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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
WOODWARD CHARITABLE TRUST

A Employer identification number
84-6025403

Number and street (or P O box number if mail is not delivered to street address)
5001 N SECOND ST

Room/suite

B Telephone number (see instructions)
(815) 877-7441

City or town, state or province, country, and ZIP or foreign postal code
ROCKFORD, IL 611257001

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)* ▶$ 39,134,648

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)	250,000			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	470,265	470,265		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	100,820			
	b Gross sales price for all assets on line 6a 2,205,575				
	7 Capital gain net income (from Part IV, line 2)		100,820		
	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	821,085	571,085		
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)	17,093	8,547		8,546
	c Other professional fees (attach schedule)	47,324	47,324		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	14,350	5,535		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 **Total operating and administrative expenses.** Add lines 13 through 23	78,767	61,406		8,546
	25 Contributions, gifts, grants paid	1,319,000			1,319,000
	26 **Total expenses and disbursements.** Add lines 24 and 25	1,397,767	61,406		1,327,546
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-576,682			
	b **Net investment income** (if negative, enter -0-)		509,679		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	223,475	522,706	522,706
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	3,183,306	895,265	912,278
	b Investments—corporate stock (attach schedule)	4,523,122	4,453,903	34,695,959
	c Investments—corporate bonds (attach schedule)	1,209,397	2,592,428	2,684,874
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	185,306	285,306	311,001
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	9,514	7,830	7,830
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	9,334,120	8,757,438	39,134,648
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	0	0	
	27 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	9,334,120	8,757,438	
	29 **Total net assets or fund balances** (see instructions)	9,334,120	8,757,438	
	30 **Total liabilities and net assets/fund balances** (see instructions)	9,334,120	8,757,438	

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	9,334,120
2	Enter amount from Part I, line 27a	2	-576,682
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	8,757,438
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	8,757,438

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	NORTHERN TRUST	P	2019-01-01	2019-12-31
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	2,205,575		2,104,755	100,820
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				100,820
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	100,820
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	1,475,080	29,244,280	0 050440
2017	1,428,451	28,713,132	0 049749
2016	1,496,100	24,704,631	0 060559
2015	825,957	23,052,338	0 035830
2014	1,160,188	23,475,008	0 049422

2	**Total** of line 1, column (d)	2	0 246000
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 049200
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	35,429,275
5	Multiply line 4 by line 3	5	1,743,120
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	5,097
7	Add lines 5 and 6	7	1,748,217
8	Enter qualifying distributions from Part XII, line 4	8	1,327,546

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	10,194
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	10,194
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	10,194
6	Credits/Payments		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 13,833		
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	13,833
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	3,639
11	Enter the amount of line 10 to be **Credited to 2020 estimated tax** ▶ 3,639 **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 ▶RICK O'HARA Telephone no ▶(970) 498-3316

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

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 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?		Yes	No
		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

			Yes	No
	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	35,725,939
b	Average of monthly cash balances	1b	242,868
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	35,968,807
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	35,968,807
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	539,532
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	35,429,275
6	**Minimum investment return.** Enter 5% of line 5	6	1,771,464

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	1,771,464
2a	Tax on investment income for 2019 from Part VI, line 5	2a	10,194		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	10,194
3	Distributable amount before adjustments Subtract line 2c from line 1			3	1,761,270
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,761,270
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	1,761,270

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,327,546
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,327,546
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	1,327,546

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				1,761,270
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.				
b From 2015.				
c From 2016. 205,915				
d From 2017. 2,892				
e From 2018. 28,470				
f Total of lines 3a through e.	237,277			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 1,327,546				
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.				1,327,546
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019	237,277			237,277
(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	0			
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				196,447
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	0			
10 Analysis of line 9				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . .				
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

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines

See Additional Data Table

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

See Additional Data Table

Part XV Supplementary Information (continued)

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

Recipient 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**				709,000
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	470,265	
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	100,820	
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		571,085	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	571,085

