

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2021 or tax year beginning

, and ending

Name of foundation <b>THE CONANT FAMILY FOUNDATION</b>		<b>A Employer identification number</b> 36-3820887
Number and street (or P.O. box number if mail is not delivered to street address) <b>445 N WELLS ST</b>	Room/suite <b>200</b>	<b>B Telephone number</b> 312-661-0200
City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60654-4582</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>14,420.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received	1,556,565.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	104.	104.		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-2,986.			
	<b>b</b> Gross sales price for all assets on line 6a <b>14.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0.		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss)					
<b>11</b> Other income	99.	0.		STATEMENT 1	
<b>12 Total.</b> Add lines 1 through 11	1,553,782.	104.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	162,000.	0.		162,000.
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits	20,750.	0.		20,750.
	<b>16a</b> Legal fees				
	<b>b</b> Accounting fees				
	<b>c</b> Other professional fees <b>STMT 2</b>	440.	0.		440.
	<b>17</b> Interest				
	<b>18</b> Taxes <b>STMT 3</b>	9,796.	0.		9,796.
	<b>19</b> Depreciation and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses <b>STMT 4</b>	5,204.	0.		5,204.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	198,190.	0.		198,190.
	<b>25</b> Contributions, gifts, grants paid	1,342,465.			1,342,465.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,540,655.	0.		1,540,655.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	13,127.				
<b>b Net investment income</b> (if negative, enter -0-)		104.			
<b>c Adjusted net income</b> (if negative, enter -0-)			N/A		

Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	793.	14,420.	14,420.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds	3,000.	0.	0.
	Liabilities	11 Investments - land, buildings, and equipment: basis		
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		3,793.	14,420.	14,420.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe STATEMENT 5)	2,500.	0.		
23 Total liabilities (add lines 17 through 22)	2,500.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here X			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	8,342.	8,342.	
	28 Retained earnings, accumulated income, endowment, or other funds	-7,049.	6,078.	
29 Total net assets or fund balances	1,293.	14,420.		
30 Total liabilities and net assets/fund balances	3,793.	14,420.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,293.
2 Enter amount from Part I, line 27a	2	13,127.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	14,420.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	14,420.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a GENERAL MOTORS CORP		P		03/30/21
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 14.		3,000.	-2,986.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			-2,986.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }		2 -2,986.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....		{ ..... }		3 N/A

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	1.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....		2	0.
3 Add lines 1 and 2 .....		3	1.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- .....		5	1.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021 .....	6a 277.		
b Exempt foreign organizations - tax withheld at source .....	6b 0.		
c Tax paid with application for extension of time to file (Form 8868) .....	6c 0.		
d Backup withholding erroneously withheld .....	6d 0.		
7 Total credits and payments. Add lines 6a through 6d .....		7	277.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....		8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed .....		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....		10	276.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax 276.   Refunded .....		11	0.

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition ..... If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>IL</u>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....	X	
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ▶ <u>N/A</u>		
<b>14</b> The books are in care of ▶ <u>THE CONANT FAMILY FOUNDATION</u> Telephone no. ▶ <u>312-661-0200</u> Located at ▶ <u>445 N WELLS ST, CHICAGO, IL</u> ZIP+4 ▶ <u>60654-4582</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here ..... and enter the amount of tax-exempt interest received or accrued during the year .....		N/A
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows include 1a(1) through 4b, with 'X' marks in the Yes/No columns for various items.

**Part VI-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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

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

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		162,000.	20,750.	0.

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

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

Total number of other employees paid over \$50,000 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	0.
b	Average of monthly cash balances .....	1b	635,433.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	635,433.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....		1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	635,433.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	9,531.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	625,902.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	31,295.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	31,295.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	1.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	31,294.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	31,294.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	31,294.

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	1,540,655.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	1,540,655.

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**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				31,294.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	963,278.			
b From 2017	2,098,686.			
c From 2018	2,096,915.			
d From 2019	1,695,935.			
e From 2020	1,688,124.			
f Total of lines 3a through e	8,542,938.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	1,540,655.			
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				31,294.
e Remaining amount distributed out of corpus	1,509,361.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	10,052,299.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	963,278.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	9,089,021.			
10 Analysis of line 9:				
a Excess from 2017	2,098,686.			
b Excess from 2018	2,096,915.			
c Excess from 2019	1,695,935.			
d Excess from 2020	1,688,124.			
e Excess from 2021	1,509,361.			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

