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.

Open to Public Inspection

	F	or ca	llendar year 2019 or tax year beginning		, 201 <u>9</u>	, and ending		
			f foundation			-	A Employer identif	ication number
	ز	BER'	TI FOUNDATION				47-10816	15
			and street (or P O box number if mail is not delivered to	street address)		Room/suite	B Telephone numb	er (see instructions)
	_3	3765	CHAMPION BOULEVARD				847-215-	6550
	Cı	ty or t	own, state or province, country, and ZIP or foreign posta	l code			C If exemption applicate pending, check here	
03	_		STON-SALEM, NC 27105					
1	G	Che	eck all that apply Initial return	Initial return		oublic charity	D 1 Foreign organiza	
04			Final return	Amended re			2 Foreign organiza 85% test, check i	
			Address change	Name chang				
	H	$\overline{}$	eck type of organization X Section 501(1)4	E If private foundation	►
	4		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr			under section 507(b)(1)(A), check here .
	ı		market value of all assets at J Acco		ash Acc	rual	1	in a 60-month termination
			· · · · · · · · · · · · · · · · · · ·	ther (specify) column (d), must be on c	ash hasis)		under section 507(b)(1)(B), check here . >
			Analysis of Revenue and Expenses (The		4311 D4313)			(d) Disbursements
		art	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 inve		(c) Adjusted net income	for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	665,675.00				
		3	attach Sch B					<u> </u>
		4	Dividends and interest from securities		-			
		5a	Gross rents	<u> </u>		-		
		ь	Net rental income or (loss)	RECE	VED .	<u> </u>		
	Revenue		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	MAY O) 2020			
		7	assets on line 6a		S			1
		8	Net short-term capital gain	00051				
		9	Income modifications	OGDE	N, U I	<u> </u>		1
		b	and allowances Less Cost of goods sold .					
		С	Gross profit or (loss) (attach schedule)					
		11	Other income (attach schedule)					,
		12	Total. Add lines 1 through 11	665,675.00				!
		13	Compensation of officers, directors, trustees, etc					
	ses	14	Other employee salaries and wages					
	èns	15	Pension plans, employee benefits		_			
•	Expense	16 a	Legal fees (attach schedule)					_
သ		ı n	Accounting fees (attach schedule)					_
<u>```</u>	ive	С	Other professional fees (attach schedule)					
SCANNED	rat	17	Interest					
m	ist	18	Taxes (attach schedule) (see instructions)					
Ö	ıin	19	Depreciation (attach schedule) and depletion.					
\triangleright	Administrative	20	Occupancy					
APR	ΑK	21	Travel, conferences, and meetings					
100	anc	21 22	Printing and publications Stmt 1					
8			Other expenses (attach schedule) Stmt 1	8,190.00				8,190.00
	-=	24	Total operating and administrative expenses.					
202	era		Add lines 13 through 23	8,190.00				8,190.00
	ď	25	Contributions, gifts, grants paid	660,420.23				660,420.23
		26	Total expenses and disbursements Add lines 24 and 25	668,610.23			<u> </u>	668,610.23
	-	27	Subtract line 26 from line 12					1
			Excess of revenue over expenses and disbursements	-2,935.23				
			Net investment income (if negative, enter -0-)	<u> </u>				
			Adjusted net income (if negative, enter -0-)		_	- -		i .

