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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

A Employer identification number
36-3413327

Number and street (or P.O. box number if mail is not delivered to street address)
3415 GATEWAY ROAD

Room/suite

B Telephone number (see instructions)
(262) 790-4960

City or town, state or province, country, and ZIP or foreign postal code
BROOKFIELD, WI 53045

C If exemption application is pending, check here ▶ ☐

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)* ▶$ 8,221,321

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

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)				
	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	84,117	83,467		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	183,433			
	b	Gross sales price for all assets on line 6a 1,213,536				
	7	Capital gain net income (from Part IV, line 2)		183,433		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	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	267,550	266,900		
Operating and Administrative Expenses	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)	5,395	5,395		0
	c	Other professional fees (attach schedule)	38,306	38,306		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	4,882	4,754		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	2,734	0		0
	24	**Total operating and administrative expenses.** Add lines 13 through 23	51,317	48,455		0
	25	Contributions, gifts, grants paid	370,914			370,914
	26	**Total expenses and disbursements.** Add lines 24 and 25	422,231	48,455		370,914
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-154,681			
	b	**Net investment income** (if negative, enter -0-)		218,445		
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	162,598	151,711	151,711
	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)			
	b Investments—corporate stock (attach schedule)	5,779,165	5,666,674	7,964,645
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	71,170	36,125	104,965
	14 Land, buildings, and equipment: basis ▶ 4,784			
	Less: accumulated depreciation (attach schedule) ▶ 4,784			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	6,012,933	5,854,510	8,221,321
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 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 ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	6,430,745	6,430,745	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	-417,812	-576,235	
	29 **Total net assets or fund balances** (see instructions)	6,012,933	5,854,510	
	30 **Total liabilities and net assets/fund balances** (see instructions)	6,012,933	5,854,510	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	6,012,933
2	Enter amount from Part I, line 27a	2	-154,681
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	5,858,252
5	Decreases not included in line 2 (itemize) ▶	5	3,742
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	5,854,510

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 - SEC 1250	P	2018-01-01	2019-12-31
b	NORTHERN TRUST - PUBLICALLY TRADED SECURITIES	P	2019-01-01	2019-12-31
c	NORTHERN TRUST - PUBLICALLY TRADED SECURITIES	P	2017-01-01	2019-12-31
d	CAPITAL GAINS DIVIDENDS	P		
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	40			40
b	251,103		253,896	-2,793
c	962,163		776,207	185,956
d	230			230
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
a				40
b				-2,793
c				185,956
d				230
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	183,433
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))
2018	358,237	7,960,851	0.045000
2017	380,589	7,250,698	0.052490
2016	352,292	6,806,236	0.051760
2015	309,455	7,160,847	0.043215
2014	380,132	7,349,520	0.051722

2	**Total** of line 1, column (d)	2	0.244187
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.048837
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	7,942,920
5	Multiply line 4 by line 3	5	387,908
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2,184
7	Add lines 5 and 6	7	390,092
8	Enter qualifying distributions from Part XII, line 4	8	370,914

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	4,369
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	4,369
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	4,369
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 4,900		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	4,900
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	2
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	529
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 529 **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)	1b		No
	*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.*			
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 2019 or the taxable year beginning in 2019? See the 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?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ VOGEL CONSULTING SC Telephone no. ▶ (262) 790-4960

Located at ▶ 3415 GATEWAY ROAD BROOKFIELD WI ZIP+4 ▶ 53045

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 2019, 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?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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):			
	(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	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?		☐ 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 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	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 2019?	4b		No

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

			Yes	No
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			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
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
	If "Yes" to 6b, file Form 8870.			
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		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See 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	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

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

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

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	7,687,339
b	Average of monthly cash balances	1b	176,539
c	Fair market value of all other assets (see instructions)	1c	200,000
d	**Total** (add lines 1a, b, and c)	1d	8,063,878
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	8,063,878
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	120,958
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,942,920
6	**Minimum investment return.** Enter 5% of line 5	6	397,146

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	397,146
2a	Tax on investment income for 2019 from Part VI, line 5	2a	4,369		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	4,369
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	392,777
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	392,777
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	392,777

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	370,914
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	370,914
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	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	370,914

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				392,777
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 8,022				
b From 2015.				
c From 2016. 12,906				
d From 2017. 25,376				
e From 2018.				
f **Total** of lines 3a through e.	46,304			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 370,914				
a Applied to 2018, 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 2019 distributable amount.				370,914
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019.	21,863			21,863
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	24,441			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	24,441			
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . . 24,441				
d Excess from 2018. . . .				
e Excess from 2019. . . .				

