## Form **990-PF**

**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.

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

OMB No 1545-0052

	lendar year 2017 or tax year beginning	<del></del>	<u>, 2017, and endir</u>			, 20
	of foundation			A	Employer identifica	
	BERSTED FOUNDATION		<del></del>		<del></del>	493609
Numbe	er and street (or P O box number if mail is not delivered t	o street address)	Room/suite	В	Telephone number	(see instructions)
	0 TAGATTE OF THA 105 14 14	•	,	Ì	0.66	750 0105
	S. LASALLE ST, IL4-135-14-1				866	5-752-2127
City of	town, state of province, country, and Zir of foreign post	ai code		c	If exemption application	on is
СПТ	CACO II 60603			1	pending, check here.	
	CAGO, IL 60603  ck all that apply:   Initial return	Initial return	of a former public char	tv   .		
0 0//0	Final return	Amended ret		'   '	Foreign organization     Foreign organization	
	Address change	Name change			85% test, check her computation	e and attach
H Che	eck type of organization: X Section 501(c			1)	,	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pri		) E	If private foundation st under section 507(b)(	<u> </u>
		nting method: X Ca		F	If the foundation is in	
end	I <del></del> -	her (specify)			under section 507(b)(	
		olumn (d) must be on ca	sh basis)			
Part	Analysis of Revenue and Expenses (The	(a) Revenue and	(In) Nina	, ,	Advisad	(d) Disbursements for charitable
	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investment income	(C)	Adjusted net income	purposes
	column (a) (see instructions) )	books				(cash basis only)
1	Contributions, gifts grants, etc , received (attach schedule)					
2	Check ► if the foundation is not required to attach Sch B					·
3	Interest on savings and temporary cash investments-					
4	Dividends and interest from securities	409,171.	410,866.			STMT 1
5a	Gross rents					
b		1 046 000				
9 6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	1,946,029.				
e e	assets on line 6a4, 700, 700.		1 046 020			
Revenue	Capital gain net income (from Part IV, line 2) .		1,946,029.			<del></del>
1 8	Net short-term capital gain		<del></del>			
10a	Income modifications	·	<del> </del>		<del></del>	
	and allowances		<del> </del>			
	Gross profit or (loss) (attach schedule)					
11	Other income (attach schedule)		<del></del>		· · · · · · · · · · · · · · · · · · ·	
12	Total Add lines 1 through 11	2,355,200.	2,356,895.			<del></del>
13	Compensation of officers, directors, trustees, etc	161,238.	96,743.			64,495
	Other employee salaries and wages		NONE		NONE	
14 15	Pension plans, employee benefits		NONE		NONE	
9 16a	, , ,					
Operating and Administrative Exp 12 12 13 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Legal fees (attach schedule)	2,400.	1,440.		NONE	960
ء <u>آخ</u>	Other professional fees (attach schedule).	97,947.				97,947
E 17	Interest & . MAY . 1 . 2018 . O					
18	Taxes (attach schedule) (see instructions)	<u>58,678.</u>	18,878.			
19 عَ	Depreciation (attach schedule) and depletion		<b> </b>			
20	Occupancy OGDEN, UT		NONE		NONE	<del></del>
[21	Travel, conferences, and meetings		NONE		NONE	
E 22	Printing and publications	13,164.	NONE 13,149.		NONE	15
Ĕ 23	Other expenses (attach schedule) STMT. 5.	13,104.	13,143.		<del></del>	13
E 24	Total operating and administrative expenses	333,427.	130,210.		NONE	163,417
g .	Add lines 13 through 23	921,000.	130,210.		140141	921,000
26	Contributions, gifts, grants paid	1,254,427.	130,210.		NONE	1,084,417
27	Subtract line 26 from line 12	1,434,441.			110111	<u> </u>
i i	Subtract line 25 from line 12  Excess of revenue over expenses and disbursements	1,100,773.	]		1	
1	Net investment income (if negative, enter -0-)	+1 +001,10	2,226,685.		<del></del> -	<del></del>
	Adjusted net income (if negative, enter -0-).					
	perwork Reduction Act Notice, see instructions.					Form 990-PF (2017)

JSA For Paperwork Reduction Act Notice, see instructions.