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000



E	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End	of year
			description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bear	ing	3,447.96	512.73	512.73
	2		cash investments			
				•		7
			btful accounts ▶			
	4					Ţ.,
			btful accounts ▶			
	5	Grants receivable	· · · · · · · · · · · · · · · · · · ·			
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
	7		eceivable (attach schedule)			
		Less allowance for dou	btful accounts ▶			
ş	8		e			
Assets			eferred charges			
Ä		•	e government obligations (attach schedule)			
			stock (attach schedule)			
			bonds (attach schedule)			
	11	Investments - land, buildings and equipment basis				
		Less accumulated deprecia (attach schedule)	ation >			
	12		loans			
	13	Investments - other (atta	ach schedule)			
	14	Land, buildings, and equipment basis	>			
		Less accumulated deprecia	ation			
	15	Other assets (describe	·)			
	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see p	age 1, item I)	3,447.96	512.73	512.73
	17	Accounts payable and a	occrued expenses			
	18	Grants payable				
es		· ·				
≝	20	Loans from officers, directo	ors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other no	otes payable (attach schedule)			
	22	Other liabilities (describe	₽ ▶)			
_	23	Total liabilities (add line	es 17 through 22)			
S			w FASB ASC 958, check here 🕨 🔛			
nces		and complete lines 24,	25, 29, and 30.			
ᇛ	24	Net assets without done	or restrictions			
<u> </u>	24 25 26	Net assets with donor re				+
Ē			ollow FASB ASC 958, check here			
ᄄ		and complete lines 26 thre	ough 30.			
ō	26	•	cipal, or current funds		<u> </u>	
ets	27		r land, bidg , and equipment fund	3,447.96	512.73	
SS	28	• ,	ulated income, endowment, or other funds	3,447.96	512.73	
₹	29		d balances (see instructions)	3,447.90	312.73	
Net Assets	30		net assets/fund balances (see	2 117 96	512.73	
			ngos in Not Assets or Fund Role	3,447.96	512.75	
_			nges in Net Assets or Fund Bala		must agree with	
1			palances at beginning of year - Part led on prior year's return).			3,447.96
•						-2,935.23
			line 27a			2,955.25
_			ded in line 2 (itemize) ▶			512.73
4		reases not included in			5	
5 6			alances at end of year (line 4 minus	line 5) - Part II, column /		512.73
	1012	in the cassers of juild b	diances at end of year time 4 minus	mic oj - r artii, columnit	o ₁ , mie 20] 0	Form 990-PF (2019)

Pa	rt IV Capital Gains	and Losses for Tax on Inv	restment Income			
		scribe the kind(s) of property sold (for		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 200) shs MLC Co)	P - Purchase D - Donation	(mo.dav.vr)	(mo, day, yr)
1 a	N/A				_	
b						
<u>c</u>						
d						
<u> </u>			T			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo. ((e) plus (f) minu	
<u>a</u>						
b				 		_ -
<u>c</u>				 		
d						
<u>e</u>		howing gain in column (h) and owner	d by the foundation on 12/31/69	- "	Corpo (Cal. (b) se	
		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less to	
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a				-		
p	*			-		
d						
е						
			gain, also enter in Part I, line 7		-	
2	Capital gain net income	or (net capital loss)	loss), enter -0- in Part I, line 7	2		
3	Net short-term capital g	ain or (loss) as defined in section	s 1222(5) and (6)			
	- ·		structions If (loss), enter -0- in $\}$			
	Part I, line 8		<u></u>	3		
	······		educed Tax on Net Investment I	•		
(For	optional use by domestic	c private foundations subject to the	ne section 4940(a) tax on net invest	ment inco	me)	
		I II I I I I I I I I I I I I I I I I I				
IT SE	ection 4940(d)(2) applies,	leave this part blank				
Was	the foundation liable for	the section 4942 tax on the distri	butable amount of any year in the b	ase perior	d?	Yes X No
		n't qualify under section 4940(e)				,
1	Enter the appropriate ar	mount in each column for each ye	ear, see the instructions before mak	ing any en	tries	
	(a) Base penod years	(b)	(c)		(d) Distribution ra	tio
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	
	2018					
	2017					
	2016					
	2015			ļ	·	
	2014			1		
_						
2				2		
3	-	- · · · · · · · · · · · · · · · · · · ·	de the total on line 2 by 5 0, or by	3		
	the number of years the	toundation has been in existence	of less than 5 years			
4	Enter the not value of a	ancharitable.use assets for 2010	from Part X, line 5	4	6	51,210.71
4	Enter the net value of hi	Michaniable-use assets for 2019	non Fatt A, ille 5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Multiply line 4 by line 3			5		
3	wantiply line 4 by line 3.					
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)	6		
7	Add lines 5 and 6			7		
	Enter qualifying distribut	uone from Bart XII. line 4		8	66	8,610.23
8	If line 8 is equal to or g Part VI instructions	reater than line 7, check the box	x in Part VI, line 1b, and complete			

