PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

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

Open to Public

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change MIKVA CHALLENGE GRANT FOUNDATION Name change 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/ termin-ated 200 S. MICHIGAN, SUITE 1000 312-863-6340 5,794,006. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CHICAGO, IL 60604 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: VERNEE GREEN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.MIKVACHALLENGE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1997 M State of legal domicile: IL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 212 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 190 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 5,246,963. 4,140,453. Contributions and grants (Part VIII, line 1h) 8 811,608. 1,585,938. Program service revenue (Part VIII, line 2g) 28.476. 25,057. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -101,103.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 6,087,047. 5,650,345. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 125,451. 115,035. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,365,988. 3,856,197. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,028,784. 1,129,369. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $4,520,\overline{223}$ 5,100,601. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 549,744. 1,566,824. Revenue less expenses. Subtract line 18 from line 12 29 **Beginning of Current Year End of Year** 5,637,780. 5,948,191. Total assets (Part X, line 16) 349,221. 280,385. 21 Total liabilities (Part X, line 26) 三年 288,559. 5,667,806 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Vernaé K. A 5/19/23 Signature of officer Date Sign VERNEE GREEN, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 05/09/23 self-employed P00641738 JAMES G. QUAID JAMES G. QUAID Paid Firm's name STROW REISIN BERK & ABRAMS, Firm's EIN > 36-2938874Preparer Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1500 Use Only Phone no. 312 - 670 - 7444CHICAGO, IL 60611

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

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	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE 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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	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.
4b	(Code:) (Expenses \$ 536,294. including grants of \$) (Revenue \$ 1,585,938.
	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. THE
	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
	EXPERTS, AND COLLABORATE WITH CLASSMATES TO IMPROVE THEIR SCHOOLS AND
	COMMUNITIES.
_	
4c	(Code:) (Expenses \$1, 203, 779. 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 UPDATES
	MIKVA CURRICULA, FACILITATES CONFERENCES AND PROFESSIONAL COALITIONS,
	AND PROMOTES THE IMPACTS OF MIKVA ACTION CIVICS TO EDUCATORS ACROSS THE
	COUNTRY.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 510,277 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,023,309.
	Form 990 (2021)

Form 990 (2021) MIKVA CHALLENGE GRANT FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		 ^`
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	140		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2021) MIKVA CHALLENGE GRANT FOUNDATION

Part IV | Checklist of Required Schedules (continued)

ı aı	Officerist of nequired Scriedules (continued)			
	P: III		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	Х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	Λ	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </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
07	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	27		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		<u>X</u>
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			l
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	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	24		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	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?	336		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		ـــــــــــــــــــــــــــــــــــــــ
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 64	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
455	(gambling) winnings to prize winners?	1c	gan	(2021)
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Form 990 (2021) MIKVA CHALLENGE GRANT FOUNDATION

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 212						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
40-	amounts due or received from them.)	40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a					
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

Form **990** (2021)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X						
Sec	tion A. Governing Body and Management				_							
				_	Yes	No.						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	7								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		1									
_				2		х						
_				-	+	+25						
3	Did the organization delegate control over management duties customarily performed by or under the					\ 						
						X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9				-	<u> </u>						
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X						
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or									
	more members of the governing body?			7a		<u> </u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or									
	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?			8a	Х							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re											
	This Section B requests information about policies not required by the internal ne	<u>veriue</u>	Code.)		Yes	No						
100	Did the organization have local chapters, branches, or affiliates?			10:		X						
				· 10	'	+ 25						
ь	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101								
44-				111		+						
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					+						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12	<u> X</u>	+						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$,			1							
	on Schedule O how this was done			120								
13	Did the organization have a written whistleblower policy?			13								
14	Did the organization have a written document retention and destruction policy?			. 14	X							
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15	ı X							
	Other officers or key employees of the organization			15	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a									
	taxable entity during the year?			16	1	Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•									
	exempt status with respect to such arrangements?			16								
Sec	tion C. Disclosure			1 10.	<u> </u>							
17	List the states with which a copy of this Form 990 is required to be filed ▶IL											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section 501(c)	3)s only) avail	able						
.5	for public inspection. Indicate how you made these available. Check all that apply.	550	. (5556511 551(6)(<i>5,</i> 5 0111	, avaii	4510						
			- l l- · l - · O \									
40				nd #:	20:21							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	TITIICT (וווני ווווווווווווווווווווווווווווווווו	ırıa tina	iciai							
	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 bookstanding of the person who possesses the organization of the person o	ks an	d records									
	<u>VERNEE GREEN - 312-863-6340</u>											
	200 S. MICHIGAN, SUITE 1000, CHICAGO, IL 60604											

