SCANNED MAY 1 9 2021

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

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

Di	epar	tmen	t of the Treasury venue Service					social security numbers on irs.gov/Form990PF for instr				Open to Public Inspection
			dar year 2019 o	r tax year	r beginnii				, and e			
1 -	Nan T:	ne of	e of foundation IE SWANSON FAMILY FOUNDATION O JOSEPH SWANSON							A Employer identification number		
_										I n/	13-4358130	
_	Number and street (or PO box number if mail is not delivered to street adds: 6 MARBURY							address)		Room/suite	B Telephone number 847-277-71	93
			own, state or pro RINGTON				reign p 001				C If exemption application is pe	nding, check here
G	G Check all that apply: Initial return Initial return of a former public cha								charity	D 1. Foreign organizations	, check here	
				<u> </u>	Final ret Address	turn s change		Amended return Name change			Foreign organizations mei check here and attach cor	eting the 85% test,
H	С	_	type of organiza				$\overline{}$	kempt private foundation Other taxable private foundation	ation ()		E If private foundation state under section 507(b)(1)	
1		ır ma	arket value of all Part II, col. (c), lii	assets at		1	ccount	ing method; X Cash ther (specify)	Acci	rual	F If the foundation is in a 6 under section 507(b)(1)	60-month termination
	<u> </u>			1,41				mn (d), must be on cash bas	ıs.)		under section 307(b)(1)	(D), CHECK HEIC
	Pa	rt I	Analysis of Re (The total of amounecessarily equal	unts ın colu	ımns (b), (c)	, and (d) ma	y not	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1	Contributions, g	gifts, gran	nts, etc., r	eceived					N/A	
V .		2	Check X			red to attach S	ich B					<u> </u>
K X		3	Interest on savings cash investments	s and tempo	orary							
N.	٠	4	Dividends and i	nterest fr	om secur	ities		27,554.	2	<u>7,554.</u>		STATEMENT 1:
V		5a	Gross rents									
		b	Net rental income	or (loss)								
	а	6a	Net gain or (loss) fr					121,917.			0	
	Ž	b	Gross sales price f assets on line 6a	for all	35	<u>57,05</u>	4.				RECE	WED
	Revenu	7	Capital gain net ind	come (from	Part IV, line	2)			12	<u>1,917.</u>		
	٣	8	Net short-term	capital ga	un							2020
		9	Income modific									2000 7
		10a	Gross sales less re and allowances	eturns			_					3,5
	-	þ	Less Cost of good	is sold	L						OGLE	V, UT
		C	Gross profit or	(loss)								
	-	11	Other income							0 151		
_	_	12	Total. Add lines	s 1 throug	gh 11			149,471.	14	9,471.		
		13	Compensation of o	officers, dare	ectors, trust	tees, etc		0.		0.		0.
	-	14	Other employee		-	S						
			Pension plans,	employee			_	6 400				6 400
	ses		Legal fees			STMT		6,489.	-	0.		6,489.
	en		Accounting fees			STMT	3	1,750.	- 4	438.		1,312.
	Expenses	C	Other professio	nal fees		STMT	4	10,248.	.1	0,248.		0.
	ě	17	Interest			~~~	_	604		C04		
	Administrative	18	Taxes			STMT	5	604.		604.		0.
	nis	19	Depreciation an	d depletion	on					_		
	Ē	20	Occupancy		_			<u> </u>				
		21	Travel, conferer		_							
1		22	Printing and pu			STMT	c	15.	_	0.		15.
;	in	23	Other expenses				O			0.		
)	rat	24	Total operating					19,106.	1	1,290.		7,816.
	ä	23 24 25	expenses. Add		_			53,000.		<u> </u>		53,000.
	- 1		Contributions, g			to.		33,000.			<u> </u>	33,000.
		26	Total expenses		ursemen	ເຮ.		72,106.	1	1,290.		60,816.
_	\dashv	27	Add lines 24 an		0 12.			, 2, 100			**	33/3231
			Subtract line 26			•	_	77,365.			:	1
			Excess of revenue				i	77,303.	13	8,181.		
			Net investment Adjusted net in						13	<u> </u>	N/A	
_	2252						t Notic	e, see instructions.	·		,,	Form 990-PF (2019)



