**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing				
<b>B</b> c	heck if	C Name of organization		D Employer identifi	cation number		
	Addre	SS GILDA'S CLUB CHICAGO					
	Name chang	Doing business as		36-41151	44		
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	∃Final return			(312) 46	4-9900		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,051,898.		
	Amen return	CHICAGO, IL 00054		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: LAUKAUANE HIDE		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
1 7	ax-ex	empt status: $X$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
J V	Vebsi	te: WWW.GILDASCLUBCHICAGO.ORG		H(c) Group exemption	n number		
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1996	M State of legal domicile: IL		
Pa	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: TO El	NSURE	THAT PEOPLE	IMPACTED		
Activities & Governance		BY CANCER ARE EMPOWERED BY KNOWLEDGE, STR					
па	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	30		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	30		
တ္ခ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	17		
ij	6	Total number of volunteers (estimate if necessary)		6	100		
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
ø)	8	Contributions and grants (Part VIII, line 1h)		1,875,600.	1,507,319.		
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,793.	21,533.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		227,499.	329,601.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,121,892.	1,858,453.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,300,339.	1,411,716.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 456,00	06.				
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		532,100.	603,068.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,832,439.	2,014,784.		
		Revenue less expenses. Subtract line 18 from line 12		289,453.	-156,331.		
P. O.			Ве	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		1,989,984.	1,839,607.		
t As	21	Total liabilities (Part X, line 26)		122,786.	128,740.		
		Net assets or fund balances. Subtract line 21 from line 20		1,867,198.	1,710,867.		
	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is		
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of what	nich preparer	has any knowledge.			
		Cianatura of officer		l Date			
Sigi		Signature of officer		Date			
Her	е	LAURAJANE HYDE, CHIEF EXECUTIVE OFFICER  Type or print name and title					
			Tr	Date Check F	PTIN		
	•	Print/Type preparer's name Preparer's signature		: L			
Paid		IZABELA POLUDNIAK IZABELA POLUDNIA	-1.Λ.  U	7/29/24 self-employ			
	arer	Firm's name SASSETTI LLC		Firm's EIN 3	6-2239746		
use	Only	Firm's address 2107 SWIFT DRIVE, SUITE 210		D. / 7	001 206 1422		
		OAK BROOK, IL 60523		Phone no. (7	08) 386-1433		
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		
11/	· -	Henemically Deducation Act Notice and the concrete inchrications	0.04.00		<b>44</b> 11 (0000)		

Pa	Check if Schedule O contains a reappage or note to any line in this Best III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO ENSURE THAT ALL PEOPLE IMPACTED BY CANCER ARE EMPOWERED BY
	KNOWLEDGE, STRENGTHENED BY ACTION, AND SUSTAINED BY COMMUNITY.
	MOVIDED DI ACTION, AND BODIATADD DI COMMONITI.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 1,380,339 • including grants of \$) (Revenue \$
	THE MISSION OF GILDA'S CLUB CHICAGO IS TO ENSURE THAT ALL PEOPLE
	IMPACTED BY CANCER ARE EMPOWERED BY KNOWLEDGE, STRENGTHENED BY ACTION,
	AND SUSTAINED BY COMMUNITY. IN 2023, GILDA'S CLUB CHICAGO HOSTED 2,419
	PROGRAMS, SERVED 3,172 UNIQUE INDIVIDUALS, AND HAD 16,321 PROGRAM
	VISITS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,380,339.
	Form <b>990</b> (202

# Form 990 (2023) GILDA'S CLUB CHICAGO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the Light of Object	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  17</del> a		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	۰.		<b> </b> ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2023) GILDA'S CLUB CHICAGO
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		$\vdash$
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		$\vdash$
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	v	
Par	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 39		. 55	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990 (2023) GILDA'S CLUB CHICAGO

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

			_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	nts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi			۱		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		arouidad to the navor	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uired	7b	- 17	
С	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	ı			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	١	I			
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	•	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	1	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	