EH4078 L775 05/07/2018 16:50:37

<u></u>		Attached schedules and amounts in the	Beginning of year	End o	f year
Lić	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		<del> </del>	<u> </u>
	2	Savings and temporary cash investments	268,274.	758,009.	758,009
}		Accounts receivable	}		
1		Less allowance for doubtful accounts -		<del> </del>	
- [		Pledges receivable ►	,		
-		Less allowance for doubtful accounts			
1	5	Grants receivable			<u> </u>
- {	6	Receivables due from officers, directors, trustees, and other	j		
		disqualified persons (attach schedule) (see instructions)		<del></del>	
	7	Other notes and loans receivable (attach schedule)			
Ì		Less allowance for doubtful accounts   NONE			<del></del>
Assets	8	Inventories for sale or use		<del></del>	<del> </del>
SS	9	Prepaid expenses and deferred charges		<del></del>	
۹		Investments - U S and state government obligations (attach schedule).		00 100 551	
- }		Investments - corporate stock (attach schedule) , STMT .6	19,620,234.	20,178,661.	23,130,812
	11	Investments - corporate bonds (attach schedule)		<del> </del>	
- }		Less accumulated depreciation  (attach schedule)	<del></del>	L	<u> </u>
	13	Investments - mortgage loans			
		equipment basis Less accumulated depreciation			
		Other assets (describe >			
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	19,888,508.	20,936,670.	23,888,821
	17	Accounts payable and accrued expenses			
		Grants payable			
es		Deferred revenue	1		
≊	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)		 <del> </del>	
تــ	22	Other liabilities (describe  )		 <del> </del>	
_		Total liabilities (add lines 17 through 22)		NONE NONE	3
		Foundations that follow SFAS 117, check here ▶			
alances		and complete lines 24 through 26, and lines 30 and 31.			
au	24	Unrestricted			
3a	25	Temporarily restricted			
豆	26	Permanently restricted	<u> </u>		_
Ë	}	Foundations that do not follow SFAS 117, check here	}		
7	}	and complete lines 27 through 31	10 000 500	00 000 000	j
S	27	Capital stock, trust principal, or current funds	19,888,508.	20,936,670	
set	26 27 28 29 30 31	Paid-in or capital surplus, or land, bldg , and equipment fund	<del></del>	<del></del>	}
Ass	29	Retained earnings, accumulated income, endowment, or other funds	10 000 500	20.026.670	Ì
et	30	Total net assets or fund balances (see instructions)	19,888,508.	20,936,670	
Z	31	Total liabilities and net assets/fund balances (see	10 000 500	20 026 670	
		instructions)	19,888,508.	20,936,670	L
	art III			must agen with	<del></del>
1		of year figure reported on prior year's return)			19,888,508.
_		of-year figure reported on prior year's return)			1,100,773.
		er amount from Part I, line 27a			1,100,//3.
		er increases not included in line 2 (itemize)			20,989,281.
		lines 1, 2, and 3		5	52,611.
		il net assets or fund balances at end of year (line 4 minus			20,936,670.
_0	1012	in net assets of rang parances at end of year time 4 fillings	or _ runs n, column \t	-,, <u>0</u>	Form <b>990-PF</b> (2017)

Part	(a) List and desc	cribe the kind(s) of property sold (for exck warehouse, or common stock, 200 s	ample, real estate,	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr )
1 a	PUBLICLY TRADED S	SECURITIES		1		
	OTHER GAINS AND I					
C						
ď						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a	234.				·	234.
b	4,760,551.		2,814,756.		1,	945,795.
c				<u> </u>		····
<u>d</u>					<del> </del>	
<u>e</u>				<u> </u>	<del> </del>	
	Complete only for assets sho	owing gain in column (h) and owned by	y the foundation on 12/31/69		Gains (Col (h) ga	
(	) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a				L		234.
b					1,	945,795.
C				ļ		
d				ļ		
е				<u> </u>		
2	Constal gain not income	or (not constal loss) [ If ga	nn, also enter in Part I, line 7 🔷 🧎	1 1		
2	Capital gain net income	<b>(</b> 11 /10	oss), enter -0- in Part I, line 7	2	1,	946,029.
3		in or (loss) as defined in sections		}		
	If gain, also enter in Pa	art I, line 8, column (c). See ins	tructions If (loss), enter -0- in	1 1		
				3		<del> </del>
Par	t V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment I	ncome		
		the section 4942 tax on the distrib t qualify under section 4940(e) Do	utable amount of any year in the b	iase perio	d?	Yes X No
1			r; see the instructions before make	na any er	tries	
<u>-</u>	(a)			ing any er	(d)	
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	}	Distribution ra	
Cale	ndar year (or tax year beginning in)		<del> </del>	<del> </del>	(col (b) divided by	0.051065
	2016 2015	1,069,927. 1,068,399.	20,952,091. 21,918,503.	<del> </del>		0.031063
	2015	1,088,399.	22,244,297.	<del> </del>		0.046744
	2014	967,258.	21,129,245.	<del> </del>		0.045778
	2012	925,719.	19,768,849.	<del> </del>		0.046827
	2012	223,113:	137,007043:	<del>†                                    </del>		0.010027
2	Total of line 1 column l	۹)		2		0.239070
2		o for the 5-year base period - divid		<del>-</del> +		0.2330,0
3	-			3		0.047814
	the number of years the	toundation has been in existence	if less than 5 years	<del></del>		0.011011
4	Enter the net value of no	oncharitable-use assets for 2017 fr	om Part X, line 5	4	22,	471,474.
_	Marketon A. C. C.			5	1	074,451.
5	Multiply line 4 by line 3.			<del>  '    </del>	<u>+</u> /	0/4,451.
£	Enter 10/ of not investme	ant income [1% of Part   line 27h]		6		22,267.
6	Enter 1% of net investme	ent income (1/0 of Fait ), line 2/0/				
7	Add lines 5 and 6			7	1.	096,718.
′	Add lilles 3 alld 0					
8	Enter qualifying distribut	tions from Part XII, line 4	. ,	8	1,	084,417.
J	If line 8 is equal to or g	greater than line 7, check the box	in Part VI, line 1b, and complete			

	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru		s)
	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		44,5	34.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% 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-)			ONE
3	Add lines 1 and 2		44,5	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- ,		44,5	<u> 34.</u>
6	Credits/Payments			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 45, 406.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
ď	Backup withholding erroneously withheld		45 4	٠,٠
7	Total credits and payments Add lines 6a through 6d		45,4	106.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			177
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			<u>372.</u>
11 Doz	Enter the amount of line 10 to be Credited to 2018 estimated tax ► 872. Refunded ► 11  t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa		1a	162	X
L	participate or intervene in any political campaign?		<u> </u>	
D		1ь		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	_ <del></del> _		<del></del>
	published or distributed by the foundation in connection with the activities	1		
	Did the foundation file Form 1120-POL for this year?	1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
•	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	! 		
	on foundation managers > \$	}	Ì	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities	ł	<u> </u>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	l	<u>{</u>	1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_	<b> </b>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<del> </del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5_	ļ <u>.</u>	<u>X</u>
	If "Yes," attach the statement required by General Instruction T	]		1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ļ	}	
	By language in the governing instrument, or		}	1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		\ <sub>V</sub>	
	conflict with the state law remain in the governing instrument?	6	X	<del> </del>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7_	<u> </u>	<del> </del>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
	11	[	}	
b		0.	X	
_	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	86	<del>  _</del> ^	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		]	
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"	9	1	X
	complete Part XIV	-		1 A
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	1	X
	names and addresses		O DE	