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 2019, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

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

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				370,914
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

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	84,117	
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	183,433	
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		267,550	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				**13**	267,550

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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) (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) (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.

******	2020-06-29	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
SHANNON M ZUR				P00366024
Firm's name ▶ VOGEL CONSULTING GROUP SC				Firm's EIN ▶39-1774588
Firm's address ▶ 3415 GATEWAY ROAD BROOKFIELD, WI 53045				Phone no. (262) 790-4960

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
JOHN D SIMMS JR 3415 GATEWAY RD BROOKFIELD, WI 53045	PRESIDENT, DIRECTOR 0.00	0	0	0
JEAN M SIMMS 3415 GATEWAY RD BROOKFIELD, WI 53045	ASST SECRETARY, DIRECTOR 0.00	0	0	0
FREDERICK V SIMMS 3415 GATEWAY RD BROOKFIELD, WI 53045	VP, DIRECTOR 0.00	0	0	0
MICHELLE P SIMMS 3415 GATEWAY RD BROOKFIELD, WI 53045	TREASURER, DIRECTOR 0.00	0	0	0
MARY SIMMS 3415 GATEWAY RD BROOKFIELD, WI 53045	SECRETARY, DIRECTOR 0.00	0	0	0
JOHN D SIMMS 3415 GATEWAY RD BROOKFIELD, WI 53045	DIRECTOR 0.00	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515	NONE	PUBLIC	CHARITABLE	2,500
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515	NONE	PUBLIC	CHARITABLE	100,000
ALEXANDER DAWSON FOUNDATION 10455 DAWSON DR LAFAYETTE, CO 80026	NONE	PUBLIC	CHARITABLE	25,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER DAWSON FOUNDATION 10455 DAWSON DR LAFAYETTE, CO 80026	NONE	PUBLIC	CHARITABLE	15,000
ALZHEIMER'S DISEASE RESEARCH 22512 GATEWAY CENTER DR PO BOX 1950 CLARKSBURG, MD 20871	NONE	PUBLIC	CHARITABLE	1,000
AMERICAN AIR MUSEUMPO BOX 97055 WASHINGTON, DC 200777039	NONE	PUBLIC	CHARITABLE	200
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE 900 ARLINGTON, VA 22202	NONE	PUBLIC	CHARITABLE	500
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	NONE	PUBLIC	CHARITABLE	1,000
ARTIS - NAPLES 5833 PELICAN BAY BLVD NAPLES, FL 34108	NONE	PUBLIC	CHARITABLE	5,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVENUES TO INDEPENDENCE FOUNDATION 515 BUSSE HWY PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	1,000
AVENUES TO INDEPENDENCE FOUNDATION 515 BUSSE HWY PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	1,500
AVENUES TO INDEPENDENCE FOUNDATION 515 BUSSE HWY PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	10,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVOW HOSPICE 1095 WHIPPOORWILL LANE NAPLES, FL 34105	NONE	PUBLIC	CHARITABLE	5,000
BCCA SCHOLARSHIP FUND 8700 BAY COLONY DR NAPLES, FL 34108	NONE	PUBLIC	CHARITABLE	500
BENEDICTINE SISTERS OF CHICAGO 7430 N RIDGE CHICAGO, IL 60645	NONE	PUBLIC	CHARITABLE	5,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOCA BALLET THEATRE COMPANY 131-B SE MIZNER BLVD BOCA RATON, FL 33432	NONE	PUBLIC	CHARITABLE	2,500
BOCA RATON HISTORICAL SOCIETY 71 N FEDERAL HIGHWAY BOCA RATON, FL 33432	NONE	PUBLIC	CHARITABLE	300
