Form **990-PF**

Department of the Treasury Internal Revenue Service

Extended to November 15, 2024 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

2023 Open to Public Inspection

OMB No. 1545-0047

For c	alen	idar year 2023 or tax year beginning		, and e	nding		
		foundation				A Employer identification	number
		Chicago Innovation Four	Idation				
		Rosalyn King				45-1225075	
Num	ber a	nd street (or P.O. box number if mail is not delivered to street ac	ldress)		Room/suite	B Telephone number	
_2	00	1 North Halsted Street			201	312-988-15	39
City	or t	own, state or province, country, and ZIP or foreign po	ostal code			C If exemption application is pe	ending, check here
C	hi	cago, IL 60614					
G C	heck	all that apply: 📃 Initial return	Initial return of a for a f	ormer public o	charity	D 1. Foreign organizations	, check here 📖 🗌
		Final return	Amended return			0	
		Address change	Name change			2. Foreign organizations means check here and attach con	mputation
НC	heck	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation stat	tus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust		tion		under section 507(b)(1)	(A), check here 📖 🗌
			ng method: 🛛 🗴 Cash	Accr	ual	F If the foundation is in a (60-month termination
(fr	om F		her (specify)			under section 507(b)(1)	(B), check here
_	\$	161 , 459 . (Part I, colum	ın (d), must be on cash basi	s.)			r
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		ivestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a).)	expenses per books	inco	JIIIe	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	897,080.				
	2	Check if the foundation is not required to attach Sch. B Interest on savings and temporary					
	3	cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
		Net rental income or (loss)					
ø	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
enu	b	assets on line 6a					
Revenue		Capital gain net income (from Part IV, line 2)			0.	0	
-	8	Net short-term capital gain				0.	
	9	Income modifications Gross sales less returns					
		and allowances					
		Less: Cost of goods sold					
		Gross profit or (loss)					
		Other income	897,080.		0.	0.	
_	12	Total. Add lines 1 through 11	165,800.		0.	0.	0.
	13	Compensation of officers, directors, trustees, etc.	105,000.		0.	0.	0.
		Other employee salaries and wages Pension plans, employee benefits					
ŝ		Legal fees					
nse	iua h						
6 B	с С	Accounting fees Other professional fees Stmt 1	464,569.		0.	0.	0.
Administrative Expense	17	Interest	2,125.		0.	0.	0.
ativ	18	Taxes	_,				
stra	19	Depreciation and depletion					
ini	20	Occupancy	38,669.		0.	0.	0.
Adn	21	Travel, conferences, and meetings	2,034.		0.	0.	0.
and /	22	Printing and publications					
	23	Other expenses Stmt 2	358,870.		0.	0.	0.
Operating	24	Total operating and administrative	·				
<u>ers</u>		expenses. Add lines 13 through 23	1,032,067.		Ο.	0.	0.
ŏ	25	Contributions, gifts, grants paid	11,103.				11,103.
	26	Total expenses and disbursements.					
		Add lines 24 and 25	1,043,170.		0.	0.	11,103.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-146,090.				
		Net investment income (if negative, enter -0-)			0.		
	C	Adjusted net income (if negative, enter -0-)				0.	
LHA	F	or Paperwork Reduction Act Notice, see instruction	S. 323501 12-20-23				Form 990-PF (2023)



The	Chi	cago	Innovation	Foundation
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For	m 99	10-PF (2023) c/o Rosalyn King	0 41144 0 2 0 11	45-2	L225075 Page 2
D	art	II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
F	αιι	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	307,549.	161,459.	161,459.
	2	Savings and temporary cash investments			
		Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Ś	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	307,549.	161,459.	161,459.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
litie	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabiliti	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
			_		
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
Se		and complete lines 24, 25, 29, and 30.			
ũ	24	Net assets without donor restrictions			
3ala	25	Net assets with donor restrictions			
ЫĞ		Foundations that do not follow FASB ASC 958, check here 🛄 🔟			
Fur		and complete lines 26 through 30.			
P	26	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balances	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
A ss	28	Retained earnings, accumulated income, endowment, or other funds \dots	307,549.	161,459.	
let /	29	Total net assets or fund balances	307,549.	161,459.	
z				1 6 1 4 5 0	
	30	Total liabilities and net assets/fund balances	307,549.	161,459.	
Ρ	art	III Analysis of Changes in Net Assets or Fund Ba	ances		
_					

1	lotal net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	307,549.
2	Enter amount from Part I, line 27a	2	-146,090.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	161,459.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	161,459.
			Form 990-PF (2023)