Date of ruling or determination b Domestic foundations the here ► X and enter c All other domestic four Part I, line 12, col (b) 2 Tax under section 511 and 2 4 Subtitle A (income) tax 5 Tax based on investment 6 Credits/Payments a 2019 estimated tax payment b Exempt foreign organization d Backup withholding error 7 Total credits and payment 8 Enter any penalty for under	and enter "N/A" on line 1	-	0	.00
Date of ruling or determination b Domestic foundations the here ► X and enter c All other domestic four Part I, line 12, col (b) 2 Tax under section 511 and 2 4 Subtitle A (income) tax 5 Tax based on investment 6 Credits/Payments a 2019 estimated tax payment b Exempt foreign organization d Backup withholding error 7 Total credits and payment 8 Enter any penalty for under	at meet the section 4940(e) requirements in Part V, check 1% of Part I, line 27b		0	.00
b Domestic foundations the here ► X and enter c All other domestic four Part I, line 12, col (b) 2 Tax under section 511 and 2 4 Subtitle A (income) tax 5 Tax based on investment 6 Credits/Payments a 2019 estimated tax payment b Exempt foreign organization c Tax paid with application d Backup withholding error Total credits and payment 8 Enter any penalty for uncompared.	at meet the section 4940(e) requirements in Part V, check 1% of Part I, line 27b		0	
c All other domestic four Part I, line 12, col (b) Tax under section 511 of a Add lines 1 and 2 Subtitle A (income) tax Tax based on investment Credits/Payments a 2019 estimated tax payments b Exempt foreign organization d Backup withholding error Total credits and payment Enter any penalty for uncomes	adations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
Part I, line 12, col (b) Tax under section 511 of the section 5	domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) t income. Subtract line 4 from line 3 if zero or less, enter -0	-		
 Tax under section 511 Add lines 1 and 2 Subtitle A (income) tax Tax based on investmen Credits/Payments 2019 estimated tax paym Exempt foreign organizat Tax paid with application Backup withholding error Total credits and paymen Enter any penalty for under 	domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) tincome. Subtract line 4 from line 3 if zero or less, enter -0	-		
Add lines 1 and 2	domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) t income. Subtract line 4 from line 3 if zero or less, enter -0	-		
 Subtitle A (income) tax Tax based on investment Credits/Payments a 2019 estimated tax paym Exempt foreign organization Tax paid with application d Backup withholding error Total credits and payment Enter any penalty for uncompanied 	domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) t income. Subtract line 4 from line 3 if zero or less, enter -0			
 Subtitle A (income) tax Tax based on investment Credits/Payments a 2019 estimated tax paym Exempt foreign organization Tax paid with application d Backup withholding error Total credits and payment Enter any penalty for uncompanied 	domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) t income. Subtract line 4 from line 3 If zero or less, enter -0			1
6 Credits/Payments a 2019 estimated tax paym b Exempt foreign organizat c Tax paid with application d Backup withholding error 7 Total credits and paymen 8 Enter any penalty for unc	ents and 2018 overpayment credited to 2019	-		1
 a 2019 estimated tax paym b Exempt foreign organizate c Tax paid with application d Backup withholding error 7 Total credits and paymer 8 Enter any penalty for uncertainty 	for extension of time to file (Form 8868)	-		
 b Exempt foreign organizat c Tax paid with application d Backup withholding error 7 Total credits and paymen 8 Enter any penalty for uncertainty 	for extension of time to file (Form 8868)	-		
 c Tax paid with application d Backup withholding error 7 Total credits and paymer 8 Enter any penalty for unc 	for extension of time to file (Form 8868)	-		
d Backup withholding errorTotal credits and paymerEnter any penalty for unc	teously withheld	-	<u> </u>	
7 Total credits and paymer8 Enter any penalty for unc	ts Add lines 6a through 6d	-		ز. ـ
7 Total credits and paymer8 Enter any penalty for unc	ts Add lines 6a through 6d			
	es 5 and 8 is more than line 7, enter amount owed			
9 Tax due. If the total of lir	more than the total of lines 5 and 8, enter the amount overpaid			
	more than the total of lines 5 and 8, enter the amount overpaid			
10 Overpayment. If line 7 is				
11 Enter the amount of line	10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
Part VII-A Statement	s Regarding Activities			
1a During the tax year,	lid the foundation attempt to influence any national, state, or local legislation or did it		Yes	
	any political campaign?	1a		X
b Did it spend more th	an \$100 during the year (either directly or indirectly) for political purposes? See the			
instructions for the defini	ion , , ,	1b		X
If the answer is "Yes"	to 1a or 1b, attach a detailed description of the activities and copies of any materials			
published or distributed b	y the foundation in connection with the activities			
	rm 1120-POL for this year?	1c		X
d Enter the amount (if any	of tax on political expenditures (section 4955) imposed during the year			İ
	0.00 (2) On foundation managers ▶ \$ 0.00			
	t (if any) paid by the foundation during the year for political expenditure tax imposed			İ
on foundation managers	▶ \$			
2 Has the foundation enga	ged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
If "Yes," attach a detailed	description of the activities			ı
3 Has the foundation ma	de any changes, not previously reported to the IRS, in its governing instrument, articles	-		١
of incorporation, or bylaw	s, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a Did the foundation have	Inrelated business gross income of \$1,000 or more during the year?	4a		X
	eturn on Form 990-T for this year?	4b		
5 Was there a liquidation,	ermination, dissolution, or substantial contraction during the year?	5		<u>X</u>
	nent 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 go 	-			
	that effectively amends the governing instrument so that no mandatory directions that		v	,
	remain in the governing instrument?	6	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	Х	T T
_	the foundation reports or with which it is registered. See instructions.			1
NC				
	to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			,
(or designate) of each sta	e as required by General Instruction G ² If "No," attach explanation	8b	Х	
	ing status as a private operating foundation within the meaning of section 4942(j)(3) or			- •
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			., (
complete Part XIV		9		<u>X</u> '
10 Did any persons beco	ne substantial contributors during the tax year? If "Yes," attach a schedule listing their			
names and addresses	Stmt 2	10	X	,

Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11_		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ BRADFORD D. WILLIS Telephone no ▶ 847-215-	6550		
	Located at ▶ 101 CORPORATE WOODS PARKWAY, VERNON HILLS, IL ZIP+4 ▶ 60061			-
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		I	<u> </u>
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No_
	over a bank, securities, or other financial account in a foreign country?	16	_	<u> X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			ļ
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
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 X No.			
	(1) Eligage in the sale of exertaing of property that a steque mean person			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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)			
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			
С	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		X
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))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			•
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years ,,,			ı
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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>			1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
_	at any time during the year?			i
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, Schedule C, to determine if the	2 h		:
۸.	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?	74_		
Ø	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		χ.
	committants perpose that has not been removed from Jeopardy before the first day of the tax year beginning in 2019.	40		

Par	t VII-B Statements Regarding Activitie	for Which Form	4720 May Be Red	uired (continued)			
5a	During the year, did the foundation pay or incur any ar	nount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to infl	uence legislation (section	on 4945(e))?	. Yes X No	ο [1
	(2) Influence the outcome of any specific public e	lection (see section	4955), or to carry or	າ,			
	directly or indirectly, any voter registration drive?						,
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							1
(4) Provide a grant to an organization other than a charitable, etc., organization described in							:
section 4945(d)(4)(A)? See instructions							
	(5) Provide for any purpose other than religious,						}
	purposes, or for the prevention of cruelty to childre			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o		i
b	If any answer is "Yes" to 5a(1)-(5), did any of th				n	_	i
	Regulations section 53 4945 or in a current notice reg			37 / 7			
	Organizations relying on a current notice regarding dis	aster assistance, check	here		\square		•
С	If the answer is "Yes" to question 5a(4), does th	e foundation claim e	exemption from the t				1
	because it maintained expenditure responsibility for the	grant?		. X Yes No	o		1
	If "Yes," attach the statement required by Regulations	section 53 4945-5(d)	Stmt 3				,
6a	Did the foundation, during the year, receive any f	ınds, directly or indi	rectly, to pay premiur				
	on a personal benefit contract?			. Yes X No	D		
b	Did the foundation, during the year, pay premiums, di	rectly or indirectly, on a	a personal benefit contra	act?	. <u>6b</u>		<u>X</u>
	If "Yes" to 6b, file Form 8870					[
7a	At any time during the tax year, was the foundation a				I		
b	If "Yes," did the foundation receive any proceeds or h			ion?	. <u>7b</u>		
8	Is the foundation subject to the section 4960 tax on p	• • •		Yes X No			
Dor	remuneration or excess parachute payment(s) during the VIII Information About Officers, Direct	e year /	Indation Manager				
	and Contractors	<u> </u>	-				
-							
1	List all officers, directors, trustees, and founda	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnen	:e 20001	.nt
1	(a) Name and address				(e) Expens		
		(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans			
LUCI	(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		owance	
LUCI 3765 MARI	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, N NA BERTI	(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		owance 0	. 00
LUCI 3765 MARI 3765	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, N NA BERTI CHAMPION BLVD, WINSTON-SALEM, N	(b) Title, and average hours per week devoted to position BOARD MEMBER/VF C 27105 BOARD MEMBER/PR	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance 0	s
LUCI 3765 MARI 3765 BRAD	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, N NA BERTI CHAMPION BLVD, WINSTON-SALEM, N OFORD D. WILLIS	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TRE	(c) Compensation (if not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER	(d) Contributions to employee benefit plans and deferred compensation 0.00		0 0	.00 .00
LUCI 3765 MARI 3765 BRAD	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, N NA BERTI CHAMPION BLVD, WINSTON-SALEM, N	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TRE	(c) Compensation (if not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER	(d) Contributions to employee benefit plans and deferred compensation		0 0	. 00
LUCI 3765 MARI 3765 BRAD	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, N NA BERTI CHAMPION BLVD, WINSTON-SALEM, N OFORD D. WILLIS	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TRE	(c) Compensation (if not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER	(d) Contributions to employee benefit plans and deferred compensation 0.00		0 0	.00 .00
LUCI 3765 MARI 3765 BRAD	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, N NA BERTI CHAMPION BLVD, WINSTON-SALEM, N FORD D. WILLIS CORPORATATE WOODS PKWY, VERNON H	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PRC 27105 SECRETARY & TREILLS, IL 600	(c) Compensation (If not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00	other al	0 0 0	.00 .00
LUCI 3765 MARI 3765 BRAD	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NA BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PRC 27105 SECRETARY & TREILLS, IL 600	(c) Compensation (If not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00	other al	0 0 0	.00 .00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 6000 (b) Title, and average	(c) Compensation (If not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 1 - see instructi (d) Contributions to	ons). If n	0 0 0	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NA BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600	(c) Compensation (If not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 (d) Contributions to employee benefit plans and deferred	other al	0 0 0 one, c	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 1 - see instructi (d) Contributions to employee benefit	ons). If n	0 0 0 one, c	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	0 0 0 one, e	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 (d) Contributions to employee benefit plans and deferred	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 4 - see instructi (d) Contributions to employee benefit plans and deferred compensation	ons). If n	owance	. 00 . 00 . 00
LUCI 3765 MARI 3765 BRAD 101	(a) Name and address ANO BERTI CHAMPION BLVD, WINSTON-SALEM, NOT NOT BERTI CHAMPION BLVD, WINSTON-SALEM, NOT SALEM, NOT	(b) Title, and average hours per week devoted to position BOARD MEMBER/VEC 27105 BOARD MEMBER/PEC 27105 SECRETARY & TREILLS, IL 600 (b) Title, and average hours per week devoted to position	(c) Compensation (lf not paid, enter -0-) 0.00 ESIDENT 0.00 ASURER 61 0.00 (c) Compensation 0.00	(d) Contributions to employee benefit plans and deferred compensation 0.00 0.00 0.00 e 1 - see instructi (d) Contributions to employee benefit plans and deferred compensation 0.00	ons). If n (e) Expenother al	owance	. 00 . 00 . 00