(See worksheet in line 13 instructions to verify calculations)

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**

		Yes	No
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?			
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

******	2020-08-25	******
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
JOHN BRADLEY				P01056572
Firm's name ▶ RSM US LLP				Firm's EIN ▶42-0714325
Firm's address ▶ 1252 BELL VALLEY ROAD SUITE 300 ROCKFORD, IL 61108				Phone no (815) 231-7400

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
A CHRISTOPHER FAWZY 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	PRESIDENT/TRUSTEE 0 20	0	0	0
JULIA G BUCHANAN 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0
JAY EVANS 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0
MICHAEL SCHABLASKE 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0
RICK HOLM 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0
STEVE MEYER 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0
JENNIFER RAY 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	TRUSTEE 0 20	0	0	0

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

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

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

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

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

c Any submission deadlines

NONE

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

NONE

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

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

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

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

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

c Any submission deadlines

NONE

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

NONE

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

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

DAVE BARNES
700 N CENTENNIAL ST
ZEELAND, MI 49464
(815) 877-7441

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

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

c Any submission deadlines

NONE

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

NONE

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

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

DAVID BERKLEY
25200 RYE CANYON RD
SANTA CLARITA, CA 91355
(815) 877-7441

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

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

c Any submission deadlines

NONE

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

NONE

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

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

KODY BRAISTED
1041 WOODWARD WAY
FORT COLLINS, CO 80524
(815) 877-7441

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

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

c Any submission deadlines

NONE

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

NONE

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

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

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

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

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

c Any submission deadlines

NONE

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

NONE

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

Recipient 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*				
ACTION WORKSPO BOX 1877 BERTHOUD, CO 80513	NONE	PUBLIC	GENERAL WELFARE	2,500
ALTERNATIVES TO VIOLENCE 541 E 8TH ST LOVELAND, CO 80537	NONE	PUBLIC	GENERAL WELFARE	2,000
ASSISTANCE LEAGUE OF SANTA CLARITA PO BOX 220145 SANTA CLARITA, CA 91322	NONE	PUBLIC	GENERAL WELFARE	2,000
Total . . . . . ▶ **3a**				709,000

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*				
BAS BLEU THEATRE COMPANY 401 PINE ST FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	2,500
BASE CAMP INC1224 E ELIZABETH ST FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	2,000
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO 560 W LAKE ST CHICAGO, IL 60661	NONE	PUBLIC	GENERAL WELFARE	4,000
Total . . . . . ▶ **3a**				709,000

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*				
BIG BROTHERS BIG SISTERS OF THE LAKESHORE 4265 GRAND HAVEN ROAD SUITE 201 MUSKEGON, MI 49441	NONE	PUBLIC	GENERAL WELFARE	1,000
BOYS AND GIRLS CLUB OF LARIMER COUNTY 103 SMOKEY STREET FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	2,500
CAROUSEL RANCH 34289 ROCKING HORSE RD SANTA CLARITA, CA 91390	NONE	PUBLIC	GENERAL WELFARE	5,000
Total . . . . . ▶ **3a**				709,000

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*				
CENTER FOR ENRICHED LIVING 280 SAUNDERS RD RIVERWOODS, IL 60015	NONE	PUBLIC	GENERAL WELFARE	2,500
CENTER FOR WOMEN IN TRANSITION 411 BUTTERNUT DRIVE HOLLAND, MI 49424	NONE	PUBLIC	GENERAL WELFARE	1,500
CHILDREN NETWORK OF EVANSTON 1335 DODGE AVE EVANSTON, IL 60201	NONE	PUBLIC	GENERAL WELFARE	4,000
Total . . . . . ▶ **3a**				709,000

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*				
CHILDSAFE1148 E ELIZABETH ST FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	2,000
CITY OF FORT COLLINS EASTSIDE PARK PROJECT PO BOX 1206 FORT COLLINS, CO 80522	NONE	PUBLIC	GENERAL WELFARE	2,500
COLORADO YOUTH OUTDOORS MINISTRY 4927 COUNTY RD 36 FORT COLLINS, CO 80528	NONE	PUBLIC	GENERAL WELFARE	3,000
Total . . . . . ▶ **3a**				709,000