	The	Chicago	Innovation	Foundation
Form 990-PF (2023)	c/o	Rosalvn	King	

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	and Losses for Tax on In	vestment Income				
(a) List and describe 2-story brick wa	the kind(s) of property sold (for exame arehouse; or common stock, 200 shs	mple, real estate, . MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a						
b NO	NE					
С						
d						
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) ((e) plus (f) minus (
a						
b						
C						
d						
e Oomenlate only for coasts abouin		he foundation on 10/01/00				
Complete only for assets showin	ng gain in column (h) and owned by t			(I) Gains (Col. (h) gain	minus 1 -0-1 or	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		col. (k), but not less than -0-) or Losses (from col. (h))		
a						
b						
<u>C</u>						
d e						
Part I, line 8	ss) as defined in sections 1222(5) an column (c). See instructions. If (loss	ıd (6): s), enter -0- in) 2) 3			
Part V Excise Tax Bas	sed on Investment Incom	e (Section 4940(a), 4	940(b), or 4948	 see instruction 	ns)	
1a Exempt operating foundations	described in section 4940(d)(2), che	ck here 🔜 🛄 and enter "	'N/A" on line 1.]		
Date of ruling or determination		tach copy of letter if necessar			0.	
	enter 1.39% (0.0139) of line 27b. Ex					
4% (0.04) of Part I, line 12, col	.(b)				2	
	tic section 4947(a)(1) trusts and taxa	ble foundations only; others, e	enter -0-)		0.	
					0.	
	stic section 4947(a)(1) trusts and tax				0.	
	me. Subtract line 4 from line 3. If ze	ro or less, enter -U-		5	0.	
6 Credits/Payments:	and 2020 overneyment eredited to 20			b.		
	nd 2022 overpayment credited to 20 tax withheld at source			D.		
	tension of time to file (Form 8868)			0.		
	y withheld			D.		
	d lines 6a through 6d				0.	
	ment of estimated tax. Check here				0.	
renarry for anabipay					U 4	
9 Tax due. If the total of lines 5 a						
	and 8 is more than line 7, enter amo i than the total of lines 5 and 8, enter	unt owed			0.	

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The Chicago Innovation Foundation c/o Rosalyn King

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1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year?	1a 1b 1c 2 3 4a 4b 5	Yes	No X X X X X X X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$	1b 1c 2 3 4a 4b		X X X X X
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distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <u>O.</u> (2) On foundation managers. <u>O.</u> e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <u>O.</u> e Enter the reimbursement (if any) of the activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 44 Did the foundation take unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? N/A 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV 8a Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as	2 3 4a 4b		X X X
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 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV 8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>IL</u> b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar 			
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 8a Enter the states to which the foundation reports or with which it is registered. See instructions	6	X	<u> </u>
IL b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	7	X	<u> </u>
IL b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
 b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar 			
of each state as required by <i>General Instruction G?</i> If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		v	
	8b	X	<u> </u>
year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII		x	
	9	A X	├──
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses Stmt 3	10	^	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			x
section 512(b)(13)? If "Yes," attach schedule. See instructions	11		
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	10		x
If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12 13	х	
Website address N/A	13	А	L
	8-1	539	
Located at 2001 North Halsted Street, Chicago, IL			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\square
and enter the amount of tax-exempt interest received or accrued during the year 15		/A	
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,	11	Yes	No
example a second s	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		
foreign country			
	m 99	0-PF	(2023)

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Form 990-PF (2023)

The Chicago Innovation Foundation

Form 990-PF (2023) c/o Rosalyn King	45-122507	5	Page 5
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1a(2		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1) X	
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?		5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)		5)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions			X
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2023?	1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2023?	2a		X
If "Yes," list the years , , , ,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	ot 🛛		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac			
statement - see instructions.)	N/A 2b		
c If the provisions of section $4942(a)(2)$ are being applied to any of the years listed in 2a, list the years here.			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a		X
b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons af	ter		
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d	ispose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2023.)	N/A 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that		
had not been removed from jeopardy before the first day of the tax year beginning in 2023?			X
	Form 9	90-PF	(2023)

Form **990 'F** (2023)

The Chicago Innovation Foundation

Form 990-PF (2023) c/o Rosalyn King $45-1225$	075	r	
Form 990-PF (2023) c/o Rosalyn King 45-1225 Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)	075	ł	² age 6
		Yes	No
5a During the year, did the foundation pay or incur any amount to:			X
 (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) between these targets of the section of the section	5a(1)		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,	5a(2)		х
any voter registration drive?(3) Provide a grant to an individual for travel, study, or other similar purposes?			X
	5a(3)		- 21
(4) Provide a grant to an organization other than a charitable, etc., organization described in section	Ea(A)		Х
4945(d)(4)(A)? See instructions	5a(4)		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for	- (-)		37
the prevention of cruelty to children or animals?	5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
c Organizations relying on a current notice regarding disaster assistance, check here			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained			
expenditure responsibility for the grant?N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on			
a personal benefit contract?	6a		Х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		Х
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
excess parachute payment(s) during the year?	8		Х