THE SWANSON FAMILY FOUNDATION 13-4358130 C/O JOSEPH SWANSON Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (c) Fair Market Value (a) Book Value (b) Book Value 1 Cash - non-interest-bearing 49,738. 55,263. 55,263. 2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 793,818. 865,228. 1,362,367. STMT 7 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe 16 Total assets (to be completed by all filers - see the 1,417,630 920,491. 843,556. instructions. Also, see page 1, item 1) 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 7, 22 Other liabilities (describe > _ 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here 🕨 🔀 Fund and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 0. 0. 27 Paid-in or capital surplus, or land, bldg., and equipment fund 843,556. 920,491. 28 Retained earnings, accumulated income, endowment, or other funds 843,556. 920,491. 29 Total net assets or fund balances 843,556. 920,491 30 Total liabilities and net assets/fund balances **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	843,556.
2	Enter amount from Part I, line 27a	2	77,365.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	920,921.
5	Decreases not included in line 2 (itemize) NONDEDUCTIBLE EXPENSES	5	430.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	920,491.
_			222 DE

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5
5 Multiply line 4 by line 3
6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4
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.

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59,068.

1,382.

60,450.

60,816.

7 Add lines 5 and 6

6

THE SWANSON FAMILY FOUNDATION C/O JOSEPH SWANSON Form 990-PF (2019) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here
I and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 382. **b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here **X** and enter 1% of Part I, line 27b 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-) 3 Add lines 1 and 2 0. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 382 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: 800. a 2019 estimated tax payments and 2018 overpayment credited to 2019 О. b Exempt foreign organizations - tax withheld at source 0. c Tax paid with application for extension of time to file (Form 8868) 0 d Backup withholding erroneously withheld 800 7 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 582 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax 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 X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b 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. X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ▶ \$_ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 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 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? **4**a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T 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 X remain in the governing instrument? X 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions. IL

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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)

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address

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

of each state as required by General Instruction G? If "No," attach explanation

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X

3b

4a

N/A

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2019 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 Form 4720,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Schedule C, to determine if the foundation had excess business holdings in 2019.)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin				
5a During the year, did the foundation pay or incur any amount to:	<u> </u>				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es 🗓 No	-		•
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				,	l' 4
any voter registration drive?		Y	es 🗓 No 📗		l .	ľ - ,]
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No 🚶] .	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			΄,	,	. '
4945(d)(4)(A)? See instructions		Y	es X No	# 1		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f					
the prevention of cruelty to children or animals?		Y	es 🗶 No	. '		٠.
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check t	nere		▶□□	• •		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi				٠.	 -	
expenditure responsibility for the grant?	N	[/A Y	es			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			J			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on]		• :	١ . ١
a personal benefit contract?		Y	es 🗶 No 📙		<u> </u>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	6b	L	_X_
If "Yes" to 6b, file Form 8870.				•		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es X No			!
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		·
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					1
excess parachute payment(s) during the year?			s X No			
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	nagers, Hignly				
List all officers, directors, trustees, and foundation managers and the second se	neir compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to	1	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	a	ccount, allowai	other
JOSEPH R. SWANSON	PRESIDENT	enter -0-7	compensation	+	anowai	1003
6 MARBURY						
BARRINGTON HILLS, IL 60010	1.00	0.	0.	.]		0.
	SECRETARY & T			1		
6 MARBURY					•	-
BARRINGTON HILLS, IL 60010	1.00	0.	0.	.		0.
	· -			 		
-						
				ł		·
2 Compensation of five highest-paid employees (other than those inc		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) Expectount, allowar	other
NONE						1
				$oldsymbol{ol}}}}}}}}}}}}}}}}}$		
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				<u> </u>		
,						•
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Total number of other employees paid over \$50,000

