



TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP
Special Instructions	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
Application for Recognition of Exemption	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

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

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ROBERT R. MCCORMICK FOUNDATION Doing business as MCCORMICK FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 205 N. MICHIGAN AVENUE 4300 City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601	D Employer identification number 36-3689171 E Telephone number 630-260-8151
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 143,251,043.
J Website: WWW.MCCORMICKFOUNDATION.ORG		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1989 M State of legal domicile: IL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROVIDE GRANTS TO ORGANIZATIONS WORKING TO BUILD THRIVING COMMUNITIES IN CHICAGOLAND.		
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	21
	6	Total number of volunteers (estimate if necessary)	6	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,379,070.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	3,488,398.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,176,536.	13,376,363.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,758,915.	51,504,786.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	12		106,935,451.	64,881,149.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,968,412.	93,716,796.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,127,354.	4,949,292.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	252,411.	3,963,951.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,963,951.	4,268,753.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	62,059,717.	102,934,841.
	20	Total assets (Part X, line 16)	44,875,734.	-38,053,692.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	1,700,505,100.	1,467,739,432.
		35,792,920.	63,086,281.	
		1,664,712,180.	1,404,653,151.	

Part II Signature Block

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

Sign Here	Signature of officer TIMOTHY P. KNIGHT, CEO AND PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name BRIDGET T. ROCHE	Preparer's signature <i>Bridget Roche</i>
	Firm's name GRANT THORNTON LLP	Date 11.14.23
	Firm's address 171 N. CLARK ST., STE. 200 CHICAGO, IL 60601	Check if self-employed <input type="checkbox"/> PTIN P00666837
		Firm's EIN 36-6055558
		Phone no. 312-856-0200

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. ROBERT R. MCCORMICK FOUNDATION	Taxpayer identification number (TIN) 36-3689171
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 205 N. MICHIGAN AVENUE, 4300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KIM TYLER

• The books are in the care of ▶ 205 N. MICHIGAN AVENUE, SUITE 4300 - CHICAGO, IL 60601

Telephone No. ▶ 630-260-8127

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2022 or

▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ROBERT R. MCCORMICK FOUNDATION INVESTS IN ORGANIZATIONS WORKING TO BUILD THRIVING COMMUNITIES IN CHICAGOLAND WHERE ALL INDIVIDUALS HAVE THE RESOURCES AND OPPORTUNITIES TO SUCCEED, WITHOUT REGARD TO INCOME, RACE, ETHNICITY, GENDER, OR ZIP CODE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 98,614,783. including grants of \$ 93,716,796.) (Revenue \$) GRANTS (AND RELATED ADMINISTRATION) MADE TO ORGANIZATIONS IN THE FOUNDATION'S GRANT MAKING PROGRAM AREAS.

4b (Code:) (Expenses \$ 1,060,021. including grants of \$) (Revenue \$) EVALUATION AND SUPPORT OF PROGRAMS IN FURTHERANCE OF THE FOUNDATION'S MISSION.

4c (Code:) (Expenses \$ 846,869. including grants of \$) (Revenue \$) THE FOUNDATION SUPPORTS CHARITABLE ORGANIZATIONS ACROSS THE CHICAGO REGION IN THEIR FUNDRAISING EFFORTS THROUGH SPONSORSHIPS, TABLES PURCHASES, TICKET PURCHASES, AND OTHER DONATIONS TO IMPROVE THESE ORGANIZATIONS' SUSTAINABILITY AND COMMUNITY IMPACT.

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

4e Total program service expenses 100,521,673.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] 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, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TIMOTHY P KNIGHT - 312-445-5000
205 N. MICHIGAN AVENUE, SUITE 4300, CHICAGO, IL 60601

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY KNIGHT PRESIDENT & CHIEF EXECUTIVE OFFICER	24.00 16.00			X			428,809.	285,873.	58,643.	
(2) DAVID GRANAT CIO	25.00 5.00			X			300,274.	60,055.	57,294.	
(3) KIMBERELY TYLER CFO & TREASURER	8.00 32.00			X			59,770.	239,082.	57,594.	
(4) OSCAR REGALADO SENIOR DIRECTOR OF HUMAN RESOURCES	8.00 32.00				X		48,689.	194,754.	45,222.	
(5) DONALD COOKE SENIOR ADVISOR TO CEO	40.00 0.00				X		240,849.	0.	26,398.	
(6) ANDRES TORRES SR. DIR STRAT & PLAN / SEC.	8.00 32.00			X			44,173.	176,691.	36,061.	
(7) ANNA LAUBACH DIRECTOR, PUBLIC SAFETY PORTFOLIO	40.00 0.00					X	188,774.	0.	39,025.	
(8) MEGAN EVERETT DIRECTOR, VETERANS PORTFOLIO	40.00 0.00					X	171,878.	0.	30,747.	
(9) JOSE RODRIGUEZ DIRECTOR, COMMUNITY CAPITAL PORTFOLIO	40.00 0.00					X	149,775.	0.	760.	
(10) EMANUEL JOHNSON SR. PROGRAM OFF, ENGLEWOOD PORTFOLIO	40.00 0.00					X	129,331.	0.	1,500.	
(11) TONYA EHRENHAFT EXECUTIVE ASSISTANT	40.00 0.00					X	109,611.	0.	2,250.	
(12) CARLA BEAL CHIEF INVESTMENT OFFICER (BEG 10/22)	20.00 20.00			X			43,269.	43,269.	0.	
(13) DENNIS FITZSIMONS CHAIRMAN OF THE BOARD	2.00 2.00	X		X			28,394.	28,394.	0.	
(14) SCOTT SMITH DIRECTOR	2.00 2.00	X					28,100.	28,100.	0.	
(15) WILLIAM MCCLEAN DIRECTOR (BEG 05/22)	2.00 2.00	X					27,500.	27,500.	0.	
(16) RUTHELLYN MUSIL DIRECTOR	2.00 2.00	X					27,500.	27,500.	0.	
(17) CELENA ROLDAN DIRECTOR	2.00 2.00	X					27,500.	27,500.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEE HENDERSON DIRECTOR (BEG 05/22)	2.00 2.00	X						20,625.	20,625.	0.
(19) JOHN W. MADIGAN DIRECTOR (THRU 05/22)	2.00 2.00	X						13,825.	13,825.	0.
(20) DONALD WYCLIFF DIRECTOR (THRU 05/22)	2.00 2.00	X						13,750.	13,750.	0.
1b Subtotal								2,102,396.	1,186,918.	355,494.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,102,396.	1,186,918.	355,494.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MONTICELLO ASSOCIATES, INC., 1800 LARIMER STREET, STE 2100, DENVER, CO 80202 3SI	INVESTMENT CONSULTING SERVICES	600,000.
533 N 77TH STREET, SEATTLE, WA 98103	EDUCATION PORTFOLIO CONTRACT	204,123.
THE NORTHERN TRUST COMPANY, 5505 NORTH CUMBERLAND AVE, STE 307, CHICAGO, IL 60656 TRACE ROUTE	CUSTODIAN FEES	133,326.
1344 N DEARBORN ST, 18J, CHICAGO, IL 60610	STRATEGIC CONSULTANT	129,012.
LEOPARDO COMPANIES, INC., 120 S. RIVERSIDE PLAZA, SUITE 2150, CHICAGO, IL 60606	OFFICE RENOVATION	112,756.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	5	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	13,376,363.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 16,690.				
	h	Total. Add lines 1a-1f		13,376,363.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		21,930,263.		4,379,070.	17,551,193.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	78,369,894.				
	c	Gain or (loss)	7c	29,574,523.				
	d	Net gain or (loss)		29,574,523.			29,574,523.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			64,881,149.	0.	4,379,070.	47,125,716.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	93,716,796.	93,716,796.		
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	1,490,132.	1,092,105.	357,555.	40,472.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,491,006.	1,833,696.	589,356.	67,954.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	292,649.	208,979.	75,926.	7,744.
9 Other employee benefits	432,114.	262,136.	160,264.	9,714.
10 Payroll taxes	243,391.	150,387.	87,431.	5,573.
11 Fees for services (nonemployees):				
a Management				
b Legal	57,381.		57,381.	
c Accounting	81,962.		81,962.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	613,326.	591,409.		21,917.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	250,231.	105,500.	86,731.	58,000.
12 Advertising and promotion	40,847.	-29,605.	31,323.	39,129.
13 Office expenses	98,930.	92,750.	6,180.	
14 Information technology	215,292.		214,403.	889.
15 Royalties				
16 Occupancy	390,276.	360,271.	30,005.	
17 Travel	34,817.	25,033.	9,784.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	122,569.	104,744.	17,825.	
20 Interest	68,674.	68,674.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	229,749.	229,749.		
23 Insurance	269,554.		269,554.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPORT	1,015,115.	988,015.	27,100.	
b INCOME TAXES	663,813.	663,813.		
c DUES & SUBSCRIPTIONS	42,098.	27,470.	13,609.	1,019.
d MAINTENANCE & REPAIRS	17,414.	2,650.	14,764.	
e All other expenses	56,705.	27,101.	29,604.	
25 Total functional expenses. Add lines 1 through 24e	102,934,841.	100,521,673.	2,160,757.	252,411.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,446,189.	1	4,209,525.
	2 Savings and temporary cash investments	107,369,504.	2	49,770,700.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	933,014.	4	7,104.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,367,186.		
	b Less: accumulated depreciation	10b 1,071,429.	317,465.	10c 295,757.
	11 Investments - publicly traded securities	229,210,486.	11	195,996,761.
	12 Investments - other securities. See Part IV, line 11	1,349,274,137.	12	1,210,624,630.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	954,305.	15	6,834,955.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,700,505,100.	16	1,467,739,432.	
Liabilities	17 Accounts payable and accrued expenses	2,243,324.	17	1,315,317.
	18 Grants payable	30,091,821.	18	52,922,658.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,457,775.	25	8,848,306.
	26 Total liabilities. Add lines 17 through 25	35,792,920.	26	63,086,281.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,657,441,419.	27	1,395,723,978.
	28 Net assets with donor restrictions	7,270,761.	28	8,929,173.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,664,712,180.	32	1,404,653,151.
33 Total liabilities and net assets/fund balances	1,700,505,100.	33	1,467,739,432.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,881,149.
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,934,841.
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,053,692.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,664,712,180.
5	Net unrealized gains (losses) on investments	5	-217,512,444.
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	-4,492,893.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,404,653,151.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2022)

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,758,798.	8,372,114.	9,356,884.	8,176,536.	13,376,363.	47,040,695.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,758,798.	8,372,114.	9,356,884.	8,176,536.	13,376,363.	47,040,695.
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)						
6 Public support. Subtract line 5 from line 4.						47,040,695.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	7,758,798.	8,372,114.	9,356,884.	8,176,536.	13,376,363.	47,040,695.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,911,647.	21,459,595.	13,825,350.	15,081,906.	18,441,865.	88,720,363.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		2,189,289.	1,597,679.	5,320,542.	3,488,398.	12,595,908.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		14,904.	2,025,000.			2,039,904.
11 Total support. Add lines 7 through 10						150,396,870.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	31.28 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	30.47 %

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

LITIGATION PROCEEDS

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 101.

2020 AMOUNT: \$ 2,025,000.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

EXEDRA TRUST REVENUE

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 14,803.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

2022 AMOUNT: \$ 0.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE MISSION OF ROBERT R. MCCORMICK FOUNDATION IS TO INVEST FUNDS TO BUILD

THRIVING COMMUNITIES WHERE ALL HAVE THE RESOURCES AND OPPORTUNITIES TO

SUCCEED. THE ROBERT R. MCCORMICK FOUNDATION ENVISIONS A CHICAGOLAND WITH

EDUCATED AND INFORMED INDIVIDUALS WHO ARE ENGAGED IN IMPROVING THEIR

COMMUNITIES. THE ROBERT R. MCCORMICK FOUNDATION RELIES UPON THE GENEROSITY

OF PUBLIC DONORS TO CONTINUE ITS IMPORTANT WORK. HISTORICALLY, THE

ORGANIZATION HAS RECEIVED LARGE DONATIONS FROM A SMALL CLASS OF DONORS,

BUT THE ORGANIZATION'S GOAL IS TO DIMINISH ITS RELIANCE UPON THIS MODEL

AND EXPAND ITS FUNDRAISING REACH INTO THE PUBLIC SECTOR.

Part VI

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

THE FOUNDATION IS A PUBLIC CHARITY BECAUSE IT MEETS THE PUBLIC SUPPORT

TEST SET FORTH IN SECTION 1.170A-9(E)(3) OF THE TREASURY REGULATIONS.

1. ATTRACTION OF PUBLIC SUPPORT - THE FOUNDATION IS ORGANIZED AND OPERATED

IN A MANNER TO ATTRACT NEW AND ADDITIONAL SUPPORT FROM THE GENERAL PUBLIC

ON A CONTINUOUS BASIS. IT MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR

SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, INCLUDING BUT NOT LIMITED

TO ITS VARIOUS PARTNER FUNDS, PUBLIC CAMPAIGNS, AND COLLABORATIONS WITH

OTHER CHARITABLE ORGANIZATIONS.

2. PERCENTAGE OF FINANCIAL SUPPORT - THE FOUNDATION'S PUBLIC SUPPORT (OVER

30%) IS SIGNIFICANTLY HIGHER THAN THE MINIMUM TEN PERCENT (10%) REQUIRED

BY THE TREASURY REGULATIONS.

3. PUBLICLY-SUPPORTED NATURE - THE FOUNDATION IS ORGANIZED AND OPERATED IN

THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION, AS REFLECTED IN A NUMBER

OF IMPORTANT FACTS AND CIRCUMSTANCES:

A. PERCENTAGE OF FINANCIAL SUPPORT. THE HIGHER THE PERCENTAGE OF SUPPORT

ABOVE THE TEN-PERCENT REQUIREMENT, THE LESSER WILL BE THE BURDEN OF

ESTABLISHING THE PUBLICLY SUPPORTED NATURE OF THE ORGANIZATION THROUGH

OTHER FACTORS. THE FOUNDATION'S PUBLIC SUPPORT PERCENTAGE OF OVER 30% IS

SIGNIFICANTLY HIGHER THAN 10%.