Pari	rt VII-A Statements Regarding Activities (continued)		
	, , , , , , , , , , , , , , , , , , ,	Yes	s No
11	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 instruc		\ X
12	Did the foundation make a distribution to a donor advised		
	person had advisory privileges? If "Yes," attach statement. See instru	i I	X
13			X
	Website address ► NONE		
14		Telephone no ► (866) 752-2127	
	Located at ▶ 135 SOUTH LASALLE ST., CHICAGO	), IL ziP+4 ▶ <u>60603</u>	
15	•	0-PF in lieu of Form 1041 - check here	▶
	and enter the amount of tax-exempt interest received or accrued dur		<del></del>
16	, ,		<del></del>
	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	
Dar	the foreign country ►  rt VII-B Statements Regarding Activities for Which	Form 4720 May Re Required	
Far		[800 Yes]	s No
٠.	File Form 4720 if any item is checked in the "Yes" column,	uniess an exception applies.	<b>A</b> 1
18	<ul> <li>a During the year, did the foundation (either directly or indirectly)</li> <li>(1) Engage in the sale or exchange, or leasing of property with a dis</li> </ul>	qualified person? Yes X No	
	(2) Borrow money from, lend money to, or otherwise extend		e 3.1
	disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a d		14
	(4) Pay compensation to, or pay or reimburse the expenses of, a disc		
	(5) Transfer any income or assets to a disqualified person (or		•
	the benefit or use of a disqualified person)?		
	(6) Agree to pay money or property to a government official	? (Exception. Check "No" if the	* ·
	foundation agreed to make a grant to or to employ		
	termination of government service, if terminating within 90 days	i)Yes X No	9
b	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to		9
	section 53 4941(d)-3 or in a current notice regarding disaster assista	Table 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	X New 2007
	Organizations relying on a current notice regarding disaster assistan		# (#
С	c Did the foundation engage in a prior year in any of the		E ACOL
	were not corrected before the first day of the tax year beginning in 2. Taxes on failure to distribute income (section 4942) (does	L-1 - L-2 -	A 3 8
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	not apply for years the foundation was a private	
9	a At the end of tax year 2017, did the foundation have any un	distributed income lines 6d and	
	6e, Part XIII) for tax year(s) beginning before 2017?		45
	If "Yes," list the years		
b	b Are there any years listed in 2a for which the foundation	is <b>not</b> applying the provisions of section 4942(a)(2)	2.2
	(relating to incorrect valuation of assets) to the year's und	18 *~#/# \$**	
	all years listed, answer "No" and attach statement - see instructions.)	2b	X
c	c If the provisions of section 4942(a)(2) are being applied to an	y of the years listed in 2a, list the years here	7. 5
	<b>&gt;</b>		
3a	Ba Did the foundation hold more than a 2% direct or indirect in		
	at any time during the year?		
b	b If "Yes," did it have excess business holdings in 2017 as	l l	
	disqualified persons after May 26, 1969, (2) the lapse of		
	Commissioner under section 4943(c)(7)) to dispose of holding	i a contract of the contract o	
	the 10-, 15-, or 20-year first phase holding period? (U	1 · 1	
	foundation had excess business holdings in 2017)		X
	to Did the foundation invest during the year any amount in a b Did the foundation make any investment in a prior year (bu	المنفة الفندية المنافع	A
6	charitable purpose that had not been removed from jeopardy		Х
	and note purpose that had not been removed from Jeopardy	Form 990-P	

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 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

NONE

NONE

NONE

NONE

NONE Form **990-PF** (2017)

Form 990-PF (2017)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	,"
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-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
1NOT APPLICABLE	<del></del>
2THE SOLE CHARITABLE PURPOSE OF THIS ORGANIZATION IS THE	
MAKING OF CONTRIBUTIONS AND GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS.NO DIRECT CHARITABLE ACTIVITIES ARE CONDUCTED.	
3	
4	
Part IX-B Summary of Program-Related Investments (see Instructions)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
2	<del></del>
All other program-related investments. See instructions	
3 NONE	
Total Add lines 1 through 2	

I di	Minimum Investment Return (All domestic foundations must complete this part. Foreise see instructions.)	gn round	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	22,318,855.
b	Average of monthly cash balances	1b	494,824.
C	Fair market value of all other assets (see instructions)	1c	NONE
d		1d	22,813,679.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	}	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	22,813,679.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	1	
	instructions)	4	342,205.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,471,474.
6	Minimum investment return. Enter 5% of line 5	6	1,123,574.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	1,123,574.
2a	20 1		,
b		}	
c	Add lines 2a and 2b	2c	44,534.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,079,040.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	1,079,040.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
′	line 1	7	1,079,040.
			1,010,040.
Pa	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,084,417.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,084,417.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,084,417.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years	J	

Form 990-PF (2017)

