		PUBLIC DISCLOSU	JRE	COPY	
	n 9 7. Janu	90 Jary 2020) Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue ► Do not enter social security numbers on this form	e Code (exc	ept private foundations)	OMB No. 1545-0047
Depa	rtment o	f the Treasury nue Service Go to www.irs.gov/Form990 for instructions and	-	-	Open to Public Inspection
				UN 30, 2020	
BC	heck if	C Name of organization	-	D Employer identificati	on number
	pplicable				
	Addres	MIKVA CHALLENGE GRANT FOUNDATION			
	Name chang			52-2033353	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	200 S. MICHIGAN, SUITE 1000		312-863-63	40
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,273,903.
	Ameno return	CHICAGO, IL 60604		H(a) Is this a group retur	n
	Applic	F Name and address of principal officer: DRIAN DRADI		for subordinates?	Yes X No
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates includ	ed? Yes No
IT	ax-exe	empt status: 🗴 501(c)(3) 🔄 501(c) () 🗸 (insert no.) 🗌 4947(a)(1) -	or 📃 527	lf "No," attach a list	. (see instructions)
JΝ	Vebsit	te: NWW.MIKVACHALLENGE.ORG		H(c) Group exemption n	umber 🕨
KF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1997 M St	tate of legal domicile; ${f IL}$
Pa	irt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	SCHEDU	LE O	
Activities & Governance					
nal	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets	
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	209
/itie	6	Total number of volunteers (estimate if necessary)		6	190
cti					0.
_ <	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.
				Prior Year	Current Year
Ø	8	Contributions and grants (Part VIII, line 1h)		2,848,184.	4,089,994.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,005,069.	1,120,892.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,424.	35,021.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-131,235.	27,996.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,759,442.	5,273,903.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		214,973.	119,885.
	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)		2,835,472.	2,919,660.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
- dy	b	Total fundraising expenses (Part IX, column (D), line 25) 610,40	64.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,574,988.	1,346,785.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L	4,625,433.	4,386,330.
		Revenue less expenses. Subtract line 18 from line 12		-865,991.	887,573.
S OF			Be	ginning of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)		3,057,892.	4,329,106.
t As	21	Total liabilities (Part X, line 26)		287,523.	578,677.
Inter		Net assets or fund balances. Subtract line 21 from line 20		2,770,369.	3,750,429.
Pa	irt II	Signature Block			
Unde	ər pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my kno	owledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of	officer			Date				
Here		BRADY, NATIONAL t name and title	DIRECTOR						
	Print/Type prepare	er's name	Preparer's signature	Date	Check PTIN				
Paid	JAMES G.	QUAID	JAMES G. QUAID	03/10	/21 self-employed P00641738				
Preparer	Firm's name	OSTROW REISIN BE	RK & ABRAMS, LTD.		Firm's EIN 🕨 36-2938874				
Use Only	Firm's address	Phone no. 312-670-7444							
May the I	CHICAGO, IL 60611 Phone no.312-670-7444 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No								
					600 (0010)				

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission: SEE SCHEDULE O	
	SEE SCHEDOLE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ζ No
_	If "Yes," describe these new services on Schedule O.	7]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🔀	<u>s</u> No
4	If "Yes," describe these changes on Schedule O. 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 \$552,803. including grants of \$119,885.) (Revenue \$	
	ELECTIONS PROGRAM - MIKVA CHALLENGE'S ELECTORAL ENGAGEMENT PROGRAMS	
	FOCUS STUDENTS ON CURRENT EVENT ISSUES, STUDENTS IDENTIFYING AND ARTICULATING THEIR PERSONAL POLITICAL BELIEFS AND HANDS ON INTERACTION	r
	WITH THE ELECTORAL PROCESS THROUGH DEBATE WATCH PARTIES, POLL WORK,	
	VOTER REGISTRATION, VOTER EDUCATION, CANIDATE FORUMS, AND CAMPAIGN	
	VOLUNTEERING. OVER 4,000 STUDENTS PARTICIPATE IN THIS EFFORT ANNUALLY.	
4b	(Code:) (Expenses \$1,517,726. including grants of \$) (Revenue \$1,120,89	2.
	ACTION CIVICS PROGRAM - MIKVA CHALLENGE'S ISSUES TO ACTION PROGRAM	
	PROVIDES OVER 15,000 STUDENTS A YEAR WITH HANDS-ON EXPERIENCE IN	
	WORKING FOR COMMUNITY IMPROVEMENT ON ISSUES THE STUDENTS IDENTIFY. TH	
	STUDENTS FOLLOW A 6 STEP PROCESS THAT LEADS FROM COMMUNITY ANALYSIS TO	
	COMMUNITY RESEARCH AND THEN CULMINATES WITH CIVIC ACTION. EMBEDDED IN THE ISSUES TO ACTION PROCESS ARE OPPORTUNITIES FOR YOUNG PEOPLE TO	
	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE	
	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND	
	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND	
	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES.	
4c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:) (Expenses \$739,357. including grants of \$) (Revenue \$)	
4c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:)(Expenses \$	
4c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:)(Expenses\$	
4c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:)(Expenses \$	IS
4c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:) (Expenses §739,357. including grants of \$) (Revenue \$) NATIONAL EXPANSION AND EDUCATOR PROFESSIONAL DEVELOPMENT FOR ACTION CIVICS - MIKVA CENTER FOR ACTION CIVICS IS THE EXPANSION, TRAINING AND CURRICULA ANCHOR FOR THE ORGANIZATION. THIS PROGRAM CREATES AND UPDATE	
4c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:)(Expenses \$ 739,357. including grants of \$) (Revenue \$) NATIONAL EXPANSION AND EDUCATOR PROFESSIONAL DEVELOPMENT FOR ACTION CIVICS- MIKVA CENTER FOR ACTION CIVICS IS THE EXPANSION, TRAINING AND CURRICULA ANCHOR FOR THE ORGANIZATION. THIS PROGRAM CREATES AND UPDATE MIKVA CURRICULA, FACILITATES CONFERENCES AND PROFESSIONAL COALITIONS,	
4c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:)(Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$	
4 c	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES. (Code:)(Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$	
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	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES.	
4c 4d	SPEAK OUT ON ISSUES OF CONCERN, MEET WITH PUBLIC OFFICIALS AND ISSUE EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND COMMUNITIES.	E