B. BROAD SOURCES OF SUPPORT. THE FOUNDATION'S SUPPORT IS RECEIVED FROM A

BROAD NUMBER OF DONORS AND SOURCES RATHER THAN FROM A SINGLE DONOR OR

MEMBERS OF A SINGLE FAMILY. FOR EXAMPLE, THE FOUNDATION IN 2022 RECEIVED

DONATIONS FROM OVER 188 INDIVIDUALS AND GRANTS AND CONTRIBUTIONS FROM OVER

29 ORGANIZATIONS AND FUNDERS.

C. REPRESENTATIVE GOVERNING BODY. THE FOUNDATION'S GOVERNING BODY

REPRESENTS THE BROAD INTERESTS OF THE PUBLIC AND NOT THE PERSONAL

INTERESTS OF A LIMITED NUMBER OF DONORS. THE DIVERSE GOVERNING BODY IS

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

REFLECTIVE OF THE CHICAGO REGION AND NEIGHBORHOODS SUPPORTED BY THE
 FOUNDATION. THE MEMBERS OF THE GOVERNING BODY REPRESENT A BROAD CROSS
 SECTION OF CHICAGO COMMUNITIES, EXPERIENCES, AND INTERESTS.

D. PUBLIC PARTICIPATION. THE FOUNDATION DIRECTLY SUPPORTS THE PUBLIC
 THROUGH A NUMBER OF ITS PROGRAMS ON A CONTINUOUS BASIS. FOR EXAMPLE, THE
 FOUNDATION'S THRIVING COMMUNITIES INITIATIVE IS A DEFINITIVE PROGRAM TO
 ACCOMPLISH THE FOUNDATION'S CHARITABLE AND OTHER TAX-EXEMPT PURPOSES IN
 ITS COMMUNITY. FURTHER, MOST OF THE SUPPORT RECEIVED BY THE FOUNDATION IS
 RESTRICTED TO SUPPORT OF PARTICULAR PROGRAM AREAS SUCH THAT THE FOUNDATION
 REMAINS RESPONSIVE TO ITS FUNDERS.

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

2022

Name of the organization

ROBERT R. MCCORMICK FOUNDATION

Employer identification number

36-3689171

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,498,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,540,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 680,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 629,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 516,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 416,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 30,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 26,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 11,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 8,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 6,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32	SECURITIES - PUBLICLY TRADED _____ _____ _____	\$ 8,121.	12/31/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	0.	0.												
d	Other exempt purpose expenditures	97,037,734.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	97,037,734.	0.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-A

THE ROBERT R. MCCORMICK FOUNDATION HAS AN ACTIVE 501(H) ELECTION BUT DID

NOT CONDUCT ANY LOBBYING DURING THE 2022 CALENDAR YEAR.

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

2022

Open to Public
Inspection

Name of the organization **ROBERT R. MCCORMICK FOUNDATION** Employer identification number **36-3689171**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	6	3
2 Aggregate value of contributions to (during year)	7,612,870.	53,399.
3 Aggregate value of grants from (during year)	11,928,000.	213,781.
4 Aggregate value at end of year	848,585.	28,039.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,534,307.	5,005,976.	4,429,140.	3,724,633.	3,919,735.
b Contributions					
c Net investment earnings, gains, and losses	-930,869.	704,901.	709,278.	805,589.	-108,821.
d Grants or scholarships					
e Other expenditures for facilities and programs	126,610.	176,570.	132,442.	101,082.	86,281.
f Administrative expenses					
g End of year balance	4,476,828.	5,534,307.	5,005,976.	4,429,140.	3,724,633.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 50.0000%
 - c Term endowment 50.0000%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		972,512.	676,755.	295,757.
d Equipment		251,029.	251,029.	0.
e Other		143,645.	143,645.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				295,757.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DOMESTIC EQUITY FUNDS	66,474,364.	END-OF-YEAR MARKET VALUE
(B) INTERNATIONAL EQUITY INDEX FUNDS	57,994,762.	END-OF-YEAR MARKET VALUE
(C) INTERNATIONAL EQUITY FUNDS	195,681,815.	END-OF-YEAR MARKET VALUE
(D) HIGH YIELD CREDIT	59,414,237.	END-OF-YEAR MARKET VALUE
(E) HEDGE FUNDS	424,551,637.	END-OF-YEAR MARKET VALUE
(F) PRIVATE EQUITY/CREDIT	406,507,815.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,210,624,630.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO CANTIGNY FOUNDATION	4,851,343.
(3) LONG-TERM LEASE LIABILITY	3,996,963.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,848,306.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INCOME FROM THE ENDOWMENT FUND IS TO BE USED FOR THE SOLE BENEFIT OF ABANDONED AND IMPOVERISHED CHILDREN.

PART X, LINE 2:

THE FOUNDATIONS HAVE RECEIVED FAVORABLE DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE STATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) HAS ISSUED GUIDANCE THAT REQUIRES THE TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY

Part XIII Supplemental Information *(continued)*

THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING
 AUTHORITY. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN
 POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL
 STATEMENTS. A PROVISION FOR UNRELATED BUSINESS INCOME TAXES IS INCLUDED IN
 THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

Employer identification number

ROBERT R. MCCORMICK FOUNDATION

36-3689171

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		11,627,017.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		176,323,625.
3 a Subtotal	0	0			187,950,642.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			187,950,642.

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

Schedule F (Form 990) 2022

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **ROBERT R. MCCORMICK FOUNDATION** Employer identification number **36-3689171**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1ST INFANTRY DIVISION FOUNDATION PO BOX 607 AMBLER, PA 19002-0607	20-1722471	501(C)(3)	500,000.	0.	N/A	N/A	FOR ASSISTING THE 1ST INFANTRY DIVISION FOUNDATION IN RAISING FUNDS FOR THE UPDATING OF
A HOUSE IN AUSTIN 533 N PINE AVE CHICAGO, IL 60644-1527	81-2684726	501(C)(3)	75,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
A SAFE HAVEN FOUNDATION 2750 W. ROOSEVELT ROAD CHICAGO, IL 60608-1094	36-4444200	501(C)(3)	60,000.	0.	N/A	N/A	FOR THE INTEGRATED AND EDUCATED TRAINING PROGRAM
ACADEMY FOR URBAN SCHOOL LEADERSHIP - 3400 N AUSTIN AVE - CHICAGO, IL 60634	36-4447457	501(C)(3)	77,500.	0.	N/A	N/A	FOR THE PATHWAYS TO POSTSECONDARY SUCCESS PROGRAM, FOR GENERAL OPERATING SUPPORT
ADVANCE ILLINOIS NFP 303 E WACKER DR, SUITE 1925 CHICAGO, IL 60601	26-2052733	501(C)(3)	400,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
ADVOCATE HEALTH AND HOSPITALS CORPORATION - 3075 HIGHLAND PKWY FL 6 - DOWNERS GROVE, IL 60515-5563	36-2169147	501(C)(3)	60,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **250.**

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFTER SCHOOL MATTERS INC 66 EAST RANDOLPH STREET CHICAGO, IL 60601	36-4409182	501(C)(3)	200,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT, FOR THE OUT-OF-SCHOOL TIME APPRENTICESHIP PROGRAMS
AFTER-SCHOOL ALL-STARS PO BOX 221417, 1240 N. ASHLAND AVE. CHICAGO, IL 60622-2257	95-4441208	501(C)(3)	25,000.	0.	N/A	N/A	FOR THE WE ARE READY PROGRAM
ALL CHICAGO MAKING HOMELESSNESS HISTORY - 651 W. WASHINGTON, SUITE 504 - CHICAGO, IL 60661	36-4272272	501(C)(3)	75,000.	0.	N/A	N/A	FOR THE EMERGENCY FUND PROGRAM
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	53-0196605	501(C)(3)	133,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT FOR THE ILLINOIS CHAPTER, MATCHING GIFT, SPONSORSHIP
ANN & ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO - 225 E CHICAGO AVE., BOX 282 - CHICAGO, IL 60611-2991	36-2170833	501(C)(3)	3,150,000.	0.	N/A	N/A	PATRICK MAGOON INSTITUTE FOR HEALTHY COMMUNITIES, FOR THE LURIE CHILDREN'S MENTORSHIP AND WORKFORCE
ASIAN HUMAN SERVICES OF CHICAGO, INC. - 4753 N. BROADWAY, SUITE 700 - CHICAGO, IL 60640	36-3005889	501(C)(3)	10,000.	0.	N/A	N/A	EVERYONE CAN CODE
AUNT MARTHAS HEALTH AND WELLNESS INC - 19990 GOVERNORS HWY - OLYMPIA FLDS, IL 60461-1021	23-7188150	501(C)(3)	10,000.	0.	N/A	N/A	FOR AUNT MARTHA'S WORK (HEALTH CARE, CHILD WELFARE SERVICES AND COMMUNITY WELLNESS
AUSTIN CHILDCARE PROVIDERS NETWORK 5701 W. DIVISION STREET CHICAGO, IL 60651	36-4395447	501(C)(3)	150,000.	0.	N/A	N/A	FOR THE CHILDCARE TO KINDERGARTEN (C2K) PROGRAM
BEYOND THE BALL 3057 S. DRAKE AVE. CHICAGO, IL 60623	26-1440472	501(C)(3)	200,000.	0.	N/A	N/A	CSCC COMMUNITY ENGAGEMENT MANAGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SHOULDERS FUND 212 W. VAN BUREN, SUITE 900 CHICAGO, IL 60607-3974	36-3490557	501(C)(3)	1,758,852.	0.	N/A	N/A	FOR SUPPORTING TEACHER PROFESSIONAL DEVELOPMENT ON CIVICS AND MEDIA LITERACY WITH BIG
BLESSINGS IN A BACKPACK INC 303 EAST WACKER DRIVE CHICAGO, IL 60601	26-1964620	501(C)(3)	25,000.	0.	N/A	N/A	FOR THE FEEDING THE KIDS IN CHICAGO ON THE WEEKENDS WITH THE MCCORMICK FOUNDATION
BLOCK CLUB CHICAGO NFP 303 E. WACKER STE. 2106 CHICAGO, IL 60601	82-3844275	501(C)(3)	1,600,000.	0.	N/A	N/A	FOR BLOCK CLUB CHICAGO'S INVESTIGATIVE COVERAGE OF AND FOR CHICAGO'S SOUTH AND WEST SIDES
BLUE STAR FAMILIES INC 441 SAXONY ROAD THE HIVE/ BARN 2 - ENCINITAS, CA 92024	80-0369895	501(C)(3)	150,000.	0.	N/A	N/A	TO SUPPORT THE CHICAGO DEPLOY FELLOW AND THE WHITE OAK COLLABORATIVE.
BORDERLESS MAGAZINE NFP 3432 W. DIVERSEY AVE., 2ND FLOOR, S CHICAGO, IL 60647	83-1266434	501(C)(3)	10,000.	0.	N/A	N/A	FOR NEWSMATCH FUNDRAISING CAMPAIGN
BOTTOM LINE INC 65 E WACKER PLACE, SUITE 800 CHICAGO, IL 60601	04-3351427	501(C)(3)	452,500.	0.	N/A	N/A	FOR BOTTOM LINES ACCESS AND SUCCESS PROGRAMS IN CHICAGO, FOR THE ACCESS, SUCCESS, AND BLUEPRINT
BOY SCOUTS OF AMERICA THREE FIRES COUNCIL - 415 N. 2ND STREET - ST. CHARLES, IL 60174	36-3831877	501(C)(3)	24,200.	0.	N/A	N/A	SPONSORSHIP
BOY SCOUTS OF AMERICA, PATHWAY TO ADVENTURE COUNCIL - 1218 W. ADAMS STREET - CHICAGO, IL 60607	47-5066720	501(C)(3)	10,000.	0.	N/A	N/A	SPONSORSHIP
BOYS & GIRLS CLUBS OF CHICAGO INC 2102 WEST MONROE CHICAGO, IL 60612-3015	36-2166997	501(C)(3)	34,600.	0.	N/A	N/A	EVERYONE CAN CODE, FOR THE GREAT OPPORTUNITIES PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAVEN INCORPORATED 100 N. LA SALLE STREET, SUITE 310 CHICAGO, IL 60602	46-4340594	501(C)(3)	337,500.	0.	N/A	N/A	FOR THE BRAVENX STIPEND PROGRAM, THE ACCELERATOR AT NATIONAL LOUIS UNIVERSITY, AND THE
BREAKTHROUGH URBAN MINISTRIES INC PO BOX 47200 CHICAGO, IL 60647	36-3810926	501(C)(3)	175,000.	0.	N/A	N/A	FOR THE NETTIE BAILEY STUDENT ACHIEVEMENT PROGRAM, WHICH PROVIDES YEAR-ROUND OUT-OF-SCHOOL
BRIDGES FROM SCHOOL TO WORK INC 10400 FERNWOOD RD BETHESDA, MD 20817-1102	52-1655740	501(C)(3)	30,000.	0.	N/A	N/A	FOR THE CHICAGO BRIDGES PROGRAM
BUILD INCORPORATED 5100 W. HARRISON STREET CHICAGO, IL 60644	23-7022085	501(C)(3)	10,000.	0.	N/A	N/A	EVERYONE CAN CODE
BUSINESS AND PROFESSIONAL PEOPLE FOR THE PUBLIC INTEREST - 25 E. WASHINGTON STREET, SUITE 1515 - CHICAGO, IL 60602	36-2675852	501(C)(3)	150,000.	0.	N/A	N/A	REENTRY SYSTEMS CHANGE
CABRINI-GREEN LEGAL AID CLINIC INC 6 S. CLARK ST. CHICAGO, IL 60603	36-2775706	501(C)(3)	200,000.	0.	N/A	N/A	CGLA POLICY, RESEARCH, AND TRAINING INSTITUTE
CANTIGNY FOUNDATION 1 S. 151 WINFIELD ROAD WHEATON, IL 60189	36-3689172	501(C)(3)	20,460,897.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
CAROLE ROBERTSON CENTER FOR LEARNING - 2020 W. ROOSEVELT ROAD - CHICAGO, IL 60608-1112	36-2882124	501(C)(3)	4,058,000.	0.	N/A	N/A	FOR BRIDGING ACADEMIC SOCIAL EMOTIONAL SUPPORT INTO KINDERGARTEN PROFESSIONAL LEARNING
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO - 1717 RAND RD. - DES PLAINES, IL 60016	36-2170821	501(C)(3)	9,600.	0.	N/A	N/A	EVERYONE CAN CODE