THE SWANSON FAMILY FOUNDATION

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Part VIII . Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expenses
1 N/A		·-
1	-	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	-10	Åmaust
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 ar	10 2.	Amount
1 N/A	-	
2		
All other program-related investments. See instructions.		·
3		
v		
Total, Add lines 1 through 3		0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
•	Average monthly fair market value of securities	1a	1,233,364.
	Average of monthly cash balances	1b	1,233,364. 30,514.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	1,263,878.
_	Reduction claimed for blockage or other factors reported on lines 1a and	-	
c	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,263,878.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	18,958.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,244,920.
6	Minimum investment return. Enter 5% of line 5	6	62,246.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an		
<u> </u>	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	62,246.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,382.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	60,864.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	60,864.
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	60,864.
	art XII Qualifying Distributions (see instructions)		
L	dualitying Distributions (see instructions)		<u></u>
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	60,816.
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	60,816.
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	5	1,382.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	59,434.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies foi	the section
_	4940(e) reduction of tax in those years.		· · · · · · · · · · · · · · · · · · ·

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Part XIII	Undistributed I	ncome	(see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				60,864.
2 Undistributed income, if any, as of the end of 2019				30,0020
a Enter amount for 2018 only			56,102.	
b Total for prior years:			30,12021	· - · · · · · · · · · · · · · · · · · ·
g Total for prior years.		0.	i	•
3 Excess distributions carryover, if any, to 2019:				
1 1				
a From 2014				!
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 60,816.			56 100	
a Applied to 2018, but not more than line 2a			56,102.	
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 2019 distributable amount				4,714.
e Remaining amount distributed out of corpus	0.			<u> </u>
5 Excess distributions carryover applied to 2019 (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:				
8 Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				<u>.</u>
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.		ſ
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		·
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				56,150.
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 2014				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:	<u> </u>			
a Excess from 2015				İ
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				į
9 ENGOSS II GIII EG 10				- 000 DE

THE SWANSON FAMILY FOUNDATION C/O JOSEPH SWANSON

1 all the foundation has received, a ruling or determination letter that it is a private operating foundation, and the ruling is effiliage for 2019, either that did not her uning of effiliage for 2019, either that did not her uning is effiliage for 2019, either that did not her uning is effiliage for 2019, either that did not her uning is efficient to the adjusted on the adjusted of the adjusted on the adjusted	Part XIV Private Operating F	oundations (see in	structions and Part VI	-A, question 9)	N/A	33613U Page
2 a feat the lasses of the adjusted on the ad	1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
2 a Enter the lesser of the adjusted net improvement return from Part XI for each year listed by the part of the minimum measurement return from Part XI for each year listed by the part of the part	foundation, and the ruling is effective fo	r 2019, enter the date of	the ruling	▶ ∟		
mecine from Part 1 or the minimum investment return from Part X for each year listed 8 85% of line 2a Couldinging distributions from Part XII, line 4, for each year listed 4 Amounts multipude in line 2 ont used directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 9 Qualifying distributions made directly for active conduct of exempt activities 1 (1) Value of all assets 20 Qualifying distributions made directly for active conduct of exempt activities 1 (2) Value of all assets qualifying under section 492(2)(3)(8)(6) 2	b Check box to indicate whether the fourt	lation is a private operati	ng foundation described	n section	4942(j)(3) or	4942(j)(5)
investment return from Part X for each year listed 8 5% of line 2 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. Subtract line 2d from line 2c Complete Sq., for a cities conduct of exempt activities. Subtract line 2d from line 2c Complete Sq., for a cities conduct of exempt activities. Subtract line 2d from line 2c Complete Sq., for a cities conduct of exempt activities. Subtract line 2d from line 2c Complete Sq., for a cities conduct of exempt activities. Subtract line 2d from line 2c Complete Sq., for a cities conducted line 2c Complete Sq., for regarding conducted line 2c Complete Sq., for a cities conducted line 2c Complete Sq., for regarding Complete	2 a Enter the lesser of the adjusted net					
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Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines:		on Grant Ciff Lace	Schölarship etc. De	ourame.		
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c Any submission deadlines:						
c Any submission deadlines:	<u> </u>					
<u> </u>	b The form in which applications should be	e submitted and informat	ion and materials they sh	ould include:	·	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	c Any submission deadlines:					
	d Any restrictions or limitations on awards	, such as by geographica	il areas, charitable fields,	kinds of institutions, or i	other factors:	