BOCA RATON MUSEUM OF ART 801 W PALMETTO PARK RD BOCA RATON, FL 33486	NONE	PUBLIC	CHARITABLE	300
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOCA RATON REGIONAL HOSPITAL 745 MEADOWS RD BOCA RATON, FL 33486	NONE	PUBLIC	CHARITABLE	5,000
CENTER OF CONCERN 1580 N NORTHWEST HWY SUITE 310 PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	1,000
CHICAGO BOTANIC GARDEN 1000 LAKE COOK RD POBOX 400 GLENCOE, IL 60022	NONE	PUBLIC	CHARITABLE	2,500
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMEMORATIVE AIR FORCE PO BOX 1380 MERRIFIELD, VA 22116	NONE	PUBLIC	CHARITABLE	500
CONSERVANCY OF SOUTHWEST FLORIDA THE 1450 MERRIHUE DR NAPLES, FL 34108	NONE	PUBLIC	CHARITABLE	5,000
CONSUMER REPORTS FOUNDATION PO BOX 96552 WAHINGTON, DC 20090	NONE	PUBLIC	CHARITABLE	500
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250	NONE	PUBLIC	CHARITABLE	200
FRANK LLOYD WRIGHT PRESERVATION TRUST 209 SOUTH LASALLE ST CHICAGO, IL 60604	NONE	PUBLIC	CHARITABLE	250
GENEVA AREA FOUNDATION INC PO BOX 71 LAKE GENEVA, WI 53147	NONE	PUBLIC	CHARITABLE	250
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENEVA LAKE ASSOCIATION PO BOX 412 LAKE GENEVA, WI 53147	NONE	PUBLIC	CHARITABLE	150
GENEVA LAKE CONSERVANCY PO BOX 588 398 MILL ST FONTANA, WI 53125	NONE	PUBLIC	CHARITABLE	1,000
GENEVA LAKE MUSEUM255 MILL ST LAKE GENEVA, WI 53147	NONE	PUBLIC	CHARITABLE	250
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENEVA LAKE SAILING SCHOOL 1250 SOUTH LAKE SHORE DR FONTANA, WI 53125	NONE	PUBLIC	CHARITABLE	5,000
GEORGE SNOW SCHOLARSHIP FOUNDATION 201 PLAZA REAL SUITE 260 BOCA RATON, FL 33432	NONE	PUBLIC	CHARITABLE	1,000
GEORGE WILLIAMS COLLEGE PO BOX 210 WILLIAMS BAY, WI 53191	BOARD MEMBER	PUBLIC	CHARITABLE	3,500
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE WILLIAMS COLLEGE PO BOX 210 WILLIAMS BAY, WI 53191	BOARD MEMBER	PUBLIC	CHARITABLE	5,000
GEORGE WILLIAMS COLLEGE PO BOX 210 WILLIAMS BAY, WI 53191	BOARD MEMBER	PUBLIC	CHARITABLE	60,000
GEORGE WILLIAMS COLLEGE PO BOX 210 WILLIAMS BAY, WI 53191	BOARD MEMBER	PUBLIC	CHARITABLE	5,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVE DREAMS 515 BUSSE HWY SUITE 15 PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	200
HERITAGE FOUNDATIONTHE 214 MASSACHUSETTS AVE WASHINGTON, DC 20002	NONE	PUBLIC	CHARITABLE	1,000
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE 100 NEWPORT BEACH, CA 92663	NONE	PUBLIC	CHARITABLE	5,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEY CARE FOUNDATION 2050 CLAIRE COURT GLENVIEW, IL 60025	NONE	PUBLIC	CHARITABLE	1,000
KISHWAUKETOE NATURE CONSERVANCY PO BOX 580 WILLIAMS BAY, WI 53191	BOARD MEMBER	PUBLIC	CHARITABLE	1,000
KNIGHTS OF COLUMBUS1009 S KNIGHT PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	200
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KRAVIS CENTER FOR THE PERFORMING ARTS 701 OKEECHOBEE BLVD WEST PALM BEACH, FL 33401	NONE	PUBLIC	CHARITABLE	300
LEADERSHIP INSTITUTE THE 1101 N HIGHLAND ST ARLINGTON, VA 22201	NONE	PUBLIC	CHARITABLE	1,000
LYNN UNIVERSITY 3601 N MILITARY TRAIL BOCA RATON, FL 33431	NONE	PUBLIC	CHARITABLE	2,500
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISHPO BOX 97104 WASHINGTON, DC 20090	NONE	PUBLIC	CHARITABLE	150
MAX MCGRAW WILDLIFE FOUNDATION PO BOX 9 DUNDEE, IL 60118	NONE	PUBLIC	CHARITABLE	11,000
MISERICORDIA HEART OF MERCY 6300 N RIDGE CHICAGO, IL 60630	NONE	PUBLIC	CHARITABLE	5,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HEART OF MERCY 6300 N RIDGE CHICAGO, IL 60630	NONE	PUBLIC	CHARITABLE	2,500