Schedule I (Form 990)

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

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CENTER FOR COMPANIES THAT CARE 641 W. LAKE ST., SUITE 200 CHICAGO, IL 60661	33-1010542	501(C)(3)	65,000.	0.	N/A	N/A	FOR THE AIM HIGH PROGRAM AND INVISIBLE DIFFERENCES PROGRAMS
CENTER FOR INDEPENDENCE THROUGH CONDUCTIVE EDUCATION, INC. - 100 W. PLAINFIELD ROAD - COUNTRYSIDE, IL 60525	36-4259162	501(C)(3)	37,500.	0.	N/A	N/A	FOR THERAPY, EDUCATION AND WORKFORCE DEVELOPMENT PROGRAMS
CENTER FOR PUBLIC INTEGRITY PO BOX 392988 PITTSBURGH, PA 15251-9988	54-1512177	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 60613-5974	51-0178807	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
CENTRAL STATES SER JOBS FOR PROGRESS INC - 3948 W. 26TH STREET, SUITE 213 - CHICAGO, IL 60623-3738	36-1211270	501(C)(3)	10,300.	0.	N/A	N/A	FOR TWO PROGRAMS: THE LITTLE VILLAGE RECONNECTION HUB ENGAGES YOUTH, AGES 16-24, WHO
CHANGE ILLINOIS 2045 W. GRAND AVE, STE. B PMB 33558 CHICAGO, IL 60612	46-1197953	501(C)(3)	100,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
CHICAGO ARCHITECTURE BIENNIAL, INC. - 78 E. WASHINGTON STREET - CHICAGO, IL 60602	47-1305533	501(C)(3)	10,000.	0.	N/A	N/A	FOR 2022 CHICAGO ARCHITECTURE BIENNIAL ACTIVITIES, INCLUDING: PUBLIC PROGRAMMING, YOUTH
CHICAGO CHILDRENS ADVOCACY CENTER 1240 S. DAMEN AVENUE CHICAGO, IL 60608	36-4251865	501(C)(3)	45,000.	0.	N/A	N/A	FOR THE FAMILY HOPE CENTER
CHICAGO COALITION TO SAVE OUR MENTAL HEALTH CENTERS - 5750 W IRVING PARK RD - CHICAGO, IL 60634	36-3905333	501(C)(3)	500,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO COMMONS ASSOCIATION 515 E. 50TH STREET CHICAGO, IL 60615	36-2169136	501(C)(3)	150,000.	0.	N/A	N/A	FOR THE IMPLEMENTATION OF THE "PATHWAYS FOR PARENTS" PROGRAM TO SUPPORT PARTICIPANTS TO
CHICAGO COMMUNITY LOAN FUND 29 E. MADISON ST, SUITE 1700 CHICAGO, IL 60602	36-3762123	501(C)(3)	100,000.	0.	N/A	N/A	FOR CHICAGOLAND OPPORTUNITY ZONES CONSORTIUM INITIATIVE
CHICAGO CRED INC PO BOX 61239 PALO ALTO, CA 94306-6239	81-3130448	501(C)(3)	100,000.	0.	N/A	N/A	COMPREHENSIVE SUPPORT FOR VIOLENCE PREVENTION EFFORTS LED BY SMALL ORGANIZATIONS IN
CHICAGO FOUNDATION FOR WOMEN 140 S. DEARBORN ST., STE 400 CHICAGO, IL 60603	36-3348160	501(C)(3)	200,000.	0.	N/A	N/A	FOR THE ENGLEWOOD WOMEN'S INITIATIVE FOR ECONOMIC SECURITY
CHICAGO HEADLINE CLUB FOUNDATION 540 N DEARBORN ST., #10397 CHICAGO, IL 60610	54-2120304	501(C)(3)	15,000.	0.	N/A	N/A	FOR FOIA FEST 2022
CHICAGO HISTORICAL SOCIETY/CHICAGO HISTORY MUSEUM - 205 WEST WACKER DRIVE, SUITE 1400 - CHICAGO, IL 60606	36-2167004	501(C)(3)	45,000.	0.	N/A	N/A	MATCHING GIFT, SPONSORSHIP
CHICAGO HOPE ACADEMY 2189 W. BOWLER STREET CHICAGO, IL 60612	36-4244054	501(C)(3)	450,000.	0.	N/A	N/A	CAREER ADVANCEMENT PROGRAM
CHICAGO HORTICULTURAL SOCIETY 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501(C)(3)	180,000.	0.	N/A	N/A	FOR SUPPORT OF THE VETERAN INTERNSHIP PROGRAM 2022
CHICAGO HUMANITIES FESTIVAL 500 N. DEARBORN, SUITE 825 CHICAGO, IL 60654	36-7148236	501(C)(3)	415,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT, MATCHING GIFT, SPONSORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO JESUIT ACADEMY 5058 W. JACKSON BLVD. CHICAGO, IL 60644	20-2091040	501(C)(3)	120,000.	0.	N/A	N/A	CHICAGO JESUIT ACADEMY SCHOLARSHIPS, FOR THE HIGH SCHOOL BRIDGE PROGRAM
CHICAGO JOBS COUNCIL 29 E. MADISON, SUITE 1700-C CHICAGO, IL 60602-4404	36-3293115	501(C)(3)	65,000.	0.	N/A	N/A	FOR CJC WORKFORCE POLICY AND BARRIER REDUCTION INITIATIVE
CHICAGO PUBLIC EDUCATION FUND 200 WEST ADAMS STREET, SUITE 1175 CHICAGO, IL 60606	36-4279013	501(C)(3)	1,010,000.	0.	N/A	N/A	SUPPORT FOR ENGLEWOOD AND LITTLE VILLAGE LEADERS, MATCHING GIFT
CHICAGO PUBLIC LIBRARY FOUNDATION 200 W MADISON ST, 3RD FL CHICAGO, IL 60606	36-3480353	501(C)(3)	25,000.	0.	N/A	N/A	FOR THE SUMMER LEARNING CHALLENGE AT CHICAGO PUBLIC LIBRARY
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST, SUITE 700 CHICAGO, IL 60604-2054	36-4117530	501(C)(3)	633,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT, SPONSORSHIP
CHICAGO STATE UNIVERSITY FOUNDATION - 9501 S. KING DRIVE, ADM 322 - CHICAGO, IL 60628-1598	23-7034677	501(C)(3)	37,500.	0.	N/A	N/A	FOR THE RISE ACADEMY SUMMER PROGRAM
CHICAGO UNITED 300 E. RANDOLPH ST. CHICAGO, IL 60601-5075	36-2770509	501(C)(3)	14,000.	0.	N/A	N/A	SPONSORSHIP
CHICAGO URBAN LEAGUE PO BOX 9272 4101 S. HALSTEAD ST. ST CHICAGO, IL 60609	36-2225483	501(C)(3)	7,250.	0.	N/A	N/A	SPONSORSHIP
CHILDRENS FIRST FUND THE CHICAGO PUBLIC SCHOOL FOUNDATION - 200 WEST MADISON STREET, 2ND FLOOR - CHICAGO, IL 60606	36-4094830	501(C)(3)	200,000.	0.	N/A	N/A	FOR PREK AND KINDERGARTEN PROFESSIONAL LEARNING COMMUNITIES

Schedule I (Form 990)

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

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CHILDRENS HOME & AID SOCIETY OF ILLINOIS - 200 W. MONROE, SUITE 2100 - CHICAGO, IL 60606	36-2167743	501(C)(3)	452,500.	0.	N/A	N/A	FOR COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAMMING, FOR THRIVING FATHERS AND FAMILIES
CHILDRENS RESEARCH TRIANGLE 70 E. LAKE STREET, SUITE 1300 CHICAGO, IL 60601-7458	36-4236142	501(C)(3)	25,000.	0.	N/A	N/A	FOR THE TRAUMA TREATMENT PROGRAM
CHRIST CHURCH WINNETKA 470 MAPLE WINNETKA, IL 60093	36-2177136	501(C)(3)	20,000.	0.	N/A	N/A	MATCHING GIFT
CHRIST THE KING JESUIT COLLEGE PREPARATORY SCHOOL - 5088 W JACKSON BLVD - CHICAGO, IL 60644	26-0556958	501(C)(3)	304,000.	0.	N/A	N/A	COVID RELIEF FOR THE CTK CORPORATE WORK STUDY PROGRAM, FOR THE CORPORATE WORK STUDY AND
CHRISTMAS IN THE WARDS 1030 E 87TH ST CHICAGO, IL 60619-6314	45-3835199	501(C)(3)	10,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
CITY YEAR INC 36 S WABASH, SUITE 1300 CHICAGO, IL 60603	22-2882549	501(C)(3)	30,000.	0.	N/A	N/A	FOR SUPPORT OF CITY YEAR CHICAGO
CIVIC CONSULTING ALLIANCE 21 S CLARK ST., SUITE 4301 CHICAGO, IL 60603-2022	45-0467524	501(C)(3)	150,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT (\$100,000) AND PROGRAM SUPPORT (\$50,000) TO FACILITATE THE
CIVIC NEWS COMPANY 450 7TH AVE, FL 32 NEW YORK, NY - NEW YORK, NY 10123-3299	90-0915846	501(C)(3)	150,000.	0.	N/A	N/A	FOR CHALKBEAT'S CHICAGO BUREAU AND THE OPERATIONS REQUIRED TO SUPPORT CHALKBEAT CHICAGO,
COLLEGE POSSIBLE 833 N. ORLEANS ST., SUITE 400 CHICAGO, IL 60610	41-1968798	501(C)(3)	352,500.	0.	N/A	N/A	FOR COLLEGE POSSIBLE CHICAGO, FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON THREADS PO BOX 163930 AUSTIN, TX 78716	20-0106847	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
COMMUNITY EDUCATION NETWORK 800 S WELLS ST., SUITE 90 CHICAGO, IL 60607-4530	04-3832159	501(C)(3)	200,000.	0.	N/A	N/A	FOR IMPLEMENTATION AND EVALUATION OF AN EARLY CHILDHOOD PEL COMPLETION PROJECT
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N. KEDZIE AVE, 5TH FLOOR - CHICAGO, IL 60651	36-2950380	501(C)(3)	100,000.	0.	N/A	N/A	CAPITAL SUPPORT TO RENOVATE FACILITY IN EAST GARFIELD PARK
CORPORATE LEADERSHIP CENTER 10 S RIVERSIDE PLZ., SUITE 875 CHICAGO, IL 60606-3717	11-3655687	501(C)(3)	60,000.	0.	N/A	N/A	SCHOLARSHIP PARTICIPANT FOR CEO PERSPECTIVES, CEO PERSPECTIVES MCCORMICK FELLOW
COUNCIL FOR A STRONG AMERICA 1212 NEW YORK AVENUE NW, SUITE 300 WASHINGTON, DC 20005	13-3840271	501(C)(3)	400,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
COVENANT HOUSE ILLINOIS INC 5 PENN PLZ NEW YORK, NY 10001-1810	81-2061485	501(C)(3)	30,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
CRISTO REY JESUIT HIGH SCHOOL 1852 W 22ND PLACE CHICAGO, IL 60608	36-4067306	501(C)(3)	250,000.	0.	N/A	N/A	COVID RELIEF SUPPORT OF CORPORATE WORK-STUDY PROGRAMS
CRISTO REY ST MARTIN COLLEGE PREP 3106 BELVIDERE ROAD WAUKEGAN, IL 60085	42-1597059	501(C)(3)	250,000.	0.	N/A	N/A	FOR THE CORPORATE WORK STUDY PROGRAM, CORPORATE WORK STUDY PROGRAM (CWSP) - COVID-19 RELIEF
DEBORAHS PLACE 2822 W. JACKSON BLVD CHICAGO, IL 60612	36-3382973	501(C)(3)	30,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPAUL COLLEGE PREP FOUNDATION 3333 N. ROCKWELL ST. CHICAGO, IL 60618	81-4516326	501(C)(3)	300,000.	0.	N/A	N/A	CAPITAL SUPPORT FOR A SCIENCE LAB ON THE NEW CAMPUS
DEPAUL UNIVERSITY 1 EAST JACKSON BOULEVARD CHICAGO, IL 60604	36-2167048	501(C)(3)	44,250.	0.	N/A	N/A	FOR THE OFFICE OF MULTICULTURAL STUDENT SERVICES, SERVICE RECOGNITION, MATCHING
DEWITT, LIVINGSTON, LOGAN, AND MCLEAN COUNTIES REGIONAL OFFICE OF EDUCATION NO. - 201 E. GROVE STREET, SUITE 300 - BLOOMINGTON,	23-7326892	GOV	210,000.	0.	N/A	N/A	FOR THE CREATION OF A SERIES OF MICRO-CREDENTIALS FOR ILLINOIS ADMINISTRATORS
EL PASO ZOOLOGICAL SOCIETY 1101 RIM ROAD EL PASO, TX 79902	74-6064341	501(C)(3)	14,000.	0.	N/A	N/A	MATCHING GIFT
EMBARC INC P.O. BOX 221450 CHICAGO, IL 60622	27-3453182	501(C)(3)	50,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
EMPOWERS AFRICA 2 BEEKMAN PLACE, SUITE 18B NEW YORK, NY 10022	32-0403737	501(C)(3)	25,000.	0.	N/A	N/A	MATCHING GIFT
ENLACE CHICAGO 2759 S. HARDING AVE. CHICAGO, IL 60623-4407	36-3727669	501(C)(3)	4,575,000.	0.	N/A	N/A	FOR THE INTEGRATION AND COORDINATION OF TWO COMMUNITY-WIDE LOCAL SAFETY NETWORKS: THE
ERIE ELEMENTARY CHARTER SCHOOL 1405 N. WASHTENAW AVE. CHICAGO, IL 60622	37-1504399	501(C)(3)	50,000.	0.	N/A	N/A	SPONSORSHIP
ERIE NEIGHBORHOOD HOUSE 1347 W. ERIE STREET CHICAGO, IL 60642	36-3043253	501(C)(3)	10,000.	0.	N/A	N/A	SPONSORSHIP