Page 9

Par	t XIII Undistributed Income (see instr	uctions)			
	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	ſ		<del></del>		1,079,040.
•	line 7				1,013,010.
	Undistributed income, if any, as of the end of 2017			905,626.	
	Enter amount for 2016 only		NONE	303,020.	·····
	Total for prior years 20,20,20		110111		<del></del>
	i ' ' 1				
	NONE				
	NONE				
	NONE		Ì		
	NONE		}		
		NONE			
	Total of lines 3a through e	NONE			<del></del>
4	line 4 > \$1,084,417				
	Applied to 2016, but not more than line 2a			905,626.	
				3007020.	
D	Applied to undistributed income of prior years (Election required see instructions)		NONE		
	·				
C	Treated as distributions out of corpus (Election required - see instructions)	NONE			
d	Applied to 2017 distributable amount,				178,791.
	Remaining amount distributed out of corpus	NONE			
	Excess distributions carryover applied to 2017	NONE			NONE
•	(If an amount appears in column (d), the same				
c	amount must be shown in column (a) )  Enter the net total of each column as				
0	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE	<u> </u>		
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b,		NONE		
C	Enter the amount of prior years' undistributed		İ		
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable		Ì		
	amount - see instructions		NONE		
е	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see				
	instructions		<u> </u>		
f	Undistributed income for 2017 Subtract lines		}	ł	
	4d and 5 from line 1 This amount must be				000 010
	distributed in 2018				900,249.
7	Amounts treated as distributions out of corpus			1	
	to satisfy requirements imposed by section			į	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE	<u> </u>		
8	Excess distributions carryover from 2012 not	NONE		]	
	applied on line 5 or line 7 (see instructions)	NONE	<del> </del>		
9	Excess distributions carryover to 2018.	NONE		ļ	
	Subtract lines 7 and 8 from line 6a	NONE	<del> </del>	<del></del>	
	Analysis of line 9			]	
	Excess from 2013 NONE  Excess from 2014 NONE			]	
	120177			1	
	Excess from 2015 NONE Excess from 2016 NONE			ĺ	
				1	
	Excess from 2017 NONE	L	L	<del></del>	Form 990-PE (2017)

Pai	t XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, question	on 9)	NOT APPLICABL
1 a	If the foundation has foundation, and the ruling	received a ruling or d		• • •	· 1	
ь	Check box to indicate	•	· ·		<del></del>	(3) or 4942(j)(5)
_		Tax year	, , , , , , , , , , , , , , , , , , ,	Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	I or the minimum investment				<del></del>	
	return from Part X for each					
	year listed	<del></del>		<del> </del>		
	85% of fine 2a	<del></del>		<del> </del>		<del> </del>
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not	· · · · · · · · · · · · · · · · · · ·				<del></del>
	used directly for active conduct	}				,
_	of exempt activities	<u> </u>			·	<del> </del>
е	Qualifying distributions made directly for active conduct of					1
	exempt activities Subtract line	1				
3	2d from line 2c	<del></del>	<del> </del> -	<del> /</del>	<del> </del>	<del> </del>
	alternative test relied upon					
а	'Assets" alternative test enter					
	<ol> <li>Value of all assets</li> <li>Value of assets qualifying</li> </ol>	<del></del>	<del> </del>	<del>-/</del>		<del> </del>
	under section					
<b>L</b>	4942(j)(3)(B)(i) "Endowment" alternative test-	<u> </u>	<del> /</del>	<del> </del>	<del></del>	
b	enter 2/3 of minimum invest-			ļ		
	ment return shown in Part X,	}		ļ		
	line 6 for each year listed	}	/	· · · · · · · · · · · · · · · · · · ·		
С	"Support' alternative test enter (1) Total support other than			į		}
	gross investment income					
	(interest, dividends, rents, payments on securities	1		Ì		
	loans (section 512(a)(5)),			ļ		1
	or royalties)		<del> </del>	<del> </del>		<del></del>
	public and 5 or more		)			
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)	<del></del>		<del> </del>	<del> </del>	<del> </del>
	(3) Largest amount of sup port from an exempt			}		
	organization	<del></del>	<del> </del>	<del> </del>	<del> </del>	
Do	(4) Gross investment income .	ntary Information (	Complete this part	only if the foundati	tion had \$5,000 or	moro in acceto a
Fe		luring the year - see		only if the loundar	iioii iiau \$5,000 oi	more in assets a
1	Information Regarding	<del></del>				
	List any managers of			re than 2% of the tota	al contributions receiv	red by the foundation
-		y tax year (but only if the				
	NONE					
-ī	List any managers of	the foundation who	own 10% or more of	f the stock of a corp	oration (or an equally	large portion of the
-		rship or other entity) o				, 5
	NONE					
	1,01,2					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ▶ ☐ If	the foundation only	makes contributions	to preselected chari	table organizations	and does not accent
	unsolicited requests 1	for funds. If the found	ation makes gifts, gr	ants, etc., to individua	lls or organizations ui	nder other conditions
	•	c, and d. See instruction	•		_	
a	The name, address, ar	nd telephone number o	or email address of the	person to whom appl	ications should be add	Iressed
	SEE STATEMENT					
b	The form in which app	olications should be su	bmitted and informati	on and materials they	should include:	
		TATEMENT FOR L		ŕ		
C	Any submission deadl					
	SEE ATTACHED S	TATEMENT FOR L	INE 2			
	Any restrictions or	limitations on awards	euch as hy deodr	anhical areas charits	thle fields kinds of	institutions or other
C	factors:	iiiiiitations on awalus	, auch as by geogl	apinour areas, charte	iolo noido, kinus Ul	manuadona, or other
	SEE ATTACHED S	TATEMENT FOR L	INE 2			