36-4115144 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 30 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 30 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\,\,\,$  IL 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 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

LEGACY PROFESSIONALS LLP - (312) 368-0500

4 WESTBROOK CORP CENTER, SUITE 700, WESTCHESTER,

# 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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not cl unles	ss per	ition more son is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LAURAJANE HYDE CHIEF EXECUTIVE OFFICER	50.00			х				133,573.	0.	4,034.
(2) BRADFORD NEWOUIST	40.00							155,575	0.	4,034.
DIRECTOR OF DEVELOPMENT	40.00					Х		132,306.	0.	3,697.
(3) KATHLEEN BOSS	40.00									<u> </u>
CHIEF PROGRAM OFFICER						x		119,211.	0.	3,721.
(4) JENNIFER CAVANAUGH	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) BILL ALBIN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) WILLIAM ADAMS IV	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) JERRY AZUMAH	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) MONROE ANDERSON	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) PAULA CONRAD	1.00	3,7							0	0
DIRECTOR (10) PARRADA GOOVEY	1 00	Х						0.	0.	0.
(10) BARBARA COONEY DIRECTOR	1.00	Х						0.	0.	0.
(11) RONALD CULP	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(12) STEPHEN D'AMORE	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1:00	Х						0.	0.	0.
(13) CHRISTOPHER FOLTMAN	1.00							•	•	
DIRECTOR		х						0.	0.	0.
(14) SUSAN GOODENOW	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JON HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) LAURA HORN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JIM JACOBSOHN	1.00									
DIRECTOR		Х						0.	0.	990 (2022)

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Part	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghes	st Co	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(-1-			sitior			Reportable	Reportable	E	stimate	ed
		hours per	box	, unle	ss pe	erson	than	n an	compensation	compensation	ar	mount o	of
		week	offi	cer ar	nd a c	directo	or/trus	tee)	from	from related		other	
		(list any	ector						the	organizations	com	npensa	tion
		hours for	or dire	a a			ted		organization	(W-2/1099-MISC/	fr	rom the	Э
		related	stee (	trustee			Sensa		(W-2/1099-MISC/	1099-NEC)	, ·	ganizati	
		organizations below	al tru	onal t		loyee	le s		1099-NEC)		l	d relate	
		line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			orga	anizatio	ons
(18)	LISA KONIECZKA	1.00	<u>=</u>	Ĕ	튱	ē.	를 'a	요			<del> </del>		
DIRE		1.00	Х						0.	0.			0.
	SANDYE LERNER	1.00	25				$\vdash$		•	•			
DIREC			х						0.	0.			0.
(20)	AUSTIN LOVE	1.00											
DIREC	CTOR		Х						0.	0.			0.
(21)	SARAH MCENEANEY	1.00											
DIREC	CTOR		Х				_		0.	0.			0.
	JAMES MITCHELL	1.00	1						_	_			
DIREC			Х						0.	0.			0.
	TIM MOHAN	1.00								•			_
DIREC		1 00	Х			-	_		0.	0.			0.
	STEVEN MOLO	1.00	.,							0			•
DIREC		1 00	Х		_	-	-		0.	0.			0.
	HEATHER MORRIS	1.00	٠,,						_	0			^
DIREC		1 00	Х			-	-		0.	0.	<u> </u>		0.
(26) DIRE	GABRIELLE NOVACEK	1.00	x						0.	0.			0
	0.1.1.1	l					<u> </u>		385,090.	0.	1	1,45	0. 52
	Subtotal  Total from continuation sheets to Part VI								363,090.	0.	┷	1,4	0.
	Total (add lines 1b and 1c)								385,090.	0.	1	1,45	
	Total number of individuals (including but n								•			<del> / _ \</del>	
_	compensation from the organization	ot minica to th	000	11010	a u	5010	, ***	10 10	ocived more than \$100,	ooo or reportable			3
												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee, k	cev e	ame	love	e, or	hial	nest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s			-	-	-		-	•	•	3		Х
	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	J fo	or such individual		4		Х
	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch	pers	on				5		X

