

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation WOODWARD CHARITABLE TRUST		A Employer identification number 84-6025403	
Number and street (or P O box number if mail is not delivered to street address) 5001 NORTH SECOND STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code ROCKFORD, IL 611257001		B Telephone number (see instructions) (815) 877-7441	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 29,801,926		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	250,000			
	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	379,442	379,442		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	183,125			
	b Gross sales price for all assets on line 6a	2,407,761			
	7 Capital gain net income (from Part IV, line 2)		183,125		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	812,567	562,567		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	8,200	4,100		4,100
	c Other professional fees (attach schedule)	49,105	49,105		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	10,993	4,424		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	68,298	57,629		4,100
	25 Contributions, gifts, grants paid	1,429,400			1,429,400
	26 Total expenses and disbursements. Add lines 24 and 25	1,497,698	57,629		1,433,500
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-685,131			
	b Net investment income (if negative, enter -0-)		504,938		
c Adjusted net income(if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	302,486	346,403	352,737
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)	2,751,651	3,044,493	3,029,607
	b Investments—corporate stock (attach schedule)	5,956,348	5,237,231	25,239,211
	c Investments—corporate bonds (attach schedule)	1,248,719	960,022	967,162
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	216,441	201,620	206,616
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	5,848	6,593	6,593	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	10,481,493	9,796,362	29,801,926	
Liabilities	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 (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	10,481,493	9,796,362	
	30 Total net assets or fund balances (see instructions)	10,481,493	9,796,362	
31 Total liabilities and net assets/fund balances (see instructions) .	10,481,493	9,796,362		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	10,481,493
2 Enter amount from Part I, line 27a	2	-685,131
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	9,796,362
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 30 .	6	9,796,362

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , 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)
1 a NORTHERN TRUST	P	2017-01-01	2007-12-31
b OTHER	P	2017-01-01	2007-12-31
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 2,407,761		2,222,984	184,777
b		1,652	-1,652
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) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			184,777
b			-1,652
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	183,125
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	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,496,100	24,704,631	0 060559
2015	825,957	23,052,338	0 035830
2014	1,160,188	23,475,008	0 049422
2013	762,545	21,328,400	0 035753
2012	965,415	20,775,633	0 046469
2 Total of line 1, column (d)			2 0 228033
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 045607
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 28,713,132
5 Multiply line 4 by line 3			5 1,309,520
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 5,049
7 Add lines 5 and 6			7 1,314,569
8 Enter qualifying distributions from Part XII, line 4			8 1,433,500

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	5,049
c	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-)	2	0
3	Add lines 1 and 2.	3	5,049
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	5,049
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	8,884
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	10,884
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 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	5,835
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ☐ 5,835 Refunded ☐	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ☐ \$ 0 (2) On foundation managers ☐ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 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	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 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?	6	Yes
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	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
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 taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

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 instructions).	11		No
12	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)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	Yes	
14	The books are in care of ► RICK O'HARA Telephone no ► (970) 498-3316			

Located at **►** 1081 WOODWARD WAY FORT COLLINS CO ZIP+4 **►** 80524

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2017, 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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►	16	Yes	No

Part VII-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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? ☐	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). ☐	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). ☐	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	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))?	☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	☐ Yes ☒ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		
	Organizations relying on a current notice regarding disaster assistance check here.	☐			
c	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?	☐ Yes ☐ No			
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No	
	<i>If "Yes" to 6b, file Form 8870</i>				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

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

Total number of others receiving over \$50,000 for professional services. **0****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
1	
2	
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
1	
2	
All other program-related investments. See instructions.	
3	

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

Part X 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	28,776,665
b	Average of monthly cash balances.	1b	373,723
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	29,150,388
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	29,150,388
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	437,256
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	28,713,132
6	Minimum investment return. Enter 5% of line 5.	6	1,435,657

Part XI 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 X, line 6.	1	1,435,657
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	5,049
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	5,049
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,430,608
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,430,608
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,430,608

Part XII 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	1,433,500
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,433,500
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	5,049
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,428,451

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,430,608
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				205,915
f Total of lines 3a through e.	205,915			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>1,433,500</u>				
a Applied to 2016, 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 2017 distributable amount.				1,430,608
e Remaining amount distributed out of corpus	2,892			
5 Excess distributions carryover applied to 2017 (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	208,807			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	208,807			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				205,915
e Excess from 2017.				2,892

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization 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))

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

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. (see instructions) 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