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and the	neir compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Thomas Kuczmarski	President			
2001 N. Halsted Avenue				
Chicago, IL 60614	20.00	0.	0.	0.
Rosalyn King	Treasurer			
2001 N. Halsted Avenue				
Chicago, IL 60614	15.00	45,000.	0.	0.
Luke Tanen	Executive Dir	ector		
2001 N. Halsted Avenue				
Chicago, IL 60614	15.00	120,800.	0.	0.
]			
]			

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
NONE						
Total number of other employees paid over \$50,000						

Form **990-PF** (2023)

Part VII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion managers, rignly	
Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensati
NONE	_	
	_	
	_	
tal number of others receiving over \$50,000 for professional services		
Part VIII-A Summary of Direct Charitable Activities		1
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statist umber of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
Contributions to Other Public Charities		-
		- (
		-
		-
		-
		-
		-
Part VIII-B Summary of Program-Related Investments		
escribe the two largest program-related investments made by the foundation during the tax year on l	lines 1 and 2.	Amount
N/A		-
		-
		-
Il other program-related investments. See instructions.		
		-
		-
		1
		-
		C

Form 990-PF (2023)

Ρ	Minimum Investment Return (All domestic foundations must complete this part. Foreign fo	undatio	ons, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 232,973.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	232,973.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	232,973.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	3,495.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	229,478.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	11,474.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations, check here X and do not complete this part.)	and cer	tain
1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2023 from Part V, line 5		
b	Income tax for 2023. (This does not include the tax from Part V.)		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	
Ρ	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	11,103.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	11,103.
			Form 990-PF (2023)

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	ee instructions)	N/A		
	(a) Corpus	(b) Years prior to 2022	(C) 2022	(d) 2023
1 Distributable amount for 2023 from Part X,				
line 7				
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only b Total for prior years:				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e				
4 Qualifying distributions for 2023 from				
Part XI, line 4: \$				
a Applied to 2022, but not more than line 2a \dots				
b Applied to undistributed income of prior				
years (Election required - see instructions) \dots				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2023 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2022. Subtract line				
4a from line 2a. Taxable amount - see instr				
f Undistributed income for 2023. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2024				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by $170(h)(1)(F)$ or $4042(g)(2)$ (Election				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2018				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2024.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

10

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Form **990-PF** (2023)

The	Chicago	Innovation	Foundation
c/o	Rosalvn	King	

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Form 990-PF (2023) c/o Rosa Part XIII Private Operating Fo	alyn King	wations and Dout \// A	autorities O	45-122	25075 Page 10
			, question 9)		
1 a If the foundation has received a ruling or			00/	25/11	
foundation, and the ruling is effective for					40(:)(5)
b Check box to indicate whether the foundation		foundation described in		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2023	(b) 2022	Prior 3 years (c) 2021	(d) 2020	(e) Total
income from Part I or the minimum	(d) 2023	(0) 2022	(6) 2021	(u) 2020	(8) 10(a)
investment return from Part IX for	0.	0.	0.	0.	0
each year listed	0.	0.	0.	0.	0.
b 85% (0.85) of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XI,	11,103.	53,594.	35,245.	39,114.	139,056.
line 4, for each year listed		55,594.	55,245.	39,114.	139,030.
d Amounts included in line 2c not					
used directly for active conduct of	0.	0.	0.	0.	0.
exempt activities e Qualifying distributions made directly	0.	0.	0.	0.	0.
for active conduct of exempt activities.					
Subtract line 2d from line 2c	11,103.	53,594.	35,245.	39,114.	139,056.
3 Complete 3a, b, or c for the		55,554.	55,245.	55,114.	135,050.
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part IX, line 6, for each year					
listed	7,649.	10,047.	5,723.	849.	24,268.
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income	mation (Complete	this part only if	the foundation b	ad \$5,000 at mar	0.
Part XIV Supplementary Infor at any time during th			the foundation h	au ao,uuu or mor	e in assets
	ie yeai-see mstruc	,			

Information Regarding Foundation Managers: 1

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here | X | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Form 990-PF (2023)