**Section B. Independent Contractors** 

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 NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than 

Form 990 GILDA'S	CLUB CHI	CA	<u>.GC</u>	)					36-411	5144
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		ee	u beu				organizations
	below	dual tı	ıtiona	_	nploy	stcor	-			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR. JEFF RAIZER	1.00									
DIRECTOR		Х						0.	0.	0.
(28) SHERMAN REYNOLDS	1.00									
DIRECTOR		Х						0.	0.	0.
(29) ALEX RICHARDSON	1.00									
DIRECTOR		Х						0.	0.	0.
(30) LESLIE SAWYER	1.00									
DIRECTOR		Х						0.	0.	0.
(31) DAVID SELBY	1.00								_	
DIRECTOR		Х						0.	0.	0.
(32) PETER VOLPE	1.00									•
DIRECTOR	1 00	X	_					0.	0.	0.
(33) LARRY WERT	1.00	.,							_	0
DIRECTOR		Х				_		0.	0.	0.
			_			_				
			$\vdash$							
			$\vdash$			$\vdash$				
		-								
		-								
			_			_				
Total to Part VII, Section A, line 1c										

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<b>'0</b> '0	4 -	Forderestand communication of the state of t					
nts Ints		Federated campaigns 1a					
Gra		Membership dues 1b	FF2 706				
S, (		-	553,706.				
a Gif	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above <b>1f</b>	953,613.				
ΞÓ	g	Noncash contributions included in lines 1a-1f	27,055.				
Sol	h	Total. Add lines 1a-1f		1,507,319.			
			Business Code				
Φ.	2 a						
Š	2 b						
er ue							
n S	C						
an Be	d						
Program Service Revenue	е						
۵		All other program service revenue					
_	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		21,533.			21,533.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	Circos amount nom outes of	(ii) Other				
		assets other than inventory 7a					
-	b	Less: cost or other basis					
an		and sales expenses					
Ş.	С	Gain or (loss) <b>7c</b>					
ther Revenue		Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
₹		including \$ 553,706. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	523,046.				
	b	Less: direct expenses 8b	193,445.				
				329,601.			329,601.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	IU a	•					
		and allowances 10a					
		Less: cost of goods sold 10b					
_	С	Net income or (loss) from sales of inventory					
S			Business Code				
o o	11 a						
ane	b						
Miscellaneous Revenue	С						
Alisc B	d	All other revenue					
_	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,858,453.	0.	0.	351,134.

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#### 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 (**D**) Fundraising expenses (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 100,240. 7,888. 133,573. 25,445. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 992,052. 744,487. 58,582. 188,983. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 192,647. 145,994. 11,505. 35,148. Other employee benefits 9 <del>17,</del>801. 93,444. 70,125. 5,518. 10 Payroll taxes Fees for services (nonemployees): Management Legal 62,654. 15,192. 31,657. 15,805. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 146,766. 32,844. 206,058. 26,448. column (A), amount, list line 11g expenses on Sch O.) 29,871. 1,777. 28,094. Advertising and promotion 12 45,590. 32,340. 1,813. 11,437. Office expenses 13 1,298. 1,038. 65. 195. Information technology 14 15 Royalties 49,604. 23,416. 1,550 24,638. 16 Occupancy 12,334. 11,971. 8. 355. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 883. 563. 320. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 33,921. 27,136. 1,697. 5,088. Depreciation, depletion, and amortization 22 32,690. 26,153. 1,634. 4,903. 23 Other expenses. Itemize expenses not covered 24 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.) 29,809. 23,675. 74,636. 21,152. LICENSES, FEES, AND DUE FOOD AND BEVERAGE 53,529. 3,332. 3. 50,194. С d All other expenses 2,014,784. 1,380,339. 178,439. 456,006. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	363,740.	1	310,211.		
	2	Savings and temporary cash investments			570,323.	2	591,553
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			111,613.	4	18,590
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ns		5		
	6	Loans and other receivables from other disqua	ons (as defined				
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			34,243.	9	31,779
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	2,829,161.			
	b	Less: accumulated depreciation	. 10b	1,941,687.	910,065.	10c	887,474
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1 000 004	15	1 000 600		
	16	Total assets. Add lines 1 through 15 (must ed			1,989,984.	16	1,839,607
	17	Accounts payable and accrued expenses	122,786.	17	118,740		
	18	Grants payable		18	10 000		
	19	Deferred revenue				19	10,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub				22	
Lia	23	controlled entity or family member of any of the Secured mortgages and notes payable to unre	-			23	
	23 24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			122,786.	26	128,740
		Organizations that follow FASB ASC 958, c	heck here	X	•		,
ès		and complete lines 27, 28, 32, and 33.					
auc	27				1,818,200.	27	1,710,867.
Bala	28				48,998.	28	0.
nd		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
ρ	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32			1,867,198.	32	1,710,867.	
_	33	Total liabilities and net assets/fund balances			1,989,984.	33	1,839,607.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,85		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	-15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,86	7,1	<u>98.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,71	0,8	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2023)