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*				
COMMUNITY KITCHEN 705 KILBURN AVE 2 ROCKFORD, IL 61101	NONE	PUBLIC	GENERAL WELFARE	1,500
CONNECT TO CARE 11290 CHAMBERS RD AURORA, CO 80011	NONE	PUBLIC	GENERAL WELFARE	1,000
COURT APPOINTED SPECIAL ADVOCATE (CASA) AND HARMONY HOUSE PROGRAM 201 LAPORTE AVE SUITE 100 FORT COLLINS, CO 80521	NONE	PUBLIC	GENERAL WELFARE	2,000
Total . . . . . ▶ **3a**				709,000

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*				
CROSSROADS SAFEHOUSE INC 421 PARKER ST FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	1,500
CSU COMMUNITY OUTREACH 1778 CAMPUS DELIVERY FORT COLLINS, CO 80523	NONE	PUBLIC	GENERAL WELFARE	50,000
DISABLED RESOURCE SERVICES 1017 ROBERTSON STREET UNIT B FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	3,000
Total . . . . . ▶ **3a**				709,000

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*				
DISCOVERY CENTER - FORT COLLINS 703 EAST PROSPECT ROAD FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	2,000
DOMESTIC VIOLENCE CENTER OF SCV 23780 NEWHALL AVE NEWHALL, CA 91321	NONE	PUBLIC	GENERAL WELFARE	2,000
FAMILY PROMISE OF SANTA CLARITA VALLEY 18565 SOLEDAD CANYON ROAD 133 CANYON COUNTRY, CA 91009	NONE	PUBLIC	GENERAL WELFARE	5,000
Total . . . . . ▶ **3a**				709,000

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*				
FELLINLOVE FARM6364 144TH AVE HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	750
FOOTHILL FAMILY SERVICES 11429 VALLEY BLVD EL MONTE, CA 91731	NONE	PUBLIC	GENERAL WELFARE	4,000
FOOTHILLS GATEWAY (POINTERS FOR PARENTS) 301 W SKYWAY DRIVE FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	3,000
Total . . . . . ▶ **3a**				709,000

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*				
FOSTERING YOUTH INDEPENDENCE PO BOX 801604 SANTA CLARITA, CA 91380	NONE	PUBLIC	GENERAL WELFARE	3,500
FT COLLINS HABITAT FOR HUMANITY INC 1600 PALM DRIVE FORT COLLINS, CO 80526	NONE	PUBLIC	GENERAL WELFARE	50,000
GOLDIE FLOBERG CENTER FOR CHILDREN PO BOX 346 ROCKTON, IL 61072	NONE	PUBLIC	GENERAL WELFARE	12,000
Total . . . . . ▶ **3a**				709,000

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*				
GREAT NEIGHBORHOODS TRANSFORM ROCKFORD 303 N MAIN SUITE 110 ROCKFORD, IL 61101	NONE	PUBLIC	GENERAL WELFARE	50,000
GUIDE DOGS OF AMERICA 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	PUBLIC	GENERAL WELFARE	1,500
HABITAT FOR HUMANITY (ZEELAND) 12727 RILEY ST HOLLAND, MI 49424	NONE	PUBLIC	GENERAL WELFARE	1,250
Total . . . . . ▶ **3a**				709,000

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*				
HADLEY INSTITUTE700 ELM ST WINNETKA, IL 60093	NONE	PUBLIC	GENERAL WELFARE	3,000
HAND2HAND2900 BALDWIN ST HUDSONVILLE, MI 49426	NONE	PUBLIC	GENERAL WELFARE	1,000
HARBOR HUMANE SOCIETY 14345 BAGLEY ST WEST OLIVE, MI 49460	NONE	PUBLIC	GENERAL WELFARE	1,000
Total . . . . . ▶ **3a**				709,000