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines

See Additional Data Table

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

See Additional Data Table

Part XV **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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	1,429,400
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments. . . .						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities. . . .			14	379,442		
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory			18	183,125		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e). .		0		562,567		0
13 Total. Add line 12, columns (b), (d), and (e).			13	562,567		562,567

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	***** 2018-10-12 *****	May the IRS discuss this return with the preparer shown below? (see instr.)? ☒ Yes ☐ No
	Signature of officer or trustee	Date	Title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
	JOHN BRADLEY				P01056572
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
	Firm's address ▶ 1252 BELL VALLEY ROAD SUITE 300 ROCKFORD, IL 61108				Phone no (815) 231-7300

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARTY GLASS 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	PRESIDENT/TRUSTEE 0 20	0	0	0
A CHRISTOPHER FAWZY 5001 NORTH SECOND STREET ROCKFORD, IL 611257001				
JULIA G BUCHANAN 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0
JAY EVANS 5001 NORTH SECOND STREET ROCKFORD, IL 611257001				
MICHAEL SCHABLASKE 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0
C PHILLIP TURNER 5001 NORTH SECOND STREET ROCKFORD, IL 611257001				
RICK HOLM 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

PAM CAPPITELLI
5001 N 2ND ST
LOVES PARK, IL 61111
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

JENNIFER RAY
1000 E DRAKE RD
FORT COLLINS, CO 80525
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

JACKIE KLEINO
700 N CENTENNIAL ST
ZEELAND, MI 49464
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

DEMIE GARCIA
201 FORRESTER DRIVE SUITE 1A
GREENVILLE, SC 29607
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

DAVID BERKLEY
7320 LINDER AVE
SKOKIE, IL 60077
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

RACHEL DOLAN
25200 RYE CANYON ROAD
SANTA CLARITA, CA 91355
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

ART MARTINEZ
1700 BUSINESS CENTER DRIVE
DUARTE, CA 91010
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

DIANA CHRISTENSON
1041 WOODWARD WAY
FORT COLLINS, CO 80524
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

TAYALA JOHNSON
6300 W HOWARD ST
NILES, IL 60714
(815) 877-7441

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

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM NO STANDARD LETTER OF APPLICATION IS REQUIRED A REQUEST EVALUATION WILL BE SENT TO THE APPLYING ORGANIZATION TO COMPLETE AND RETURN THIS FORM EMPHASIZES A DESCRIPTION OF THE CHARITABLE ORGANIZATION ITSELF AND HOW THE ORGANIZATION IS MEETING THE NEEDS OF OUR COMMUNITIES A COPY OF THE ORGANIZATION'S UNEXPIRED IRS LETTER ACKNOWLEDGING THAT CONTRIBUTIONS TO THE ORGANIZATION ARE TAX DEDUCTIBLE MUST BE PROVIDED

