUS AND CAN NOW HOLD LEADERSHIP POSITIONS AND HOLDS

FULL VOTING RIGHTS.

SUSTAINER MEMBER - AFTER AN ACTIVE MEMBER EARNS 200 POINTS THROUGH THE FLEX CREDIT SYSTEM, THE MEMBER HAS THE OPTION TO CHANGE THEIR STATUS TO SUSTAINER. SUSTAINERS PAY ANNUAL DUES TO MAINTAIN THEIR LEAGUE MEMBERSHIP. THEY HAVE NO OTHER REQUIRED RESPONSIBILITIES AND NO VOTING PRIVILEGES. SUSTAINERS CAN AND ARE ENCOURGED TO PARTICIPATE IN ANY AND ALL ASPECTS OF THE LEAGUE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE JLC'S MEMBERSHIP VOTES TO ELECT THE GOVERNING BODY FOR THE NEXT FISCAL YEAR AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN BOARD RECOMMENDATIONS ARE SUBJECT TO MEMBER APPROVAL. THEY INCLUDE,

BUT MAY NOT BE LIMITED TO, BYLAW CHANGES, THE STRATEGIC PLAN,

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

THE JUNIOR LEAGUE OF CHICAGO, INC.

Employer identification number 36-2195474

SIGNIFICANT PROGRAM CHANGES AND THE DISPOSITION OF ASSETS.

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

THE FINANCE COMMITTEE PERFORMS A DETAILED REVIEW OF THE 990 AND A COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. WHILE THIS POLICY DOES NOT REQUIRE ANNUAL CERTIFICATION OF COMPLIANCE, IT DOES REQUIRE WRITTEN DISCLOSURE TO THE EXECUTIVE COMMITTEE IF MEMBERS BECOME AWARE OF CONFLICTS, AND SUCH MEMBER MAY NOT PARTICIPATE IN NOR BE PRESENT FOR ANY DISCUSSION, VOTE, OR SUBSEQUENT NEGOTIATIONS IN CONNECTION WITH SUCH PROPOSED TRANSACTION WITHOUT WRITTEN APPROVAL BY THE EXECUTIVE COMMITTEE.

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

THE ORGANIZATION HAS NO KEY EMPLOYEES.

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

THE ORGANIZATION MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

FORM 990, PART IX, LINE 25

THE ORGANIZATION RECEIVES DONATED TIME FROM ITS MEMBERS. THIS DONATED

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** THE JUNIOR LEAGUE OF CHICAGO, INC. 36-2195474 TIME DOES NOT MEET THE CRITERIA FOR FINANCIAL STATEMENT RECOGNITION IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES, AND THEREFORE IS NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT ESTIMATES THAT THESE VOLUNTEERS CONTRIBUTED APPROXIMATELY 49,565 HOURS IN 2022 AND 3,806 IN 2021. THE INCREASE IN VOLUNTEER HOURS IS DUE TO THE EASEMENT OF THE IMPACTS OF COVID-f 19 AND THE INABILITY TO VOLUNTEER DUE TO THE ECONOMIC SHUTDOWN MANDATED BY THE STATE OF ILLINOIS AND OTHER GUIDANCE ISSUED BY THE CENTER FOR DISEASE CONTROL (CDC) DURING 2021. AN APPROXIMATE ECONOMIC VALUE FOR THIS VOLUNTEER TIME CONTRIBUTED FOR THE STATE OF ILLINOIS IS \$29.95 AND \$28.54 PER HOUR USING THE MOST RECENT DATA RELEASED BY THE U.S. BUREAU OF LABOR STATISTICS FOR 2022 AND 2021, RESPECTIVELY. APPLYING THIS RATE, THE ORGANIZATION'S COMMUNITY VOLUNTEER SERVICES WOULD BE VALUED AT \$1,484,472 FOR 2022 AND \$108,623 FOR 2021. INCLUDING THE ECONOMIC VALUE OF DONATED COMMUNITY SERVICES AS PART OF PROGRAM EXPENSES WOULD RESULT IN THE CALCULATION OF PROGRAM EXPENSES AS 79% AND 24% OF TOTAL ORGANIZATION EXPENSES AND SUPPORT SERVICES AS 21% AND 76% FOR 2022 AND 2021, RESPECTIVELY. PROGRAM SERVICES AS A PERCENTAGE OF TOTAL ORGANIZATION EXPENSES IN THE AUDITED FINANCIAL STATEMENTS ARE 31% AND 8%, FOR 2022 AND 2021, RESPECTIVELY. SUPPORT SERVICES AS A PERCENTAGE OF TOTAL ORGANIZATION EXPENSES IN THE AUDITED FINANCIAL STATEMENTS ARE 69% AND 92% FOR 2022 AND 2021, RESPECTIVELY.