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Part IV Checklist of Required Schedules

MIKVA CHALLENGE GRANT FOUNDATION

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		<u></u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	40		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes, " complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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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			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
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
D D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		OFh		x
06	Schedule L, Part I	<u>25b</u>		
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%			v
6 -	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	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 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	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<u>28b</u>		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	<u>28c</u>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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
35 a	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai				
_	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 91			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]		
	(gambling) winnings to prize winners?	1c		
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	4			. ,

<u>Form 990</u>			CHALLENGE			
Part V	Statements	Regarding	Other IRS Filing	gs and Ta	ax 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	209			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
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	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	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 A	ccoun	ts (FBAR).			
5a	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 that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shel			5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	_		-		v
	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		-	~		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	ninn r	vovided to the pover?	7-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		~
u o	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	01		
С	to file Form 8282?	-	uirea	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	-	t?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			7f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h						
8						
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	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:					
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					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			46		
а				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	400				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	1	140		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			<u>14a</u> 14b		
р 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or	140		
10	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			10		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.					<u> </u>

Form **990** (2019)

932005 01-20-20

Form	990	(2019)
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MIKVA CHALLENGE GRANT FOUNDATION

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.

	tion A. Governing Body and Management				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		100	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
2	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
5				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6				6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					- 23
1 a		•		7a		X
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			<u>7a</u>		- 23
D				76		X
~	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	•			
a	The governing body?			<u>8a</u>	X X	
b	Each committee with authority to act on behalf of the governing body?			8b	Δ	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue Code.</u>)			
_				<u> </u>	Yes	N
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing	the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	in Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva	l by indepen	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its particip	ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	exempt status with respect to such arrangements?			16b		
ec'	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{IL}$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (Sea	tion 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Schedule	э O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		· ·	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and recor	ds 🕨			
	CAMILLE RAMPERSAUD - 312-863-6340					
	200 S MICHIGAN AVENUE, CHICAGO, IL 60604					
	200 S MICHIGAN AVENUE, CHICAGO, IL 00004					

<u>Form 990 (</u> 20	D19) MIKVA CHALLENGE GRANT FOUNDATION	52-2033353	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
I	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	e this table for all persons required to be listed. Report compensation for the calendar year er	nding with or within the organization's ta	ax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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 instructions for the order in which to list the persons above.

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

Name and title Average hours par week border and a director week border and a director we	(A)	(B)			(0	C)			(D)	(E)	(F)
hours provide box. unsequence acide and information componention amount of other organizations (W2/1099-MISC) amount of organization (W2/1099-MISC) <td>Name and title</td> <td>Average</td> <td>(do</td> <td></td> <td></td> <td></td> <td></td> <td>ne</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Work (ist ary hours for related organizations below line) Interference of the second sec		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	
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932007 01-20-20

Form 990 (2019)

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Form 990 (2019) MIKVA CHA	LLENGE	GR	AN	T	FC	UN	DA	TION	52-203	333	353	Page 8
Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss per	more rson i	than o s both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Estir amo	(F) mated unt of :her
	(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)	organizations (W-2/1099-MISC	;)	fror orgar and i	ensation n the nization related izations
(18) CYNTHIA WONG	2.00							0				
BOARD MEMBER (19) LAUREN YOUNG	2.00	X						0.		<u>)</u>		0.
BOARD MEMBER	2.00	x						0.		o.		Ο.
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1b Subtotal	l	L	L		L	 		649,325.	().	14	,381.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 649,325.	().).	14	0. ,381.
2 Total number of individuals (including but no compensation from the organization ►	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			5
										Г	Y	'es No
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for se</i> 4 For any individual listed on line 1a, is the su 	uch individual										3	<u> </u>
and related organizations greater than \$150			-						-		4	x
5 Did any person listed on line 1a receive or a					-			-			5	x
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	piete Schedule	9 J 10	or st	<u>icn j</u>	bers	on .					<u> </u>	
1 Complete this table for your five highest con the organization. Report compensation for t										nsati	ion from	1
(A) Name and business			ONE					(B) Description of s		С	(C) ompens	ation
2 Total number of independent contractors (ir	ncluding but n	ot lin	niteo	d to [.]	thos	se lis	ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	ation 🕨				C)					Form 9 9	90 (2019)