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

**c** Any submission deadlines:

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

**Part XIV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST #1 TUCSON, AZ 85713	NONE	PC	UNRESTRICTED	20,000.
ALLIANCE OF THE SOUTHEAST 9204 S COMMERICAL AVE, #301 CHICAGO, IL 60617	NONE	PC	UNRESTRICTED	40,000.
ALTERNATIVE INC 4730 N SHERIDAN RD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000.
BLOCK CLUB CHGO/INST FOR NON PROFIT NEWS 1132 S WABASH, #200 CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	45,000.
BLUE RIDGE WOMEN IN AGRICULTURE 969 W KING ST BOONE, NC 28607	NONE	PC	UNRESTRICTED	5,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>1,342,465.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CARAFEM 4711 GOLF RD #920 SKOKIE, IL 60076	NONE	PC	UNRESTRICTED	20,000.
CHICAGO ABORTION FUND 333 W NORTH AVE #267 CHICAGO, IL 60610	NONE	PC	UNRESTRICTED	50,000.
CHICAGO COMMUNITY BOND FUND 61 S CALIFORNIA AVE CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	25,000.
CHICAGO FOUNDATION FOR WOMEN 3304 N LINCOLN CHICAGO, IL 60657	NONE	PC	UNRESTRICTED	50,000.
CHICAGO HELP INITIATIVE 440 N WELLS ST, STE 440 CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	10,000.
CHICAGO PUBIC MEDIA 848 E GRAND AVE CHICAGO, IL 60611	NONE	PC	UNRESTRICTED	50,000.
CHICAGO RACIAL JUSTICE POOLED FUND 3411 W DIVERSEY AVE #20 CHICAGO, IL 60647	NONE	PC	UNRESTRICTED	25,000.
CHICAGO UNITED FOR EQUITY 1 W MONROW ST 4TH FL CHICAGO, IL 60603	NONE	PC	UNRESTRICTED	10,000.
CHILDREN AND TEACHERS FOUNDATION FOR UNITED WORKING FAMILIES 19021 W CARROLL AVE CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	15,000.
CHRISTIANAIRE INC 2030 E 71ST ST CHICAGO, IL 60649	NONE	PC	UNRESTRICTED	5,050.
<b>Total from continuation sheets</b>				<b>1,212,465.</b>

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CIRCESTEEM 4730 N SHERIDAN RD CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	20,000.
EVERTHRIVE 1006 S MICHIGAN AVE #200 CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	5,000.
FACETS MULTIMEDIA 1517 W FULLERTON CHICAGO, IL 60614	NONE	PC	UNRESTRICTED	10,000.
FACING FORWARD TO END HOMELESS 642 N KEDZIE AVE CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	5,000.
FAITH IN PLACE 70 E LAKE ST #920 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	25,000.
FIRST NATIONS DEVELOPMENT FUND 2432 MAIN ST 2ND FL LONGMONT, CO 80501	NONE	PC	UNRESTRICTED	15,000.
FRIENDS OF THE PARKS 67 E MADISON ST #1817 CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	25,000.
GOODMAN THEATRE 170 N DEARBORN CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	10,000.
HANA CENTER 4300 N CALIFORNIA CHICAGO, IL 60618	NONE	PC	UNRESTRICTED	10,000.
HOUSING OPPORTUNITIES FOR WOMEN 1607 W HOWARD ST CHICAGO, IL 60626	NONE	PC	UNRESTRICTED	10,000.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HUMAN RIGHTS WATCH 400 N WELLS ST #200 CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	50,000.
HYDE PARK ART CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	NONE	PC	UNRESTRICTED	10,000.
INTERNATIONAL CHILDRENS MEDIA CENTER 625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	10,000.
LITTLE VILLAGE ENVIRONMENTAL JUSTICE ORG 2445 S SPAULDING AVE CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	40,000.
LOGAN SQUARE NEIGHBORHOOD ASSOC 2840 N MILWAUKEE AVE CHICAGO, IL 60618	NONE	PC	UNRESTRICTED	10,000.
METROPOLITAN PLANNING COUNCIL 140 S DEARBORN ST #1400 CHICAGO, IL 60603	NONE	PC	UNRESTRICTED	25,000.
MIDWEST ACCESS COALITION PO BOX 408363 CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	50,000.
NORTH LAWDALE COLLEGE PREP 1615 S CHRISTIANA AVE CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	10,000.
NORTHWEST SIDE HOUSING CENTER 5233 W DIVERSEY AVE CHICAGO, IL 60639	NONE	PC	UNRESTRICTED	10,000.
ONE FOR ONE 914 W HUBBARD ST #301 CHICAGO, IL 60642	NONE	PC	UNRESTRICTED	10,000.
<b>Total from continuation sheets</b> .....				