rt XV Supplementary Information Grants and Contributions Paid Du	ring the Year or Appr	oved for Fut	ture Payment	
Grants and Contributions Paid Du Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
Paid during the year				
		1		
SEE STATEMENT 33		<b>}</b>		921,00
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Total		<u> </u>	▶ 3a	921,0
Approved for future payment		1		
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Form 990-PF (2017)

	amounts unless otherwise indicated	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
=						(555555)
c						<del> </del>
d						
		<del></del> -	· · ·	<del></del>		
f						<del></del>
_	and contracts from government agencies			<del>- </del>	<del> </del>	··-
	ship dues and assessments		<u> </u>	<del> </del>	<del></del>	
	s and interest from securities	- · -·		14	409,171.	-
	al income or (loss) from real estate.	-				·
	financed property					- <u></u>
	lebt-financed property					
	I income or (loss) from personal property			T T		
	vestment income					
	oss) from sales of assets other than inventory			18	1,946,029.	
•	me or (loss) from special events · · ·					
	ofit or (loss) from sales of inventory.					
	venue a	L				
_						
						·
			•			····
е						
2 Subtotal	Add columns (b), (d), and (e)				2,355,200.	
3 Total. Ad	dd line 12, columns (b), (d), and (e)				13	2,355,200
Line No.	Explain below how each activit	y for whic	h income is reported	in column (	e) of Part XVI-A contribu	
	accomplishment of the foundation	on's exemp			funds for such purposes	
	accomplishment of the foundation	on's exemp				
	accomplishment of the foundation	on's exemp				
	accomplishment of the foundation	on's exemp				
	accomplishment of the foundation	on's exemp				
	accomplishment of the foundation	on's exemp				
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	accomplishment of the foundation	on's exemp				
	accomplishment of the foundation	on's exemp		by providing		
	accomplishment of the foundation	on's exemp	t purposes (other than	by providing		
	accomplishment of the foundation	on's exemp	t purposes (other than	by providing		
	accomplishment of the foundation	on's exemp	t purposes (other than	by providing		
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	accomplishment of the foundation	on's exemp	t purposes (other than	by providing		
	accomplishment of the foundation	on's exemp	t purposes (other than	by providing		

Form 990	)-PF (20					36-6493609				ge 13
Part >	(VII	Information Re Exempt Organ		sfers to and Trans	actions an	d Relationsh	ips With None	harit	able	
ır	sect			gage in any of the follogical (c)(3) organizations					Yes	No
	•		foundation to a	noncharitable exempt o	organization of	f:		'		
		-						1a(1)		X
(2	2) Oth	er assets						1a(2)	<u> </u>	X
		ansactions:							]	v
				torganization exempt organization.				1b(1) 1b(2)		X
				ssets						X
										Х
								16(5)		X
				or fundraising solicitation				1b(6)		X
	-			other assets, or paid endinger of the complete the following the complete the following the complete the comp					foir m	X
				s given by the reporti						
				ment, show in column						
(a) Line	no	(b) Amount involved	(c) Name of non	charitable exempt organization	n (d) De	scription of transfers	s, transactions, and shai	ing arra	ngeme	nts
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			<u> </u>							
d	escrib	•	(other than section	ated with, or related 1 on 501(c)(3)) or in sect			_	Y	es 🔼	Ĭ No
		(a) Name of organizatio		(b) Type of organiza	ition	(c)	Description of relation	ship		
			<del>   -</del>							
			<del></del>		<del></del>					
			<del>-</del>							
				this return, including accompa payer) is based on all information of			the best of my knowledge	je and t	belief, it	ıs tru
Sign	19	Varen 1 Ha	ser	05/07/2018	MANA	GING DIR	May the IRS	S discus		
Here	Sign	ature of officer or trustee		Date	Title		See instruction		Yes [	N
	BA	NK OF AMERICA		<del></del>						
Paid		Print/Type preparer's na	me	Preparer's signature		Date	Cccx [] ,"	PTIN		
Prepa	arer	E's				<del></del>	self-employed			
- r- •		Firm's name					rrm's EIN			

Use Only Firm's address

36-6493609

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	4,022. 94,236. 145,635. 93,883. 9,066. 30,197. 23,449.	410,866.
REVENUE AND EXPENSES PER BOOKS	4,022. 94,236. 145,635. 93,883. 9,066. 30,197. -1,695. 23,449.	409,171.
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS DOMESTIC DIVIDENDS OTHER INTEREST FOREIGN INTEREST (FEDERAL TAXABLE NON-TAXABLE FOREIGN INCOME NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS	TOTAL

FORM 990PF, PART I - ACCOUNTING FEES 

CHARITABLE PURPOSES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.096	.096	H H H H H H H
ADJUSTED NET INCOME	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NONE	
NET INVESTMENT INCOME	1 1 2 1 1	1,440.		# # # # # # # # # # # # # # # # # # #
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,400.	2,400.	11 11 11 11 11 11 11 11 11 11 11 11 11
DESCRIPTION	† 1 <i>†</i> 1 i i	IAX PREPARATION FEE - BOA	TOTALS	
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PROFESSIONAL FEES	
- OTHER	
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FORM 990PF,	

REVENUE AND EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	56,472.		97,947.	))                         
-	S	) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GRANTMAKING FEES - BOA	OTHER PROFESSIONAL FEES - CHAR	TOTALS	

PURPOSES	111111		56,472.	41,475.		97,947.	
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NET INVESTMENT INCOME	1 1 1	18,878.	       	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1	18,878.	l I	
			TOTAT,S	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOREIGN TAXES EXCISE TAX ESTIMATES		