NATIONAL GEOGRAPHIC SOCIETY 401 N MICHIGAN AVE 1710 CHICAGO, IL 60611	NONE	PUBLIC	CHARITABLE	200
NATIONAL SPACE SOCIETY 1155 15TH STREET SUITE 500 WASHINGTON, DC 20005	NONE	PUBLIC	CHARITABLE	1,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NCH HEALTHCARE FOUNDATION PO BOX 234 NAPLES, FL 34101	NONE	PUBLIC	CHARITABLE	5,000
NCH HEALTHCARE FOUNDATION PO BOX 234 NAPLES, FL 34101	NONE	PUBLIC	CHARITABLE	7,500
NORTHWESTERN UNIVERSITY 1201 DAVIS ST EVANSTON, IL 60208	NONE	PUBLIC	CHARITABLE	12,500
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWOOD LIFE CARE FOUNDATION 6016 N NINA AVE CHICAGO, IL 60631	NONE	PUBLIC	CHARITABLE	1,000
NORWOOD LIFE CARE FOUNDATION 6016 N NINA AVE CHICAGO, IL 60631	NONE	PUBLIC	CHARITABLE	2,000
PARALYZED VETERAN OF AMERICA 7 MILL BROOK RD WILTON, NH 03086	NONE	PUBLIC	CHARITABLE	150
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK RIDGE CIVIC ORCHESTRA PO BOX 717 PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	10,000
PARK RIDGE COMMUNITY FUND 515 BUSSE HWY PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	500
PARK RIDGE HISTORICAL SOCIETY 721 N PROSPECT AVE PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	1,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK RIDGE LIONS CLUBPO BOX 200 PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	400
PARKINSON'S SOCIETY THE PO BOX 6003 ALBERT LEA, MN 560076603	NONE	PUBLIC	CHARITABLE	200
PLANETARY SOCIETY THE 85 SOUTH GRAND AVE PASADENA, CA 91105	NONE	PUBLIC	CHARITABLE	1,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINBOW HOSPICE 1550 BISHOP COURT MT PROSPECT, IL 60056	NONE	PUBLIC	CHARITABLE	1,000
RAVINIA ANNUAL FUND ASSOCIATION 1575 OAKWOOD AVE HIGHLAND PARK, IL 60035	NONE	PUBLIC	CHARITABLE	7,000
SALVATION ARMY THEPO BOX 4121 CAROL STREAM, IL 60197	NONE	PUBLIC	CHARITABLE	2,500
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCIENCE AND ARTS ACADEMY 1825 MINER ST DES PLAINES, IL 60016	NONE	PUBLIC	CHARITABLE	500
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	PUBLIC	CHARITABLE	1,000
SMILE TRAINTHEPO BOX 96231 WASHINGTON, DC 20090	NONE	PUBLIC	CHARITABLE	500
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN MUSEUMPO BOX 37012 WASHINGTON, DC 20013	NONE	PUBLIC	CHARITABLE	249
ST BENEDICT137 DEWEY AVE FONTANA, WI 53125	NONE	PUBLIC	CHARITABLE	100
ST BENEDICT137 DEWEY AVE FONTANA, WI 53125	NONE	PUBLIC	CHARITABLE	1,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDES CHILDEN RESEARCH HOSP PO BOX 167 MEMPHIS, TN 38101	NONE	PUBLIC	CHARITABLE	2,000
ST NECTARIOS GREEK ORTHODOX CHURCH 133 S ROSELLE RD PALATINE, IL 60067	NONE	PUBLIC	CHARITABLE	500
STPAUL OF THE CROSS 320 S WASHINGTON AVE PARK RIDGE, IL 60068	NONE	PUBLIC	CHARITABLE	5,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWN OF LINN FIRE AND EMS PO BOX 130 ZENDA, WI 53195	NONE	PUBLIC	CHARITABLE	500
USOPO BOX 96898 WASHINGTON, DC 20090	NONE	PUBLIC	CHARITABLE	500
WALWORTH COUNTY FAIR FOUNDATION PO BOX 286 ELKHORN, WI 53121	NONE	PUBLIC	CHARITABLE	200
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER SAFETY PATROLPO BOX 98 LAKE GENEVA, WI 53147	NONE	PUBLIC	CHARITABLE	500
WBEZ 915 PUBLIC RADIO 848 EAST GRAND AVE CHICAGO, IL 60611	NONE	PUBLIC	CHARITABLE	300
WORLD WAR II VETERANS COMMITTEE PO BOX 96543 WASHINGTON, DC 20090	NONE	PUBLIC	CHARITABLE	1,000
Total . . . . . ▶ **3a**				370,914