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ERIKSON INSTITUTE 451 N. LASALLE STREET CHICAGO, IL 60654	36-2593545	501(C)(3)	155,000.	0.	N/A	N/A	FOR IMPLEMENTATION OF THE ERIKSON INSTITUTE EXECUTIVE FELLOWS PROGRAM SERVING UP TO 25
ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVE., STE. 100 CHICAGO, IL 60608	32-0115907	501(C)(3)	75,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
FACING FORWARD TO END HOMELESSNESS 642 N KEDZIE CHICAGO, IL 60612	36-3397005	501(C)(3)	60,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
FIELD MUSEUM 1400 S. LAKE SHORE DR. CHICAGO, IL 60605	36-2167011	501(C)(3)	15,000.	0.	N/A	N/A	MATCHING GIFT
FORDHAM PREPATORY SCHOOL 441 E. FORDHAM ROAD BRONX, NY 10458	13-2660346	501(C)(3)	20,000.	0.	N/A	N/A	MATCHING GIFT
FOREFRONT 200 W. MADISON ST., 2ND FL CHICAGO, IL 60606	23-7376023	501(C)(3)	33,600.	0.	N/A	N/A	SPONSORSHIP
FOX CITIES PERFORMING ARTS CENTER 400 W. COLLEGE AVENUE APPLETON, WI 54911	39-1977839	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
GADS HILL CENTER 1919 W CULLERTON ST. CHICAGO, IL 60608	36-2167082	501(C)(3)	24,000.	0.	N/A	N/A	FOR THE BUILDING LEADERS AND JUNIOR BUILDING LEADERS PROGRAM, SPONSORSHIP
GE CHAMBER FOUNDATION 815 W. 63RD ST., STE. 2 CHICAGO, IL 60621-1917	82-4824489	501(C)(3)	500,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT

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GENESYS WORKS 180 N. WABASH AVENUE, SUITE 600 CHICAGO, IL 60601	27-1628710	501(C)(3)	30,000.	0.	N/A	N/A	FOR GENESYS WORKS PROGRAMMING
GENESYS WORKS 180 N. WABASH AVENUE, SUITE 600 CHICAGO, IL 60601	27-1628710	501(C)(3)	15,000.	0.	N/A	N/A	FOR TECHNICAL AND PROFESSIONAL SKILLS TRAINING FOR CHICAGO PUBLIC SCHOOL SENIORS
GLEN VIEW CLUB SCHOLARSHIP FOUNDATION - 100 GOLF ROAD - GOLF, IL 60029	36-4053896	501(C)(3)	6,000.	0.	N/A	N/A	MATCHING GIFT
GLENWOOD ACADEMY 500 W 187TH ST GLENWOOD, IL 60425	36-2167087	501(C)(3)	37,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
GOODMAN THEATRE 170 N. DEARBORN CHICAGO, IL 60601	36-2896025	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PL CHICAGO, IL 60632	36-2971864	501(C)(3)	253,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT, FOR PANTRIES IN PRIORITY COMMUNITIES, CITY COLLEGES OF CHICAGO
GROWING HOME INC 825 W 69TH STREET, 2ND FLOOR CHICAGO, IL 60621	36-3989426	501(C)(3)	404,400.	0.	N/A	N/A	FOR GROWING HOME INC. EMPLOYMENT TRAINING PROGRAMS, SPONSORSHIP
HABITAT FOR HUMANITY INTERNATIONAL INC - 322 W LAMAR ST - AMERICUS, GA 31709-3543	36-4003119	501(C)(3)	10,000.	0.	N/A	N/A	FOR CHICAGOLAND VETERAN ENGAGEMENT, FOR GENERAL OPERATING SUPPORT OF DUPAGE HABITAT FOR
HEARTLAND ALLIANCE 208 S LASALLE ST. STE 1300 CHICAGO, IL 60604	30-0739799	501(C)(3)	10,000.	0.	N/A	N/A	SPONSORSHIP

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HEARTLAND ALLIANCE FOR HUMAN NEEDS & HUMAN RIGHTS - 208 S LASALLE ST, STE 1300 - CHICAGO, IL 60604	36-1877640	501(C)(3)	2,695,000.	0.	N/A	N/A	FOR THE INDIVIDUALIZED PLACEMENT AND SUPPORT PROGRAM, READI AND READI FOR REENTRY
HEARTLAND HUMAN CARE SERVICES INC 208 SOUTH LASALLE ST., SUITE 1300 CHICAGO, IL 60604	36-4053244	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
HIGH JUMP 59 W. NORTH BLVD. CHICAGO, IL 60610	36-4470186	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
HORIZONS FOR YOUTH 703 W. MONROE STREET CHICAGO, IL 60661	36-3796784	501(C)(3)	37,500.	0.	N/A	N/A	FOR THE HIGH SCHOOL AND COLLEGE PROGRAM
IGNITE ORG 180 N MICHIGAN AVE., STE 1900 CHICAGO, IL 60601-7477	36-2867274	501(C)(3)	60,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
ILLINOIS ACTION FOR CHILDREN 4753 N BROADWAY ST., STE 1200 CHICAGO, IL 60640	36-2712912	501(C)(3)	600,000.	0.	N/A	N/A	FOR LAUNCH AND SUPPORT OF THE COMMUNITY PARENT SATURATION PILOT PROJECT, FOR GENERAL OPERATING
ILLINOIS EQUAL JUSTICE FOUNDATION 65 E WACKER PL., STE 1900 CHICAGO, IL 60601-7246	37-1188469	501(C)(3)	300,000.	0.	N/A	N/A	FOR SUPPORT AND OPERATION OF THE ILLINOIS ARMED FORCES LEGAL AID NETWORK
ILLINOIS INSTITUTE OF TECHNOLOGY 10 WEST 33RD STREET CHICAGO, IL 60616	36-2170136	501(C)(3)	1,000,000.	0.	N/A	N/A	THE MCCORMICK CHICAGO SCHOLARS PROGRAM
ILLINOIS JOINING FORCES FOUNDATION 211 S. CLARK STREET, #1161 CHICAGO, IL 60690	47-2152382	501(C)(3)	607,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT AND REFERRAL TECHNOLOGY SOFTWARE IMPLEMENTATION, FOR THE

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ILLINOIS PRESS FOUNDATION INC 2501 CHATHAM ROAD, SUITE 200 SPRINGFIELD, IL 62704	37-1139015	501(C)(3)	2,000,000.	0.	N/A	N/A	FOR CAPITOL NEWS ILLINOIS
IMENTOR INCORPORATED 515 N. STATE STREET, 14TH FLOOR CHICAGO, IL 60654	30-0105507	501(C)(3)	187,500.	0.	N/A	N/A	FOR THE IMENTOR CHICAGO POST-SECONDARY SUCCESS PROGRAM
INJUSTICE WATCH NFP 55 E JACKSON BLVD., STE 640 CHICAGO, IL 60604-4402	47-4537172	501(C)(3)	1,500,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
INSTITUTE FOR LATINO PROGRESS 2555 S. BLUE ISLAND AVENUE CHICAGO, IL 60608	36-2937375	501(C)(3)	100,000.	0.	N/A	N/A	FOR THE CARRERAS EN SALUD/HEALTH CAREERS PROGRAM, FOR INSTITUTO'S CARRERAS EN SALUD (HEALTH
INSTITUTE FOR NONVIOLENCE CHICAGO 819 N. LEAMINGTON AVE CHICAGO, IL 60618	81-1098722	501(C)(3)	225,000.	0.	N/A	N/A	OPERATING COSTS FOR WEST GARFIELD PARK LOCATION
INTRINSIC SCHOOLS 4540 W BELMONT AVE CHICAGO, IL 60641-4541	45-5454261	501(C)(3)	225,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
JACK MILLER CENTER FOR TEACHING AMERICAS FOUNDING PRINCIPLES AND - THREE BALA PLAZA WEST, SUITE 401 - BALA CYNWYD, PA 19004	26-1147689	501(C)(3)	50,000.	0.	N/A	N/A	FOR SCHOLARSHIPS FOR CHICAGO REGION TEACHERS TO ATTEND AT NO COST TO THE TEACHER JACK MILLER
JOSEPHINUM ACADEMY 1501 N. OAKLEY BLVD. CHICAGO, IL 60622	36-2167764	501(C)(3)	100,000.	0.	N/A	N/A	SEL AT JOSEPHINUM ACADEMY: MATTERS OF THE HEART
JUNIOR ACHIEVEMENT OF CHICAGO 651 W. WASHINGTON BLVD., #404 CHICAGO, IL 60661-2126	36-2170141	501(C)(3)	250,000.	0.	N/A	N/A	JA HIGH SCHOOL HEROES

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JUST THE BEGINNING - A PIPELINE ORGANIZATION - 70 W MADISON AVE, SUITE 2900 - CHICAGO, IL 60602-6360	36-3903197	501(C)(3)	50,000.	0.	N/A	N/A	FOR JUST THE BEGINNING'S 12TH NATIONAL CONFERENCE AND 30TH ANNIVERSARY CELEBRATION
JUVENILE PROTECTIVE ASSOCIATION 1707 N HALSTED ST. CHICAGO, IL 60614	36-2167765	501(C)(3)	20,000.	0.	N/A	N/A	FOR THE TREATMENT & COUNSELING PROGRAM
KALEIDOSCOPE INC 1901 W CARROLL AVE, SUITE 205 CHICAGO, IL 60612	37-0970799	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
KIDS ABOVE ALL ILLINOIS 8765 W HIGGINS RD CHICAGO, IL 60631-4101	36-2171716	501(C)(3)	45,000.	0.	N/A	N/A	FOR THE EMERGE PROGRAM
KIDS FIRST CHICAGO FOR EDUCATION 21 S CLARK ST., STE 4301 CHICAGO, IL 60603	83-0399727	501(C)(3)	500,000.	0.	N/A	N/A	FOR FAMILY ENGAGEMENT ACTIVITIES TO INFORM THE CHICAGO EARLY CHILDHOOD INTEGRATED DATA SYSTEM
KIPP CHICAGO SCHOOLS 2007 S. HALSTED ST. CHICAGO, IL 60608	30-0135927	501(C)(3)	337,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
LA CASA NORTE 3533 W. NORTH AVENUE CHICAGO, IL 60647	36-4041525	501(C)(3)	45,000.	0.	N/A	N/A	FOR THE CASA CORAZON, SOLID GROUND, PIERCE HOUSE SUPPORTIVE HOUSING AND YOUTH IN COLLEGE
LA RABIDA CHILDRENS HOSPITAL 6501 S. PROMONTORY DRIVE CHICAGO, IL 60649	36-2170143	501(C)(3)	10,000.	0.	N/A	N/A	FOR THE PREMIER KIDS PROGRAM
LAKE FOREST COLLEGE 555 NORTH SHERIDAN ROAD LAKE FOREST, IL 60045-2399	36-2167770	501(C)(3)	37,500.	0.	N/A	N/A	FOR THE STUDENT SUCCESS AND RESILIENCY PROGRAM

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LATINO POLICY FORUM 180 N MICHIGAN AVE., STE 1250 CHICAGO, IL 60601-7464	36-3676873	501(C)(3)	559,000.	0.	N/A	N/A	FOR ILLINOIS LATINO AGENDA TO PROMOTE LATINO CIVIC ENGAGEMENT, FOR GENERAL OPERATING
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVE CHICAGO, IL 60623	36-3308953	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
LAWRENCE HALL 4833 N FRANCISCO AVE CHICAGO, IL 60625	36-2167771	501(C)(3)	32,500.	0.	N/A	N/A	FOR CLINICAL SERVICES THROUGH FOSTER CARE, WORKFORCE DEVELOPMENT AND COMMUNITY WELLNESS,
LEADERSHIP GREATER CHICAGO 205 W. WACKER DRIVE, SUITE 1400 CHICAGO, IL 60606	36-3293207	501(C)(3)	9,000.	0.	N/A	N/A	SPONSORSHIP
LEAVE NO VETERAN BEHIND 19 S. LASALLE, SUITE 500 CHICAGO, IL 60603	35-2302320	501(C)(3)	600,000.	0.	N/A	N/A	FOR THE BLACK VETERAN EMPOWERMENT COALITION (BVEC) CHICAGOLAND PILOT TRAINING AND COORDINATING
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE STREET, SUITE 900 CHICAGO, IL 60602	36-3563802	501(C)(3)	30,000.	0.	N/A	N/A	FOR THE MEDICAL LEGAL PARTNERSHIPS
LEO CATHOLIC HIGH SCHOOL 7901 S. SANGAMON CHICAGO, IL 60620	36-2182061	501(C)(3)	30,000.	0.	N/A	N/A	SPONSORSHIP
LION PRIDE MENTORING INC 1 N STATE ST, 1500 CHICAGO, IL 60602	84-1903798	501(C)(3)	225,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
LIONS OF ELBURN CHARITIES, INC 500 FILMORE ST ELBURN, IL 60119	36-4102233	501(C)(3)	9,000.	0.	N/A	N/A	SERVICE DAY