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

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per	(do	not c	Pos	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated tring	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) VERNEE GREEN CHIEF EXECUTIVE OFFICER	50.00	-		x				157,239.	0.	0.
(2) JILL BASS	50.00			^				131,239.	0.	0.
CHIEF EDUCATION OFFICER	30.00	1				x		123,131.	0.	3,766.
(3) ROBYN LINGO	50.00					<u> </u>		123,131.	0.	3,700.
EXECUTIVE DIRECTOR DC	33.00	1				x		121,436.	0.	3,653.
(4) MARY CARLSON	50.00							121,450	.	
CHIEF DEVELOPMENT OFFICER	3333	1				x		109,347.	0.	3,275.
(5) CAMILLE RAMPERSAUD	50.00								•	
DIRECTOR OF FINANCE AND OPERATIONS		1				x		102,090.	0.	3,202.
(6) MARK ROSENBERG	2.00									,
BOARD CHAIR		Х		Х				0.	0.	0.
(7) RANDY KINDER	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) CYNTHIA WONG	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) PETER BARBER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) STEFANIE CRUZ	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SONARI GLINTON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) RACHEL GRAHAM	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JACK MARCO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KENANN MCKENZIE	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(15) RICHARD MEYER	2.00								_	_
BOARD MEMBER	1	Х						0.	0.	0.
(16) RONNIE MOSLEY	2.00	<u></u>							_	_
BOARD MEMBER	1	Х						0.	0.	0.
(17) PETER PALANDJIAN	2.00	ļ.,							•	_
BOARD MEMBER 132007 12-09-21		X						0.	0.	0 • Form 990 (2021)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable		Es	stimate	∌d
	hours per	box	ox, unless pe		son i	is both	n an	compensation	compensation	1	an	nount	of
	week (list any			la a a		1711 03	100)	from	from related			other	
	hours for	directo				_		the organization	organizations (W-2/1099-MIS(- 1	compensat from the		
	related	3e or (stee			nsatec		(W-2/1099-MISC/	1099-NEC)	"	l	anizat	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		ı -	d relat	
	below	/idual	tutior	er	Key employee	lest co	Jer				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	High	Former						
(18) MILES SANDLER	2.00												
BOARD MEMBER		Х				_		0.		0.	<u> </u>		0.
(19) SAUL SARABIA	2.00												^
BOARD MEMBER	2 00	Х				_		0.		0.	 		0.
(20) JACKIE SHIFF	2.00	٠,								,			^
BOARD MEMBER (21) AMY SINGH	2.00	Х						0.		0.	<u> </u>		0.
BOARD MEMBER	2.00	Х						0.		0.			Λ
(22) MARCUS SMITH	2.00	Λ				\vdash		0.		٠.			0.
BOARD MEMBER	2.00	Х						0.		0.			0.
BOARD MEMBER		Λ				┢		0.		•			<u> </u>
						\vdash				\dashv			
		-											
						\vdash				\neg			
										\neg			
1b Subtotal							▶	613,243.		0.	1	3,8	96.
c Total from continuation sheets to Part VI							•	0.		0.			0.
d Total (add lines 1b and 1c)								613,243.		0.	1	3,8	96.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													5
										ſ		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•				,			J					77
rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i>	or st	ıch r	oers	on					5		X
Section B. Independent Contractors					_	_			100.000 f	—			
1 Complete this table for your five highest co										ะทรลเ	lion ire	om	
the organization. Report compensation for the theorem (A)	ine calendar ye	ear e	HUII	ig w	ILIT C	ואי וכ	LIIII	(B)	ear.		(0	<u>,, </u>	
Name and business	address	NO	ONE	3				رق) Description of s	ervices	С		رر nsatio	n
				_				<u> </u>					
2 Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				()						000	
											Form	990 (2021)