The Chicago Innovation Foundation c/o Rosalyn King

art XIV Supplementary Information		D	1	
Grants and Contributions Paid During the Y	lf recipient is an individual,	Payment		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
hicago Help Initiative		PC	Providing access to	
40 N. Wells Street, Suite 440		r c	food, health services,	
hicago, IL 60654			shelter and employment	
			for disadvantaged	
			citizens of Chicago	1,00
hicago Inventors Organization		PC	Provides resources to	
647 S. Blue island			Inventors in	
hicago, IL 60608			navigating the complex	
			invention process to	
			create marketable	5,10
he Village Chicago		PC	Enhance the quality of	
502 N. Clark Street			life and enriching the	
hicago, IL 60614			experience of aging in	
			our communities	5,00
Total	· 	· ·		11,10
b Approved for future payment				
None				
Total				

12

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2023.05000 THE CHICAGO INNOVATION FO KUCZ5071

The Chicago Innovation Foundation c/o Rosalyn King

Part XV-A Analysis of Income-Producing Activities

		business income	Exclu	ded by section 512, 513, or 514	(1)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue: a	COUE		couc		
b					
с					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	└── ↓				
7 Other investment income	├ ─── ├				
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
с					
d					
		0.		0.	0.
12 Subtotal. Add columns (b), (d), and (e)					0.
13 Total. Add line 12, columns (b), (d), and (e)					0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Accon	nplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incon	ne is renorted in	column (e) of Part XV-A	contribu	ited importantly to the accom	nlishment of
the foundation's exempt purposes (other than b			contribu		
		,			

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Form **990-PF** (2023) 13 2023.05000 THE CHICAGO INNOVATION FO KUCZ5071

Form 99		023) c/o R Information Re	osalyn Ki egarding Tran	ng	on Foundation		45-1225 ips With Noncharita		Page	<u>e 13</u>
1 D:		Exempt Organ		- (1) (- 1)	and the second second second second	and a south sol to so a	504/->		Yes	
					g with any other organization	on described in sect	ion 501(c)		165 1	10
					to political organizations?					
		from the reporting founda						10(1)		х
								1a(1) 1a(2)		X
								14(2)		<u> </u>
										х
(1)	 (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 									x
										x
(3)	Reim	hursement arrangements						1b(3) 1b(4)		x
								1b(5)		X
(6)	Perfo	rmance of services or me	mbership or fundrais	sina solicitatio	ns			1b(6)		X
					ployees			10		Х
							market value of the goods, ot		ets.	
or	service		oundation. If the four	ndation receive		-	or sharing arrangement, sho			
(a) Line n	о.	(b) Amount involved	(c) Name of	f noncharitable	e exempt organization	(d) Description	n of transfers, transactions, and sha	aring arra	angements	
				N/A						
	_									
	_									
	_									
	_									
	_					_				
	_					_				
	_					_				
	_									
	_									
	_									
	_									
	_									
		-	-		or more tax-exempt organi					
		omplete the following sch		ction 52/?			L_	Yes	X	NO
<u>D</u>	res, co	(a) Name of org			(b) Type of organization		(c) Description of relationshi	in		
		N/A	Junization					<u>۷</u>		
					g accompanying schedules and s			the IBS d	liscuss this	_
Sign Here	and b	elief, it is true, correct, and co	mplete. Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	ation of which preparer	return show	n with the	e preparer ? See instr.	
	Sign	ature of officer or trustee	;		Date	Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
							self- employed			
Paid		James R. St	ern	James	R. Stern	11/14/24	P00	831	572	
Prepa	arer	Firm's name Elem		rtners		1	Firm's EIN 83-082			
Use (Jniy		4	~ .						
			1_W 22nd_		-					•
	Oak Brook, IL 60523						Phone no. (312)	263	-910	U

/ 4	202		00
Forn	n 99	0-PF	(2023)

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

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

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

<u>must use</u>	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
<u>Part I - Io</u>	lentification					
Type or Print	The Chicago Innovation Foundation				Taxpayer identification number (TIN)	
File by the	c/o Rosalyn King				45-122507	<u>'5</u>
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 2001 North Halsted Street,		ions.			
instructions.	City, town or post office, state, and ZIP code. For a for Chicago, IL 60614	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			. 04
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
After vo	ou enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable c	only for an	extension of	_
	e Form 5330.		, , , , , , , , , , , , , , , , , , , ,	J		
 If this a 	pplication is for an extension of time to file Form 5330, y	vou must ei	nter the following information.			
	n Name		C			
	n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			
	ooks are in the care of Rosalyn King	•	L.			
		ed Str	eet - Chicago, IL	60614		
Teleph	one No. 312-988-1539		Fax No.			
• If the o	organization does not have an office or place of business	s in the Uni	ted States, check this box			
	s for a Group Return, enter the organization's four-digit					check this
box	If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension is	for.
1 Ire	quest an automatic 6-month extension of time until $~~{f N}$	ovembe	er 15 , 20 24 , to file	e the exem	pt organization ret	urn for
	organization named above. The extension is for the orga					
Х	calendar year 20 23 or					
	tax year beginning	, 20	, and ending		. ,2	ງ
2 If th	he tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
<u> </u>	Change in accounting period					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less		¢	0.
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069				¢	0.
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				¢	0.
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						<u> </u>

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

The Chicago Innovation Foundation

	c/o Rosalyn King	45-1225075
Part XIV	Supplementary Information	
3a Grants a	nd Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
<u>Name of</u>	Recipient - Chicago Inventors Organization	
Provide	s resources to Inventors in navigating the complex	invention
process	to create marketable products	

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.	
Go to www.irs.gov/Form990 for the latest informatio	'n.