Page 7

3 Five highest-paid independent contractors for professional services. See i	nstructions. If none, enter "NONE	<u>.</u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	0	0.0
Total number of others receiving over \$50,000 for professional services		·
Part IX-A Summary of Direct Charitable Activities		L
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the number of	_
organizations and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 NONE		
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 NONE		
2		
All other process related processors. See patricipaes		
All other program-related investments. See instructions		
3 NONE		
	_	
Total Add lines 1 through 2		

Pai	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	oundations,
1		market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo			
		age monthly fair market value of securities	1a	62 142 05
		age of monthly cash balances	1b	62,142.85
С		market value of all other assets (see instructions)	1c	60 140 05
d		I (add lines 1a, b, and c)	1d	62,142.85
е		ction claimed for blockage or other factors reported on lines 1a and		
		ttach detailed explanation)		
2	•	isition indebtedness applicable to line 1 assets	2	60 140 05
3		ract line 2 from line 1d	3	62,142.85
4		deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		000 14
		uctions)	4	932.14
5		value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	61,210.71
6		num investment return. Enter 5% of line 5	6	3,060.54
Pai	t XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	idatio	ns
		and certain foreign organizations, check here ▶ and do not complete this part)	1	3,060.54
1		num investment return from Part X, line 6	'	3,000.34
2 a	Tax	on investment income for 2019 from Part VI, line 5		
b		ne tax for 2019 (This does not include the tax from Part VI) 2b	_	
		lines 2a and 2b	2c	2 060 54
3		butable amount before adjustments Subtract line 2c from line 1	3	3,060.54
4		overies of amounts treated as qualifying distributions	4	2 060 54
5		ines 3 and 4	5	3,060.54
6		iction from distributable amount (see instructions)	6	
7		ibutable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	_	2 060 54
	line 1		7	3,060.54
Pai	t XII	Qualifying Distributions (see instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a		nses, contributions, gifts, etc total from Part I, column (d), line 26	12	668,610.23
		ram-related investments - total from Part IX-B	1b	
2	_	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	16	
_		oses.	2	
3		unts set aside for specific charitable projects that satisfy the		
-		bility test (prior IRS approval required)	3a	
		distribution test (attach the required schedule)	3b	
4		fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	668,610.23
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income	-+	330,010.23
J		· · ·	_	
_		r 1% of Part I, line 27b See instructions	5	668,610.23
6		: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	6 Iculat	*
	моте	qualifies for the section 4940(e) reduction of tax in those years	icuial	ing whether the roulldation