#### **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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		GTTD.	A'S CLUB C	HICAGO					6-4115144		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 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). (C	Complete Part II.)								
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	-				-	neral p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		_		_	•			
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org			•	ed in conju	nction with a land	-grant	college		
		or university or a non-land-g				-		-	-		
		university:		,				ŭ			
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s, membership fee	es, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its sup	port fr	rom gross investment		
		income and unrelated busin	•	•			-	-	•		
		See section 509(a)(2). (Cor	mplete Part III.)			•	,				
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry or	ut the	purposes of one or		
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509</b> (a	a)(3). C	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typica	lly by (	giving		
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustees of	the su	pporting		
		organization. You must o	omplete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s),	by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage th	e supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functionally int	egrate	d with,		
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its supported o	organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an a	ttentiv	reness		
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	٧.				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Ty	pe III			
		functionally integrated, or									
f	Ente	er the number of supported o	organizations								
g		vide the following information			(iv) Is the oran	anization listed	(.) A		( -2) A		
	(	<ul><li>i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of mon- support (see instruc	-	(vi) Amount of other support (see instructions)		
		Organization		above (see instructions))	Yes	No	Support (See motive	110110)	Support (See motivations)		

## 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.)

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  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  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (f)  5 Public support. Subractives is from ine 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from similar sources  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  14 Public support test - 2023. (line 6, column (f), divided by line 11, column (f))  15 Public support test - 2023. (line 6, column (f), divided by line 11, column (f))  16 Public support test - 2023. (life to column (f), divided by line 11, column (f))  15 Public support test - 2023. (life to column (f) divided by line 11, column (f))  16 Public support test - 2023. (life to column (f) divided by line 11, column (f))  16 Public support test - 2023. (life to column (f) divided by line 11, column (f))  16 Public support test - 2023. (life to column file of the c	Section A. Public Support						
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membership fees received. (Do not include any "nunsual grants.")  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  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, Subtractive 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, ents, royaltes, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)  10 Total support. Add lines 7 through 10  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  15 Total support. Add lines 7 through 10  16 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  16 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  16 Section 20 Section 2022 Schedule A, Part II, line 14  16 Source and ether paid to the column (f) and theck the box on line 13, and line 14 is 33 1/3% or more, check this box and		, ,	, , .===	, , .==.	, ,	, , .===	· · · · · · · · · · · · · · · · · · ·
include any "unusual grants.")  2 Tax revenues levied for the organization 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  5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtractive 5 from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Ald lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 Carcas receipts from related activities, etc. (see instructions)  14 Total support. Ald lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 Carcas receipts from related activities, etc. (see instructions)  15 Test 5 years. If the Form 990 is for the organization of Public Support Percentage  16 Public support percentage for 2023 Schedule A, Part II, line 14  16 Public support generatage for 2023 Schedule A, Part II, line 14  16 93 1/3% support test-2023. If the organization of otherck the box on line 13, and line 14 is 33 1/3% or more, check this box and							
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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 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. Subtractine 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 660 . 10 , 050 . 329 , 601 . 340 , 31 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . 9 , 705 . 1 , 148 . 10 , 85 12 Gross receipts from related activities, etc. (see instructions) 11 Total support. Add lines 7 through 10 . 9 , 705 . 1 , 148 . 10 , 85 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 Fublic support percentage for 2023 (line 6, column (f), divided by line 11, column (f) . 14	2 Tax revenues levied for the organ-						