2023

Employer identification number

45-1225075

The	Chicago	Innovation	Foundation	
c/o	Rosalvn	King		

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

	B (Form 990) (2023)			Page 2	
Name of organization The Chicago Innovation Foundation			Emplo	yer identification number	
c/o Rosalyn King			45	-1225075	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.			
(a)	(b)	(c)		(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution	
1	Diane Dahl/The Hartell Group			Person X	
				Payroll	
	500 W. Superior, #603	\$5,0	00.	Noncash (Complete Part II for	
	Chicago, IL 60654			noncash contributions.)	
(a)	(b)	(c)		(d)	
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution	
2	Blue Daring			Person X	
	688 N. Milwaukee Avenue	\$ 5,0	00.	Payroll Noncash	
		•	<u> </u>	(Complete Part II for	
	Chicago, IL 60642			noncash contributions.)	
(a)	(b)	(c)		(d)	
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution	
3	Radio Flyer			Person X	
	6515 West Grand Avenue	\$5,0	00.	Payroll Noncash	
	Chicago, IL 60707			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution	
		Total containdado			
4	Dell			Person X Payroll	
	10 S. Riverside Plaza	\$15,0	00.	Noncash	
	Chicago, IL 60606			(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution	
5	CME Group			Person X Payroll	
	20 South Wacker Drive	\$25,0	00.	Noncash (Complete Part II for	
	Chicago, IL 60606			noncash contributions.)	
(a)	(b)	(c)		(d)	
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution	
6	Horizon Therapeutics			Person X	
	1 Horizon Way	\$ 25,0	00	Payroll Noncash	
		φ <u>25,0</u>	<u></u>	(Complete Part II for	
	Deerfield, IL 60015			noncash contributions.)	
323452 12-20	D-23			Schedule B (Form 990) (2023)	

	B (Form 990) (2023)		1	Page 2
	rganization hicago Innovation Foundation		Emplo	yer identification number
	osalyn King		45	-1225075
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	າຣ	(d) Type of contribution
7	Illinois Science and Energy Innovation 18 S. Michigan Avenue, 12th Floor	\$5,0	00.	Person X Payroll Noncash
	Chicago, IL 60603			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
8	Origin Ventures 549 W. Randolph, Suite 601 Chicago, IL 60661	\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
9	Reverb 3345 N. Lincoln Avenue Chicago, IL 60657	\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
10	Kadens Family Foundation 501 Silverside Road, Suite 123 Wilmington, DE 19809	\$15,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	າຣ	(d) Type of contribution
11	The Retirement Research Foundation 8765 W. Higgins Road, Suite 430 Chicago, IL 60631	\$15,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	าร	(d) Type of contribution
12	Thompson Coburn 55 E. Monroe Street Chicago, IL 60603	\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

	B (Form 990) (2023)		Page 2
	organization Phicago Innovation Foundation		Employer identification number
	osalyn King		45-1225075
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
13	West Monroe Partners		Person X Payroll
	222 W. Adams Street	\$15,0	
	Chicago, IL 60606		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
14_	YWCA Metropolitian Chicago		Person X Payroll
	1030 W. Van Buren St.	\$5,0	(Complete Part II for
	Chicago, IL 60607		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
15_	Lofty Ventures		Person X Payroll
	1500 N. Halsted St.	\$16,0	(Complete Part II for
	Chicago, IL 60642		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
16	Ruth Watkins		Person X Payroll
	525 N. Ocaen Blvd., Apt 715	\$5,0	
	Pompano Beach, FL 33062		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
17	Aberdeen Advisors		Person X
	222 W. Merchandise Mart Plaza, Suite 1212	\$15,0	
	Chicago, IL 60654		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
18_	Cigna		Person X
	One Express Way	\$10,0	00. Payroll Noncash (Complete Part II for
	<u>St. Louis, MO 63121</u>		noncash contributions.)