Form 990-PF (2019)

_	m 990-PF (2019)				Page 9
P	art XIII Undistributed Income (see inst				Γ
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
	line 7				3,060.54
2	Undistributed income, if any, as of the end of 2019				4
	Enter amount for 2018 only	_			<u>ł</u>
	b Total for prior years 20 <u>17</u> ,20 <u>16</u> ,20 <u>15</u>			<u> </u>	1
3	Excess distributions carryover, if any, to 2019				i
	From 2014				1
	b From 2015	-			
	220 252 60				
	505 F.CO OO				
	From 2018	1,394,214.81			<u> </u>
	Qualifying distributions for 2019 from Part XII,	4,001,111	-	-	
7	line 4 ▶ \$ 668,610.23				\ }
	Applied to 2018, but not more than line 2a				,
	Applied to undistributed income of prior years				1
	(Election required - see instructions)				
	Treated as distributions out of corpus (Election				ι
	required - see instructions)				1
	d Applied to 2019 distributable amount				3,060.54
	Remaining amount distributed out of corpus	665,549.69			
5	Excess distributions carryover applied to 2019 (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	2,059,764.50			1
	Prior years' undistributed income Subtract				
	line 4b from line 2b				i i
	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				
	Subtract line 6c from line 6b Taxable				
	amount - see instructions				<u> </u>
	2 Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				i
	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2020				,
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)	<u></u>			1
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.	2 050 764 50			
	Subtract lines 7 and 8 from line 6a	2,059,764.50			<u> </u>
	Analysis of line 9				
	Excess from 2015 257,819.15 Excess from 2016 400,282.08				!
	220 252 60		1]
	FOF 760 CO				
	Excess from 2018 505, 760.69 excess from 2019 665, 549.69				
_					Form 990-PF (2019)

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	tion 9) N	/ A		
1 a	If the foundation has	received a ruling or o	etermination letter tha	t it is a private ope	rating			
	foundation, and the rulin	g is effective for 2019, e	nter the date of the ruling		▶			
b	Check box to indicate	whether the foundation	is a private operating	foundation described i	n section	4942(J)((3) or 49)42(j)(5)
	Enter the lesser of the ad-	Tax year	, , , , , , , , , , , , , , , , , , , ,	Prior 3 years	<u> </u>			
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d) 2016	6	(e) Tota	ı
	I or the minimum investment		(5) 20:0	(5) 25 11	(4, 2 5 1 1	†		
	return from Part X for each							
	year listed					-		
b	85% of line 2a			 	-	-		
С	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							
е	Qualifying distributions made							
	directly for active conduct of				•			
	exempt activities Subtract line 2d from line 2c					ĺ		
3	Complete 3a, b, or c for the							
_	alternative test relied upon		`	\				
а	"Assets" alternative test - enter							
	 Value of all assets Value of assets qualifying 				-		·	
	under section							
h	4942(j)(3)(B)(i)							
U	"Endowment" alternative test- enter 2/3 of minimum invest-							
	ment 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					1		
	(j)(3)(B)(III)			***				
	port from an exempt			,				
	organization (4) Gross investment income .							
D ₀		ntary Information (Complete this part	only if the found	ation had \$5	000 05	more in as	eate at
Га		luring the year - see		only if the lound	ation nau \$5	,000 01	more m as	seis ai
_	<u> </u>							
1	Information Regardin List any managers of			a than 20/ of the tot	al contribution	e receive	nd by the for	ındatıan
а	before the close of any						su by the loc	muation
	before the close of any	y tax year (but offiny if th	icy have contributed t	11010 (11411 \$5,000) (0	000 30000011 007	(4)(2))		
N/I								
b	List any managers of					equally	large portion	ı of the
	ownership of a partner	rship or other entity) o	which the foundation	n has a 10% or greate	r interest			
N/I	A							
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:				
	Check here ► X if t	he foundation only	makes contributions	to preselected cha	ritable organiza	ations ai	nd does not	accept
	unsolicited requests f	or funds If the found	ation makes gifts, gra	ants, etc. to individua	als or organiza	itions und	der other cor	nditions,
	complete items 2a, b,			, ,	J			
a	The name, address, a			ne person to whom an	polications should	d be addr	essed	
_	The name, address, a	ma to opnone name	o. oa aaa. ooo o	,	, p. 10 d.			
	The form in which app	lications should be sui	omitted and information	on and materials they	should include	-		
U	The form in which app	ilications should be su	omitted and information	on and materials they	siloula illoidae			
								_
С	Any submission deadle	ines						
		<u></u> _			<u> </u>			
d	Any restrictions or li	ımıtatıons on awards	, such as by geogr	aphical areas, charit	able fields, kii	nds of I	nstitutions, o	r other
	factors							