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*				
HOLLAND FREE HEALTH CLINIC 99 W 26TH ST HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	1,000
HOLLAND RESCUE MISSION CENTER 661 E 24TH ST SUITE 60 HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	1,250
HOMEWARD ALLIANCE242 CONIFER ST FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	2,500
Total . . . . . ▶ **3a**				709,000

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*				
HOO HAVEN INCPO BOX 594 DURAND, IL 61024	NONE	PUBLIC	GENERAL WELFARE	2,350
HOSPICE OF HOLLAND 270 HOOVER BLVD HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	1,000
HOUSE OF NEIGHBORLY SERVICE 1511 EAST 11TH STREET SUITE 100 LOVELAND, CO 80537	NONE	PUBLIC	GENERAL WELFARE	5,000
Total . . . . . ▶ **3a**				709,000

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*				
JUNIOR ACHIEVEMENT-ROCKY MOUNTAIN INC 1600 NORTH COLLEGE AVENUE SUITE 150 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	3,000
KFACTPO BOX 342 ROCKFORD, IL 61105	NONE	PUBLIC	GENERAL WELFARE	25,000
KIDS FOOD BASKET389 JAMES ST HOLLAND, MI 49424	NONE	PUBLIC	GENERAL WELFARE	1,000
Total . . . . . ▶ **3a**				709,000

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*				
LARIMER COUNTY HEALTH DEPARTMENT 200 W OAK STREET FORT COLLINS, CO 80521	NONE	PUBLIC	GENERAL WELFARE	2,000
LIFE IN ABUNDANCE 55 SMITH HINES ROAD GREENVILLE, SC 29607	NONE	PUBLIC	GENERAL WELFARE	2,000
LIVE THE VICTORY INC 415 MASON CT APT 1 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	5,000
Total . . . . . ▶ **3a**				709,000

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*				
LOVELAND HABITAT FOR HUMANITY PO BOX 56 LOVELAND, CO 80539	NONE	PUBLIC	GENERAL WELFARE	3,000
LUBICK FOUNDATION2221 BALDWIN ST FORT COLLINS, CO 80528	NONE	PUBLIC	GENERAL WELFARE	5,000
MEALS ON WHEELS (FORT COLLINS) PO BOX 424 FORT COLLINS, CO 80522	NONE	PUBLIC	GENERAL WELFARE	1,500
Total . . . . . ▶ **3a**				709,000

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*				
MEALS ON WHEELS (LOVELAND) 437 GARFIELD AVE LOVELAND, CO 80537	NONE	PUBLIC	GENERAL WELFARE	1,500
MENTAL HEALTH FOUNDATION OF WEST MICHIGAN 349 DIVISION AVE S GRAND RAPIDS, MI 49503	NONE	PUBLIC	GENERAL WELFARE	1,000
MIDWAY VILLAGE6799 GUILFORD ROAD ROCKFORD, IL 61107	NONE	PUBLIC	GENERAL WELFARE	38,000
Total . . . . . ▶ **3a**				709,000

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*				
MILESTONE INC4060 MCFARLAND RD LOVES PARK, IL 61111	NONE	PUBLIC	GENERAL WELFARE	4,910
NEIGHBOR TO NEIGHBOR INC 1550 BLUE SPRUCE DR FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	5,000
NORTHERN ILLINOIS LEADERSHIP 805 LAKE ST 184 OAK PARK, IL 60301	NONE	PUBLIC	GENERAL WELFARE	5,000
Total . . . . . ▶ **3a**				709,000

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*				
OAR (OTTAGAN ADDICTIONS RECOVERY) 483 CENTURY LANE HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	1,250
ORCHARD VILLAGE 7660 GROSS POINT ROAD SKOKIE, IL 60077	NONE	PUBLIC	GENERAL WELFARE	6,000
PARTNERS MENTORING YOUTH 530 S COLLEGE AVE UNIT 1 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	5,000
Total . . . . . ▶ **3a**				709,000