932008 01-20-20

Sector of the formation of the fo	Ра	rt VI	I Statement of Revenue					
Interference I			Check if Schedule O contains a response or note	to any line in t		/D)	(0)	(D)
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Business Code Contract SERVICES b 541610 1,120,892. 1,120,892. c	ontributions, G nd Other Simil	e f Ç	All other contributions, gifts, grants, and similar amounts not included above 1f 4 ,089 Noncash contributions included in lines 1a-1f 1g \$					
2 a CONTRACT SERVICES 541610 1,120,892.	0 0	r			, , , , , , , , , , , , , , , , , , , ,			
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MIKVA CHALLENGE GRANT FOUNDATION

Form 990 (2019)

MIKVA CHALLENGE GRANT FOUNDATION Part IX Statement of Functional Expenses

~	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		E 0E7		
	and domestic governments. See Part IV, line 21	5,057.	5,057.		
2	Grants and other assistance to domestic	114,828.	114,828.		
~	individuals. See Part IV, line 22	114,020.	114,020.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	291,095.	225,980.	26,648.	38,467
6	Compensation not included above to disgualified	- /	- ,		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,170,042.	1,720,566.	184,563.	264,913
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	42,118.	28,127.	6,222.	7,769
9	Other employee benefits	232,799.	155,486.	34,375.	<u>7,769</u> 42,938
0	Payroll taxes	183,606.	122,616.	27,124.	33,866
1	Fees for services (nonemployees):				
а	Management				
b	Legal	12,684.	6,499.	3,189.	2,996
С	Accounting	19,639.	10,063.	4,937.	4,639
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	405 040			
	column (A) amount, list line 11g expenses on Sch O.)	405,843.	207,954.	102,029.	95,860
2	Advertising and promotion	20,644.	6,463.	3,299.	10,882
3	Office expenses	88,303.	47,863.	9,803.	30,637
4	Information technology	15,019.	8,776.	4,762.	1,481
5	Royalties	225 000	170 046	17 (00	20.025
6		235,869.	179,946.	17,688.	38,235
7	Travel	157,009.	141,989.	7,400.	7,620
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	30,334.	3,642.	2,967.	23,725
9	Conferences, conventions, and meetings	660.	5,042.	660.	43,143
0. 	Interest			000.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	31,071.	23,316.	4,089.	3,666
3		11,392.	8,030.	1,571.	1,791
4	Other expenses. Itemize expenses not covered	11,3521	0,000	±,3,±•	
•	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
a	amount, list line 24e expenses on Schedule 0.) WORKSHOP & PROG EVENTS	178,753.	177,835.	535.	383
a b	CAMPAIGN EXPENSES	90,683.	90,683.		
c	PROVISION FOR UNCOLLECT	43,206.		43,206.	
d	MISCELANEOUS	5,676.	4,397.	683.	596
e	AU. 11		_, /		
5	Total functional expenses. Add lines 1 through 24e	4,386,330.	3,290,116.	485,750.	610,464
6	Joint costs. Complete this line only if the organization			<i>,</i>	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

10

932010 01-20-20

Form 990 (2019)

18390310 311101 89228.000

33

Total liabilities and net assets/fund balances

3,057,892.

33

4,329,106.

Form 990 (2019)

IKVA CHALLENGE GRANT FOUNDATION

		Check if Schedule O contains a response or not	e to an	v line in this Part X			
				,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			529,696.	2	711,821.
	3	Pledges and grants receivable, net			751,152.	3	1,800,962.
	4	Accounts receivable, net			189,924.	4	166,114.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Š	9				167,219.	9	122,443.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	208,685.	68,437.	10c	<u>49,545.</u> 1,478,221.
	11				1,351,464.	11	1,478,221.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 7	I1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			3,057,892.	16	4,329,106.
	17	Accounts payable and accrued expenses	207,610.	17	91,329.		
	18	Grants payable	1.0	18			
	19	Deferred revenue			18,429.	19	
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	400.000
	24	Unsecured notes and loans payable to unrelated	-			24	430,272.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	61 404		E7 076
		of Schedule D			61,484.	25	57,076.
	26			▶ ▼	287,523.	26	578,677.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce	07	and complete lines 27, 28, 32, and 33.			1,708,782.	07	1 9/9 027
alaı	27		1,061,587.	27	1,949,027. 1,801,402.		
Net Assets or Fund Balances	28	Net assets with donor restrictions			I, UUI, JO/.	28	<u> </u>
'n		Organizations that do not follow FASB ASC 9	oo, che	eck nere 🕨 🛄			
orF	2	and complete lines 29 through 33.			20		
ets	29	Capital stock or trust principal, or current funds				29 20	
SS	30	Paid-in or capital surplus, or land, building, or eq				<u>30</u> 31	<u> </u>
et⊿	31	Retained earnings, endowment, accumulated inc			2,770,369.	31	3,750,429.
Ž	32	Total net assets or fund balances			3,057,892	33	4,329,106