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Schedule B (Form 990) (2023)

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Page **2**

	B (Form 990) (2023)		F aralas	Page 2
	rganization hicago Innovation Foundation		Employ	er identification number
	osalyn King		45	-1225075
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
19	<u>Get Cities</u> 1200 W Harrison St.	\$20,0	00.	Person X Payroll Noncash (Complete Part II for
	Chicago, IL 60607			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
20	Inner-City Computer Stars (IC Stars) 415 N. Dearborn St., Suite 300 Chicago, IL 60654	\$40,2	<u>50.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
21	Insperity 10275 W. Higgins Road, Suite 800 Rosemont, IL 60018	\$10,0	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
22	Protiviti 101 N. Upper Wacker Dr., #1400 Chicago, IL 60606	\$20,0	<u>00.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
23	Relativity 231 S. LaSalle St. Chicago, IL 60604	\$5,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
24	7Wire Ventures 444 N. Michigan Ave. Chicago, IL 60611	\$5,0	<u>00.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

The Chicago Innovation Foundation c/o Rosalyn King 45-1225075 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 Airo Digital Labs X Person Payroll 1755 Park St., Ste 227 10,000. Noncash \$ (Complete Part II for Naperville, IL 60563 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 Transcarent X Person Payroll 58 South Park Street 5,000. Noncash \$ (Complete Part II for San Francisco, CA 94107 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 American Endowment Foundation X Person Payroll 5700 Darrow Road, #118 43,000. Noncash \$ (Complete Part II for Hudson, OH 44236 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 Joanna Bratt Person X Payroll 672 Village Drive \$ 20,000. Noncash (Complete Part II for Pompano Beach, FL 33060 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 Farmer's Fridge X Person Payroll 2000 W. Fulton St., F-310 5,000. Noncash (Complete Part II for Chicago, IL 60612 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 Kathy Bolhous Foundation X Person Payroll 200 W. Madison St., 2nd Floor 25,000. Noncash \$ (Complete Part II for Chicago, IL 60606 noncash contributions.)

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Schedule B (Form 990) (2023) Name of organization

Schedule B (Form 990) (2023)

2023.05000 THE CHICAGO INNOVATION FO KUCZ5071

Page **2**

Employer identification number

	B (Form 990) (2023)			Page 2
Name of organization The Chicago Innovation Foundation			Emplo	yer identification number
c/o Rosalyn King			45	-1225075
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
31_	The Lumpkin Family Foundation PO Box 1097	\$40,0	00.	Person X Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ne	(d)
32	McCann Partners <u>3009 W. Newport Ave.</u> <u>Chicago, IL 60618</u>	\$10,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
33	Mycocycle 503 S. Weber Rd., #220 Bolingbrook, IL 60490		00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
34_	Jai Shekhawat 800 N. Michigan Ave., Apt 4402 Chicago, IL 60611	\$10,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
35	Milwaukee Tool 13135 West Lisbon Road Brookfield, WI 53005	\$5,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
36_	Boomerang Catapult 10850 E Traverse Hwy, Ste 4400	\$5,0	00.	Person X Payroll Noncash (Complete Part II for
323452 12-20	Traverse City, MI 49684			noncash contributions.) Schedule B (Form 990) (2023)

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Name of organization The Chicago Innovation Foundation c/o Rosalyn King Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) No. Name, address, and ZIP + 4 37 DA Davidson

	6245 Grand Ave, Ste 2600 Los Angeles, CA 90017	_ \$ <u>37,749.</u> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38	Discovery Partners 200 S Wacker Drive, 4th Floor Chicago, IL 60606	\$\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39	Reven Fellars 318 W Willow St Chicago, IL 60614	\$ 22,500. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
40	<u>First Woman's Bank</u> <u>1308 N Elston Ave, Ste 100</u> <u>Chicago, IL 60642</u>	\$ 10,000. \$ 10,000. Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41	Hyde Park Venture Partners 415 N LaSalle Dr #502 Chicago, IL 60654	\$\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
42	Lincoln Park Village	Person X
	2502 N. Clark Street	_ \$ <u>35,000.</u> Payroll Noncash (Complete Part II for
323452 12-2	<u>Chicago, IL 60614</u>	

2023.05000 THE CHICAGO INNOVATION FO KUCZ5071

X

(d)

Type of contribution

Employer identification number

45-1225075

Person

(c)

Total contributions

Schedule B (Form 990) (2023)

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	hicago Innovation Foundation osalyn King		45-1225075
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	NTT Data 255 Pierce Rd Itasca, IL 60143	\$5,000 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	John B Sanfililippo & Son 1703 N Randolph Rd Elgin, IL 60123	\$23,000 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>	Segal Family Foundation 14747 Techny Rd Northbrook, IL 60062	\$10,000 \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	<u>Sikich</u> 200 W. Madison St., Ste 3200 Chicago, IL 60606	\$15,000 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>	Society of Actuaries <u>475 N Martingale Rd, Ste 600</u> Schaumburg, IL 60173	\$10,000 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	Zones 1102 15th St SW #102 Auburn, WA 98001	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Schedule B (Form 990) (2023)