MIKVA CHALLENGE GRANT FOUNDATION 52-2033353 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues 601,582. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,538,871. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f \blacktriangleright 4,140,453. h Total. Add lines 1a-1f **Business Code** 1,585,938.1,585,938. 541610 2 a CONTRACT SERVICES Program Service f All other program service revenue 1,585,938. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 25,057. 25,057. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$601,582. of contributions reported on line 1c). See 42,558. Part IV, line 18 **b** Less: direct expenses -101,103. 101,103. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a

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5,650,345.1,585,938.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

d All other revenue

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 115,035. 115,035. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 184,509. 122,426. 37,267. 24,816. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,044,599. 2,133,079. 543,878. 367,642. Other salaries and wages 7 Pension plan accruals and contributions (include 56,028. 28,016. 11,393. 16,619. section 401(k) and 403(b) employer contributions) 65,774. 323,462. 161,744. 95,944. Other employee benefits 9 247,599. 123,810. 50,347. 73,442. 10 Payroll taxes Fees for services (nonemployees): Management 17,282. 17,345. 63. Legal 49,376. 180. 49,196. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 85,231. 281,756. 129,703. 496,690. column (A), amount, list line 11g expenses on Sch O.) 17,581. 390. 6,240. 10,951. Advertising and promotion 12 118,270. 6,886. 73,169. 38,215. Office expenses 13 18,887. 5,592. 10,363. 2,932. Information technology 14 15 Royalties 26,813. 59,531. 225,831. 139,487. 16 Occupancy 74,216. 38,330. 26,879. 9,007. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 16,904. 15,907. 416. 581. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 16,869. 2,034. 8,879. 5,956. Depreciation, depletion, and amortization 22 17,957. 15,265. 2,692. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 53,745. 1,254. 4,444. WORKSHOP & PROG EVENTS 59,443. All other expenses 5,100,601. 3,023,309. 1,238,739. 838,553. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

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educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2021)

Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	3,002,901.	2	2,776,233		
	3	Pledges and grants receivable, net	309,320.	3	1,083,090		
	4	Accounts receivable, net	670,514.	4	592,874		
	5	Loans and other receivables from any current or t	former	officer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualified	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			156,053.	9	142,695
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		267,785.			
	b	Less: accumulated depreciation		245,969.	21,954.	10c	21,816 1,331,483
	11	Investments - publicly traded securities			1,477,038.	11	1,331,483
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must equa			5,637,780.	16	5,948,191
	17	Accounts payable and accrued expenses			139,989.	17	202,199
	18	Grants payable	150 500	18	40.00		
	19	Deferred revenue		159,500.	19	40,000	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
် မြ	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
<u>ia</u>		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · -		23	
	24	Unsecured notes and loans payable to unrelated	•	·····		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-	•	40 720		20 100
		of Schedule D			49,732.		38,186
+	26	Total liabilities. Add lines 17 through 25			349,221.	26	280,385
က္		Organizations that follow FASB ASC 958, chec	k nere				
<u> </u>	07	and complete lines 27, 28, 32, and 33.			3,030,542.	07	3,432,083
<u>aa</u>	27	Net assets without donor restrictions			2,258,017.	27	2,235,723
	28	Net assets with donor restrictions			2,230,017.	28	4,433,143
<u> </u>		Organizations that do not follow FASB ASC 95	8, cne	CK nere			
<u></u>	00	and complete lines 29 through 33.				-00	
<u>is</u>	29	Capital stock or trust principal, or current funds				29	
1886	30	Paid-in or capital surplus, or land, building, or equ				30	
ا ب	31	Retained earnings, endowment, accumulated inc			5,288,559.	31	5,667,806
	32	Total net assets or fund balances			5,637,780.	32	
	33	Total liabilities and net assets/fund balances			١٥٥٠,١٥٥٠	33	5,948,191 Form 990 (202