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WTTW CHANNEL 11 PBS 5400 N ST LOUIS AVE CHICAGO, IL 60625	NONE	PUBLIC	CHARITABLE	365
WTTW CHANNEL 11 PBS 5400 N ST LOUIS AVE CHICAGO, IL 60625	NONE	PUBLIC	CHARITABLE	500
Total . . . . . ▶ **3a**				370,914

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TY 2019 Accounting Fees Schedule

Name: THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

EIN: 36-3413327

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
VOGEL CONSULTING GROUP	5,395	5,395		0

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TY 2019 Investments Corporate Stock Schedule

Name: THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

EIN: 36-3413327

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NORTHERN TRUST ACCT 2982 - FIXED INCOME	299,188	301,123
NORTHERN TRUST ACCT 9538	256,927	502,846
NORTHERN TRUST ACCT 9542	483,248	512,528
NORTHERN TRUST ACCT 9541	372,035	516,068
NORTHERN TRUST ACCT 9540	458,495	678,904
NORTHERN TRUST ACCT 2982 - EQUITIES	2,811,474	4,041,239
NORTHERN TRUST ACCT 3071	427,981	763,894
NORTHERN TRUST ACCT 6111	281,772	372,489
NORTHERN TRUST ACCT 6113	275,554	275,554

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TY 2019 Investments - Other Schedule

Name: THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

EIN: 36-3413327

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VILLAGE POINT COMMONS CCRC	AT COST	36,125	104,965

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TY 2019 Other Decreases Schedule

Name: THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

EIN: 36-3413327

Description	Amount
BALANCE SHEET ADJUSTMENT	3,742

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TY 2019 Other Expenses Schedule

Name: THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

EIN: 36-3413327

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES	750	0		0
LAKES TECHNOLOGY	1,819	0		0
USPS	165	0		0

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TY 2019 Other Professional Fees Schedule

Name: THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

EIN: 36-3413327

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT SERVICES	38,306	38,306		0
OTHER NORTHERN TRUST FEES	0	0		0

TY 2019 Taxes Schedule

Name: THE SIMMS FAMILY FOUNDATION
C/O VOGEL CONSULTING SC

EIN: 36-3413327

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX WITHHELD	4,754	4,754		0
IL CHARITY TAX	128	0		0