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furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from ornelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  15 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 2023 (line 6, column (f), divided by line 11, column (f))  15 Total support server 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 2023 (line 6, column (f), divided by line 11, column (f))  15 Total support server as a section 501(c)(3) organization of percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	or expended on its behalf						
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4 Total. Add lines 1 through 3	furnished by a governmental unit to						
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) 15891.7  6 Public support. Subtract line 5 from line 4. 74676.5  Section B. Total Support  Calendar year (or fiscal year beginning in) 7, Amounts from line 4 1716777. 2063709. 1684520. 2084479. 1507319. 90568.6  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 3,123. 2,126. 1,280. 18,793. 21,533. 46,85.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 660. 10,050. 329,601. 340,31.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 9,705. 1,148. 10,85.  11 Total support. Add lines 7 through 10 945482.  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 2023 (line 6, column (f), divided by line 11, column (f)) 14 78.98  15 Public support percentage from 2022 Schedule A, Part II, line 14  15 84.32  16 33 1/3% support test - 2023. If the organization id not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	the organization without charge						
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Column (f)   158917   1746763   1746777   17	amount shown on line 11,						
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4	anlumn (f)						1589170.
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business is regularly carried on 660 \ 10,050 \ 329,601 \ 340,31  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 9,705 \ 1,148 \ 10,85  11 Total support. Add lines 7 through 10 945482  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 2023 (line 6, column (f), divided by line 11, column (f)) 14 78 \ 98 \ 15 84 \ 32 \ 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
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12 Gross receipts from related activities, etc. (see instructions)  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 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and				277001			9454823.
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organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
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Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  14 78.98  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
Public support percentage from 2022 Schedule A, Part II, line 14  15  84.32  16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and				column (f))		14	78.98 %
16a 33 1/3% support test - 2023. 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 - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
and <b>stop here.</b> The organization qualifies as a publicly supported organization	• •	•		•			
17a 10% -facts-and-circumstances test - 2023. 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							
mosts the facts and size materials test. The experientian qualifies as a publicly supported experientian					rachian		
b 10% -facts-and-circumstances test - 2022. 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		•				•	. 5,0 01
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization					-		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions					•		
- Trace realization in the organization and not officed a box of time 10, 100, 174, of 175, officed this box and see instructions		. G.G HOL GHOOK A I	33/1 JII III 10, 108	a, 100, 170, 01 170	, cricon and box a	14 300 H 13H 40H0H2	·

332022 12-21-23

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

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

Sec	etion A. Public Support	ciow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
	·						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		( ) 0040	1,0000	( ) 0004	( 1) 0000	1 () 2000	(n T
	ndar year (or fiscal year beginning in)  Amounts from line 6	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
L	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 20, 1075						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b  Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
	check this box and stop here	- 0 1 D					
	ction C. Computation of Publi			. (2)		T I	
	Public support percentage for 2023 (I		- ·			15	<u>%</u>
	Public support percentage from 2022 etion D. Computation of Inves					16	<u>%</u>
				ine 10 oct (5)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 :t
198	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar	=	-	•	• •		
t	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u>