- c** Any submission deadlines

NONE

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

NONE

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
ACTION WORKSPO BOX 1877 BERTHOUD, CO 80513	NONE	PUBLIC	GENERAL WELFARE	5,000
AFRICAN-AMERICAN RESOURCE CENTER AT BOOKER 1005 S COURT STREET ROCKFORD, IL 61102	NONE	PUBLIC	GENERAL WELFARE	4,500
ALTERNATIVES TO VIOLENCE 541 E 8TH ST LOVELAND, CO 80537	NONE	PUBLIC	GENERAL WELFARE	2,000
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
ASSISTANCE LEAGUE OF SANTA CLARITA PO BOX 220145 SANTA CLARITA, CA 91322	NONE	PUBLIC	GENERAL WELFARE	5,000
BARBARA OLSON SCHOOL OF HOPE 3206 N CENTRAL AVE ROCKFORD, IL 61101	NONE	PUBLIC	EDUCATIONAL	16,000
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO 560 W LAKE ST CHICAGO, IL 60661	NONE	PUBLIC	GENERAL WELFARE	7,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
BIG BROTHERS BIG SISTERS OF THE LAKESHORE 4265 GRAND HAVEN ROAD SUITE 201 MUSKEGON, MI 49441	NONE	PUBLIC	GENERAL WELFARE	2,000
BOOK TRUST789 SHERMAN ST 300A DENVER, CO 80203	NONE	PUBLIC	GENERAL WELFARE	2,500
BRAVEHEARTS THERAPEUTIC RIDING AND EDUCATIONAL CENTER 7319 MAXON RD HARVARD, IL 60033	NONE	PUBLIC	GENERAL WELFARE	6,500
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
CAROUSEL RANCH 34289 ROCKING HORSE RD SANTA CLARITA, CA 91390	NONE	PUBLIC	GENERAL WELFARE	2,000
CENTER FOR DEVELOPMENTAL SERVICES 29 N ACADEMY STREET GREENVILLE, SC 29601	NONE	PUBLIC	GENERAL WELFARE	1,500
CENTER FOR WOMEN IN TRANSITION 411 BUTTERNUT DRIVE HOLLAND, MI 49424	NONE	PUBLIC	GENERAL WELFARE	2,500
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a Paid during the year				
CHILDREN NETWORK OF EVANSTON 1335 DODGE AVE EVANSTON, IL 60201	NONE	PUBLIC	GENERAL WELFARE	5,000
CHILDRENS HOME & AID SOCIETY OF ILLINOIS 125 S WACKER DR SUITE 1400 CHICAGO, IL 60606	NONE	PUBLIC	GENERAL WELFARE	18,000
CHILDSAFE1148 E ELIZABETH ST FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	2,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
COLORADO YOUTH OUTDOORS MINISTRY 4927 COUNTY RD 36 FORT COLLINS, CO 80528	NONE	PUBLIC	GENERAL WELFARE	2,400
COURT APPOINTED SPECIAL ADVOCATE (CASA) AND HARMONY HOUSE PROGRAM 201 LAPORTE AVE SUITE 100 FORT COLLINS, CO 80521	NONE	PUBLIC	GENERAL WELFARE	2,000
DISABLED RESOURCE SERVICES 1017 ROBERTSON STREET UNIT B FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	1,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
DISCOVERY CENTER - FORT COLLINS 703 EAST PROSPECT ROAD FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	2,000
DISCOVERY CENTER - ROCKFORD 711 N MAIN ST ROCKFORD, IL 61103	NONE	PUBLIC	GENERAL WELFARE	152,400
DOMESTIC VIOLENCE CENTER OF SCV 23780 NEWHALL AVE NEWHALL, CA 91321	NONE	PUBLIC	GENERAL WELFARE	2,500
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
ERIE NEIGHBORHOOD HOUSE 1347 WEST ERIE STREET CHICAGO, IL 60642	NONE	PUBLIC	GENERAL WELFARE	10,000
FAIR HAVEN CHRISTIAN HOME 1790 S FAIRVIEW AVE DECATUR, IL 62521	NONE	PUBLIC	GENERAL WELFARE	10,000
FAMILY PROMISE OF SANTA CLARITA VALLEY 18565 SOLEDAD CANYON ROAD 133 CANYON COUNTRY, CA 91009	NONE	PUBLIC	GENERAL WELFARE	5,000
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a Paid during the year				
FOCO CAFE225 MAPLE ST FORT COLLINS, CO 80521	NONE	PUBLIC	GENERAL WELFARE	3,000
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR LOVELAND, CO 80538	NONE	PUBLIC	GENERAL WELFARE	2,000
FOOTHILL FAMILY SERVICES 11429 VALLEY BLVD EL MONTE, CA 91731	NONE	PUBLIC	GENERAL WELFARE	6,334
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
FOOTHILL UNITY CENTER 415 W CHESTNUT AVE MONROVIA, CA 91016	NONE	PUBLIC	GENERAL WELFARE	6,333
FOOTHILLS FAMILY RESOURCES 3 MAIN ST SLATER, SC 29683	NONE	PUBLIC	GENERAL WELFARE	2,000
FOOTHILLS GATEWAY (POINTERS FOR PARENTS) 301 W SKYWAY DRIVE FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	2,500
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
FT COLLINS HABITAT FOR HUMANITY INC 1600 PALM DRIVE FORT COLLINS, CO 80526	NONE	PUBLIC	GENERAL WELFARE	50,000
GREENVILLE AREA INTERFAITH PO BOX 2083 GREENVILLE, SC 29601	NONE	PUBLIC	GENERAL WELFARE	1,500
HABITAT FOR HUMANITY (ZEELAND) 12727 RILEY ST HOLLAND, MI 49424	NONE	PUBLIC	GENERAL WELFARE	1,500
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
HELP THE CHILDRENPO BOX 911607 LOS ANGELES, CA 90091	NONE	PUBLIC	GENERAL WELFARE	2,500
HENRY MAYO HOSPITAL 23845 MCBEAN PKWY VALENCIA, CA 91355	NONE	PUBLIC	MEDICAL	3,500
HOLLAND RESCUE MISSION CENTER 661 E 24TH ST SUITE 60 HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	1,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a Paid during the year				
HOO HAVEN INCPO BOX 594 DURAND, IL 61024	NONE	PUBLIC	GENERAL WELFARE	2,500
HOUSE OF NEIGHBORLY SERVICE 1511 EAST 11TH STREET SUITE 100 LOVELAND, CO 80537	NONE	PUBLIC	GENERAL WELFARE	6,000
ILLINOIS LEADERSHIP SEMINARS 805 LAKE ST 184 OAK PARK, IL 60301	NONE	PUBLIC	GENERAL WELFARE	5,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
JOURNEYS THE ROAD HOME - PADS TO HOPE 1140 E NORTHWEST HWY PALATINE, IL 60074	NONE	PUBLIC	GENERAL WELFARE	4,000
JUNIOR ACHIEVEMENT-ROCKY MOUNTAIN INC 1600 NORTH COLLEGE AVENUE SUITE 150 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	3,600
KIDS FOOD BASKET389 JAMES ST HOLLAND, MI 49424	NONE	PUBLIC	GENERAL WELFARE	1,500
Total 				1,429,400
3a				