<u>Form 990 (</u>	2019)	P1.
Part X	Balance	e Sheet

	1 990 (2019) MIKVA CHALLENGE GRANT FOUNDATION	52-20	33353	Pag	_{ge} 12
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)		5,27		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,380		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,770		
5	Net unrealized gains (losses) on investments	5	92	2,4	87.
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	3,750),4	<u>29.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			77
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b			2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	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			37	
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			37
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2019)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization

Name	me of the organization Employer identification number								
		MIKV	A CHALLENG	E GRANT FOUNI	OITAC	1		5	2-2033353
Par	t I	Reason for Public (Charity Status 🥡	All organizations must co	omplete th	is part.) Se	e instructions		
The o	rgani	zation is not a private found							
1 [A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2 [A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Х	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org						-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
Г		university:							
10		An organization that norma							
		activities related to its exem	•	•	• •				-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	tter June 30, 1975.
4 4		See section 509(a)(2). (Con		voluto tost for public of	intu Roo	a action EC	0(-)(4)		
11 L 12 [An organization organized a An organization organized a	-		-			m out the	nurnesses of one or
		more publicly supported or	-	-					
		lines 12a through 12d that	-						
а		Type I. A supporting orga						•	aivina
		the supported organization				-			
		organization. You must c	., .						
b		Type II. A supporting org	-		ion with it:	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the 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	ion with, a	und functional	ly integrate	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 cor	nnection w	ith its suppor	ted organiz	ration(s)
		that is not functionally int	• •	• ·				an attentiv	/eness
		requirement (see instructi							
е		Check this box if the orga					Туре I, Туре	I, Type III	
	Finta	functionally integrated, or				ation.			
		r the number of supported or ride the following informatior	•	d organization(a)					
<u>y</u>) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No No	support (see ir	structions)	support (see instructions)
				above (see instructions))					
					ļ	ļ			
Total			l						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 MIKVA CHALLENGE GRANT FOUNDATION Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(

52-2033353 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2919339.	3736111.	3262103.	2848184.	4089994.	16855731.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
4		2919339.	3736111.	3262103.	2848184.	4089994.	16855731.		
5	The portion of total contributions								
5	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)						1803014.		
•							15052717.		
	Public support. Subtract line 5 from line 4.					<u> </u>	<u>µ5052717.</u>		
	• •	() 00/5	() 00 (0	() 00/7	()) 00 (0	4 1 2242			
	ndar year (or fiscal year beginning in) 🕨	(a) 2015 2919339.	(b) 2016 3736111.	(c) 2017	(d) 2018	(e) 2019	(f) Total 16855731.		
	Amounts from line 4	2919339.	3/30111.	3262103.	2848184.	4089994.	<u> 10822/31.</u>		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	28,394.	32,597.	33,486.	37,424.	34,362.	166,263.		
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.)	8,036.	2,697.	20,182.	11,188.	27,996.			
11	Total support. Add lines 7 through 10						17092093.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,213,510.		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)			
	organization, check this box and stor	bhere							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2019 (ine 6, column (f) div	vided by line 11, c	olumn (f))		14	88.07 %		
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	88.76 %		
	33 1/3% support test - 2019. If the c					ore, check this bo	x and		
	stop here. The organization qualifies						N V		
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li						
	and stop here. The organization qual								
17a		• •							
	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances"			-					
h	10% -facts-and-circumstances test	•			•				
, n	more, and if the organization meets the								
	organization meets the "facts-and-circ				• •		-		
18	Private foundation. If the organization		•	•					
10		an aid fiol offort a l		a, 100, 17a, 01 170		dule A (Form 900			

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 MIKVA CHALLENGE GRANT FOUNDATION 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	ction A. Public Support	-				-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7 <i>e</i>	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	0		, ,	,	()()	<i>'</i> —
	check this box and stop here						
_	ction C. Computation of Publi		-			.	
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves						
17	· · ·			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	1 33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3%, check this box a	•	•				▶∟
b	33 1/3% support tests - 2018. 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 t			
93202	23 09-25-19		15	5	Sch	edule A (Form 99	90 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MIKVA CHALLENGE GRANT FOUNDATION

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Yes

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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 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.)