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*				
PRAIRIE HILL CCSD 6505 PRAIRIE HILL ROAD SOUTH BELOIT, IL 61080	NONE	PUBLIC	GENERAL WELFARE	12,826
PROJECT SELF-SUFFICIENCY OF LOVELANDFORT COLLINS 375 W 37TH STREET SUITE 150 LOVELAND, CO 80538	NONE	PUBLIC	GENERAL WELFARE	5,000
PROJECT SMILEPO BOX 336 HOPEDALE, MA 01747	NONE	PUBLIC	GENERAL WELFARE	2,500
Total . . . . . ▶ **3a**				709,000

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*				
RAMP530 S STATE STREET SUITE 103 BELVIDERE, IL 61008	NONE	PUBLIC	GENERAL WELFARE	15,000
READY FOR SCHOOL70 W 8TH ST HOLLAND, MI 49423	NONE	PUBLIC	GENERAL WELFARE	1,000
RESPITE CARE INC 6203 S LEMAY AVENUE FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	2,000
Total . . . . . ▶ **3a**				709,000

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*				
ROCK RIVER VALLEY FOOD PANTRY 421 SOUTH ROCKTON AVENUE ROCKFORD, IL 61102	NONE	PUBLIC	GENERAL WELFARE	5,000
ROCKFORD RESCUE MISSION 715 W STATE ST ROCKFORD, IL 61102	NONE	PUBLIC	GENERAL WELFARE	6,914
SANTA CLARITA VALLEY BOYS & GIRLS CLUB 19425 STILLMORE ST SANTA CLARITA, CA 91351	NONE	PUBLIC	GENERAL WELFARE	2,500
Total . . . . . ▶ **3a**				709,000

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*				
SANTA CLARITA VALLEY FOOD PANTRY 24133 RAILROAD AVENUE NEWHALL, CA 91321	NONE	PUBLIC	GENERAL WELFARE	2,000
SANTA CLARITA VALLEY YOUTH PROJECT 27333 MUIRFIELD LANE SANTA CLARITA, CA 91355	NONE	PUBLIC	GENERAL WELFARE	3,000
SEXUAL ASSAULT VICTIM ADVOCATE CENTER (SAVA) 4812 SOUTH COLLEGE AVENUE FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	3,000
Total . . . . . ▶ **3a**				709,000

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*				
STEPPING STONES11364 2ND ST ROSCOE, IL 61073	NONE	PUBLIC	GENERAL WELFARE	20,000
TAYLORS FREE MEDICAL CLINIC 400 W MAIN ST TAYLORS, SC 29687	NONE	PUBLIC	MEDICAL	4,000
THE BRIDGE TO HOME 23752 NEWHALL AVE SANTA CLARITA, CA 91321	NONE	PUBLIC	GENERAL WELFARE	5,000
Total . . . . . ▶ **3a**				709,000

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*				
THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED 1850 W ROOSEVELT RD CHICAGO, IL 60608	NONE	PUBLIC	GENERAL WELFARE	4,000
THE LEARNING CENTER HOUSE OF CONNECTIONS 2153 S MILLARD AVE CHICAGO, IL 60623	NONE	PUBLIC	GENERAL WELFARE	4,000
THE LEUKEMIA & LYMPHOMA SOCIETY 941 HOUSTON NORTHCUTT BLVD SUITE 203 MT PLEASANT, SC 29464	NONE	PUBLIC	GENERAL WELFARE	3,500
Total . . . . . ▶ **3a**				709,000

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*				
THE PAINTED TURTLE 17000 ELIZABETH LAKE ROAD/PO BOX 455 LAKE HUGHES, CA 92532	NONE	PUBLIC	GENERAL WELFARE	5,000
TRANSFORM ROCKFORD 303 N MAIN SUITE 110 ROCKFORD, IL 61101	NONE	PUBLIC	GENERAL WELFARE	200,000
TURNING POINT CENTER FOR YOUTH & FAMILY 1644 S COLLEGE AVENUE FORT COLLINS, CO 80525	NONE	PUBLIC	GENERAL WELFARE	4,000
Total . . . . . ▶ **3a**				709,000