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or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization MIKVA CHALLENGE GRANT FOUNDATION 52-2033353 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support	,,	·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	3262103.	2848184.	4089994.	5246963.	4140453.	19587697.
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	2262422	2212121	1000001	5045050	44 40 450	4050505
	Total. Add lines 1 through 3	3262103.	2848184.	4089994.	5246963.	4140453.	19587697.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1506050
	column (f)						1786373.
	Public support. Subtract line 5 from line 4.						17801324.
	ction B. Total Support					I	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020 5246963.	(e) 2021	(f) Total
	Amounts from line 4	3262103.	2848184.	4089994.	5246963.	4140453.	19587697.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	22 406	27 424	24 262	20 476	25 057	150 005
	and income from similar sources	33,486.	37,424.	34,362.	28,476.	25,057.	158,805.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	20,182.	11,188.	27,996.			59,366.
	assets (Explain in Part VI.)	20,102.	11,100.	21,990.			19805868.
	Total support. Add lines 7 through 10	-t- / it					,390,123.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•	,	iourth or fifth toy y			, 3 , 0 , 1 2 3 •
13	organization, check this box and stop					. , . ,	ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	89.88 %
15	Public support percentage from 2020					15	87.08 %
	33 1/3% support test - 2021. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te						. .
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22 Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
- CE		
3с		
00		
4a		
40		
4h		
4b		
_		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

132024 01-04-21

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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		
Sect	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	าstruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
All other Type III non-functionally integrated supporting organizations mu		•						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3.	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
Aggregate fair market value of all non-exempt-use assets (see								
instructions for short tax year or assets held for part of year):								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
e Discount claimed for blockage or other factors								
(explain in detail in Part VI):								
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d.	3							
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
see instructions).	4							
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6 Multiply line 5 by 0.035.	6							
7 Recoveries of prior-year distributions	7							
8 Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount			Current Year					
Adjusted net income for prior year (from Section A, line 8, column A)	1							
2 Enter 0.85 of line 1.	2							
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4 Enter greater of line 2 or line 3.	4							
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to								
emergency temporary reduction (see instructions).	6							
7 Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see					

Schedule A (Form 990) 2021

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)											
Secti	Section D - Distributions Current Year										
1	Amounts paid to supported organizations to accomplish exer		1								
2	Amounts paid to perform activity that directly furthers exemp										
	organizations, in excess of income from activity	2									
3	Administrative expenses paid to accomplish exempt purpose	3									
4	Amounts paid to acquire exempt-use assets			4							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5							
_6	Other distributions (describe in Part VI). See instructions.			6							
_ 7	Total annual distributions. Add lines 1 through 6.			7							
8	Distributions to attentive supported organizations to which the	ne organization is responsive									
	(provide details in Part VI). See instructions.			8							
9	Distributable amount for 2021 from Section C, line 6			9							
10	Line 8 amount divided by line 9 amount			10							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021						
1	Distributable amount for 2021 from Section C, line 6										
2	Underdistributions, if any, for years prior to 2021 (reason-										
	able cause required - explain in Part VI). See instructions.										
3	Excess distributions carryover, if any, to 2021										
а	From 2016										
b	From 2017										
С	From 2018										
d	From 2019										
e	From 2020										
f	Total of lines 3a through 3e										
g	Applied to underdistributions of prior years										
h	Applied to 2021 distributable amount										
<u>i</u>	Carryover from 2016 not applied (see instructions)										
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.										
4	Distributions for 2021 from Section D,										
	line 7:										
a	Applied to underdistributions of prior years										
b	Applied to 2021 distributable amount										
c	Remainder. Subtract lines 4a and 4b from line 4.										
5	Remaining underdistributions for years prior to 2021, if										
	any. Subtract lines 3g and 4a from line 2. For result greater										
	than zero, explain in Part VI. See instructions.										
6	Remaining underdistributions for 2021. Subtract lines 3h										
	and 4b from line 1. For result greater than zero, explain in										
	Part VI. See instructions.										
7	Excess distributions carryover to 2022. Add lines 3j										
	and 4c.										
8	Breakdown of line 7:										
	Excess from 2017										
	Excess from 2018										
	Excess from 2019										
	Excess from 2020										
<u>e</u>	Excess from 2021										

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MIKVA CHALLENGE GRANT FOUNDATION