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932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MIKVA CHALLENGE GRANT FOUNDATION Part IV Supporting Organizations (continued)

L				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		I
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
			`	
c o	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance) Activities Test. Answer (a) and (b) below.	uctions,		
2			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? <i>If</i> "Yes," <i>then in</i> 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				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

18390310 311101 89228.000

	(Form 990 or 990-EZ)				
Part V	Type III Non-Fu	nctionally Inte	egrated 509(a)(3	8) Supporti	ng Organizations

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

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):			
а	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	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 MIKVA CHALLENGE GRANT FOUNDATION

Par	V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.	- ·		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
~				

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 MIKVA				52-2033353	Page 8
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part N	b, 4c, 5a, 6, 9a, 9b, 9 ; Part IV, Section E,	9c, 11a, 11b lines 1c, 2a,	, and 11c; Part IV, Sec 2b, 3a, and 3b; Part \	ction B, lines 1 and 2; Part IV, Section /. line 1; Part V, Section B, line 1e; Pa	C, rt V,
	(See instructions.)	, Section E, lines 2,	o, and b. Als	so complete this part i	or any additional information.	
932028 09-25-1	9		20		Schedule A (Form 990 or 990-	EZ) 2019

SCHEDULE	ΞD
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(Form	990)
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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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

	MIKVA CHALLENGE GRANT FOUNDATION	52-2033353
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Advised Funds or Advise	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
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 fund	ds
	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 o	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confern	ing
	impermissible private benefit?	
Par	t 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)	orically important land area
	Protection of natural habitat Preservation of a cert	ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	ization during the tax
	year 🕨	Ū.
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
		G y
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	►\$	<u> </u>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	···· · · ·
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	,
	(i) Revenue included on Form 990, Part VIII, line 1	► \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
-	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019
		Schedule D (Foffill 990) 20 19
932051	10-02-19 27	

Sche	Schedule D (Form 990) 2019 MIKVA CHALLENGE GRANT FOUNDATION 52-2033353 Page 2								
Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co			•		se in Part I	XIII.		
5	During the year, did the organization solicit of				ar assets	_	-		1
	to be sold to raise funds rather than to be ma						Yes		No
Pai	rt IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	on Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia						7		1
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amount		
C.	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
† 0-	Ending balance				<u>1f</u>	í			
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII.					······ L	Yes		No
Par						<u></u>]
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears	hack
1a	Beginning of year balance	1,556,902.	1,452,860.	1,345,702		38,331.		005,9	
h	Contributions	5,000.	1 1 1	121,500		17,287.		, 159,3	
c	Net investment earnings, gains, and losses	118,956.	104,042.	-14,342	+	-9,916.		73,0	
ď	Grants or scholarships	,	,	,					
e	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
g	End of year balance	1,680,858.	1,556,902.	1,452,860	. 1,3	45,702.	1,	238,3	331.
2	Provide the estimated percentage of the curre	· · · · · · · · · · · · · · · · · · ·		•	· · ·		. <u> </u>		
а	Board designated or quasi-endowment	100.00	%	,					
b	Permanent endowment	%	-						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for	the organiza	ation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered					<u> </u>			
	Description of property	(a) Cost or ot basis (investm			Accumulate lepreciation		(d) Book	value)
1a	Land								
b	Buildings								
С	Leasehold improvements			1,560.	4,1			7,43	
d	Equipment			7,940.	188,0),93	
e	Other		2	8,730.	16,5	51.		2,17	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part ≽	(, column (B), line 1	0c.)			49),54	15.
						Cabadula		0001	~~ ~~

Schedule D (Form 990) 2019

Schedule D) (Form 990) 2019			ENGE	GRANT	FOU	UNDATION	52-2	033353	Page 3
Part VII	Investments -	Other Secur	ities.							
	Complete if the or	ganization answe	ered "Yes"	on Form	990, Part IV	/, line [·]	11b. See Form 990, Part X			
(a) Descrip	otion of security or cate	gory (including name	of security)	(b)) Book value)	(c) Method of valuation	on: Cost or end-of-	/ear market v	/alue
(1) Financi	al derivatives									
(2) Closely	held equity interests	s								
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col. (b) must equal Form 99	0, Part X, col. (B) I	ine 12.) ►							
	Investments -			-						
	Complete if the org	ganization answe	ered "Yes"	on Form	990, Part IV	/, line [·]	11c. See Form 990, Part X	, line 13.		
	(a) Description o) Book value		(c) Method of valuation		/ear market v	/alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	b) must equal Form 99	0. Part X. col. (B) I	ine 13.) 🕨							
Part IX	Other Assets.	-, , (- / -		•			1			
	Complete if the or	ganization answe	ered "Yes"	on Form	990, Part IV	/, line [·]	11d. See Form 990, Part X	, line 15.		
		<u>, </u>		Descript		,	· · · · · · · · · · · · · · · · · · ·	,	(b) Book va	alue
(1)			. ,						.,	
(2)										
(3)										
(4)										
(5)										
<u>(6)</u> (7)										
(8)										
<u>(9)</u>	······									
Part X	Other Liabilitie		<u>col. (B) line</u>	9 15.)						
Turtx			rod "Voo"	on Form	000 Dort N	/ line ·	11e or 11f. See Form 990,	Dart V line 25		
		Description of liab		OITFOIII	990, Fait Iv	, inte	110 0FTH. 300 F0HH 990,		(b) Book va	مايام
<u>1.</u>			лпсу							
	deral income taxes	m							57	,076.
	FERRED REN	I I							57	,070.
(3)										
(4)										
(5)										
<u>(6)</u>										
(7)										
(8)										
(9)										070
	<u>ımn (b) must equal F</u>							▶		<u>,076.</u>
2. Liability	/ for uncertain tax pc	sitions. In Part X	III, provide	the text	of the footn	ote to	the organization's financia	al statements that r	eports the	