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CHARITABLE PURPOSES	15.	15.
NET INVESTMENT INCOME	6,575. 6,574.	13,149.
REVENUE AND EXPENSES PER BOOKS	6,575. 6,574. 15.	13,164.
DESCRIPTION	OTHER ALLOCABLE EXPENSE-PRINCI OTHER ALLOCABLE EXPENSE-INCOME STATE FILING FEE	TOTALS

2

THE BERSTED FOUNDATION

36-6493609

FORM 990PF, PART II - CORPORATE STOCK 

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
9913 1009 1009 1107 1107		514,79 671,51 671,51 750,41 047,28 702,55 094,75 815,47 988,16 396,51	056,70 693,25 175,49 206,77 714,10 262,61 829,60 645,06 853,80	29,48 76,58 119,05 113,36 40,89 01,88 65,31 66,79 48,07
9C991 SHORT TERM TAXABLE B	TOTALS	2,832,214.  19,620,234.	1,931,106.	1,909,392.

9

36-6493609

ASES IN NET	WORTH OR	FUND BALANCES
		AMOINT
		AMOUNT
		51,964. 647.
TOTAL		52,611.
	=========	ASES IN NET WORTH OR

RECIPIENT NAME:

Debra Grand, c/o Bank of America ADDRESS:

135 SOUTH LASALLE ST CHICAGO, IL 60603

RECIPIENT'S PHONE NUMBER: 312-828-2055

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED STATEMENT

SUBMISSION DEADLINES:

SEE ATTACHED STATEMENT

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED STATEMENT

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

360 TRANSITIONAL LIVING

ADDRESS:

1305 OSWEGO RD

Naperville, IL 60540-6249

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

360 TRANSITIONAL HOUSING PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:

ACCESS COMMUNITY HEALTH

ADDRESS:

600 WEST FULTON ST 2ND FLOOR

Chicago, IL 60661-1262

**RELATIONSHIP:** 

N/A

PURPOSE OF GRANT:

GRANT TO EXPAND MENTAL & BEHAVIORAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ALEXANDER LEIGH CTR FOR AUTISM

ADDRESS:

4100 VETERANS PARKWAY

McHenry, IL 60012-3714

**RELATIONSHIP:** 

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

 THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ALIVE CENTER ADDRESS: 500 WEST 5TH AVENUE Naperville, IL 60563 RELATIONSHIP: N/A PURPOSE OF GRANT: SOUND AND LIGHTING. FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: ALMOST HOME KIDS ADDRESS: 7 S 721 ROUTE 53 Naperville, IL 60540-0000 RELATIONSHIP: N/APURPOSE OF GRANT: RESPITE CARE PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 20,000. RECIPIENT NAME: AURORA AREA INTERFAITH FOOD ADDRESS: PO BOX 2602 Aurora, IL 60507-2602 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT

AMOUNT OF GRANT PAID .....

PC

FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
BRIDGE COMMUNITIES
ADDRESS:
505 CRESCENT BLVD
Glen Ellyn, IL 60137
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT

RECIPIENT NAME:
CASA KANE COUNTY
ADDRESS:
100 S 3RD STREET SUITE 460
Geneva, IL 60134-2767
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:

PC
AMOUNT OF GRANT PAID ..... 10,000.

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CASA OF DUPAGE COUNTY, INC. ADDRESS: 505 N. COUNTY FARM RD Wheaton, IL 60187 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: Center For Information Of Elgin ADDRESS: 28 N GROVE AVE STE 200 Elgin, IL 60120-5508 RELATIONSHIP: N/APURPOSE OF GRANT: BILINGUAL INFORMATION, ADVOCACY, AND REFERRAL FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 20,000. RECIPIENT NAME: CHILDREN'S HOME & AID SOCIETY OF ADDRESS: 125 S. WACKER DRIVE, SUITE 1400 Chicago, IL 60606 **RELATIONSHIP:** N/APURPOSE OF GRANT: GRANT TO SUPPORT THE JERRI HOFFMAN CHILD & FA FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 20,000. THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Community Foundation Of The Fox River Valley ADDRESS: 111 W DOWNER PL STE 312 Aurora, IL 60506-6106 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: РC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: COMMUNITY HOUSE ADDRESS: 415 WEST EIGHTH STREET Hinsdale, IL 60521 RELATIONSHIP: N/A PURPOSE OF GRANT: THE WILLOWBROOK CORNER PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 10,000. RECIPIENT NAME: CONSUMER CREDIT COUNSELING SERV. ADDRESS: PO BOX 885 Woodstock, IL 60098-0885 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: DOMINICAN LITERACY CENTER ADDRESS: 260 VERMONT AVE. Aurora, IL 60505-3100 RELATIONSHIP: A/NPURPOSE OF GRANT: THE DOMINICAN LITERACY CENTER FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 20,000. RECIPIENT NAME: DONKA, INC. ADDRESS: 400 N. COUNTY FARM ROAD Wheaton, IL 60187 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 20,000. RECIPIENT NAME: DUPAGE CHILDREN'S MUSEUM ADDRESS: 301 NORTH WASHINGTON STREET Naperville, IL 60540 **RELATIONSHIP:** N/A PURPOSE OF GRANT: THE COMMUNITY ACCESS NETWORK FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 20,000. THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: DUPAGE PADS, INC. ADDRESS: 601 WEST LIBERTY Wheaton, IL 60187 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: EDWARD HOSPITAL FOUNDATION ADDRESS: 801 S WASHINGTON ST Naperville, IL 60540-7430 RELATIONSHIP: N/APURPOSE OF GRANT: THE CARE CENTER FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: FAMILY FOCUS ADDRESS: 550 EAST SECOND AVENUE Aurora, IL 60505 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 15,000. THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FAMILY HEALTH PARTNERSHIP CLINIC ADDRESS: 401 E. CONGRESS Crystal Lake, IL 60014 RELATIONSHIP: N/APURPOSE OF GRANT: THE CARE MANAGER PROGRAM. FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 20,000. RECIPIENT NAME: FAMILY SERVICE AGENCY ADDRESS: 14 HEALTH SERVICES DR Dekalb, IL 60115-9637 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 20,000.