Employer identification number 52-2033353

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(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 v	writing that the assets held in donor advised fu	ınde
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		-
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	<u> </u>
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conserva	tion easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year
_	\$		77.0
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 956		alance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	,	rance of public
h	If the organization elected, as permitted under FASB ASC 956		ace sheet works of
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:		[200.0 0000]
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

	t III Organizations Maintaining C	ALLENGE GE			Other 9		ZZ-ZU			age ∠			
_	•							(contir	ued)				
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that n	nake sign	nificant i	use of its						
	collection items (check all that apply):												
а	Public exhibition	d		hange program									
b	Scholarly research	е	Other										
С	Preservation for future generations				_								
4	Provide a description of the organization's co						se in Part	XIII.					
5	During the year, did the organization solicit or		•	•	similar as	ssets		7	_	,			
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or												
Par			ete if the organization	n answered "Y	es" on Fo	orm 990), Part IV, I	ine 9, or					
	reported an amount on Form 990, Par												
1a	Is the organization an agent, trustee, custodia							٦.,		٦			
	on Form 990, Part X?						L	Yes		No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:										
								Amoun	[
С	Beginning balance					1c							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	Ending balance					1f							
	Did the organization include an amount on Fo				•	?	L	Yes		No			
	If "Yes," explain the arrangement in Part XIII.												
Par	t V Endowment Funds. Complete in												
		(a) Current year	(b) Prior year	(c) Two years			ears back						
1a		1,684,314.	1,680,858.	, ,		1,4	52,860.	1,	345,				
b	Contributions	0.	5,109.		000.					500.			
С	Net investment earnings, gains, and losses	-137,550.	-1,653.	118,	956.	1	04,042.	214,342.					
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance	1,546,764.	1,684,314.	1,680,	858.	1,5	56,902.	1	452,	860.			
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:									
а	Board designated or quasi-endowment	100	_%										
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 organiza	tion that are held an	d administered	d for the	organiza	ation						
	by:								Yes	No			
	(i) Unrelated organizations							3a(i)		X			
	(ii) Related organizations							3a(ii)		X			
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b					
4	Describe in Part XIII the intended uses of the		wment funds.										
Par	t Ⅵ												
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, lin	ie 10.							
	Description of property	(a) Cost or o	` '	or other	(c) Acc	umulate	ed	(d) Boo	k valu	е			
		basis (investn	nent) basis	(other)	depre	eciation							
1a	Land												
b	Buildings												
С	Leasehold improvements			1,560.		7,4			1,1				
d	Equipment			7,494.		9,80		1'	7,6	88.			
	Other		2	8.731.		28.7	31.			0.			

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021 MIKVA CHALLE	ENGE GRANT FO	UNDATION 5	2-2033353 Page 3
Part VII Investments - Other Securities.		01/21111011	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			· · · ·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(F) (G)			
(H)			
• •			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 900 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and of year market value
.,, .	(b) book value	(c) Welfied of Valuation. Cost of e	Tid-Oi-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			1
(6)			1
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		+
Part X Other Liabilities.			<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			38,186.
(3)			
(4)			