Schedule D (Form 990) 2019

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

X 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

Sche	dule D (Form 990) 2019 MIKVA CHALLENGE GRANT FOUN	DATION		52-3	2033353 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	levenue per Re	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			1	5,365,730
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	92,487.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	<u>2</u> c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	92,487. 5,273,243
3	Subtract line 2e from line 1			3	5,273,243
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	660.		
C	Add lines 4a and 4b			4c	660.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,273,903
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per H	teturi	n.
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				4 385 6/11
2 a	Amounts included of line 1 but not off offin 330, Part IX, line 23.				4,385,670
a	Donated services and use of facilities	20			4,385,670
h	Donated services and use of facilities				4,385,670
b	Prior year adjustments	2b			4,385,670
b c d	Prior year adjustments Other losses	2b 2c		-	4,385,670
b c d e	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e	4,385,670
c d	Prior year adjustments	2b 2c 2d		2e 3	0.
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d			4,385,670 0 4,385,670
c d e 3	Prior year adjustments	2b 2c 2d			0.
с d е 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 			0.
c d 3 4 a	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 4a 4b	660.		0.
c d 3 4 a	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 4a 4b	660.	3	0 4,385,670

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

PART V, LINE 4:

THE GENERAL ENDOWMENT FUND IS DESIGNATED BY THE BOARD OF DIRECTORS TO
SUPPORT THE MISSION OF THE FOUNDATION INCLUDING PROGRAMS AT THE
WASHINGTON, D.C. CHAPTER. THE AB AND ZOE LEGACY FUND IS AN ENDOWMENT FUND
DESIGNATED BY THE BOARD OF DIRECTORS TO SUPPORT THE ELECTIONS PROGRAM.
SINCE THE AMOUNTS IN THE ENDOWMENT FUNDS RESULTED FROM AN INTERNAL
DESIGNATION AND ARE NOT DONOR-RESTRICTED, THE BOARD-DESIGNATED ENDOWMENT
FUNDS ARE CLASSIFIED AND REPORTED AS UNRESTRICTED NET ASSETS.
THE FOUNDATION HAS A SPENDING POLICY THAT ALL OR A PORTION OF THE INCOME
AND/OR CAPITAL APPRECIATION FROM THE ENDOWMENT FUNDS WILL BE USED TO
SUPPORT THE PROGRAMS AND OPERATING EXPENSES OF THE FOUNDATION OR IN THE
CASE OF THE AB AND ZOE LEGACY FUND, TO SUPPORT THE ELECTIONS PROGRAM. THIS
932054 10-02-19 Schedule D (Form 990) 2019 30
18390310 311101 89228.000 2019.05070 MIKVA CHALLENGE GRANT FOU 89228.01

Schedule D (Form 990) 2019 MIKV.	A CHALLENGE GRANT FOUNDATION	52-2033353 Page 5
Part XIII Supplemental Information	(continued)	
IS CONSISTENT WITH THE FO	OUNDATION'S OBJECTIVE TO MAINTAI	IN THE PURCHASING
POWER OF THE ENDOWMENT AS	SSETS AS WELL AS TO PROVIDE ADD	TIONAL REAL GROWTH
THROUGH INVESTMENT RETURN	1. TO ACHIEVE THAT OBJECTIVE, TH	E FOUNDATION HAS
ADOPTED AN INVESTMENT POI	LICY THAT ATTEMPTS TO MAXIMIZE T	TOTAL RETURN
CONSISTENT WITH AN ACCEPT	TABLE LEVEL OF RISK. THE GENERAL	S ENDOWMENT FUND IS
INVESTED IN THE VANGUARD	INTERMEDIATE-TERM BOND INDEX FU	JND AND THE
VANGUARD SHORT-TERM TREAS	SURY INDEX FUND. THE AB AND ZOE	LEGACY FUND IS
INCLUDED IN THE VANGUARD	SHORT-TERM BOND INDEX FUND.	
PART X, LINE 2:		
THE FOUNDATION IS A TAX-	EXEMPT ORGANIZATION AS DESCRIBED	O IN SECTION
501(C)(3) OF THE INTERNAL	REVENUE CODE (THE CODE) AND IS	S EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE

CODE. IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE

FOUNDATION IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECION 509(A)

OF THE CODE. THE FOUNDATION HAS ADOPTED THE REQUIREMENTS FOR ACCOUNTING

FOR UNCERTAIN TAX POSITIONS AND MANAGEMENT HAS DETERMINED THAT THE

FOUNDATION WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX

POSITIONS AS OF JUNE 30, 2020 AND 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE

660.