**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PEOPLE FOR COMMUNITY RECOVER 13061 S CHAMPLAIN AVE CHICAGO, IL 60827	NONE	PC	UNRESTRICTED UNRESTRICTED	15,000.
PLANNED PARENTHOOD ILLINOIS 1152 N MILWAUKEE AVE CHICAGO, IL 60642	NONE	PC	UNRESTRICTED	50,000.
PROVIDE INC PO BOX 8265 ROUND ROCK, TX 78683	NONE	PC	UNRESTRICTED	20,000.
PUBLIC HEALTH INST OF METRO CHICAGO FOR LIGHTHOUSE FOUNDATION 180 N MICHIGAN #1200 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	10,000.
RESTORE JUSTICE FOUNDATION PO BOX 6160 EVANSTON, IL 60204	NONE	PC	UNRESTRICTED	15,000.
ROLE MODEL MOVEMENT 8035 S WABASH AVE CHICAGO, IL 60619	NONE	PC	UNRESTRICTED	10,000.
SASS C/O PEACE DEV FUND, PO BOX 1280 AMHERST, MA 01004	NONE	PC	UNRESTRICTED	40,000.
SOUTHEAST SIDE COAL BAN PETCOKE 13300 S BALTIMORE CHICAGO, IL 60617	NONE	PC	UNRESTRICTED	25,000.
SOUTHSIDERS ORGANIZED FOR UNITY & LIBERATION 11211 S ST. LAWRENCE AVE CHICAGO, IL 60628	NONE	PC	UNRESTRICTED	20,000.
ST AGATHA CHURCH 3147 W DOUGLAS BLVD CHICAGO, IL 60623	NONE	PC	UNRESTRICTED	10,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SWEET WATER FOUNDATION 5749 S PERRY AVE CHICAGO, IL 60621	NONE	PC	UNRESTRICTED	30,000.
THE NETWORK 1 E WACKER DR #1530 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	10,000.
VICTORY GARDENS THEATRE 2433 N LINCOLN AVE CHICAGO, IL 60614	NONE	PC	UNRESTRICTED	10,000.
WE ALL LIVE HERE FOUNDATION 625 N KINGSBURY CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	5,000.
WORKING FAMILY SOLIDARITY 1857 W 19TH ST CHICAGO, IL 60608	NONE	PC	UNRESTRICTED	15,000.
ABORTION CARE NETWORK 1300 I STREET NW, STE 400E WASHINGTON, DC 20005	NONE	PC	UNRESTRICTED	12,000.
APPALACHIAN ABORTION SUPPORT COLLECTIVE 1413 K STREET NW 4TH FLOOR WASHINGTON, DC 20005	NONE	PC	UNRESTRICTED	6,000.
ARC SOUTHEAST: ACCESS REPRODUCTIVE CARE PO BOX 570132 ATLANTA, GA 30357	NONE	PC	UNRESTRICTED	12,000.
ART WORKS PROJECTS 625 N KINGSBURY ST CHICAGO, IL 60654	NONE	PC	UNRESTRICTED	5,000.
BRAVE SPACE ALLIANCE 1515 E 52ND PL 3RD FLOOR CHICAGO, IL 60615	NONE	PC	UNRESTRICTED	20,000.
<b>Total from continuation sheets</b>				

**Part XIV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHICAGO COALITION FOR THE HOMELESS 70 EAST LAKE STREET, SUITE 720 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	5,000.
CHICAGO LAWYERS COMMITTEE FOR CIVIL RIGHTS 100 NORTH LA SALLE ST, STE 600 CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	5,000.
CHICAGO PARTNERSHIP SUMMER FUND 1424 W CHICAGO AVE., STE E&F CHICAGO, IL 60642	NONE	PC	UNRESTRICTED	25,000.
CHICAGO PEACE FELLOWS, C/O GOLDIN INSTITUTE 1235 A N CLYBOURN AVE. #327 CHICAGO, IL 60610	NONE	PC	UNRESTRICTED	25,000.
CHOICES: MEMPHIS CENTER FOR REPRODUCTIVE HEALTH 1203 POPLAR AVENUE MEMPHIS, TN 38104	NONE	PC	UNRESTRICTED	12,000.
DEBORAH'S PLACE 2822 W JACKSON BLVD CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	5,000.
EQUITY AND TRANSFORMATION 10 W 35TH ST, SUITE 10F4-2 CHICAGO, IL 60616	NONE	PC	UNRESTRICTED	20,000.
FARMWORKER ADVOCACY PROJECT 33 N LA SALLE ST STE 900 CHICAGO, IL 60602	NONE	PC	UNRESTRICTED	5,000.
FEMHEALTH FOR CARAFEM 1001 CONNECTICUT AVENUE NW #80 WASHINGTON, DC 20036	NONE	PC	UNRESTRICTED	25,000.
FUNDER BRIEFINGS & LEARNING 1828 L STREET NW, SUITE 300-A WASHINGTON, DC 20036	NONE	PC	UNRESTRICTED	165.
<b>Total from continuation sheets</b>				