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

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

Schedule D (Form 990) 2021

(5) (6) (7) (8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statemer	its With	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			1	5,553,921.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	nrealized gains (losses) on investments	2a	-170,497.		
b	Donate	ed services and use of facilities	2b	74,073.		
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	-96,424.
3		act line 2e from line 1			3	5,650,345.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,650,345.
_		The mast educate of the second				
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per P		٦.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	n Expenses per R	Return	1.
Pa 1	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts With	n Expenses per R		n. 5,174,674.
	Total e	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25:	nts With	1 Expenses per R	Return	1.
1	Total e Amour	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	nts With	n Expenses per R	Return	1.
1 2	Total e Amour	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements nts included on line 1 but not on Form 990, Part IX, line 25:	nts With	1 Expenses per R	Return	1.
1 2 a	Total e Amour Donate Prior y	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	2a 2b	1 Expenses per R	Return	1.
1 2 a b	Total e Amour Donate Prior y Other	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities Interview and use of facilities Interview and use of facilities Interview and use of facilities	2a 2b 2c	1 Expenses per R	Return	n. 5,174,674.
1 2 a b	Total e Amour Donate Prior y Other	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities I/ear adjustments Ilosses	2a 2b 2c 2d	74,073.	Return	74,073.
1 2 a b c	Total e Amour Donate Prior y Other Other	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities Ivear adjustments Iosses (Describe in Part XIII.) Ines 2a through 2d	2a 2b 2c 2d	74,073.	1	n. 5,174,674.
1 2 a b c d	Total & Amour Donate Prior y Other Other Add lir Subtra	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities vear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	74,073.	1 2e	74,073.
1 2 a b c d e	Total e Amour Donate Prior y Other Other Add lir Subtra	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities Ivear adjustments Ilosses (Describe in Part XIII.) Interes 2a through 2d Interes 1	2a 2b 2c 2d	74,073.	1 2e	74,073.
1 2 a b c d e 3 4	Total & Amour Donate Prior y Other Other Add lir Subtra Amour Investi	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities Ivear adjustments Ilosses (Describe in Part XIII.) Interes 2a through 2d Interes 2b from line 1 Ints included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	74,073.	1 2e	74,073.
1 2 a b c d e 3 4 a	Total & Amour Donate Prior y Other Other Add lir Subtra Amour Investi	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. expenses and losses per audited financial statements Ints included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities //ear adjustments losses (Describe in Part XIII.) Inter 2a through 2d Inter 2e from line 1 Ints included on Form 990, Part IX, line 25, but not on line 1: Inter expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	74,073.	1 2e	74,073.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE 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

Part XIII Supplemental Information (continued)
IS CONSISTENT WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING
POWER OF THE ENDOWMENT ASSETS AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH
THROUGH INVESTMENT RETURN. TO ACHIEVE THAT OBJECTIVE, THE FOUNDATION HAS
ADOPTED AN INVESTMENT POLICY THAT ATTEMPTS TO MAXIMIZE TOTAL RETURN
CONSISTENT WITH AN ACCEPTABLE LEVEL OF RISK. THE GENERAL ENDOWMENT FUND IS
INVESTED IN THE VANGUARD INTERMEDIATE-TERM BOND INDEX FUND AND THE
VANGUARD SHORT-TERM TREASURY 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 IN SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS 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. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION WAS NOT
REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF
JUNE 30, 2022 AND 2021.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MIETA CUNTIENCE CONNE ECHNENTON

Employer identification number

	HALLENGE GRANI FOUL				32-2033	
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais		activ	ities (Check all that apply		
		-				
_				overnment grants		
b Internet and email solicitations			-	nment grants		
c Phone solicitations	g Special	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written o	r oral agreement with any individual	(includ	ina of	ficers directors trus	tees or	
key employees listed in Form 990, Pa					Yes	No
				-		·
b If "Yes," list the 10 highest paid indiv		ant to a	agreer	ments under wnich tr	ne fundraiser is to be	•
compensated at least \$5,000 by the	organization.					
		/····\			(r.) A	
(i) Name and address of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have con	ustody	from activity	fundraiser	to (or retained by)
or ormal (randialos)		contribu	itions?		listed in col. (i)	organization
		Yes	No			
Total			•			
3 List all states in which the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration
or licensing.						
					<u> </u>	