Name of organization

2023.05000 THE CHICAGO INNOVATION FO KUCZ5071

Page 2

Employer identification number

	B (Form 990) (2023)		Page 3
	rganization hicago Innovation Foundation		Employer identification number
	osalyn King		45-1225075
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	L
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	

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323453 12-26-23

Schedule B (Form 990) (2023)

01311114 798215 KUCZ5075.700

2023.05000 THE CHICAGO INNOVATION FO KUCZ5071

Schedule	B (Form 990) (2023)			Page 4					
Name of o	organization			Employer identification number					
The C	hicago Innovation Founda	ation							
	osalyn King			45-1225075					
Part III		ons to organizations described in se	ction 501(c)(7), (8), or (10)						
	from any one contributor. Complete columns (a)	through (e) and the following line en	ry. For organizations	\$					
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	space is needed.	less for the year. (Enter this info	b. once.) •					
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
Parti									
		(a) Transfor of di	•						
		(e) Transfer of gr	L						
			Deletionship of t	remeters to transferre					
	Transferee's name, address, a			ransferor to transferee					
(a) No.		<u>I</u>							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
<u> </u>									
			[
	(a) Transfer of sift								
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.		1							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee					
(a) No. from			() D.						
Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee					
323454 12-26	6-23			Schedule B (Form 990) (2023)					

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Form 990-PF

OMB No. 1545-0123

2023

Department of the Treasury Internal Revenue Service

Name

Form **2220**

Attach to the corporation's tax return.	LOI
Go to www.irs.gov/Form2220 for instructions and the latest info	ormation

Employer identification number 45 - 1225075

c/o Rosalyn King

The Chicago Innovation Foundation

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

F	Part I Required Annual Payment								
1	Total tax (see instructions)							1	
	2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b							-	
	Credit for federal tax paid on fuels (see instructions)				2c				
	Total. Add lines 2a through 2c							2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do does not owe the penalty		•	•				3	
4	Enter the tax shown on the corporation's 2022 income tax ret							3	
-	or the tax year was for less than 12 months, skip this line and							4	
		01110						<u> </u>	
5	Required annual payment. Enter the smaller of line 3 or line	4. lf	the corporation is require	ed to skip lir	ne 4,				
_	enter the amount from line 3							5	
F	Part II Reasons for Filing - Check the boxes belo	w th	at apply. If any boxes are	checked, th	e corpo	oration	must file Form 22	220	
	even if it does not owe a penalty. See instructions.								
6	The corporation is using the adjusted seasonal install								
7	The corporation is using the annualized income instal								
	The corporation is a "large corporation" figuring its firs	st rec	uired installment based o	in the prior	year's i	ax.			
•			(a)		(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the		(a)		(0)				(u)
Ű	15th day of the 4th (Form 990-PF filers: Use 5th month),								
	6th, 9th, and 12th months of the corporation's tax year	9							
10	Required installments. If the box on line 6 and/or line 7	-							
	above is checked, enter the amounts from Sch A, line 38. If								
	the box on line 8 (but not 6 or 7) is checked, see instructions								
	for the amounts to enter. If none of these boxes are checked,								
	enter 25% (0.25) of line 5 above in each column	10							
11	Estimated tax paid or credited for each period. For								
	column (a) only, enter the amount from line 11 on line 15.								
	See instructions	11							
	Complete lines 12 through 18 of one column								
	before going to the next column.								
	Enter amount, if any, from line 18 of the preceding column	12							
13	Add lines 11 and 12	13							
14	Add amounts on lines 16 and 17 of the preceding column	14							
	Subtract line 14 from line 13. If zero or less, enter -0-	15							
16	If the amount on line 15 is zero, subtract line 13 from line								
	14. Otherwise, enter -0-	16							
17	Underpayment. If line 15 is less than or equal to line 10,								
	subtract line 15 from line 10. Then go to line 12 of the next	47							
10	column. Otherwise, go to line 18	17					+		
18	Overpayment . If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18							
		10			-		1		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

LHA 312801 02-05-24

Form 2220 (2023)

Part IV Figuring the Penalty

			(a)	(b)	(C)		((d)
)	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month							
	instead of 4th month.) See instructions	19						
)	Number of days from due date of installment on line 9 to the							
	date shown on line 19	20						
	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21						
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$		\$	
}	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23						
ļ	Underpayment on line 17 x Number of days on line 23 x 7% (0.07) 365	24	\$	\$	\$		\$	
5	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25						
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365	26	\$	\$	\$		\$	
7	Number of days on line 20 after 12/31/2023 and before 4/1/2024 $\qquad \ldots$	27						
3	Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366	28	\$	\$	\$		\$	
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29						
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
1	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33						
ł	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35						
5	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
,	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
į	Penalty. Add columns (a) through (d) of line 37. Enter the to	ital he	ere and on Form 11	20, line 34; or the compara	able	20	¢	0
_	line for other income tax returns					38	Φ	0

information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24

The Chicago Innovation Foundation c/o Ro

Form 990-PF	Other Profes	sional Fees	Statement 1		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Other Professional Services	464,569.	0.	0.	0.	
To Form 990-PF, Pg 1, ln 16c	464,569.	0.	0.	0.	