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*				
UNITED WAY OF LARIMER COUNTY (GIVE NEXT) 424 PINE STREET SUITE 102 FORT COLLINS, CO 80524	NONE	PUBLIC	GENERAL WELFARE	5,000
WELD FOOD BANK1108 H ST GREELEY, CO 80631	NONE	PUBLIC	GENERAL WELFARE	5,000
WELL OF MERCY6339 N FAIRFIELD AVE CHICAGO, IL 60659	NONE	PUBLIC	GENERAL WELFARE	2,500
Total . . . . . ▶ **3a**				709,000

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*				
WES LEONARD HEART TEAMPO BOX 735 FENVILLE, MI 49408	NONE	PUBLIC	GENERAL WELFARE	1,000
WEST RANCE LACROSSE FOUNDATION 25876 THE OLD RD RM 57 STEVENSON RANCH, CA 91381		PUBLIC	GENERAL WELFARE	3,000
YMCA EVANSTON NORTH SHORE 1215 CHURCH ST EVANSTON, IL 60201	NONE	PUBLIC	GENERAL WELFARE	6,000
Total . . . . . ▶ **3a**				709,000

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*				
YOUTH & OPPORTUNITY UNITED INC (YOU) 1911 CHURCH ST EVANSTON, IL 60201	NONE	PUBLIC	GENERAL WELFARE	6,000
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVE GURNEE, IL 60031	NONE	PUBLIC	GENERAL WELFARE	4,000
Total . . . . . ▶ **3a**				709,000

TY 2019 Accounting Fees Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT FEES	8,800	4,400		4,400
MISCELLANEOUS	8,293	4,147		4,146

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491240002150

TY 2019 Investments Corporate Bonds Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BOND	2,592,428	2,684,874

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491240002150

TY 2019 Investments Corporate Stock Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WOODWARD INC. STOCK	364,270	29,517,143
OTHER STOCK	4,089,633	5,178,816

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491240002150

TY 2019 Investments Government Obligations Schedule

Name:	WOODWARD CHARITABLE TRUST
EIN:	84-6025403
US Government Securities - End of Year Book Value:	895,265
US Government Securities - End of Year Fair Market Value:	912,278
State & Local Government Securities - End of Year Book Value:	0
State & Local Government Securities - End of Year Fair Market Value:	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491240002150

TY 2019 Investments - Other Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE FUNDS	AT COST	285,306	311,001

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491240002150

TY 2019 Other Assets Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INTEREST RECEIVABLE	9,514	7,830	7,830

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491240002150

TY 2019 Other Professional Fees Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NORTHERN TRUST FEES	47,324	47,324		0

TY 2019 Taxes Schedule

Name: WOODWARD CHARITABLE TRUST

EIN: 84-6025403

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ILLINOIS CHARITY BUREAU - FILING	15	0		0
FEDERAL EXCISE TAX	8,800	0		0
FOREIGN TAX	5,535	5,535		0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491240002150

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www.irs.gov/Form990* for the latest information

OMB No 1545-0047

2019

Name of the organization
WOODWARD CHARITABLE TRUST

Employer identification number
84-6025403

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
WOODWARD CHARITABLE TRUST	84-6025403

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WOODWARD INC 5001 NORTH SECOND STREET ROCKFORD, IL 611257001	$ 250,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
WOODWARD CHARITABLE TRUST

Employer identification number
84-6025403

Part II **Noncash Property**

(see instructions) Use duplicate copies of Part II if additional space is needed

(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
-		$	

Name of organization
WOODWARD CHARITABLE TRUST

Employer identification number
84-6025403

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

(a) No. from Part I	(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

(a) No. from Part I	(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

(a) No. from Part I	(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

(a) No. from Part I	(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