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LITTLE VILLAGE COMMUNITY FOUNDATION CORP - 2501 S TRUMBULL AVE - CHICAGO, IL 60623-3936	83-1667740	501(C)(3)	860,000.	0.	N/A	N/A	FOR FINANCING THE CONSTRUCTION OF THE XQUINA BUSINESS INCUBATOR, A NEW
LOYOLA UNIVERSITY OF CHICAGO 820 N. MICHIGAN AVENUE CHICAGO, IL 60611	36-1408475	501(C)(3)	5,206.	0.	N/A	N/A	MATCHING GIFT
MAAFA REDEMPTION PROJECT 22 N KILDARE AVE CHICAGO, IL 60624-2210	83-3525168	501(C)(3)	150,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
MANHATTAN INSTITUTE FOR POLICY RESEARCH INC - 52 VANDERBILT AVENUE - NEW YORK, NY 10017-3808	13-2912529	501(C)(3)	100,000.	0.	N/A	N/A	SURVEY, RESEARCH, AND ANALYSIS OF CHICAGO RESIDENTS THOUGHTS ON PUBLIC SAFETY ISSUES, THE
MARGARETS VILLAGE 7315 S. YALE AVE. CHICAGO, IL 60621	36-3104655	501(C)(3)	30,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
MEDIA IMPACT FUNDERS 200 W. WASHINGTON SQUARE, STE 220 PHILADELPHIA, IL 19106	26-1948166	501(C)(3)	10,000.	0.	N/A	N/A	SPONSORSHIP
MERCY HOME 1140 W JACKSON BLVD CHICAGO, IL 60607	36-2171726	501(C)(3)	50,000.	0.	N/A	N/A	SPONSORSHIP
METROPOLIS STRATEGIES NFP 225 N MICHIGAN AVE, STE 2200 CHICAGO, IL 60601-7672	36-4278088	501(C)(3)	420,000.	0.	N/A	N/A	MCCORMICK REENTRY FELLOW AND ILLINOIS JUSTICE PROJECT, FOR THE MCCORMICK REENTRY
METROPOLITAN FAMILY SERVICES 101 N. WACKER DRIVE, SUITE 1700 CHICAGO, IL 60602	36-2167940	501(C)(3)	1,737,500.	0.	N/A	N/A	FOR THE COMMUNITIES PARTNERING 4 PEACE (CP4P) INITIATIVE, COMMUNITIES PARTNERING 4 PEACE (CP4P)

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MEXICAN CULTURAL CENTER 132 MAIN STREET WEST CHICAGO, IL 60185	46-3254201	501(C)(3)	8,000.	0.	N/A	N/A	FOR COMMISSION OF ARTWORK FOR ALEBRIJES: CREATURES OF A DREAM WORLD AT CANTIGNY PARK
MIDWEST SHELTER FOR HOMELESS VETERANS - 433 S. CARLTON AVE - WHEATON, IL 60187	36-4337985	501(C)(3)	7,104.	0.	N/A	N/A	SPONSORSHIP
MIKVA CHALLENGE GRANT FOUNDATION INC - 200 S. MICHIGAN AVENUE, SUITE 1000 - CHICAGO, IL 60604-2421	52-2033353	501(C)(3)	15,000.	0.	N/A	N/A	FOR IMPLEMENTATION OF THE NEIGHBORHOOD LEADERSHIP INITIATIVE YOUTH COUNCIL IN NORTH LAWNSDALE
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD. CHICAGO, IL 60607	36-2171726	501(C)(3)	340,000.	0.	N/A	N/A	FOR RESIDENTIAL CARE, EDUCATION AND CAREER RESOURCES AND COMMUNITY CARE PROGRAMS, LEARNING
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532	36-1505770	501(C)(3)	9,000.	0.	N/A	N/A	SPONSORSHIP
MOUNT VERNON LADIES ASSOCIATION OF THE UNION - P.O. BOX 110 - MOUNT VERNON, VA 22121	54-0564701	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
MUSEUM OF SCIENCE AND INDUSTRY 5700 LAKE SHORE DRIVE CHICAGO, IL 60637	36-2167797	501(C)(3)	25,000.	0.	N/A	N/A	SPONSORSHIP
MUSIC INSTITUTE OF CHICAGO 1702 SHERMAN AVENUE EVANSTON, IL 60201	36-2374224	501(C)(3)	9,000.	0.	N/A	N/A	SPONSORSHIP
NATIONAL ABLE NETWORK INC 567 W LAKE ST., STE 1150 CHICAGO, IL 60661-1405	23-7339397	501(C)(3)	260,000.	0.	N/A	N/A	FOR SUPPORT OF THE VETERANS FORWARD AND THE VETERANS WORKING GROUP. FOR PROGRAM SUPPORT FOR

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NATIONAL LATINO EDUCATION INSTITUTE - 2011 W. PERSHING ROAD - CHICAGO, IL 60609	36-2755187	501(C)(3)	16,000.	0.	N/A	N/A	SPONSORSHIP
NATIONAL LOUIS UNIVERSITY 1000 CAPITOL DRIVE WHEELING, IL 60090-7201	36-2167804	501(C)(3)	20,000.	0.	N/A	N/A	MATCHING GIFT
NATIONAL MUSEUM OF MEXICAN ART 1852 W 19TH ST CHICAGO, IL 60608	36-3225519	501(C)(3)	150,000.	0.	N/A	N/A	FOR SUPPORT OF YOLLOCALLI ARTS REACH TO IMPACT LITTLE VILLAGE YOUTH THROUGH EXTRA-CURRICULAR
NATIONAL PUBLIC EDUCATION SUPPORT FUND - 1900 L ST. NW SUITE 520 - WASHINGTON, DC 20036	26-3015634	501(C)(3)	10,000.	0.	N/A	N/A	SPONSORSHIP
NATIONAL-LOUIS UNIVERSITY 122 S MICHIGAN AVE CHICAGO, IL 60603	36-2167804	501(C)(3)	300,000.	0.	N/A	N/A	FOR SUPPORT OF BUILDING LEADERSHIP CAPACITY, PART II, FOR THE UNDERGRADUATE COLLEGE AT NATIONAL LOUIS
NEAR SOUTH PLANNING BOARD 2600 SOUTH MICHIGAN ROOM LL-C CHICAGO, IL 60616-2857	36-3083180	501(C)(3)	25,000.	0.	N/A	N/A	FOR THE 2022 PRINTERS ROW LIT FEST
NEAR WEST SIDE COMMUNITY DEVELOPMENT CORPORATION INC - 216 S. HOYNE - CHICAGO, IL 60612	36-3607203	501(C)(3)	25,000.	0.	N/A	N/A	FOR YOUTH ZONE CHICAGO
NEHEMIAH TRINITY RISING CO 8315 S LONGWOOD CHICAGO, IL 60643-0000	47-2369766	501(C)(3)	15,000.	0.	N/A	N/A	CHICAGO, COOK COUNTY AND THE STATE OF ILLINOIS HAVE BEEN RECOGNIZED AS LEADERS IN RESTORATIVE
NEW LIFE CENTERS OF CHICAGOLAND NFP - 4101 W 51ST ST - CHICAGO, IL 60632	20-2380358	501(C)(3)	305,000.	0.	N/A	N/A	FOR NEW LIFE CENTERS FOOD DISTRIBUTION, FOR THE LITTLE VILLAGE FOOD DISTRIBUTION HUB, FOR THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MOMS INC 5317 W. CHICAGO AVE. CHICAGO, IL 60651	36-3265804	501(C)(3)	30,000.	0.	N/A	N/A	FOR THE HOUSING PROGRAM
NEWROOT LEARNING INSTITUTE 2935 W POLK ST CHICAGO, IL 60607	36-4263664	501(C)(3)	60,000.	0.	N/A	N/A	FOR SEL AND POSTSECONDARY SUPPORT PROGRAMMING, FOR SOCIAL AND EMOTIONAL LEARNING AND RESTORATIVE
NEWS LITERACY PROJECT 5335 WISCONSIN AVE. NW SUITE 440 WASHINGTON, DC 20015	27-4011343	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
NIGHT MINISTRY 4711 N. RAVENSWOOD AVE. CHICAGO, IL 60640	36-3145764	501(C)(3)	60,000.	0.	N/A	N/A	FOR NIGHT MINISTRY YOUTH PROGRAMS
NOBLE NETWORK OF CHARTER SCHOOLS 1 NORTH STATE STREET, 15TH FLOOR CHICAGO, IL 60602	36-4241970	501(C)(3)	95,000.	0.	N/A	N/A	FOR COLLEGE PERSISTENCE PROGRAMMING, FOR NOBLES COLLEGE ACCESS AND SUCCESS PROGRAM
NORMANDY INSTITUTE 2101 L STREET NW WASHINGTON, DC 20037	47-4866124	501(C)(3)	10,000.	0.	N/A	N/A	FOR THE PRODUCTION OF THE "TRACING THE FOOTSTEPS OF HEROES" FILM
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
NORTHERN ILLINOIS UNIVERSITY FOUNDATION - 1425 W. LINCOLN HWY., 301 LOWDEN HALL - DEKALB, IL 60115-0000	36-6086819	501(C)(3)	25,000.	0.	N/A	N/A	FOR DEVELOPMENT OF AND STAKEHOLDER ENGAGEMENT FOR THE STATE OF ILLINOIS' PRESCHOOL
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY AVENUE CHICAGO, IL 60639	20-1413891	501(C)(3)	50,000.	0.	N/A	N/A	FOR GENERAL OPERATION SUPPORT

Schedule I (Form 990)

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NORTHWESTERN MEMORIAL HEALTHCARE 251 E. HURON CHICAGO, IL 60611	36-3155315	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)(3)	2,633,400.	0.	N/A	N/A	FOR THE MEDILL LOCAL NEWS ACCELERATOR. FOR NORTHWESTERN NEIGHBORHOOD NETWORK INITIATIVE.
NOURISHING HOPE 1716 W HUBBARD ST CHICAGO, IL 60622-6214	36-2734184	501(C)(3)	50,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
OAK PARK-RIVER FOREST COMMUNITY FOUNDATION - 1049 LAKE STREET, SUITE 204 - OAK PARK, IL 60301-6708	36-4150724	501(C)(3)	25,000.	0.	N/A	N/A	FOR CHICAGO LATINOS IN PHILANTHROPY
OFF THE STREEET CLUB 25 N. KARLOV AVE. CHICAGO, IL 60624	36-2169162	501(C)(3)	359,500.	0.	N/A	N/A	MATCHING GIFT, SERVICE DAY, FOR GENERAL OPERATING SUPPORT, FOR THE SAVE OUR SUMMER
OLD TOWN SCHOOL OF FOLK MUSIC 4544 NORTH LINCOLN AVE CHICAGO, IL 60625	36-2373635	501(C)(3)	30,000.	0.	N/A	N/A	SPONSORSHIP
ONE MILLION DEGREES 180 N WABASH AVE., SUITE 310 CHICAGO, IL 60601-3608	42-1710230	501(C)(3)	322,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
ONEGOAL 180 N. WABASH AVE. SUITE 800 CHICAGO, IL 60601	56-2369898	501(C)(3)	62,500.	0.	N/A	N/A	FOR OPERATING SUPPORT FOR ONE GOAL CHICAGO
PACE (PHILANTHROPY FOR ACTIVE CIVIC ENGAGEMENT) - 611 PENNSYLVANIA AVE SE BOX 372 - WASHINGTON, DC 20003	31-1705363	501(C)(3)	10,000.	0.	N/A	N/A	SPONSORSHIP

Schedule I (Form 990)

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

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PADS TO HOPE INC 1140 E. NORTHWEST HIGHWAY PALATINE, IL 60074	36-3919018	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
PARTNERS IN HEALTH A NONPROFIT CORPORATION - 800 BOYLSTON ST, SUITE 300 - BOSTON, MA 02199	04-3567502	501(C)(3)	200,000.	0.	N/A	N/A	PUBLIC EQUITY FOR PUBLIC HEALTH (PE4PH)
PCC COMMUNITY WELLNESS CENTER 14 WEST LAKE STREET OAK PARK, IL 60302	36-3828320	501(C)(3)	37,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
PHALANX FAMILY SERVICES 837 W. 119TH STREET CHICAGO, IL 60643	36-4468891	501(C)(3)	10,300.	0.	N/A	N/A	EVERYONE CAN CODE
PITCH IN 121 W. WACKER DRIVE, SUITE 619 CHICAGO, IL 60601	45-1256875	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
PODER 6155 S. PULASKI RD., 2ND FL. CHICAGO, IL 60629	36-4251880	501(C)(3)	105,000.	0.	N/A	N/A	FOR THE IMPLEMENTATION OF A CAREER TRAINING PROGRAM TO PROMOTE GAINFUL EMPLOYMENT AND GROW
POLARIS CHARTER ACADEMY 620 N. SAWYER AVE. CHICAGO, IL 60624	01-0874029	501(C)(3)	100,000.	0.	N/A	N/A	MATCHING GIFT, SPONSORSHIP
PRESENCE BEHAVIORAL HEALTH PO BOX 45998 SAINT LOUIS, MO 63145-5998	36-2709982	501(C)(3)	37,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
PRIMECARE COMMUNITY HEALTH INC 1431 N. WESTERN AVE., SUITE 401 CHICAGO, IL 60622	36-3845253	501(C)(3)	37,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT

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

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PRIMO CENTER FOR WOMEN AND CHILDREN - 6212 S SANGAMON - CHICAGO, IL 60621	36-2966006	501(C)(3)	60,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT, FOR THE YOUTH RISING PROGRAM
PROJECT H.O.O.D. 6620 S. KING DR. CHICAGO, IL 60637	45-3964886	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
PROJECT HOOD COMMUNITIES 6620 S KING DR CHICAGO, IL 60637-3210	45-3964886	501(C)(3)	8,022,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT. FOR THE LEADERSHIP AND ECONOMIC DEVELOPMENT CENTER
REHABILITATION INSTITUTE OF CHICAGO - 355 E ERIE ST - CHICAGO, IL 60611-3167	36-2256036	501(C)(3)	3,075,000.	0.	N/A	N/A	FOR THE SPORTS FOR KIDS PROGRAM, ACCELERATE ABILITY CAMPAIGN: CENTER FOR HOPE AND EQUITY
REPORTERS COMMITTEE FOR FREEDOM OF THE PRESS - 1156 15TH STREET NW, SUITE 1250 - WASHINGTON, DC 20005-1179	52-0972043	501(C)(3)	200,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
RESTORE JUSTICE FOUNDATION 53 W. JACKSON SUITE 452 CHICAGO, IL 60604	45-5441381	501(C)(3)	220,000.	0.	N/A	N/A	RESTORE JUSTICE APPRENTICESHIP PROGRAM AND IPP ELDERLY VETERANS WORK
RESURRECTION PROJECT 1818 S PAULINA STREET CHICAGO, IL 60608	36-3576073	501(C)(3)	30,000.	0.	N/A	N/A	FOR AFFORDABLE HOUSING PROGRAMS
RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET, ROOM #2 CHICAGO, IL 60607	36-2174823	501(C)(3)	25,000.	0.	N/A	N/A	FOR THE RUSH EDUCATION AND CAREER HUB MED STEM PATHWAYS PROGRAM
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470-3489	46-1657101	501(C)(3)	125,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT FOR THE SANDY HOOK PROMISE FOUNDATION

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

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SARAHS INN PO BOX 1159 OAK PARK, IL 60304	36-3084461	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
SCHOOL OF ST. MARY 185 E. ILLINOIS ROAD LAKE FOREST, IL 60045	36-2332049	501(C)(3)	10,200.	0.	N/A	N/A	MATCHING GIFT
SKILLS FOR CHICAGOLAND'S FUTURE 191 N WACKER DR., STE 1150 CHICAGO, IL 60606-1934	45-1287418	501(C)(3)	30,000.	0.	N/A	N/A	FOR CAREER AND GUIDANCE PROGRAMS INCLUDING DIRECT PLACEMENT INTO JOBS FOR YOUTH, CREDENTIAL
SOCIETY OF ST. VINCENT DE PAUL PO BOX 3198 SOUTH BEND, IN 46619	35-0863177	501(C)(3)	25,000.	0.	N/A	N/A	SPONSORSHIP
SOMETHING GOOD IN ENGLEWOOD INC 6701 S EMERALD AVE. CHICAGO, IL 60621-2509	82-4046837	501(C)(3)	1,200,000.	0.	N/A	N/A	FOR CAPITAL SUPPORT OF THE LITTLE ANGELS LEARNING CENTER
SPECTRIOS INSTITUTE FOR LOW VISION 219 E. COLE AVENUE WHEATON, IL 60187	36-3083157	501(C)(3)	20,000.	0.	N/A	N/A	FOR THE SEEING IS BELIEVING PROGRAM
ST. SABINA CHURCH 7801 S. THROOP CHICAGO, IL 60620	36-2171123	501(C)(3)	50,000.	0.	N/A	N/A	MATCHING GIFT
START EARLY 33 WEST MONROE STREET, SUITE 1200 CHICAGO, IL 60603	36-3186328	501(C)(3)	35,000.	0.	N/A	N/A	FOR A STATEWIDE EARLY CHILDHOOD PUBLIC SUPPORT AND MESSAGING SURVEY, SPONSORSHIP
STRADA COLLABORATIVE INC 10 W MARKET ST INDIANAPOLIS, IN 46204-2954	86-1250084	501(C)(3)	98,000.	0.	N/A	N/A	FOR SUPPORT OF FRAMEWORKS AND SYSTEMS FOR SUPPORTING VETERANS IN HIGHER EDUCATION AND

Schedule I (Form 990)

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

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TEAMWORK ENGLEWOOD 815 W 63RD ST. CHICAGO, IL 60621-1917	74-3102944	501(C)(3)	2,251,000.	0.	N/A	N/A	COMMUNITY SAFETY COORDINATION CENTER COMMUNITY ENGAGEMENT MANAGER, FOR TEAMWORK
THE CENTER FOR PUBLIC INTEGRITY 910 17TH STREET NW, SUITE 1030 WASHINGTON, DC 20006	54-1512177	501(C)(3)	12,000.	0.	N/A	N/A	MATCHING GIFT AND SERVICE DAY
THE CHICAGO COMMUNITY TRUST 33 S. STATE STREET, SUITE 750 CHICAGO, IL 60603	36-2167000	501(C)(3)	600,000.	0.	N/A	N/A	CHICAGO FUND FOR SAFE AND PEACEFUL COMMUNITIES AND YEAR ROUND SUPPORT FOR SELECT PROJECTS IN
THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED - 1850 WEST ROOSEVELT ROAD - CHICAGO, IL 60608	36-2169139	501(C)(3)	180,000.	0.	N/A	N/A	FOR THE VETERANS EMPLOYMENT EMPOWERMENT PROJECT AND ILLINOIS JOINING FORCES CARE
THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC - 417 SE BALBOA AVE. - STUART, FL 34994	65-1064420	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
THE ONESTAR FOUNDATION 9011 MOUNTAIN RIDGE DR., STE 100 AUSTIN, TX 78759-7381	20-0166368	501(C)(3)	125,000.	0.	N/A	N/A	SUPPORT FOR FAMILIES AND VICTIMS OF THE ULVALDE SCHOOL MASS SHOOTING
THE PHILANTHROPY ROUNDTABLE 1120 20TH ST. NW STE. 550S WASHINGTON, DC 20036	13-2943020	501(C)(3)	11,000.	0.	N/A	N/A	SPONSORSHIP
THE POSSE FOUNDATION INC 111 WEST JACKSON BLVD, SUITE 1100 CHICAGO, IL 60604	13-3840394	501(C)(3)	60,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT OF POSSE CHICAGO
THE SALVATION ARMY 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192-0000	36-2167910	501(C)(3)	60,000.	0.	N/A	N/A	FOR THE OUTREACH TO YOUTH PROGRAM

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

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THE THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613	36-2518901	501(C)(3)	165,000.	0.	N/A	N/A	FOR THE THRESHOLDS MOTHERS PROJECT. FOR THE SUPPORT OF THE VETERANS PROJECT.
THE VILLAGE CHICAGO 2502 N. CLARK ST. CHICAGO, IL 60614	33-1195665	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
THIRD SECTOR NEW ENGLAND INC THE NONPROFIT CENTER, 89 SOUTH ST., BOSTON, MA 02111	04-2261109	501(C)(3)	100,000.	0.	N/A	N/A	FOR CAPACITY BUILDING, TECHNICAL ASSISTANCE, ONBOARDING MATERIAL AND MEMBERSHIP IN THE NEW
TRICKSTER ART GALLERY 190 S ROSELLE RD SCHAUMBURG, IL 60193-1647	46-1640865	501(C)(3)	75,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
UCAN 3605 W FILLMORE ST. CHICAGO, IL 60624-4310	36-2167937	501(C)(3)	26,500.	0.	N/A	N/A	FOR THE UCAN CAMPAIGN, FOR TRANSITIONAL TEEN SERVICES, SPONSORSHIP
UNION LEAGUE BOYS & GIRLS CLUBS 65 W. JACKSON BLVD. CHICAGO, IL 60604-3507	36-2167939	501(C)(3)	25,000.	0.	N/A	N/A	FOR THE RBI RECREATION PROGRAM
UNITED WAY OF METROPOLITAN CHICAGO INC - 333 S WABASH AVE, 30TH FLOOR - CHICAGO, IL 60604	30-0200478	501(C)(3)	1,849,500.	0.	N/A	N/A	GARFIELD PARK RIGHT TO WELLNESS COLLABORATIVE, SECOND CHANCE HIRING PILOT, SPONSORSHIP
UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE, SUITE 300 CHICAGO, IL 60637	36-2177139	501(C)(3)	250,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT OF THE CRIME LAB, FOR GENERAL OPERATING SUPPORT, FOR THE 2022
UNIVERSITY OF CHICAGO MEDICAL CENTER - 5841 S MARYLAND AVE OFFICE - CHICAGO, IL 60637-1443	36-3488183	501(C)(3)	3,000,000.	0.	N/A	N/A	SOUTHSIDE HEALTHY COMMUNITIES COLLABORATIVE, VIOLENCE RECOVERY PROGRAM AT THE

Schedule I (Form 990)

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

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UNIVERSITY OF COLORADO FOUNDATION P.O. BOX 17126 DENVER, CT 80217-9155	84-6049811	501(C)(3)	68,000.	0.	N/A	N/A	MATCHING GIFT
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
UNIVERSITY OF RICHMOND 110 UR DRIVE, SUITE 201 RICHMOND, VA 23173	54-0505965	501(C)(3)	10,000.	0.	N/A	N/A	MATCHING GIFT
URBAN INITIATIVES INC 650 W. LAKE STREET, SUITE 340 CHICAGO, IL 60647	83-0367521	501(C)(3)	85,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT, FOR THE MIDDLE SCHOOL PROGRAM, WHICH SUPPORTS LEADERSHIP
USO 333 S. MICHIGAN AVE STE 2226 CHICAGO, IL 60601	36-2349617	501(C)(3)	24,000.	0.	N/A	N/A	SPONSORSHIP
WEST POINT ASSOCIATION OF GRADUATES - 698 MILLS ROAD - WEST POINT, NY 10996	14-1260763	501(C)(3)	102,000.	0.	N/A	N/A	MATCHING GIFT
WESTSIDE HEALTH AUTHORITY 5417 W. DIVISION ST. CHICAGO, IL 60651	36-3789879	501(C)(3)	9,600.	0.	N/A	N/A	EVERYONE CAN CODE
WORKING CREDIT NFP 111 W. WASHINGTON STREET, SUITE 900 CHICAGO, IL 60602	47-2614811	501(C)(3)	30,000.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT
YMCA OF METROPOLITAN CHICAGO 1030 WEST VAN BUREN STREET CHICAGO, IL 60607-2916	36-2179782	501(C)(3)	30,000.	0.	N/A	N/A	FOR THE YOUTH SAFETY AND VIOLENCE PREVENTION (YSVP) PROGRAM

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YOUTH GUIDANCE 1 N. LASALLE STREET, SUITE 900 CHICAGO, IL 60602	36-2167032	501(C)(3)	77,500.	0.	N/A	N/A	FOR GENERAL OPERATING SUPPORT, FOR THE BAM AND WOW PROGRAMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

PRIOR TO MAKING A GRANT, THE MCCORMICK FOUNDATION'S GRANT MAKING PROGRAMS REQUIRE THE FOLLOWING: 1) AUDITED FINANCIAL STATEMENTS OR FILED 990, 2) A DETAILED BUDGET FOR THE GRANTEE ORGANIZATION AND/OR THE BUDGET FOR THE SPECIFIC GRANT USAGE, AND 3) VERIFICATION OF TAX-EXEMPT STATUS. FOR GRANTS MADE OUTSIDE OF THE FOUNDATION'S PROGRAM AREA (E.G., MATCHING GIFTS AND EVENT SPONSORSHIPS), THE FOUNDATION REQUIRES VERIFICATION OF TAX-EXEMPT STATUS. AT THE END OF THE GRANT PERIOD, A FINAL REPORT IS REQUIRED FROM EACH PROGRAM AREA GRANTEE, INCLUDING DETAILS ON THE EXPENDITURE OF GRANT

Part IV Supplemental Information

FUNDS. EACH GRANT MAKING PROGRAM IS RESPONSIBLE FOR REVIEWING THE GRANTEE'S
FINAL REPORT TO VERIFY THAT THE FUNDS WERE USED FOR THEIR INTENDED
PURPOSES. ANY UNUSED GRANT FUNDS AND THE INCOME THEREON MUST BE RETURNED TO
THE FOUNDATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 1ST INFANTRY DIVISION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ASSISTING THE 1ST INFANTRY

DIVISION FOUNDATION IN RAISING FUNDS FOR THE UPDATING OF THE FIRST

DIVISION MONUMENT IN WASHINGTON DC

NAME OF ORGANIZATION OR GOVERNMENT:

ANN & ROBERT H LURIE CHILDRENS HOSPITAL OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: PATRICK MAGOON INSTITUTE FOR HEALTHY

COMMUNITIES, FOR THE LURIE CHILDREN'S MENTORSHIP AND WORKFORCE

DEVELOPMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: AUNT MARTHAS HEALTH AND WELLNESS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AUNT MARTHA'S WORK (HEALTH CARE,

CHILD WELFARE SERVICES AND COMMUNITY WELLNESS SERVICES) WITH UNDERSERVED

RESIDENTS LIVING IN THE WESTERN SUBURBS OF CHICAGO

NAME OF ORGANIZATION OR GOVERNMENT: BIG SHOULDERS FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORTING TEACHER PROFESSIONAL

DEVELOPMENT ON CIVICS AND MEDIA LITERACY WITH BIG SHOULDERS FUND

EDUCATORS, QUALITY PRE-SCHOOL INITIATIVE IN LITTLE VILLAGE AND ENGLEWOOD,

FOR THE COLLEGE ACCESS AND SUCCESS PROGRAM, MATCHING GIFT, SPONSORSHIP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BLESSINGS IN A BACKPACK INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FEEDING THE KIDS IN CHICAGO

ON THE WEEKENDS WITH THE MCCORMICK FOUNDATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BOTTOM LINE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BOTTOM LINES ACCESS AND SUCCESS

PROGRAMS IN CHICAGO, FOR THE ACCESS, SUCCESS, AND BLUEPRINT PROGRAMS, FOR

COLLEGE ACCESS AND SUCCESS PROGRAMMING

NAME OF ORGANIZATION OR GOVERNMENT: BRAVEN INCORPORATED

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BRAVENX STIPEND PROGRAM, THE

ACCELERATOR AT NATIONAL LOUIS UNIVERSITY, AND THE ACCELERATOR AT NORTHERN

ILLINOIS UNIVERSITY, FOR SCALING BRAVENS INNOVATION MODELS - BRAVENX AND

BRAVEN ONLINE: GROWING ECONOMIC OPPORTUNITY FOR UNDERREPRESENTED CHICAGO

STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: BREAKTHROUGH URBAN MINISTRIES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NETTIE BAILEY STUDENT

ACHIEVEMENT PROGRAM, WHICH PROVIDES YEAR-ROUND OUT-OF-SCHOOL TIME

PROGRAMMING TO SUPPORT STUDENTS IN MEETING ACADEMIC BENCHMARKS AND

DEVELOP AS POSITIVE YOUNG ADULTS, FOR THE BREAKTHROUGH YOUTH NETWORK

PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CAROLE ROBERTSON CENTER FOR LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BRIDGING ACADEMIC SOCIAL

EMOTIONAL SUPPORT INTO KINDERGARTEN PROFESSIONAL LEARNING SYSTEM,

SPONSORSHIP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL STATES SER JOBS FOR PROGRESS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TWO PROGRAMS: THE LITTLE VILLAGE

RECONNECTION HUB ENGAGES YOUTH, AGES 16-24, WHO ARE OUT OF SCHOOL AND NOT

WORKING WITH EDUCATION, JOB READINESS, TRAINING AND PLACEMENT SERVICES,

INCLUDING MENTAL HEALTH COUNSELING AND OTHER SUPPORT SERVICES; THE

BRIDGE-GED PROGRAM HELPS LESS-SKILLED JOBSEEKERS INCREASE THE REQUIRED

PROFICIENCY LEVELS REQUIRED TO ENROLL IN THE ORGANIZATION'S WORKFORCE

TRAINING PROGRAM LEADING TO EMPLOYMENT IN THE CONSTRUCTION TRADES.