RECIPIENT NAME:

FAMILY SHELTER SERVICE, INC.

ADDRESS:

605 E. ROOSEVELT RD Wheaton, IL 60187-5568

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

SAFE HOME AND SAFE ADULT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ..... 20,000.

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FOX VALLEY CHRISTIAN ACTION ADDRESS: 35W624 RIVERWOODS LN St. Charles, IL 60174-6709 RELATIONSHIP: N/APURPOSE OF GRANT: THE COMMUNITY LEADERSHIP DEV FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: FOX VALLEY HOSPICE ADDRESS: 200 WHITFIELD DR. Geneva, IL 60134 RELATIONSHIP: N/A PURPOSE OF GRANT: PROJECT HOPE YOUTH BEREAVEMENT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 10,000. RECIPIENT NAME: FOX VALLEY OLDER ADULT SERVICES ADDRESS: 1406 SUYDAM ROAD Sandwich, IL 60548 RELATIONSHIP: N/A

PURPOSE OF GRANT:

PC

THE IMPROVEMENTS TO OUTD FOUNDATION STATUS OF RECIPIENT:

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: GIANT STEPS ILLINOIS INC ADDRESS: 2500 CABOT DRIVE Lisle, IL 60532 RELATIONSHIP: N/APURPOSE OF GRANT: DAY SCHOOL FOR YOUTH WITH AUTISM FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: GIRL SCOUTS OF NORTHERN ILLINOIS ADDRESS: 12N124 COOMBS ROAD Elgin, IL 60124 RELATIONSHIP: N/APURPOSE OF GRANT: PROJECT OPPORTUNITY. FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 4,000. RECIPIENT NAME: Glen Ellyn Community Resource Center ADDRESS: 346 TAFT AVENUE, SUITE 205 Glen Ellyn, IL 60137 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID .....

PC

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HABITAT FOR HUMANITY OF MCHENRY ADDRESS: PO BOX 1166 McHenry, IL 60051 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 15,000. RECIPIENT NAME: HOPE FOR TOMORROW, INC. ADDRESS: 479 N LAKE ST Aurora, IL 60506-4105 RELATIONSHIP: A/NPURPOSE OF GRANT: MEN'S & VETERAN'S RECOVERY HOME PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: HOPE'S FRONT DOOR ADDRESS: 1047 CURTISS ST. STE 610 Downers Grove, IL 60515-4607 RELATIONSHIP: N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID ......

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: JOURNEYCARE FOUNDATION, INC. ADDRESS: 2050 CLAIRE CT Glenview, IL 60025-7635 RELATIONSHIP: N/APURPOSE OF GRANT: GRANT TO SUPPORT THE PATIENT ASSISTANCE FUND FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: KIDS HOPE USA INC ADDRESS: 445 BIRMINGHAM LANE Schaumburg, IL 60193 RELATIONSHIP: N/APURPOSE OF GRANT: MENTORING AT-RISK KIDS I FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 10,000. RECIPIENT NAME: LITTLE FRIENDS, INC. ADDRESS: 140 N WRIGHT ST Naperville, IL 60540-4748 RELATIONSHIP: N/A

AMOUNT OF GRANT PAID .....

PURPOSE OF GRANT:

PC

KREJCI ACADEMY TECHNOLOGY UPGRADES

FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
LOAVES AND FISHES COMMUNITY PANT
ADDRESS:
1871 HIGH GROVE LANE
Naperville, IL 60540
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
LOAVES & FISHES CARES PROGRAM
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID

AMOUNT OF GRANT PAID ..... 10,000.

RECIPIENT NAME:
LOVE CHRISTIAN CLEARING HOUSE
ADDRESS:
98 E. CHICAGO AVE. STE 205
Westmont, IL 60559
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
UNRESTRICTED GENERAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:

PC
AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:

MARENGO AREA OUTREACH ENTERPRISE
ADDRESS:
829 GREENLEE STREET
Marengo, IL 60152
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
EMERGENCY FINANCIAL ASSISTANCE
FOUNDATION STATUS OF RECIPIENT:

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MUTUAL GROUND, INC. ADDRESS: PO BOX 843 Aurora, IL 60507-0843 RELATIONSHIP: N/A PURPOSE OF GRANT: DOMESTIC VIOLENCE CHILDREN'S ADVOCACY PROGRAM FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 20,000. RECIPIENT NAME: NAMI OF DUPAGE COUNTY ILLINOIS ADDRESS: 115 N COUNTY FARM RD Wheaton, IL 60187-3977 RELATIONSHIP: N/APURPOSE OF GRANT: EDUCATION AND SUPPORTIVE SERVICES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: NEIGHBORHOOD FOOD PANTRIES ADDRESS: 427 W ARMY TRAIL RD Bloomingdale, IL 60108-1390 RELATIONSHIP: N/A PURPOSE OF GRANT:

STATEMENT

PC

NEW VAN FOR NFP JUST-IN-TIME RECOVERY PROGR

AMOUNT OF GRANT PAID ......

FOUNDATION STATUS OF RECIPIENT:

15,000.