Other Expenses

Statement 2

Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Bank Fees	2,100.	0.	0.	0.
Contractors - IT	791.	0.	0.	0.
Dues	3,000.	0.	0.	0.
Filing Fees	688.	0.	0.	0.
Ground Transportation	1,243.	0.	0.	0.
Insurance	10,545.	0.	0.	0.
Internet Expense	2,531.	0.	0.	0.
Meals & SE Meals	119,931.	0.	0.	0.
Misc	930.	Ο.	0.	0.
Office Supplies	16,063.	0.	0.	0.
Printing	3,062.	Ο.	0.	0.
Repairs & Maintenance	320.	0.	0.	0.
Special Events - Awards	1,610.	Ο.	0.	0.
Special Events - Travel &				
Ground Transportation	24,485.	0.	0.	0.
Special Events - Supplies	34,879.	0.	0.	0.
Special Events - Venue	85,275.	0.	0.	0.
Special Events - Program				
Expenses	33,825.	0.	0.	0.
Special Events -				
Photos/Videos	17,592.	0.	0.	0.
To Form 990-PF, Pg 1, ln 23	358,870.	0.	0.	0.

	tantial Contributors Statement 3 I-A, Line 10
Name of Contributor	Address
Blue Daring	688 N. Milwaukee Avenue Chicago, IL 60642
Brandon Coutre	55 East Monroe St. Chicago, IL 60603
CME Group	20 South Wacker Drive Chicago, IL 60606
Datalink	10050 Crosstown Circle, Ste. 500 Eden Prairie, MN 55344
Deloitte	111 S. Wacker Drive Chicago, IL 60606
Diane Dahl/The Hartell Group	500 W. Superior, #603 Chicago, IL 60654
Exelon Corp	10 S. Dearborn Street Chicago, IL 60603
ExteNet	3030 E Warrenville Road #340 Lisle, IL 60532
FarmLogix	530 Kedzie Evanston, IL 60202
GoGo	111 N. Canal St. Chicago, IL 60606
Horizon Pharma	520 Lake Cook Road, Ste., 520 Deerfield, IL 60015
Image Media	5101 Darmstadt Rd, Suite A Hillside, IL 60162
Ingredion	5 Westchester Corporate Center Westchester, IL 60154

The Chicago Innovation Foundation c	/o Ro	45-1225075
Intel America's Inc.	425 N. Martinglae Rd., #1500 Schaumburg, IL 60173	
ITW	155 Harlem Ave. Glenview, IL 60025	
Keeper Security	850 W. Jackson Blvd. Suite 500 Chicago, IL 60607	
Medline	One Medline Place Mundelein, IL 60060	
MK Capital	40 Skokie Blvd Northbrook, IL 60062	
Mohan Sawhney-Kellog School of Mgmt	2001 Sheridan Road Evanston, IL 60208	
Molex Inc	2222 Wellington Ct Lisle, IL 60532	
Myron M. Cherry	30 N. LaSalle St., Suite 2300 Chicago, IL 60602	
Outcome Health	330 N. Wabash Ave., #2500 Chicago, IL 60611	
Pritzker Group Venture Capital	111 S. Wacker Drive Suite 4000 Chicago, IL 60606	
Radio Flyer	6515 West Grand Avenue Chicago, IL 60707	
Sandbox Industries	1000 W. Fulton Market, Suite 21 Chicago, IL 60607	3
Sidley Austin	1 S. Dearborn St. Chicago, IL 60603	
Silicon Valley Bank	230 W. Monroe St., #720 Chicago, IL 60606	
The Economic Club of Chicago	33 N. Dearborn St., Ste. 1700 Chicago, IL 60602	

31 Statement(s) 3 2023.05000 THE CHICAGO INNOVATION FO KUCZ5071

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Tripp Lite	1111 W. 35th Street Chicago, IL 60609
U.S. Trust BOA Private Wealth	100 North Tryon St.
Management	Charlotte, NC 28255

Uptake

Charlotte, NC 28255 600 W. Chicago Ave., #62 Chicago, IL 60654