EVERYONE CAN CODE

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO ARCHITECTURE BIENNIAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2022 CHICAGO ARCHITECTURE

BIENNIAL ACTIVITIES, INCLUDING: PUBLIC PROGRAMMING, YOUTH ENGAGEMENT, AND

THE CHICAGO DESIGN SUMMIT.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO COMMONS ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE IMPLEMENTATION OF THE

"PATHWAYS FOR PARENTS" PROGRAM TO SUPPORT PARTICIPANTS TO EARN AN

ASSOCIATE DEGREE LEADING TO A CAREER IN EARLY CHILDHOOD EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO CRED INC

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPREHENSIVE SUPPORT FOR VIOLENCE

PREVENTION EFFORTS LED BY SMALL ORGANIZATIONS IN ENGLEWOOD AND LITTLE

VILLAGE

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDRENS HOME & AID SOCIETY OF ILLINOIS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COMMUNITY-BASED BEHAVIORAL

HEALTH PROGRAMMING, FOR THRIVING FATHERS AND FAMILIES CHICAGO (FORMERLY

POWER OF FATHERS), FOR EXPANDING TRAUMA-INFORMED MENTAL HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

CHRIST THE KING JESUIT COLLEGE PREPARATORY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID RELIEF FOR THE CTK CORPORATE

WORK STUDY PROGRAM, FOR THE CORPORATE WORK STUDY AND COUNSELING PROGRAMS,

SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC CONSULTING ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT

(\$100,000) AND PROGRAM SUPPORT (\$50,000) TO FACILITATE THE PARTNERSHIP

FOR SAFE AND PEACEFUL COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: CIVIC NEWS COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHALKBEAT'S CHICAGO BUREAU AND

THE OPERATIONS REQUIRED TO SUPPORT CHALKBEAT CHICAGO, DELIVERED BY

CHALKBEAT'S NATIONAL OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: DEPAUL UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE OFFICE OF MULTICULTURAL

STUDENT SERVICES, SERVICE RECOGNITION, MATCHING GIFT

NAME OF ORGANIZATION OR GOVERNMENT:

DEWITT, LIVINGSTON, LOGAN, AND MCLEAN COUNTIES REGIONAL OFFICE OF EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CREATION OF A SERIES OF

MICRO-CREDENTIALS FOR ILLINOIS ADMINISTRATORS TO GAIN EARLY CHILDHOOD

Part IV Supplemental Information

KNOWLEDGE

NAME OF ORGANIZATION OR GOVERNMENT: ENLACE CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE INTEGRATION AND COORDINATION

OF TWO COMMUNITY-WIDE LOCAL SAFETY NETWORKS: THE LITTLE VILLAGE YOUTH

SAFETY NETWORK (LVYSN, FOUNDED IN 2011), AND THE LITTLE VILLAGE VIOLENCE

PREVENTION COLLABORATIVE (VPC, FOUNDED IN 2001), ENLACE CHICAGO IS

SOLICITING SUPPORT TO ENGAGE A CONSULTANT TO LEAD THE PROCESS TO GENERATE

THE LITTLE VILLAGE QUALITY OF LIFE PLAN 2023, AND TO DEVELOP A MONITORING

AND EVALUATION SYSTEM. IN ORDER TO DO THAT SUCCESSFULLY, THEY ARE ALSO

AIMING TO REUNIFY THE DIFFERENT NEIGHBORHOOD NETWORKS AND TABLES THAT ARE

DUPLICATING EFFORTS IN PURSUIT OF SIMILAR GOALS. FOR EARLY CHILDHOOD

ENROLLMENT SUPPORT IN LITTLE VILLAGE, FOR THE FISCAL SPONSORSHIP OF

UNIVERSIDAD POPULAR TO SUPPORT EARLY CHILDHOOD ENROLLMENT IN LITTLE

VILLAGE, FOR THE FISCAL SPONSORSHIP OF TELPOCHCALLI COMMUNITY EDUCATION

PROJECT INC TO SUPPORT EARLY CHILDHOOD ENROLLMENT IN LITTLE VILLAGE.

NAME OF ORGANIZATION OR GOVERNMENT: ERIKSON INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR IMPLEMENTATION OF THE ERIKSON

INSTITUTE EXECUTIVE FELLOWS PROGRAM SERVING UP TO 25 EXECUTIVE-LEVEL

LEADERS, SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: GREATER CHICAGO FOOD DEPOSITORY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR

PANTRIES IN PRIORITY COMMUNITIES, CITY COLLEGES OF CHICAGO PANTRIES AND

PREPARED MEALS FOR OPPORTUNITY YOUTH, FOR CAMPAIGN NOURISH

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

HABITAT FOR HUMANITY INTERNATIONAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHICAGOLAND VETERAN ENGAGEMENT,
FOR GENERAL OPERATING SUPPORT OF DUPAGE HABITAT FOR HUMANITY

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS ACTION FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LAUNCH AND SUPPORT OF THE
COMMUNITY PARENT SATURATION PILOT PROJECT, FOR GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: ILLINOIS JOINING FORCES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT AND
REFERRAL TECHNOLOGY SOFTWARE IMPLEMENTATION, FOR THE SPONSORSHIP OF THE
ILLINOIS JOINING FORCES ANNUAL SUMMIT

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR LATINO PROGRESS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CARRERAS EN SALUD/HEALTH
CAREERS PROGRAM, FOR INSTITUTO'S CARRERAS EN SALUD (HEALTH CAREERS) TO BE
ABLE TO OFFER SCHOLARSHIP SUPPORT TO THEIR STUDENTS UNTIL THEY ARE ABLE
TO OBTAIN TITLE IV STATUS.

NAME OF ORGANIZATION OR GOVERNMENT:

JACK MILLER CENTER FOR TEACHING AMERICAS FOUNDING PRINCIPLES AND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SCHOLARSHIPS FOR CHICAGO REGION
TEACHERS TO ATTEND AT NO COST TO THE TEACHER JACK MILLER CENTER-SPONSORED
GRADUATE COURSES AT THE UNIVERSITY OF CHICAGO GRAHAM SCHOOL IN 2022 AND
2023

NAME OF ORGANIZATION OR GOVERNMENT: KIDS FIRST CHICAGO FOR EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FAMILY ENGAGEMENT ACTIVITIES TO

Part IV Supplemental Information

INFORM THE CHICAGO EARLY CHILDHOOD INTEGRATED DATA SYSTEM (CECIDS), FOR

GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LA CASA NORTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CASA CORAZON, SOLID GROUND,

PIERCE HOUSE SUPPORTIVE HOUSING AND YOUTH IN COLLEGE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: LATINO POLICY FORUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ILLINOIS LATINO AGENDA TO

PROMOTE LATINO CIVIC ENGAGEMENT, FOR GENERAL OPERATING SUPPORT,

SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LAWRENCE HALL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CLINICAL SERVICES THROUGH FOSTER

CARE, WORKFORCE DEVELOPMENT AND COMMUNITY WELLNESS, SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LEAVE NO VETERAN BEHIND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BLACK VETERAN EMPOWERMENT

COALITION (BVEC) CHICAGOLAND PILOT TRAINING AND COORDINATING VETERAN

SERVICE OFFICERS (VSOS) WITHIN THE CHICAGOLAND BVEC NETWORK TO INCREASE

THE USAGE OF VA BENEFITS BY BLACK VETERANS.

NAME OF ORGANIZATION OR GOVERNMENT:

LITTLE VILLAGE COMMUNITY FOUNDATION CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FINANCING THE CONSTRUCTION OF

THE XQUINA BUSINESS INCUBATOR, A NEW BILINGUAL SUPPORT FOR ENTREPRENEURS

AND BUSINESS ENTERPRISES IN LITTLE VILLAGE, AS MORE SPECIFICALLY

DESCRIBED IN SECTION OF THIS GRANT AGREEMENT, FOR LVCF ENTREPRENEURIAL

Part IV Supplemental Information

INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT:

MANHATTAN INSTITUTE FOR POLICY RESEARCH INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SURVEY, RESEARCH, AND ANALYSIS OF CHICAGO RESIDENTS THOUGHTS ON PUBLIC SAFETY ISSUES, THE RELATIONSHIP BETWEEN CRIME AND MENTAL ILLNESS POLICY, AND CHICAGO'S CONSENT DECREE

NAME OF ORGANIZATION OR GOVERNMENT: METROPOLIS STRATEGIES NFP

(H) PURPOSE OF GRANT OR ASSISTANCE: MCCORMICK REENTRY FELLOW AND ILLINOIS JUSTICE PROJECT, FOR THE MCCORMICK REENTRY INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: METROPOLITAN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE COMMUNITIES PARTNERING 4 PEACE (CP4P) INITIATIVE, COMMUNITIES PARTNERING 4 PEACE (CP4P) WHICH INCLUDES STREET OUTREACH, CASE MANAGEMENT, VICTIM SERVICES AND THE METROPOLITAN PEACE ACADEMY & COMMUNITY ENGAGEMENT, FLATLINING VIOLENCE INSPIRES PEACE (FLIP), LEGAL SERVICE CORP, WORKFORCE DEVELOPMENT, FOR THE FISCAL SPONSORSHIP OF WEGO TOGETHER FOR KIDS, SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: MISSION OF OUR LADY OF MERCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RESIDENTIAL CARE, EDUCATION AND CAREER RESOURCES AND COMMUNITY CARE PROGRAMS, LEARNING AND DEVELOPMENT PROGRAM FOR MERCY HOME STAFF, FOR THE EDUCATION AND CAREER RESOURCES PROGRAM WHICH PROVIDES CRITICAL ACADEMIC TOOLS AND CAREER RESOURCES FOR YOUNG PEOPLE IN RESIDENTIAL CARE

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ABLE NETWORK INC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE VETERANS FORWARD AND THE VETERANS WORKING GROUP. FOR PROGRAM SUPPORT FOR ALLIED AIRLIFT 21 OPERATIONS TO COORDINATE AND WORK ALONGSIDE PARTNER ORGANIZATIONS ASSISTING IN THE OVERALL EVACUATION EFFORT OF AFGHAN REFUGEES.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL MUSEUM OF MEXICAN ART

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF YOLLOCALLI ARTS REACH TO IMPACT LITTLE VILLAGE YOUTH THROUGH EXTRA-CURRICULAR AND SUMMER PROGRAMS THAT SUPPORT ACADEMIC SUCCESS, CAREER READINESS, AND SOCIAL AND CULTURAL ENGAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL-LOUIS UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF BUILDING LEADERSHIP CAPACITY, PART II, FOR THE UNDERGRADUATE COLLEGE AT NATIONAL LOUIS UNIVERSITY, DIRECT TO SUCCESS, ACCELERATE U AT NLU, THE CAREER BRIDGE, THE WRITING CENTER

NAME OF ORGANIZATION OR GOVERNMENT: NEHEMIAH TRINITY RISING

(H) PURPOSE OF GRANT OR ASSISTANCE: CHICAGO, COOK COUNTY AND THE STATE OF ILLINOIS HAVE BEEN RECOGNIZED AS LEADERS IN RESTORATIVE JUSTICE FOR DECADES THROUGHOUT THE UNITED STATES AND ABROAD. BECAUSE OF THIS, THE NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE (NACRJ) HAS CHOSEN CHICAGO TO HOST ITS RENOWNED RESTORATIVE JUSTICE CONFERENCE IN 2022. THE CONFERENCE WILL EFFECTIVELY HIGHLIGHT AND ENHANCE THE RESTORATIVE WORK THAT HAS BEEN ACCOMPLISHED IN OUR CITY, COUNTY AND STATE. THE CONFERENCE IS SPONSORED BY NEHEMIAH TRINITY RISING, A RESTORATIVE JUSTICE EDUCATION NONPROFIT ON THE SOUTH SIDE OF CHICAGO. THIS GRANT WILL SUPPORT THE COMMUNITY DAY AWAY SEGMENT OF THE CONFERENCE

Part IV Supplemental Information

FOR ATTENDEES TO VISIT COMMUNITIES ACROSS COOK COUNTY AND IMMERSE IN

RESTORATIVE JUSTICE PRACTICES AT WORK ACROSS CHICAGOLAND.