660.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.} ► Go to wow irs. nov/Form990 for the latest information.	Its and Other Assistance to Organizati nments, and Individuals in the United the organization answered "Yes" on Form 990, Part IV, li Attach to Form 990.	ce to Organi s in the Unit on Form 990, Par m 990.	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047 2019 Open to Public Inspection
- ŧ	ion MIKVA CHALI	CHALLENGE GR/	GRANT FOUNDATION	ION				Employer identification number 52-2033353
1 Does the organizer of a criteria used to a	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Assistance substantiate the hce?	amount of the grants o	or assistance, the ç	grantees' eligibility	for the grants or assis	stance, and the selection	X Yes No
2 Describe in Part Part II Grants an	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	dures for monite mestic Organiz	pring the use of grant f ations and Domestic	funds in the United Governments. C	States. complete if the orge	inization answered "Y	es" on Form 990, Part IV	/, line 21, for any
recipient <u>t</u> 1 (a) Name and α or go	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of (f applicable)	000. Part II can I (b) EIN	<u>oe duplicated if additic</u> (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	əd. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government org sted in the line 1	anizations listed in the table	e line 1 table				
7	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

Schedule I (Form 990) (2019) MIKVA CHALLENGE		GRANT FOUNDATION			52-2033353 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.		organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS TO INDIVIDUALS	326	71,248.			
GRANTS TO TEACHERS	132	43,580.			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l uired in Part I, line	∋ 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
MINI-GRANTS ARE A PROCESS WHERE SCF	SCHOOLS SUB	SUBMIT A PROJECT	ECT AND BUDGET	JGET FOR	
APPROVAL BY OUR YOUTH PHILANTHROPY	STUDENTS AND	AND STAFF.	. EACH PROJECT	JECT IS	
EVALUATED BY STUDENTS AND BUDGETS ?	ARE REVIEWED		FOR EACH PROJECT.	. THE	
MINI-GRANTS ARE APPROVED BY A COMMI	COMMITTEE AND	AN AWARD	LETTER IS	SENT FOR	
SIGNATURE. IF THE PROJECT IS APPROVED	VED AN AW	ARD LETTER	AN AWARD LETTER IS SENT STIPULATING	LIPULATING	
THE AWARD AMOUNT AND MIKVA CHALLENGE	GE CAN VERIFY	RIFY AT ANY	TIME.	MANY OF THE	
PROJECTS CULMINATE AT OUR ACTION CI	CIVICS SHO	SHOWCASE, HOW	HOWEVER THERE	ARE OTHERS	
THAT ARE SCHOOL-BASED AND CONTINUE	INTO THE	THE SCHOOL YEAR.	AR. FUNDS	ARE	
332102 10-26-19					Schedule I (Form 990) (2019)

Part IV Supplemental Information

DISTRIBUTED FOR THE AWARDS AND RECEIPTS MUST BE KEPT BY THE GRANTEE.

PROJECTS CONTAIN A BUDGET.

TEACHER GRANTS ARE GIVEN BASED ON PARTICIPATION IN OUR ELECTIONS, ACTION CIVICS SHOWCASE AND/OR OUR SOAPBOAX. AGREEMENTS ARE SIGNED BY THE TEACHER WITH DELIVERABLES AND SIGNED OFF BY PRINCIPALS. EACH TEACHER RECEIVES THEIR TEACHER GRANT AT THE END OF EACH PROGRAM CYCLE. STAFF WORK WITH INDIVIDUAL TEACHERS ON THE COMPONENTS OUTLINED IN THE AGREEMENT TO ENSURE THE DELIVERABLES ARE MET.

STUDENT STIPENDS ARE PAID TO STUDENTS DURING THE SCHOOL YEAR FOR THEIR PARTICIPATION ON OUR YOUTH COUNCILS AND DECISION MAKER MEETINGS. THE STIPEND AMOUNT IS BASED ON ATTENDANCE AND PARTICIPATION. IT CAN BE PRORATED BASED ON THESE VALUES.

Schedule I (Form 990)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



MIKVA CHALLENGE GRANT FOUNDATION

52-2033353

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MIKVA CHALLENGE DEVELOPS YOUTH TO BE EMPOWERED, INFORMED, AND ACTIVE CITIZENS WHO WILL PROMOTE A JUST AND EQUITABLE SOCIETY. THROUGH ITS MIKVA CHALLENGE LOOKS TO BUILD A STRONGER INCLUSIVE DEMOCRACY WORK THAT VALUES YOUTH VOICE. MIKVA CHALLENGE PROGRAMS SERVE OVER 100,000 MIDDLE AND HIGH SCHOOL AGE STUDENTS LOCATED IN ILLINOIS WASHINGTON DC METRO AREA AND THE LOS ANGELES AREA OF CALIFORNIA. MIKVA CHALLENGE PROVIDES TRAINING AND MATERIALS FOR EDUCATORS IN ACTION CIVICS IN STATES ACROSS THE COUNTRY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MIKVA CHALLENGE IL - MIKVA CHALLENGE ILLINOIS, BASED IN CHICAGO IS THE FOUNDING CHAPTER OF THE ORGANIZATION. AS MIKVA CHALLENGE'S FLAGSHIP OFFICE, MIKVA CHALLENGE IL PARTNERS WITH 125 HIGH SCHOOLS AND TRAINS OVER 175 TEACHERS ANNUALLY. THE "IN-CLASSROOM" PROGRAMMING IMPACTS 10,000 STUDENTS ANNUALLY. THE IL CHAPTER IS ALSO HOME TO YOUTH OVER COUNCILS - 5 ARE CITYWIDE AND 3 ARE NEIGHBORHOOD-FOCUSED, EMPLOYING AND IMPACTING OVER 200 YOUTH ANNUALLY. ITS COUNCILS WORK ON ISSUES WITH KEY DECISION MAKERS IN CHICAGO SUCH AS EDUCATION, HEALTH SAFETY, YOUTH AND COMMUNITY POLICING AND JUVENILE JUSTICE. MIKVA'S YOUNG PEOPLE THE MAYOR OF THE CITY OF CHICAGO, COOK COUNTY BOARD PRESIDENT ADVISE COMMISSIONER OF CHICAGO DEPARTMENT OF PUBLIC HEALTH, CEO OF THE CHICAGO HOUSING AUTHORITY AND OTHER KEY STAKEHOLDERS. ITS ELECTIONS PROGRAM INTRODUCES STUDENTS TO THE ELECTION PROCESS. OVER 1,800 MIKVA-TRAINED STUDENTS ACT AS POLLING JUDGES EACH ELECTION CYCLE. ITS SUMMER FELLOWS PROGRAM PLACES OVER 60 YOUTH IN ALDERMANIC AND OTHER ELECTED OFFICIALS' LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