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
LARIMER COUNTY HEALTH DEPARTMENT 200 W OAK STREET FORT COLLINS, CO 80521	NONE	PUBLIC	GENERAL WELFARE	2,000
LIFE IN ABUNDANCE 55 SMITH HINES ROAD GREENVILLE, SC 29607	NONE	GENERAL WELFARE	GENERAL WELFARE	2,000
LIVE THE VICTORY INC 415 MASON CT APT 1 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	6,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
LOVE INCPO BOX 127 JENISON, MI 49429	NONE	PUBLIC	GENERAL WELFARE	1,000
LOVELAND YOUTH GARDNERS 907 S LINCOLN AVE LOVELAND, CO 80537	NONE	PUBLIC	GENERAL WELFARE	1,000
LUBICK FOUNDATION2221 BALDWIN ST FORT COLLINS, CO 80528	NONE	PUBLIC	GENERAL WELFARE	5,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
MARYVALE EARLY EDUCATION CENTER 2502 EAST HUNTINGTON DR DUARTE, CA 91010	NONE	PUBLIC	GENERAL WELFARE	6,333
MEALS ON WHEELS (LOVELAND) 437 GARFIELD AVE LOVELAND, CO 80537	NONE	PUBLIC	GENERAL WELFARE	1,000
MEALS ON WHEELS FORT COLLINS PO BOX 424 FORT COLLINS, CO 80522	NONE	PUBLIC	GENERAL WELFARE	1,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
MILESTONE INC4060 MCFARLAND RD LOVES PARK, IL 61111	NONE	PUBLIC	GENERAL WELFARE	4,500
NATIONAL ASSOCIATION FOR DOWN'S SYNDROME PO BOX 203 WILMETTE, IL 60091	NONE	PUBLIC	GENERAL WELFARE	5,000
NORTHWEST COMMUNITY CENTER 1325 N JOHNSTON AVE ROCKFORD, IL 61101	NONE	PUBLIC	GENERAL WELFARE	19,500
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
OAR (OTTAGAN ADDICTIONS RECOVERY) 483 CENTURY LANE HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	2,500
ORCHARD VILLAGE 7660 GROSS POINT ROAD SKOKIE, IL 60077	NONE	PUBLIC	GENERAL WELFARE	7,750
PARTNERS MENTORING YOUTH 530 S COLLEGE AVE UNIT 1 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	5,000
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
PATHWAY HOSPICE 305 CARPENTER ROAD FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	2,500
PIEDMONT WOMEN'S CENTER 1146 GROVE ROAD GREENVILLE, SC 29605	NONE	PUBLIC	GENERAL WELFARE	500
PROJECT SELF-SUFFICIENCY OF LOVELANDFORT COLLINS 375 W 37TH STREET SUITE 150 LOVELAND, CO 80538	NONE	PUBLIC	GENERAL WELFARE	5,000
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
READY FOR SCHOOL70 W 8TH ST HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	2,000
ROCK RIVER VALLEY FOOD PANTRY 421 SOUTH ROCKTON AVENUE ROCKFORD, IL 61102	NONE	PUBLIC	GENERAL WELFARE	5,000
ROCK VALLEY COLLEGE FOUNDATION (RVCNIU ENG PROGRAM) 3301 NORTH MULFORD ROAD ROCKFORD, IL 61114	NONE	PUBLIC	GENERAL WELFARE	500,000
Total 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
ROCKFORD RESCUE MISSION 715 W STATE ST ROCKFORD, IL 61102	NONE	PUBLIC	GENERAL WELFARE	7,500
ROCKFORD SCHOOL OF MEDICINE 1601 PARKVIEW AVE ROCKFORD, IL 61107	NONE	PUBLIC	EDUCATIONAL	125,000
ROCKFORD UNIVERSITY 5050 E STATE ST ROCKFORD, IL 61108	NONE	PUBLIC	EDUCATIONAL	100,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
SANTA CLARITA VALLEY BOYS & GIRLS CLUB 19425 STILLMORE ST SANTA CLARITA, CA 91351	NONE	PUBLIC	GENERAL WELFARE	5,000
SANTA CLARITA VALLEY FOOD PANTRY 24133 RAILROAD AVENUE NEWHALL, CA 91321	NONE	PUBLIC	GENERAL WELFARE	5,000
TAYLORS FREE MEDICAL CLINIC 400 W MAIN ST TAYLORS, SC 29687	NONE	PUBLIC	MEDICAL	1,500
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
THE BRIDGE TO HOME 23752 NEWHALL AVE SANTA CLARITA, CA 91321	NONE	PUBLIC	GENERAL WELFARE	5,000
THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED 1850 W ROOSEVELT RD CHICAGO, IL 60608	NONE	PUBLIC	GENERAL WELFARE	3,250
THE FAMILY CENTER LA FAMILIA 309 HICKORY STREET 5 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	2,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
THE GROWING PROJECTPO BOX 388 FORT COLLINS, CO 80522	NONE	PUBLIC	GENERAL WELFARE	1,500
THE LEUKEMIA & LYMPHOMA SOCIETY 941 HOUSTON NORTHCUTT BLVD SUITE 203 MT PLEASANT, SC 29464	NONE	PUBLIC	GENERAL WELFARE	2,000
THE PAINTED TURTLE 17000 ELIZABETH LAKE ROAD/PO BOX 455 LAKE HUGHES, CA 92532	NONE	PUBLIC	GENERAL WELFARE	1,500
Total ► 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
TRANSFORM ROCKFORD 303 N MAIN SUITE 110 ROCKFORD, IL 61101	NONE	PUBLIC	GENERAL WELFARE	200,000
TURNING POINT CENTER FOR YOUTH & FAMILY 1644 S COLLEGE AVENUE FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	2,000
UNITED WAY OF LARIMER COUNTY (GIVE NEXT) 424 PINE STREET SUITE 102 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	5,000
Total ▶ 3a				1,429,400