3 Grants and Contributions Paid During the		dyllicit		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	0.0000000000000000000000000000000000000	1		
ANTI-CRUELTY SOCIETY	NONE	₽C	GENERAL SUPPORT	
L69 W GRAND AVE				5.00
CHICAGO, IL 60654			 	5,00
(ALEIDOSCOPE SCHOOL OF FINE ARTS	NONE	PC	GENERAL SUPPORT	
316 W MAIN ST	NONE			
BARRINGTON, IL 60010				2,50
OPEN HEART MAGIC	NONE	PC	GENERAL SUPPORT	
67 E MADISON ST CHICAGO, IL 60603				2,50
ERICAGO, ID 00003				5,23
				,
ALLIANCE OF THE GREAT LAKES	NONE	PC	GENERAL SUPPORT	•
150 N MICHIGAN AVE				1
CHICAGO, IL 60601				10,00
		,		
:	•	į.		
MARINE CORPS SCHOLARSHIP FOUNDATION	NONE	PC .	GENERAL SUPPORT	
909 N. WASHINGTON ST., STE 400 ALEXANFRIA, VA 22314				5.00
	NTINUATION SHEE	T(S)	► 3a	53,00
b Approved for future payment		• •		
NONE		,		
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Tatal		<u> </u>	▶ 3b	
Total				m 990-PF (20

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Purpose of grant or contribution Foundation **Amount** status of any foundation manager or substantial contributor Name and address (home or business) recipient NONE ÞС GENERAL SUPPORT BHS FINE ARTS BOOSTERS 616 W MAIN ST 3,000. BARRINGTON, IL 60010 NONE GENERAL SUPPORT ÞС THE CRADLE 2049 RIDGE AVENUE 25,000. EVANSTON, IL 60201 :: 28,000. Total from continuation sheets