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HOLLER HEALTH JUSTICE/MOUNTAIN ACCESS BRIGADE P.O. BOX 11032 CHARLESTON, WV 25339	NONE	PC	UNRESTRICTED	12,000.
ILLINOIS BLACK ADVOCACY INITIATIVE 200 WEST MADISON STREET, 2ND FLOOR CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	10,000.
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761 LOUISVILLE, KY 40204	NONE	PC	UNRESTRICTED	12,000.
LA CASA NORTE 3533 W NORTH AVE CHICAGO, IL 60647	NONE	PC	UNRESTRICTED	5,000.
MIDWEST ACCESS PROJECT 5215 NORTH RAVENWOOD AVENUE, SUITE 206 CHICAGO, IL 60640	NONE	PC	UNRESTRICTED	10,000.
NEIGHBORHOOD FUNDERS GROUP 548 MARKET STREET #96531 SAN FRANCISCO, CA 94104	NONE	PC	UNRESTRICTED	1,250.
ORGANIZED COMMUNITIES AGAINST DEPORTATION 4811 N CENTRAL PARK AVE CHICAGO, IL 60625	NONE	PC	UNRESTRICTED	20,000.
PUBLIC HEALTH INSTITUTE/CHICAGO TORTURE JUSTICE CENTER 180 N MICHIGAN, SUITE 1200 CHICAGO, IL 60601	NONE	PC	UNRESTRICTED	5,000.
SOLIDAIRE 1423 BROADWAY #314 OAKLAND, CA 94612	NONE	PC	UNRESTRICTED	20,000.
THE LOVE FRIDGE 320 S LEMON AVE., #3717 WALNUT, CA 91789	NONE	PC	UNRESTRICTED	10,000.
<b>Total from continuation sheets</b>				



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**THE CONANT FAMILY FOUNDATION**

Employer identification number

**36-3820887**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>THE CONANT FAMILY FOUNDATION</b>	Employer identification number  <b>36-3820887</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONANT INCOME CHARITABLE FUND  736 GREENACRES  GLENVIEW, IL 60025	\$ 1,556,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE CONANT FAMILY FOUNDATION</b>	Employer identification number  <b>36-3820887</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization  
**THE CONANT FAMILY FOUNDATION**

Employer identification number  
**36-3820887**

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

**2021**

Name **THE CONANT FAMILY FOUNDATION** Employer identification number **36-3820887**

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

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	1.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	1.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)
9	<b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers; Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9			
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10			
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12	Enter amount, if any, from line 18 of the preceding column .....	12			
13	Add lines 11 and 12 .....	13			
14	Add amounts on lines 16 and 17 of the preceding column .....	14			
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	15			
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16			
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17			
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18			

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

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>			\$ 0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF	OTHER INCOME		STATEMENT	1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
EXCISE TAX REFUND	99.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	99.	0.		

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	440.	0.		440.	
TO FORM 990-PF, PG 1, LN 16C	440.	0.		440.	

FORM 990-PF	TAXES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	9,796.	0.		9,796.	
TO FORM 990-PF, PG 1, LN 18	9,796.	0.		9,796.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FILING FEE	14.	0.		14.	
DUES & REGISTRATION	3,822.	0.		3,822.	
OFFICE	1,001.	0.		1,001.	
COMPUTER EXPENSE	362.	0.		362.	
BANK CHARGES	5.	0.		5.	
TO FORM 990-PF, PG 1, LN 23	5,204.	0.		5,204.	

FORM 990-PF	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
LOAN FROM LESLIE RAMYK		2,500.	0.
TOTAL TO FORM 990-PF, PART II, LINE 22		2,500.	0.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VI-A, LINE 10 STATEMENT 6

NAME OF CONTRIBUTOR	ADDRESS
CONANT INCOME CHARITABLE FUND	736 GREENACRES CHICAGO, IL 60610

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RACHEL CONANT 445 N WELLS ST STE 200 CHICAGO, IL 60654-4582	PRESIDENT 0.10	0.	0.	0.
MEREDITH GEORGE 445 N WELLS ST STE 200 CHICAGO, IL 60654-4582	VICE PRESIDENT 0.10	0.	0.	0.
KYLE JOHNSON 445 N WELLS ST STE 200 CHICAGO, IL 60654-4582	TREASURER 0.10	0.	0.	0.
SARAH FRANK 445 N WELLS ST STE 200 CHICAGO, IL 60654-4582	SECRETARY 0.10	0.	0.	0.
LESLIE RAMYK 445 N WELLS ST STE 200 CHICAGO, IL 60654-4582	EXECUTIVE DIRECTOR 40.00	162,000.	20,750.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		162,000.	20,750.	0.