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
WELD FOOD BANK1108 H ST GREELEY, CO 80631	NONE	PUBLIC	GENERAL WELFARE	5,000
Total 3a				1,429,400

TY 2017 Accounting Fees Schedule**Name:** WOODWARD CHARITABLE TRUST**EIN:** 84-6025403**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT FEES	8,200	4,100		4,100

TY 2017 Investments Corporate Bonds Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BOND	960,022	967,162

TY 2017 Investments Corporate Stock Schedule**Name:** WOODWARD CHARITABLE TRUST**EIN:** 84-6025403

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WOODWARD INC. STOCK	364,270	19,074,993
OTHER STOCK	4,872,961	6,164,218

TY 2017 Investments Government Obligations Schedule**Name:** WOODWARD CHARITABLE TRUST**EIN:** 84-6025403**US Government Securities - End
of Year Book Value:**

3,044,493

**US Government Securities - End
of Year Fair Market Value:**

3,029,607

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2017 Investments - Other Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE FUNDS	AT COST	201,620	206,616

TY 2017 Other Assets Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST RECEIVABLE	5,848	6,593	6,593

TY 2017 Other Professional Fees Schedule**Name:** WOODWARD CHARITABLE TRUST**EIN:** 84-6025403

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NORTHERN TRUST FEES	49,105	49,105		0

TY 2017 Taxes Schedule**Name:** WOODWARD CHARITABLE TRUST**EIN:** 84-6025403

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ILLINOIS CHARITY BUREAU - FILING	15	0		0
FEDERAL EXCISE TAX	6,554	0		0
FOREIGN TAX	4,424	4,424		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491306002088	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990			OMB No 1545-0047
					2017
Name of the organization WOODWARD CHARITABLE TRUST				Employer identification number 84-6025403	

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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WOODWARD CHARITABLE TRUST	Employer identification number 84-6025403
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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	WOODWARD INC 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	 \$ 250,000 	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$ 	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

84-6025403

Use duplicate copies of Part III if additional space is needed

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)