Form 990-PF (2019) C/O JOSEPH SWANSON

Part XVI-A Analysis of Income-Producing Activities

13-4358130 Page 12

If Program service revenue: 1 Program service revenue: 1 1 1 1 1 1 1 1 1	Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
1 Program service revertive: Program service revertive:	Enter gross amounts unless otherwise mulcated.					
Frequency service revenue. Fasts and contracts from government agencies	4 December comments	Business		SION		
b c d d d d d d d d d d d d d d d d d d	1 Program service revenue:	cone	-	Code		
Fees and contracts from government agencies 9 Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on assignment and temporary cash investments 4 Doublends and interest from securities 5 Net rental income or (loss) from real estate; a Doth-Innacod property 6 Net rental income or (loss) from pursoral property 7 Other investment income 8 Garn or (loss) from sales of assets other than inventory 9 Net income or (loss) from sales of inventory 10 Gross profit or (loss) from sales of inventory 10 Other revenue: 1 Differ revenue: 1 Differ revenue: 2 Substituti Add columns (b), (d), and (e) 13 Total. Add line 12 columns (b), (d), and (e) 13 Total. Add line 12 columns (b), (d), and (e) 14				-		
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923621 12-17-19 Form 990-PF (2019)	the foundation's exempt purposes (other than t	by providing fu	nds for such purposes).			
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Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under parelties of parjury, I declare that I have examined this return, including accompanying schedules and distancents, and to the best of my knowledge May the IRS discuss this	Part XVII		-	sters to a	nd Transactions at	na Relationsn	ips with None	maritable		
(c) Other than section 501(c)(3) or ganizations or in section 527, relating to political organizations? a Triansfer from the reporting foundation to a noncharitable exempt organization of. (1) Cash (2) Other assets (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, sequipment, or other assets (4) Remitivarians at sarvices or membership or fundrations set in the facilities of the property of the above 5 research organization orga	4 Did the se			of the followin	an with any other organization	on described in secti	on 501(c)	——Т	Yes	No
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(6) Performance of services or membership or fundrasing solicitations (7) Entertainment of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Entertainment of the above is "es", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services precisewed. (8) Limits for the value of the goods, other assets, or services received. (9) Namount involved (1) Namount involved (2) Namo of noncharitable exempt organization (3) Description of venders, *newsectorms, and shring arrangement, show in column (b) Should always show the fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Namount involved (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of venders, *newsectorms, and shring arrangements N/A (a) Involved (b) Amount involved (b) Amount involved (c) Name of noncharitable exempt organizations described in section 501(c) (other than section 501(c)	• •									X
(e) Performance of services or membership or fundrasing solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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 greened, other assets, or services greened. So that nate market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. 8) Immon (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization in section 501(c) (other than section 501(c)) or in section 52?? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under pointing of payrs, I ductive that I have waimined that rature, including accompanying schedule and disterments, and to the best of my knowledge and best of the payrs, I ductive that the property is a section 501(c) other than section	. ,	•						1b(5)		X
E Sharing of facilities, equipment, mailing lists, other assets, or paid employees 4 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 received. 9) Innexo (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in section 501(c) (other than section 501(c)) of the received less than fair market value in any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services received. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? 1 Yes X No 1 If Yes," complete the following schedule. (a) Name of organization (b) Type of organizations (e) Description of relationship N/A Sign Under semallines of perpary, I dictive that have examined that return, including accompanying orthodoles and dialements, and to this best of my browdidge shall be baild, or is too, carried, in the control of perpary in the color	· ·	-	mbership or fundrais	sing solicitatio	ns			1b(6)		X
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 (4) the value of the goods, other assists, or services received. (a) Name of noncharitable exempt organization (b) Amount involved (c) Name of noncharitable exempt organization (d) Discorption of venetive, variasections, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)) or in section 527? If Yes, complete the following schedule, (a) Name of organization (b) Type of organization (c) Description of relationship N/A			•	-				10		X
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N/A Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship	column (c	<u></u>	other assets, or serv	ices received.						
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b. if Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and belief, it is two, correct, and promoting schedules and abelianents, and to the best of my knowledge section with the proposer has any knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the best of my knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the proposer has any knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the proposer has any knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the proposer has any knowledge section with the proposer has any knowledge section with the grapher schedules and abelianents, and to the best of my knowledge section with the proposer has any knowledge section with the p	(a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactio	ns, and sharing arr	angemer	nts
In section 501(c) (other than section 501(c)(3)) or in section 527?				N/A						
In section 501(c) (other than section 501(c)(3)) or in section 527?			ļ							
In section 501(c) (other than section 501(c)(3)) or in section 527?					<u> </u>			 -		
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In section 501(c) (other than section 501(c)(3)) or in section 527?										
In section 501(c) (other than section 501(c)(3)) or in section 527?	 -				·					
In section 501(c) (other than section 501(c)(3)) or in section 527?										
In section 501(c) (other than section 501(c)(3)) or in section 527?										
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In section 501(c) (other than section 501(c)(3)) or in section 527?										
In section 501(c) (other than section 501(c)(3)) or in section 527?		-								
In section 501(c) (other than section 501(c)(3)) or in section 527?			;							
In section 501(c) (other than section 501(c)(3)) or in section 527?										
In section 501(c) (other than section 501(c)(3)) or in section 527?			l							
If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A					or more tax-exempt organ	izations described		<u> </u>	T	¬
(c) Description of relationship N/A Under penalties of perpury, 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 primited operation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruction with the preparer shown below? See instruction of preparer signature. Print/ ype breparer's name Preparer's signature FIRANK L. WASHELESKY FRANK L. WASHELES 04/13/20 PRESIDENT Title Print/ ype breparer's name Preparer's signature Firm's name OSTROW REISIN BERK & ABRAMS, LTD. Firm's lin > 36-2938874 Phone no. 312-670-7444				ction 527?				L Yes	LA	_ No
N/A 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 consider geclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below? See instruments the preparer shown below? See instruments the prepare	b If "Yes," co			 	(h) Type of organization	· · · · · · · · · · · · · · · · · · ·	(a) Description of re	itationship	•	
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 project of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instrum with the preparer show			janization		(b) Type of Organization	<u> </u>	(c) Description of re	adionship		
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Sign Here										
Sign Here Signature of officer of trustee Date Title Print/ ype preparer's name Preparer's signature Self- employed Self- em								May the IRS	discuss t	his
Signature of officer of trustee Print/ ype preparer's name Preparer's signature FRANK L. WASHELESKY FRANK L. WASHELES 04/13/20 Preparer Use Only Firm's address ▶ 455 N CITYFRONT PLAZA DR, SUITE 1500 CHICAGO, IL 60611 Preparer's signature Check	Sign L	elief, it is true, correct, and don	eclaration of pre	parer (other than		N	as any knowledge	return with the	e prepare	er
Print/ype preparer's name Preparer's signature FRANK L. WASHELESKY FRANK L. WASHELES 04/13/20 Preparer Use Only Firm's address ▶ 455 N CITYFRONT PLAZA DR, SUITE 1500 CHICAGO, IL 60611 Polate Check if self-employed Self-employed P00079647 Firm's EIN ▶ 36-2938874 Phone no. 312-670-7444	Here	Jank K.	Suranous	Δ	5.3.2020	PRESII	ENT	_ X Yes] No
Paid Preparer Use Only Firm's address ► 455 N CITYFRONT PLAZA DR, SUITE 1500 CHICAGO, IL 60611 Preparer CHICAGO, IL 60611 Firm's address Self- employed P00079647 P00079647 Pond Pond Pond Pond Pond Pond Pond Pond	Sigi	nature of officer or trustee				т				
Paid Preparer Use Only Firm's address ► 455 N CITYFRONT PLAZA DR, SUITE 1500 CHICAGO, IL 60611 PRANK L. WASHELESKY FRANK L. WASHELES 04/13/20 P00079647 Firm's EIN ► 36-2938874 Phone no. 312-670-7444		Print/ype breparer's na	ame			Date	Ш	PTIN		
Preparer Use Only Firm's name ► OSTROW REISIN BERK & ABRAMS, LTD. Firm's EIN ► 36-2938874 Firm's address ► 455 N CITYFRONT PLAZA DR, SUITE 1500 CHICAGO, IL 60611 Phone no. 312-670-7444	D-:-I			1		04/13/23	seit- employed	D00050	c 4 m	
Use Only Firm's address ► 455 N CITYFRONT PLAZA DR, SUITE 1500 CHICAGO, IL 60611 Phone no. 312-670-7444							le 1 en 5 2			
Firm's address ► 455 N CITYFRONT PLAZA DR, SUITE 1500 CHICAGO, IL 60611 Phone no. 312-670-7444		Firm's name OST	KOM KRISI	N RRKK	& ABKAMS,	LTU•	Firm's EIN > 3	0-29388	/ 4	
CHICAGO, IL 60611 Phone no. 312-670-7444	OSE OINY	Firm's addrage A E	5 M CTMVP	ייי יייע די	ד.אקא חם פוודי	TR 1500	 			
		l.			HANA DK, BUI	17 1700	Phone no 31	2-670-7	444	
		i Cii					11,110,10,110, 02			(2019)