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				NATIONAL		(add col. (a) through
			BENEFIT	LABOR EVENT	1	col. (c))
Φ			(event type)	(event type)	(total number)	
eun						
Revenue	1	Gross receipts	236,723.	234,289.	173,128.	644,140.
_	2	Less: Contributions	204,413.	228,661.	168,508.	601,582.
	2	Less. Contributions	201,113.	220,001.	100,500.	001,302.
	3	Gross income (line 1 minus line 2)	32,310.	5,628.	4,620.	42,558.
		Oash asiasa				
	4	Cash prizes				
	5	Noncash prizes				
Se	Ŭ	Tronbadir prizes				
Direct Expenses	6	Rent/facility costs	9,000.			9,000.
χ̈́						
SCT.	7	Food and beverages	40,689.	8,418.	6,425.	55,532.
Ö						
	8	Entertainment				
	9	Other direct expenses	78,753.		376.	79,129.
		Direct expense summary. Add lines 4 through				143,661.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a			anartad mara than	-101,103.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, line 19, of 1	eported more triair	
		ψ.ο,οοο ο ο οοο <u></u> ,ο οα.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
Expenses						
ž	3	Noncash prizes				
Direct E	4	Rent/facility costs				
۵	4	Tient/lacinty costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_			-4			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_			Yes No
						res No
	"	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
		Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 MIKVA CHALLENGE GRANT FOUNDATION 52-	<u> 203335</u>	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 🔲 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	//
		100	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	: If "Yes," enter name and address of the third party:		
·	7 1 100, office frame and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	s No
			3
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Do	organization's own exempt activities during the tax year \$ Supplemental Information		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	MIKVA	CHALLENGE	GRANT	FOUNDATION	52-2033353	Page 4
Part IV	G (Form 990) Supplemental Infor	mation 6	ontinued)				J
		()	ontinuea)				
-							
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of	Employer identification number												
			ANT FOUNDAT	ION				52-2033353					
	Part I General Information on Grants and Assistance												
cri	criteria used to award the grants or assistance?												
	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.												
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance					
2 En	ter total number of section 501(c)(3) a	nd government orç	ganizations listed in th	e line 1 table				>					
3 En	ter total number of other organization:	s listed in the line 1	I table										

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

Schedule I (Form 990) 2021 MIKVA CHALLENGE Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.			ered "Yes" on Form 9	90, Part IV, line 22.	52-2033353	Page 2
(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 a	assistance
GRANTS TO INDIVIDUALS	268	102,150.	0.			

GRANTS TO TEACHERS 12,885. Part IV

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

PART I, LINE 2:

MINI-GRANTS ARE A PROCESS WHERE SCHOOLS SUBMIT A PROJECT AND BUDGET FOR APPROVAL BY OUR YOUTH PHILANTHROPY STUDENTS AND STAFF. EACH PROJECT IS EVALUATED BY STUDENTS AND BUDGETS ARE REVIEWED FOR EACH PROJECT. THE MINI-GRANTS ARE APPROVED BY A COMMITTEE AND AN AWARD LETTER IS SENT FOR SIGNATURE. IF THE PROJECT IS APPROVED AN AWARD LETTER IS SENT STIPULATING THE AWARD AMOUNT AND MIKVA CHALLENGE CAN VERIFY AT ANY TIME. MANY OF THE PROJECTS CULMINATE AT OUR ACTION CIVICS SHOWCASE, HOWEVER THERE ARE OTHERS THAT ARE SCHOOL-BASED AND CONTINUE INTO THE SCHOOL YEAR. FUNDS ARE

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 J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

MIKVA CHALLENGE GRANT FOUNDATION

Employer identification number 52-2033353

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l			
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?						
С	c Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
				l			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		<u> X</u>			
b	Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		i			

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) VERNEE GREEN	(i)	157,239.	0.	0.	0.	0.	157,239.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
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	(i)								
	(ii)							<u> </u>	
	(i)								
	(ii)							1 1/5 000) 0004	

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

MIKVA CHALLENGE GRANT FOUNDATION

Employer identification number 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

WORK, MIKVA CHALLENGE LOOKS TO BUILD A STRONGER, INCLUSIVE DEMOCRACY

THAT VALUES YOUTH VOICE. THROUGH ITS YOUTH PROGRAMS AND TRAINING FOR

EDUCATORS, MIKVA CHALLENGE SERVES OVER 100,000 MIDDLE AND HIGH SCHOOL

AGE STUDENTS LOCATED IN ILLINOIS, WASHINGTON DC METRO AREA AND 12

ADDITIONAL PARTNER SITES ACROSS THE COUNTRY.

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

SINCE ITS INCEPTION IN 1998, MIKVA CHALLENGE CONTINUES TO DEEPEN AND

EXPAND ITS NATIONWIDE IMPACT - BOTH THROUGH ITS PARTNERSHIPS WITH

SCHOOL DISTRICTS ACROSS THE COUNTRY AND ITS SIGNATURE YOUTH COUNCIL AND

FELLOWSHIP WORK IN CHICAGO AND WASHINGTON DC. IT ENGAGES YOUNG PEOPLE

IN PARTICULAR, YOUNG PEOPLE FROM HISTORICALLY MARGINALIZED COMMUNITIES

IN PROGRAMMING THAT DEVELOPS A NEW GENERATION OF ACTIVE, EMPATHETIC

CIVIC LEADERS.