MIKVA CHALLENGE CA - MODELED AFTER PROGRAMMING IN CHICAGO, MIKVA

CHALLENGE CA WORKS WITH 25 MIDDLE AND HIGH SCHOOLS IN LOS ANGELES AND

ORANGE COUNTIES IMPLEMENTING ISSUES TO ACTION, ELECTIONS IN ACTION, AND

YOUTH LEADERSHIP WORKSHOPS. THE CA CHAPTER IMPACTS OVER 1,900 STUDENTS

ANNUALLY. MIKVA CHALLENGE CA WAS LAUNCHED IN 2014.

MIKVA CHALLENGE DC - MODELED AFTER THE SUCCESSFUL CIVIC ENGAGEMENT

PROGRAMMING DEVELOPED FOR YOUTH IN CHICAGO, MIKVA CHALLENGE DC PARTNERS

WITH 30 LOCAL MIDDLE AND HIGH SCHOOLS TO IMPLEMENT OUR ISSUES TO

ACTION, ELECTIONS IN ACTION AND SUMMER FELLOWS PROGRAMS IN WASHINGTON,

DC. THE DC CHAPTER IMPACTS ALMOST 1,200 STUDENTS ANNUALLY. MIKVA

CHALLENGE DC WAS LAUNCHED IN 2015.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POLICYMAKING PROGRAM- MIKVA CHALLENGE WORKS WITH STUDENTS AND PUBLIC

OFFICIALS TO FACILITATE YOUTH POLICY COUNCILS THAT HELP CITY LEADERS

CREATE AND IMPLEMENT MORE EFFECTIVE PUBLIC POLICY IN REGARDS TO YOUTH.

USING OUR "THINK TANK" SUMMER PROCESS, YOUNG PEOPLE RESEARCH

INTENSIVELY A CURRENT ISSUE OR PROBLEM FACING A CITY DEPARTMENT OR

LEADER (I.E. THE MAYOR, THE HEALTH COMMISSONER, THE SUPT. OF SCHOOLS)

AND CREATE POLICY RECCOMENDATIONS ON THIS TOPIC. THE POLICY SOLUTIONS

ARE THEN DISCUSSED WITH THE KEY DECISION MAKERS AND TOGETHER THE YOUTH

AND ADULT PARTNERS WORK ON IMPLEMENTING SOME OF THE POLICY

RECCOMENDATIONS.

 EXPENSES \$ 480,230.
 INCLUDING GRANTS OF \$ 0.
 REVENUE \$ 0.

 \$32212 09-06-19
 Schedule O (Form 990 or 990-EZ) (2019)

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MIKVA CHALLENGE GRANT FOUNDATION

Employer identification number 52 - 2033353

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

THE FORM 990 IS REVIEWED BY THE NATIONAL DIRECTOR, CEO, AND THE OPERATIONS

DIRECTOR. THEN COPIES OF THE FORM 990 ARE SENT OUT TO THE EXECUTIVE

COMMITTEE AND THE FINANCE COMMITTEE CHAIR, AND THEN TO THE ENTIRE BOARD.

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

BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM WHEN THEY JOIN THE BOARD.

ANNUALLY, MIKVA CHALLENGE REVIEWS INFORMATION TO DETERMINE IF ANY CONFLICT EXISTS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD MEETS TO DISCUSS AND DELIBERATE THE PERFORMANCE REVIEWS FOR THE NATIONAL DIRECTOR AND THE CEO. THE EXECUTIVE COMMITTEE EVALUATES FISCAL PERFORMANCE AS WELL AS OTHER FACTORS. THE EXECUTIVE COMMITTEE MAKES A SALARY RECOMMENDATION BASED ON PERFORMANCE AND IN LINE WITH THE MARKET FOR AN ORGANIZATION OF SIMILAR SIZE. THE BOARD OF DIRECTORS APPROVE ANY INCREASES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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