NAME OF ORGANIZATION OR GOVERNMENT: NEW LIFE CENTERS OF CHICAGOLAND NFP

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NEW LIFE CENTERS FOOD

DISTRIBUTION, FOR THE LITTLE VILLAGE FOOD DISTRIBUTION HUB, FOR THE

LITTLE VILLAGE FOOD DISTRIBUTION HUB, SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: NEWROOT LEARNING INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SEL AND POSTSECONDARY SUPPORT

PROGRAMMING, FOR SOCIAL AND EMOTIONAL LEARNING AND RESTORATIVE JUSTICE

PROGRAMS IN CHICAGO PUBLIC SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN ILLINOIS UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DEVELOPMENT OF AND STAKEHOLDER

ENGAGEMENT FOR THE STATE OF ILLINOIS' PRESCHOOL DEVELOPMENT GRANT B-5

APPLICATION.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWESTERN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MEDILL LOCAL NEWS

ACCELERATOR. FOR NORTHWESTERN NEIGHBORHOOD NETWORK INITIATIVE. MATCHING

GIFT

NAME OF ORGANIZATION OR GOVERNMENT: OFF THE STREEET CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: MATCHING GIFT, SERVICE DAY, FOR

GENERAL OPERATING SUPPORT, FOR THE SAVE OUR SUMMER CAMPAIGN AND TIME TO

EXCEL PUBLIC SPEAKING PROGRAMS, SPONSORSHIP

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PODER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE IMPLEMENTATION OF A CAREER

TRAINING PROGRAM TO PROMOTE GAINFUL EMPLOYMENT AND GROW INCOME FOR

RESIDENTS OF LITTLE VILLAGE, BRIGHTON PARK AND FIRST-GENERATION LATINOS

RESIDING IN WEST LAWN, GAGE PARK AND CHICAGO LAWN, SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: SKILLS FOR CHICAGOLAND'S FUTURE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAREER AND GUIDANCE PROGRAMS

INCLUDING DIRECT PLACEMENT INTO JOBS FOR YOUTH, CREDENTIAL CONNECTION,

AND CAREER PATHWAYS

NAME OF ORGANIZATION OR GOVERNMENT: STRADA COLLABORATIVE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF FRAMEWORKS AND

SYSTEMS FOR SUPPORTING VETERANS IN HIGHER EDUCATION AND EMPLOYMENT.

NAME OF ORGANIZATION OR GOVERNMENT: TEAMWORK ENGLEWOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SAFETY COORDINATION CENTER

COMMUNITY ENGAGEMENT MANAGER, FOR TEAMWORK ENGLEWOOD'S PLANNING,

PREPARATION, AND EXECUTION OF SPRING AND SUMMER 2022 YOUTH ENGAGEMENT

PROGRAMMING, FOR EARLY CHILDHOOD ENROLLMENT SUPPORT IN ENGLEWOOD, FOR

FISCAL SPONSORSHIP OF ENGLEWOOD COMMUNITY ACTION COUNCIL TO SUPPORT EARLY

CHILDHOOD ENROLLMENT IN ENGLEWOOD, FOR GENERAL OPERATING SUPPORT,

SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: THE CHICAGO COMMUNITY TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: CHICAGO FUND FOR SAFE AND PEACEFUL

COMMUNITIES AND YEAR ROUND SUPPORT FOR SELECT PROJECTS IN ENGLEWOOD AND

Part IV Supplemental Information

LITTLE VILLAGE, FOR THE NEIGHBORHOOD DEVELOPERS INITIATIVE SUPPORTING TWO

OF THE THREE ORGANIZATIONS THAT WERE PRESELECTED BY COMMUNITY DESK

CHICAGO, TEAMWORK ENGLEWOOD (\$830,000) AND SOUTH SHORE CHAMBER/CDC

(\$200,000)

NAME OF ORGANIZATION OR GOVERNMENT:

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE VETERANS EMPLOYMENT

EMPOWERMENT PROJECT AND ILLINOIS JOINING FORCES CARE COORDINATION CENTER,

FOR THE YOUTH TRANSITION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: THIRD SECTOR NEW ENGLAND INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAPACITY BUILDING, TECHNICAL

ASSISTANCE, ONBOARDING MATERIAL AND MEMBERSHIP IN THE NEW NATIONAL

NETWORK TO SUPPORT USE OF THE BASICS IN DEKALB COUNTY AND ACROSS ILLINOIS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT OF THE

CRIME LAB, FOR GENERAL OPERATING SUPPORT, FOR THE 2022 HAGEL LECTURE AT

THE UNIVERSITY OF CHICAGO

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CHICAGO MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SOUTHSIDE HEALTHY COMMUNITIES

COLLABORATIVE, VIOLENCE RECOVERY PROGRAM AT THE UNIVERSITY OF CHICAGO

LEVEL 1 TRAUMA CENTER

NAME OF ORGANIZATION OR GOVERNMENT: URBAN INITIATIVES INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT, FOR

Part IV Supplemental Information

THE MIDDLE SCHOOL PROGRAM, WHICH SUPPORTS LEADERSHIP DEVELOPMENT, HIGH

SCHOOL READINESS, AND SOCIAL-EMOTIONAL LEARNING WITH 5TH THROUGH 8TH

GRADE STUDENTS

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ROBERT R. MCCORMICK FOUNDATION

Employer identification number

36-3689171

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY KNIGHT PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	414,814.	0.	13,995.	30,384.	4,802.	463,995.	0.
	(ii)	276,543.	0.	9,330.	20,256.	3,201.	309,330.	0.
(2) DAVID GRANAT CIO	(i)	289,170.	0.	11,104.	42,200.	5,545.	348,019.	0.
	(ii)	57,834.	0.	2,221.	8,440.	1,109.	69,604.	0.
(3) KIMBERELY TYLER CFO & TREASURER	(i)	54,805.	2,000.	2,965.	9,942.	1,577.	71,289.	0.
	(ii)	219,222.	8,000.	11,860.	39,768.	6,307.	285,157.	0.
(4) OSCAR REGALADO SENIOR DIRECTOR OF HUMAN RESOURCES	(i)	45,424.	0.	3,265.	7,864.	1,181.	57,734.	0.
	(ii)	181,694.	0.	13,060.	31,454.	4,723.	230,931.	0.
(5) DONALD COOKE SENIOR ADVISOR TO CEO	(i)	235,462.	0.	5,387.	23,071.	3,327.	267,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDRES TORRES SR. DIR STRAT & PLAN / SEC.	(i)	41,508.	0.	2,665.	6,896.	316.	51,385.	0.
	(ii)	166,031.	0.	10,660.	27,584.	1,265.	205,540.	0.
(7) ANNA LAUBACH DIRECTOR, PUBLIC SAFETY PORTFOLIO	(i)	169,932.	5,517.	13,325.	30,309.	8,716.	227,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MEGAN EVERETT DIRECTOR, VETERANS PORTFOLIO	(i)	168,448.	3,430.	0.	27,602.	3,145.	202,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOSE RODRIGUEZ DIRECTOR, COMMUNITY CAPITAL PORTFOLIO	(i)	149,775.	0.	0.	0.	760.	150,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

IN AN EFFORT TO PROMOTE A HEALTHY LIFESTYLE, REIMBURSEMENT OF A PERCENTAGE
 OF HEALTH CLUB DUES AND INITIATION FEES (WITHIN CERTAIN LIMITS) IS A
 TAXABLE BENEFIT AVAILABLE TO ALL BENEFIT ELIGIBLE EMPLOYEES OF THE
 FOUNDATION. IN 2022, THE CEO & PRESIDENT AND SENIOR ADVISOR TO THE CEO WERE
 REIMBURSED FOR SOCIAL CLUB DUES AS THEY RELATED TO FOUNDATION BUSINESS IN
 ACCORDANCE WITH FOUNDATION POLICY. THE REIMBURSEMENTS WERE NOT TREATED AS
 TAXABLE COMPENSATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ROBERT R. MCCORMICK FOUNDATION

Employer identification number

36-3689171

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

ON DECEMBER 7, 2022 THE BOARD OF DIRECTORS VOTED TO FORM AN AUDIT COMMITTEE

WHO'S PURPOSE IS TO EXERCISE THE POWERS OF THE RESPECTIVE BOARD OF

DIRECTORS WITH RESPECT TO THE PERFORMANCE OF ITS AUDIT AND CONTROL

FUNCTIONS TO THE EXTENT SET FORTH IN THE AUDIT COMMITTEE CHARTER.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD OF THE DIRECTORS ADOPTED AN AMENDMENT TO THE ROBERT R. MCCORMICK

FOUNDATION'S BY-LAWS ON DECEMBER 7, 2022 WHICH ALLOWS THE BOARD OF

DIRECTORS TO VOTE ON AND FORM EXECUTIVE AND OTHER BOARD COMMITTEES. THE

BOARD VOTED TO FORM AN AUDIT COMMITTEE WHO'S PURPOSE IS TO EXERCISE THE

POWERS OF THE RESPECTIVE BOARD OF DIRECTORS WITH RESPECT TO THE PERFORMANCE

OF ITS AUDIT AND CONTROL FUNCTIONS TO THE EXTENT SET FORTH IN THE AUDIT

COMMITTEE CHARTER.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, GRANT THORNTON

LLP, IN CONJUNCTION WITH MANAGEMENT. AFTER THE FORM 990 HAS BEEN COMPLETED,

THE PRESIDENT & CEO REVIEWS THE DOCUMENT. IF THE PRESIDENT & CEO IS

SATISFIED THAT THE RETURN HAS BEEN ACCURATELY COMPLETED IN ACCORDANCE WITH

IRS INSTRUCTIONS, THE RETURN IS REVIEWED FOR IRS COMPLIANCE BY THE

FOUNDATION'S LEGAL COUNSEL. BEFORE FILING THE RETURN, THE SIGNIFICANT 990

COMPONENTS AND FORM CHANGES ARE SUMMARIZED FOR THE AUDIT COMMITTEE OF THE

BOARD OF DIRECTORS, WHICH REVIEWS THE DRAFT RETURN BEFORE IT IS SHARED WITH

THE FULL BOARD OF DIRECTORS. THE PRESIDENT & CEO AND THE TAX PREPARER

DISCUSS AND REVIEW THE 990 TAX RETURN WITH MANAGEMENT, AND A COPY OF THE

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

Schedule O (Form 990) 2022

Name of the organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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RETURN IS PROVIDED TO THE BOARD OF DIRECTORS DURING THEIR REGULARLY

SCHEDULED MEETING.

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

ANNUALLY, THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND ANNUAL

DISCLOSURE STATEMENTS ARE DISTRIBUTED TO ALL BENEFIT-ELIGIBLE EMPLOYEES AND

BOARD MEMBERS. CONFLICT OF INTEREST DISCLOSURE STATEMENTS MUST BE COMPLETED

EACH YEAR BY ALL BENEFIT-ELIGIBLE EMPLOYEES AND DIRECTORS AND RETURNED TO

THE SENIOR DIRECTOR OF HUMAN RESOURCES (COMPLIANCE OFFICER) FOR REVIEW. IF

THE COMPLIANCE OFFICER DETERMINES THAT THERE IS IN FACT A CONFLICT OF

INTEREST INVOLVING AN EMPLOYEE, THE MATTER IS DISCLOSED TO THE BOARD OF

DIRECTORS. CONFLICTS IDENTIFIED INVOLVING A BOARD MEMBER ARE REFERRED TO

LEGAL COUNSEL. ADDITIONALLY, THROUGHOUT THE YEAR, ANY THIRD PARTY

INTERACTIONS THAT MAY GIVE RISE TO THE APPEARANCE OF A CONFLICT OF INTEREST

MUST BE REPORTED TO THE COMPLIANCE OFFICER WITHIN ONE WEEK OF OCCURRENCE.

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

THE CEO MAKES SALARY RECOMMENDATIONS FOR OFFICERS AND KEY EMPLOYEES TO THE

BOARD OF DIRECTORS BASED ON PERFORMANCE EVALUATIONS, COST OF LIVING

CHANGES, MARKET COMPARABILITY DATA, AND BUDGET CONSTRAINTS. PROFILES ARE

PREPARED FOR EACH OFFICER AND KEY EMPLOYEE INCLUDING THE INDIVIDUAL'S

CURRENT SALARY, PERFORMANCE SUMMARY, MARKET COMPARABILITY DATA, AND

RECOMMENDED SALARY FOR THE FOLLOWING YEAR. THE BOARD REVIEWS THE PROFILES

AND APPROVES/DISAPPROVES THE RECOMMENDATIONS.

HUMAN RESOURCES PREPARES A PROFILE FOR THE CEO POSITION; HOWEVER, NO SALARY

RECOMMENDATION IS MADE. THE BOARD REVIEWS THE CEO PROFILE, WHICH INCLUDES

MARKET COMPARABILITY, AND DISCUSSES IT ALONG WITH PERFORMANCE AND BUDGET

Name of the organization ROBERT R. MCCORMICK FOUNDATION	Employer identification number 36-3689171
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AND AGREES ON AN ANNUAL SALARY FOR THE CEO. THE BOARD COMMUNICATES IN WRITING VIA EMAIL TO HUMAN RESOURCES THE SALARY INCREASE FOR THE CEO. THE COMPENSATION PROCESS DESCRIBED ABOVE IS DONE ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, CA, CO, CT, FL, GA, IL, KY, MD, MA, MI, NJ, NY, NC, OH, PA, RI, SC, TN, UT, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND LOCATED ON ITS WEBSITE

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POST-PERIOD ADJUSTMENT TO GRANT EXPENDITURES	-7,204,819.
PRESENT VALUE OF GRANTS ADJUSTMENT	2,711,926.
TOTAL TO FORM 990, PART XI, LINE 9	-4,492,893.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">ROBERT R. MCCORMICK FOUNDATION</p>	Employer identification number <p align="center">36-3689171</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CANTIGNY FOUNDATION - 36-3689172 1 S. 151 WINFIELD ROAD WHEATON, IL 60189	MUSEUMS, PARK, GOLF	ILLINOIS	501(C)(3)	LINE 10	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.