3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
Wake Forest University Health	l .	PC	Winterlark Cancer	Program 20,000.0
2.O. Box 571021, Winston-Salem	NC 27157			
The Compasie Hall Cociety Tra		PC	Annual Fund-Patron	200,000.0
The Carnegie Hall Society, Inc		PC	Alliual Fulld-Patroll	200,000.0
881 Seventh Ave, New York, NY	10019			
Aspen Muscial Festival & School	 L	PC	Annual Fund	24,675.6
Musin School Road, Aspen, CO				,
Hasin believe Road, Aspen, vo	01011			
Aspen Institute		PC	Annual Fund	25,000.
000 N. Third Street, Aspen CO	81611			
Metropolitan Opera		PC	Annual Fund	36,200.0
30 Lincoln Ctr Plaza, New York	NY 10023			
Byrd Hoffman Water Mill Founda	tion	PC	 Watermill Annual F	and 25,000.0
.15 W. 29th St., 10th Floor, No			watermili Amidar I	25,000.
15 W. 29th St., 10th F1001, N	ew lork, Nr 10	1001		
The Arts Council of Winston-Sa	lem	PC	Annual Fund	15,000.0
251 N. Spruce St, Winston-Saler				,
, , , , , , , , , , , , , , , , , , ,	.,			
PlumpJack Foundation		PC	Annual Fund	10,000.0
3138 Fillmore, San francisco,	CA 94123			
				150 000 0
Memorial Sloan Kettering Cance		PC	Annual Fund	150,000.0
.275 York Avenue, New York, NY	10065			
merican Educational Assistance	Foundation	PC	 Scholarship Program	 n
321 Murfeesboro Pike, Ste 800		37217		,
·	·			
he Solomon R Guggenheim Museum		PC	Annual Fund	20,000.0
071 Fifth Avenue, New York, NY 10128				CCO 420 C
Total		· · · · · · ·	▶ 3a	660,420.2
b Approved for future payment				
			i	
	•			

Part XVI	A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e)
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_				 		(Occ mandenona)
				 -		
. —						
f	· · ·					
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments	-				
	n savings and temporary cash investments			_		
4 Dividend	s and interest from securities					
5 Net rent	al income or (loss) from real estate				<u></u> .	
a Debt-	-financed property					
b Not d	lebt-financed property					
6 Net renta	I income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory					
	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue a	-				
e	-					
	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)				13	N/A
	neet in line 13 instructions to verify calci					
Part XVI-	B Relationship of Activities	s to the A	ccomplishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activity	v for which	h income is reported ii	n column (e	e) of Part XVI-A contribu	uted importantly to the
▼	accomplishment of the foundation	-				
					· · · · · · · · · · · · · · · · · · ·	
N/A						
						
		•				
			- "	•		
				-		
						<u>. </u>

Part			egarding Trans	fers to and Transact	ions and F	Relationshi	ps With	Noncha	ritabl	e Ex	emp
II	n sec			ngage in any of the follo 501(c)(3) organizations)						Yes	No
		•	-	noncharitable exempt of							
											X
(2) Oth	er assets				· · · · · · ·			1a(2)	ļ	Х
		ransactions							1		
				pt organization							X
				le exempt organization							X
				ssets							X
											Х
				o or fundraising solicitation							Х
				other assets, or paid em							Х
				" complete the following						fair m	narke
v	alue c	of the goods, other	assets, or service	es given by the reporting	foundation	If the found	lation rec	eived less	than	fair m	narke
	alue ii	n any transaction or	sharing arrange	ement, show in column (d) the value	of the goods	s, other a	ssets, or s	ervice	s rec	eived
(a) Line	e no	(b) Amount involved		ncharitable exempt organization	(d) Desc	cription of trans	fers, transac	tions, and sha	anng arn	angeme	nts
		•	N/A								
											