	ce Use Only		ORGANIZATION ANNUAL			Revised 1/19
PMT	#		KWAME RAOUL State of I Bureau, 100 West Rando		" Oʻ	
			, Chicago, Illinois 60601	oibii CO		1-001628
			, ,	X		all items attached:
AMT		Report for	the Fiscal Period:			of IRS Return d Financial Statements
	_	Reginning	06/01/2021	Make Checks X		of Form IFC
INIT		Deg	00/01/2021	the Illinois) Annual Report Filing Fee
HVII		& Ending	05/31/2022	Charity Bureau Fund		00 Late Report Filing Fee
Feder	alD# 36-2195474	3	MO DAY YR			MO DAY YR
	intributions to the organization ta	x deductible? X Yes		ganization was create		06/29/1912
1.000	LEGAL			Year-end	<u> </u>	00, 20, 2022
		LEAGUE OF CHICA	GO, INC.	amounts		
	MAIL		•	A) ASSETS	A) \$	2,271,853
AE	DRESS 1447 N. AS	TOR STREET		B) LIABILITIES	B) \$	193,143
CITY	STATE CHICAGO, I	L		C) NET ASSETS	C) \$	2,078,710
ZI	P CODE 60610					
I.	SUMMARY OF ALL R	EVENUE ITEMS DURING	THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTR	IBUTIONS & PROGRAM SERVICE RE	V. (GROSS AMTS.)	87.630%	D) \$	562,290
	E) GOVERNMENT GRANTS &	MEMBERSHIP DUES		7.939%	E) \$	50,942
	F) OTHER REVENUES			4.431%	F) \$	28,433
	,	AND CONTRIBUTIONS RECEIVED (A		100 %	G) \$	641,665
II.		XPENDITURES DURING	THE YEAR:	00 406		100 105
	H) OPERATING CHARITABLE F	PROGRAM EXPENSE		29.426%	H) \$	192,125
	I) EDUCATION PROGRAM SE	RVICE EXPENSE		%	l) \$	
	I) TOTAL CHARITARI F RROC	PRAM CERVICE EVERNEE (ARR II &	,	29.426%	IV @	192,125
	J) TOTAL CHARITABLE PROG	RAM SERVICE EXPENSE (ADD H & I)	29.420%	J) \$	192,123
	.I1) JOINT COSTS ALL OCATED	TO PROGRAM SERVICES (INCLUDE	D IN J): \$			
	(1) CONTINUED THE CONTINUED	TOT TOOK WIN OLIVIOLO (MOLOBE	Ψ			
	K) GRANTS TO OTHER CHARI	TABLE ORGANIZATIONS		%	K) \$	
	,					
	L) TOTAL CHARITABLE PROG	RAM SERVICE EXPENDITURE (ADD	J & K)	29.426%	L) \$	192,125
	M) MANAGEMENT AND GENEF	RAL EXPENSE		35.787%	M)\$	233,656
						007.400
	N) FUNDRAISING EXPENSE			34.788%	N) \$	227,133
						650 014
	0) TOTAL EXPENDITURES TH	IS PERIOD (ADD L, M, & N)		100 %	0) \$	652,914
III.			CONSULTANT ACTIVITIES			
		of Individual Fundraising Campaign-	Form IFC. One for each PFR.)			
	PN TOTAL AMOUNT BAISED B	<u>:</u> Y PAID PROFESSIONAL FUNDRAISE	RS	100 %	P) \$	0
	1) TOTAL TIMOGRATITATION B	T T THE THE ESSION IE TONDINGE		100 70	1 , +	
	Q) TOTAL FUNDRAISERS FEES	S AND EXPENSES		%	Q) \$	
	-,					
	R) NET RECEIVED BY THE CHA	ARITY (P MINUS Q=R)		%	R) \$	
	PROFESSIONAL FUNDRAISING	CONSULTANTS:				
	S) TOTAL AMOUNT PAID TO F	PROFESSIONAL FUNDRAISING CONS			S) \$	0
IV.		* *	PERSONS DURING THE Y	EAR:		
		BURNES, OPERATI			T) \$	85,000
1			ATIONS AND DEVELO	PMENT COOF		23,076
		HAWTHORNE, MEMB			V) \$	57,825
V.	CHARITABLE PROGF	RAM DESCRIPTION: CHARL	TABLE PROGRAM (3 HIGHEST BY \$ EXPEND CATEGORIES	ED)	List o	on back side of instructions
11-21					14/\ "	CODE 151
198091 04-01-21		RM COMMUNITY VOL	UNIEER PROJECTS		W)# X)#	131
98091	X) DESCRIPTION: Y) DESCRIPTION:				X) # Y) #	
Ĩ.	I) DESUMPTION.				L' <i>)</i> #	

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISIDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2. X 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL HINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPRENSATION? 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE COWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACHFORM IFC). 6. X 7. IDID THE ORGANIZATION LUCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. IF YES?, ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ GENERAL \$	IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? 2. X 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3. X 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4. IN INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC). 6. X 7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. X 7. IF YES, ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ (III) THE AMOUNT ALLOCATED TO PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. IN IT HE AMOUNT ALLOCATED TO PROGRAM SERVICES S (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ (III) AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND (IV) T					
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UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

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

KRISTIN BERNHARD

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

JULIA BYERS

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHRISTOPHER STRAUB

198101 04-01-21

PREPARER (PRINT NAME)

SIGNATURE

DATE