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Schedule A (Form 990) 2023

## 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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	<del>4</del> a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01.		
	9b		
	9с		
	33		
	10a		
	10b		
Schedule	A (Forn	n 990)	2023

determine whether the organization had excess business holdings.)
332024 12-21-23

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.4		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
	and Driffer capperang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
·	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
Sec	tion D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
~				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	is).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
2	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 GILDA'S CLUB CHICAGO			36-4115144 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2023

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

6

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

### **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 Inspection

Name of the organization

GILDA'S CLUB CHICAGO

**Employer identification number** 36-4115144

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric 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	
day of the tax year.	eld 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 on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
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
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering economication eacemen	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d 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 describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	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	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
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:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
	chedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ied)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following that	make sig	nificant us	se of its		
	collection items (check all that apply).									
а	Public exhibition	C	i 🗌	Loan or exc	hange progra	am				
b	Scholarly research	e	, .	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exem	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang	<b>jements</b> Comple	te if the	organizatior	n answered "	Yes" on F	orm 990, I	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other as	sets not ir	ncluded		_	
	on Form 990, Part X?							$\square$	Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						/?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds Complete if	the organization ans	swered "	Yes" on For	m 990, Part	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (	<b>d)</b> Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	ı, column (a	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation that	t are held ar	nd administer	ed for the			_	
	organization by:								\	res No
	(i) Unrelated organizations?								3a(i)	
	(m) D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	I "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated	t l	(d) Book	value
		basis (investr	ment)		(other)	depi	eciation			
1a	Land			72	5,000.				725	,000.
b	Buildings			1,52	7,558.	1,3	87,02	6.		,532.
С	Leasehold improvements									
d	Equipment			42	6,658.	4	15,04	9.	11	,609.
ее	Other			14	9,945.	1	39,61	2.	10	,333.
	. Add lines 1a through 1e. (Column (d) must ed		X. line 1	Oc column	(B))					,474.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GILDA'S CLUE	CHICAGO	36	5-4115144 Page
Part VII Investments - Other Securities  Complete if the organization answered "Yes" of	in Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
1) Financial derivatives	(-,	(-,	,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. See Form 330, Fart X, line 13.	(b) Book value
	7000111211011		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			1

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

(9)

Sche	dule D (Form 990) 2023 GILDA'S CLUB CHICAGO			36-4	4115144 P	age '
Pai	t XI Reconciliation of Revenue per Audited Financial	Statements With Re	evenue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	s		1	1,944,4	03.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	85,950.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	اما				
е	Add lines 2a through 2d			2e	85,9	50.
3	Subtract line 2e from line 1			3	1,858,4	53.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	e 12.)		5	1,858,4	53.
Pa	t XII Reconciliation of Expenses per Audited Financia	l Statements With E	xpenses per R	eturi	n	
	Complete if the organization answered "Yes" on Form 990. Part	IV. line 12a.				

2,100,734. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 85,950. a Donated services and use of facilities 2b **b** Prior year adjustments Other (Describe in Part XIII.) 85,950. Add lines 2a through 2d 2,014,784. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

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

#### PART X, LINE 2:

THE ORGANIZATION CLAIMS EXEMPTION FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF STATE TAX CODES. THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY THE IRS AND THE CORRESPONDING STATE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

VIRTUAL FUNDRAISING EVENT EXPENSES SHOWN NET ON FINANCIAL STATEMENTS

Schedule D (Form 990) 2023	GILDA'S CLUB	CHICAGO	36-4115144	Page 5
Schedule D (Form 990) 2023  Part XIII   Supplemental Inform	rmation (continued)			
111	(continued)			