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUR	RITIES ST	PATEMENT 1
GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
US TRUST 28,28	1. 72	7. 27,554.	27,554.	<u> </u>
TO PART I, LINE 4 28,28	1. 72	7. 27,554.	27,554.	
FORM 990-PF	LEGAL	FEES	Si	PATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	6,489.	0.		6,489.
TO FM 990-PF, PG 1, LN 16A	6,489.	0.		6,489.
FORM 990-PF	ACCOUNTI	NG FEES	Si	PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,750.	438.		1,312.
TO FORM 990-PF, PG 1, LN 16B	1,750.	438.		1,312.
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FORM 990-PF (OTHER PROFES	SIONAL FEES	Si	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNT MANAGEMENT FEES	10,248.	10,248.		0.
TO FORM 990-PF, PG 1, LN 16C	10,248.	10,248.		0.
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FORM 990-PF . DESCRIPTION	TAXES		STATEMENT 5	
	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAX PAID	604.	604.		0.
TO FORM 990-PF, PG 1, LN 18	604.	604.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
FORM 990-PF DESCRIPTION	OTHER E (A) EXPENSES PER BOOKS	(B)	(C) ADJUSTED NET INCOME	(D)
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE

FORM 990-PF CORPORATE STOCK	CORPORATE STOCK	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
US TRUST - CORPORATE STOCK	865,228.	1,362,367.
TOTAL TO FORM 990-PF, PART II, LINE 10B	865,228.	1,362,367.