					·						
-											
		· · · · · · · · · · · · · · · · · · ·			_				,		
											
				 -							
						_					
						_					
d	escrib		(other than sect	rated with, or related to, ion 501(c)(3)) or in sectio				ations · · · · · ·	Y	es X] No
		(a) Name of organization	n	(b) Type of organization	n		(c) Descripti	on of relation	ship		
N/A					-			. <u>-</u>			
	_	··· <u>·</u> ·									
							<u> </u>				
											
	Under	penalties of perjury, I decla	are that I have examined for than taxes	d this return, including accompanyi payer) is based on all information of w	ng schedules and hich preparer has a	statements, and in	to the best o	f my knowled	ge and	belief, it	is true
Sign		B. 1 N.	1/11:	15/15/2020	o th o to	Cury DA Yura	EV GIIDE	D '	S discu		
Here	Sign	5/15/2020 SECRETARY/TREASURE Right the pure Signature of officer or trustee Date Title See instruction						reparer	shown Yes [below?	
	Sign	againe of officer of trustee		Date	Huc			oce mandello			
		Print/Type preparer's na	me	Preparer's signature		Date	Che	rck if	PTIN		
Paid		,, _E E 2 (18)		. 3				-employed			
Prepa	arer	Firm's name	<u> </u>				Firm's EIN				
		· · · · · · · · · · · · · · · · · · ·		_				-			

Phone no

Use Only Firm's address ▶

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

47-1081615 BERTI FOUNDATION Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Name of organization
BERTT FOUNDATION

Employer identification number 47–1081615

BEKLI	FOUNDATION		47-1001013
Part I	Contributors (see instructions) Use duplicate copies of	of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALI GROUP NORTH AMERICA CORPORATION 101 CORPORATE WOODS PARKWAY VERNON HILLS, IL 60061	\$665,675.00 	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
BERTI FOUNDATION

Employer identification number

47-1081615

Part II Noncas	h Property (see instruction	ns) Use duplicate copies of Part II if additional space is neede
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		<u> </u>	<u> </u>

Employer identification number Name of organization 47-1081615 BERTI FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$_ Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Berti Foundation EIN 47-1081615

Form 990-PF

OTHER EXPENSES

Statement 1

Description	(A)	(B)	(C)	(D)	
	Expenses	Net Investment	Adjusted Net	Charitable	
	Per Books	Income	Income	Purposes	
Scholarship Organization	\$5,740.00	0.00	0.00	\$5,740.00	
Management Fee					
Website design fees	1,500.00	0.00	0.00	1,500.00	
Scholarship flyer design fees	900.00	0.00	0.00	900.00	
Bank Fees	50.00	0.00	0.00	50.00	
To Form 990-PF	\$8,190.00	0.00	0.00	\$8,190.00	
Page 1, Line 23					

Form 990-PF

PART VII-A, QUESTION 10

Statement 2

10. Substantial contributors during the tax year:

Ali Group North America Corporation 101 Corporate Woods Parkway Vernon Hills, IL 60061

Total Contributions: \$665,675.00

Form 990-PF

PART VII-B, QUESTION 5c

Statement 3

5c. Expenditure responsibility statement (pursuant to Reg. §53.4945-5(d)):

Name and Address of the Grantee:

American Educational Assistance Foundation 1321 Murfeesboro Pike, Suite 800 Nashville, TN 37217

Date and Amount of the Grant:

July 3, 2019

\$140,000.00 (applied \$5,454.77 unused credit from prior year and disbursed \$134,545.23 to grantee).

Purpose of the Grant:

Scholarship awards for dependents of employees meeting eligibility requirements

Amounts Expended by the Grantee:

\$140,000.00 as of 01/29/20

Form 990-PF

PART VII-B, QUESTION 5c (continued)

Statement 3

<u>Has Grantee Diverted Any Portion of the Funds from the Purpose of the Grant?</u> Not to the knowledge of the grantor.

<u>Dates of Reports Received from the Grantee</u> 1/29/2020

<u>Dates and Results of Verification of the Grantee's Reports</u> 5/30/2019 Verified all recipients met the eligibility requirements

1/29/2020 Received an updated report showing amount of award applied towards qualifying educational expenses. Any excess amounts will be applied to the following academic year for any qualifying educational expenses, as long as the recipient qualifies for a scholarship renewal.