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

lame of the organization							ntification number
	CLUB CHICAGO					36-4115	144
<b>Part I</b> Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of from activity		to (c	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
<b>3</b> List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GILDA'S		(add col. (a) through
			GALA	NIGHT OUT	5	col. (c))
4			(event type)	(event type)	(total number)	COI. (C))
Revenue						
eve	1	Gross receipts	810,281.	62,512.	203,959.	1,076,752.
Œ						
	2	Less: Contributions	520,815.	23,853.	9,038.	553,706.
	3	Gross income (line 1 minus line 2)	289,466.	38,659.	194,921.	523,046.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs		14,230.		14,230.
Direct Expenses						
ect	7	Food and beverages	28,755.	23,463.	36,532.	88,750.
Ë						
	8	Entertainment	F0 120	6 601	05 506	00.465
	9	Other direct expenses	58,138.	6,621.	25,706.	90,465.
		Direct expense summary. Add lines 4 through				193,445.
Da	11 rt I			. 000 Dort IV line 10 or r		329,601.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Part IV, line 19, or r	eported more than	
		ψ13,000 0111 01111 990-E2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				3 1 3		(-7 3 (-7)
Re	1	Gross revenue				
	•	aross revenue				
	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
Ë						
rec.	4	Rent/facility costs				
Ճ						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_		handle a shaha (a) ta suda tala dha a suna at a dhan a san ab				
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
D	11	No," explain:				
10=	We	ere any of the organization's gaming licenses re	woked suspended orte	rminated during the tay w	rear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
		, <del></del>				

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 GILDA S CLUB CHICAGO 36-	<u>4115</u>	<u> 144</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
С	of gaming revenue retained by the third party \$ : If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
-	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. lin	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, ,

Schedule G	i (Form 990)	GILDA'S CLUB	CHICAGO	36-4115144	Page 4
Part IV	Supplemental Infor	GILDA'S CLUB mation (continued)			
	• • • • • • • • • • • • • • • • • • • •	(continued)			
_					

# SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	GILDA'S CLUB	CHICA	GO			36-	-4115	144	
Par									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Method of noncash contr		•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( PROGRAM SUPPLIE )	X	615	27,055.	FMV	•			
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>					
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	gh 28,	that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?						. 30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribu	tions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

### **SCHEDULE O** (Form 990)

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.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GILDA'S CLUB CHICAGO	36-4115144
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
SUSTAINED BY COMMUNITY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 B	EFORE IT IS
FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH DIRECTOR, PRINCIPAL OFFICER AND COMMITTEE MEMBER IS R	EQUIRED TO SIGN A
STATEMENT ANNUALLY AFFIRMING COMPLIANCE WITH THE CONFLICT	OF INTEREST
POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE GOVERNING BOARD UTILIZES A COMPENSATION ASSESSMENT PRO	VIDED BY A THIRD
PARTY AS THE BASIS FOR COMPENSATING ALL OF ITS EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE	TO THE PUBLIC
UPON REQUEST AT ITS OFFICES IN CHICAGO, ILLINOIS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTUAL PROGRAM SERVICES:	
PROGRAM SERVICE EXPENSES	131,004.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	10,050.
TOTAL EXPENSES	141,054.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023 Page 2

Name of the organization  GILDA'S CLUB CHICAGO	Employer identification number 36-4115144
INFORMATION TECHNOLOGY:	
PROGRAM SERVICE EXPENSES	6,438.
MANAGEMENT AND GENERAL EXPENSES	13,415.
FUNDRAISING EXPENSES	6,698.
TOTAL EXPENSES	26,551.
GRANT WRITING:	
PROGRAM SERVICE EXPENSES	6,380.
MANAGEMENT AND GENERAL EXPENSES	13,295.
FUNDRAISING EXPENSES	6,638.
TOTAL EXPENSES	26,313.
HUMAN RESOURCES AND DEI CONSULTING:	
PROGRAM SERVICE EXPENSES	2,944.
MANAGEMENT AND GENERAL EXPENSES	6,134.
FUNDRAISING EXPENSES	3,062.
TOTAL EXPENSES	12,140.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	206,058.
FORM 990, PART XII, LINE 2C	
THERE WERE NO CHANGES TO THE OVERSIGHT PROCESS OR SELECT:	ION PROCESS
DURING THE TAX YEAR.	

Schedule O (Form 990) 2023