25

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NORTHEAST DUPAGE FAMILY & YOUTH ADDRESS: 3 FRIENDSHIP PLZ Addison, IL 60101-2787 RELATIONSHIP: N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC RECIPIENT NAME: NORTHEN ILLINOIS FOOD BANK ADDRESS: 272 DEARBORN CT Geneva, IL 60134-0000 RELATIONSHIP: N/APURPOSE OF GRANT: FOOD ACQUISITION AND DISTRIBUTION IN DEKALB, FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ...... 20,000. RECIPIENT NAME: OPPORTUNITY HOUSE, INC. ADDRESS: 202 LUCAS STREET Sycamore, IL 60178 RELATIONSHIP: N/APURPOSE OF GRANT: BUILDING REMODELING FOR DAY PROGRAM SERVICES FOUNDATION STATUS OF RECIPIENT: PC  THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

OUTREACH COMMUNITY MINISTRIES

ADDRESS:

373 S. SCHMALE RD, STE 102

Carol Stream, IL 60188

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

TEEN REACH MIDDLE SCHOOL YOUTH

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PADS OF ELGIN

ADDRESS:

1730 BERKLEY ST

Elgin, IL 60123-7030

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROVIDING SECURITY AND BRIGHTNESS FOR GUESTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 6,000.

RECIPIENT NAME:

PARAMOUNT ARTS CENTRE

ADDRESS:

8 E. GALENA BLVD

Aurora, IL 60506

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

REACHING DISABLED AND UNDERPRIVILEGED CHILD

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:
PEOPLE'S RESOURCE CENTER
ADDRESS:
201 S. NAPERVILLE ROAD
Wheaton, IL 60187
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
FOOD PANTRY PROGRAM

FOUNDATION STATUS OF RECIPIENT: PC

RECIPIENT NAME:
PIONEER CENTER FOR HUMAN SERVICE
ADDRESS:
4001 DAYTON STREET
McHenry, IL 60050
RELATIONSHIP:
N/A
PURPOSE OF GRANT:

PIONEER CENTER PADS HOME
FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID ..... 20,000.

RECIPIENT NAME:
WESTERN DUPAGE SPECIAL RECREATION
ADDRESS:
116 N. SCHMALE ROAD

Carol Stream, IL 60188 RELATIONSHIP:

PURPOSE OF GRANT:
TECHNOLOGY UPGRADE PROJECT
FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID ..... 20,000.

N/A

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ECKER CENTER FOR MENTAL HEALTH ADDRESS: 1845 GRANDSTAND PL. Elgin, IL 60123 **RELATIONSHIP:** N/APURPOSE OF GRANT: NEW ROOF FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: VISITING NURSE ASSOCIATION OF AUGRANT 400 NORTH HIGHLAND AVENUE Aurora, IL 60506 RELATIONSHIP: N/APURPOSE OF GRANT: THE VNA HEALTH CENTER WELLNESS KITCHEN FOUNDATION STATUS OF RECIPIENT: RECIPIENT NAME: THE MORTON ARBORETUM ADDRESS: 4100 LINCOLN AVE. Lisle, IL 60532 RELATIONSHIP: N/APURPOSE OF GRANT: YOUTH SCIENCE EDUCATION OUTREACH PROGRAM FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ......

29

RECIPIENT NAME: TEEN PARENT CONNECTION ADDRESS: 475 TAFT AVE Glen Ellyn, IL 60137 RELATIONSHIP: N/A PURPOSE OF GRANT: ADOLESCENT FAMILY STRENGTHENING FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 10,000. RECIPIENT NAME: Science And Technology Interactive Cente 18 W BENTON ST Aurora, IL 60506-6013 **RELATIONSHIP:** N/APURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ...... 20,000. RECIPIENT NAME: RENZ ADDICTION COUNSELING CENTER ADDRESS: ONE AMERICAN WAY Elgin, IL 60120 RELATIONSHIP: N/APURPOSE OF GRANT: MEDICATED-ASSISTED TREATMENT (MAT) PROGRM FOUNDATION STATUS OF RECIPIENT:

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TRICITY FAMILY SERVICES ADDRESS: 1120 RANDALL COURT Geneva, IL 60134 RELATIONSHIP: N/A PURPOSE OF GRANT: WILDERNESS CHALLENGE PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: REGIONAL ACCESS & MOBILIZATION ADDRESS: 202 MARKET ST Rockford, IL 61107-3954 RELATIONSHIP: N/APURPOSE OF GRANT: THE RAMPS YOUTH EDUCATION & ADVOCACY FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID ..... 15,000. RECIPIENT NAME: SENIOR HOME ADDRESS: 711 E ROOSEVELT RD Wheaton, IL 60187-5646 **RELATIONSHIP:** N/A PURPOSE OF GRANT: UNRESTRICTED GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID .....

RECIPIENT NAME:

SERENITY HOUSE COUNSELING

ADDRESS:

891 S RTE 53

Addison, IL 60101-4220

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SUICIDE PREVENTION

ADDRESS:

528 S. BATAVIA AVE.

Batavia, IL 60510

**RELATIONSHIP:** 

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID ...... 20,000.

RECIPIENT NAME:

RUSH COPLEY MEDICAL CENTER FND

ADDRESS:

2000 OGDEN AVE

Aurora, IL 60504-7222

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

STEP BY STEP TO WELLNESS

FOUNDATION STATUS OF RECIPIENT:

PC

THE BERSTED FOUNDATION 36-6493609 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

SHARING CONNECTIONS, INC.

ADDRESS:

5111 CHASE AVE

Downers Grove, IL 60515-4012

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

UNRESTRICTED GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

921,000.

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