MIKVA'S YOUTH COUNCILS WORK ON ISSUES SUCH AS EDUCATION, SAFETY AND

JUVENILE JUSTICE AND PROPOSE POLICY RECOMMENDATIONS TO KEY DECISION

MAKERS IN CHICAGO AND WASHINGTON DC. ITS ELECTIONS PROGRAMS INTRODUCE

STUDENTS TO THE ELECTION PROCESS AND PROVIDE OVER 1,500 YOUTH WITH THE

OPPORTUNITY TO ACT AS POLLWORKS EACH ELECTION CYCLE. ITS SUMMER FELLOWS

PROGRAM PROVIDES OVER 60 YOUNG PEOPLE IN CHICAGO AND WASHINGTON DC WITH

PAID INTERNSHIPS IN CITY, COUNTY, STATE AND FEDERAL ELECTED OFFICIALS'

AND OTHER GOVERNMENT OFFICES.

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

Schedule O (Form 990) 2021

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

Name of the organization Employer identification number

MIKVA CHALLENGE GRANT FOUNDATION

THROUGH ITS PARTNERSHIPS WITH TEACHERS AND SCHOOL DISTRICTS IN 14

SITES, MIKVA CHALLENGE ELEVATES YOUTH VOICES ACROSS THE COUNTRY, WITH

THOUSANDS OF STUDENTS PARTICIPATING IN PROJECT SOAPBOX - A PUBLIC

SPEAKING CURRICULUM AND EVENT THAT INVITES YOUNG PEOPLE TO NAME WHAT

ISSUE IS MOST IMPORTANT TO THEIR SCHOOL OR COMMUNITY AND OUTLINE TO

DECISION MAKERS WHAT SHOULD BE DONE ABOUT IT. ITS PROGRAMS CULTIVATE

CONNECTIONS AND A SENSE OF COMMUNITY BETWEEN YOUTH AND ADULT LEADERS

AND SUPPORT YOUTH AS THEY ARTICULATE SOLUTIONS AND TAKE ACTION TO

ADDRESS THE ISSUES IMPACTING THEM. ITS TRAININGS PROVIDE EDUCATORS WITH

PROFESSIONAL DEVELOPMENT OPPORTUNITIES THAT CULTIVATE A RENEWED SENSE

OF PURPOSE AND NETWORK OF SUPPORT.

AFTER PARTICIPATING IN A MIKVA PROGRAM:

95.6% OF STUDENTS REPORT WANTING TO TRY HARDER IN SCHOOL AND 93.6% OF
STUDENTS FEEL MORE CONFIDENT INTERACTING WITH PEOPLE OF DIFFERENT AGES,
POLITICAL BACKGROUNDS, AND/OR BELIEFS.

OVER 96% OF TEACHERS REPORT HAVING MORE POSITIVE RELATIONSHIPS WITH

THEIR STUDENTS AS A RESULT OF PROJECT SOAPBOX. WITH OVER 90% OF

EDUCATORS REPORTING BURNOUT AND STRUGGLING WITH THE LINGERING EFFECTS

OF THE PANDEMIC, THE RESTORATIVE VALUE OF RELATIONSHIPS CANNOT BE

OVERSTATED.

95.2% OF TEACHERS REPORTED THEY WERE MORE ENERGIZED AND INSPIRED ABOUT THEIR WORK.

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

ELECTIONS PROGRAM - MIKVA CHALLENGE'S ELECTORAL ENGAGEMENT PROGRAMS

52-2033353

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

Name of the organization MIKVA CHALLENGE GRANT FOUNDATION

Employer identification number 52-2033353

FOCUS STUDENTS ON CURRENT EVENT ISSUES, STUDENTS IDENTIFYING AND
ARTICULATING THEIR PERSONAL POLITICAL BELIEFS AND HANDS ON INTERACTION
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.
EXPENSES \$ 510,277. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS REVIEWED BY THE CEO, AND THE MANAGING DIRECTOR OF PEOPLE

AND OPERATIONS. 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 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.