2022949108614100

Extended to April 15, 202 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.

		ACTION SOLVINGE	3.gov/Formssorr formsu					Open to Public Inspection
For	alen	dar year 2019 or tax year beginning JUN	1, 2019	, and er	nding	MAY 31, 2	<u> 2020</u>	<u></u>
		foundation				A Employer identi	fication	number
H	<u>ea</u>	${f l}$ thcare Foundation of N	orthern Lake					•
		nty				20-5253	<u> 3008</u>	
Nun	nber a	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone numb		
_1	20	O University Center Dri	ve			(847) 3	<u> 377-</u>	0525
City	or to	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption applic	ation is p	ending, check here
G	ra	yslake, IL 60030						· ·
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public c	harity	D 1. Foreign organ	nizations	, check here
		Final return	Amended return					
		X Address change	Name change			2. Foreign organiza check here and	ations me attach co	eting the 85% test, mputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		7)4	E If private founda	ition stat	tus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	<u> </u>	under section 50		. [1
I Fa	ır ma	rket value of all assets at end of year J Accounting	ng method: Cash	X Accr	ual	F If the foundation	ısın a (60-month termination
(fr	om P	Part II, col. (c), line 16)	her (specify)			under section 50		
	\$	58, 455, 545. (Part I, colum	ın (d), must be on cash bası	s.)				
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in		(c) Adjusted r	net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	inco	me	income		(cash basis only)
	1	Contributions, gifts, grants, etc., received				N/A		
	2	Check X if the foundation is not required to attach Sch. B			•			<u> </u>
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	1,305,605.	<u>. 1,30</u>	<u>5,605.</u>			<u>Statement 1 l</u>
	5a	Gross rents						
	Ь	Net rental income or (loss)	•) <i>– /</i>	
a)	6a	Net gain or (loss) from sale of assets not on line 10	1,709,954.			<u> </u>	<u> </u>	PEIVEDO
Ĭ	b	Gross sales price for all assets on line 8a 7,656,599.				7-		S
Revenue	7	Capital gain net income (from Part IV, line 2)		1,70	<u>9,954.</u>	. 8	_DEC	2 9 2020
<u></u>	8	Net short-term capital gain				 		S
· ^	9	Income modifications Gross sales less returns					OGI	DEN. UT
ő	10a	and allowances						
OCANNED 	b	Less Cost of goods sold						
		Gross profit or (loss)	0.000		0.000			
	11	Other income	8,272.		<u>8,272.</u>	<u> </u>		Statement 2
:-	12	Total. Add lines 1 through 11	3,023,831.		<u>3,831.</u>	<u></u>		200 047
₹	13	Compensation of officers, directors, trustees, etc	215,513.		<u>6,465.</u>		-	209,047.
	14	Other employee salaries and wages	184,153.		<u>0,554.</u>			163,599.
	i e	Pension plans, employee benefits	91,210.		6,829. 201.			84,381. 3,827.
e Expenses		Legal fees Stmt 3	4,028. 35,735.	2	$\frac{201.}{6,948.}$			3,827. 8,787.
√ eg		Accounting fees Stmt 4	79,178.		5,948. 7,128.			2,050.
3 ∰		Other professional fees Stmt 5	13,118.		1,140.			4,050.
10UC L U Administrative Expenses		Interest Tayon Start 6	73,410.	1	6,054.			0.
stra		Taxes Stmt 6	1,064.	Т	32.			
ij	19	Depreciation and depletion	16,164.		485.			15,679.
μÞ	l .	Occupancy Travel conferences and meetings	9,091.		485. 81.			9,010.
and A	21	Travel, conferences, and meetings	1,006.		30.			976.
) ar	22	Printing and publications Other expenses Stmt 7	27,211.		$\frac{30.}{1,247.}$	-		25,964.
Operating	1	Other expenses Stmt 7 Total operating and administrative	<u> </u>		<u> </u>			43,304.
era	24	expenses. Add lines 13 through 23	737,763.	1 5	6,054.			523,320.
õ	25	Contributions, gifts, grants paid	2,387,491.		0,004.			2,253,916.
		Total expenses and disbursements.	4,301,431.			·		<u>4,233,310.</u>
	20	Add lines 24 and 25	3,125,254.	15	6,054.			2,777,236.
	27	Subtract line 26 from line 12:	J,14J,4J4•		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-		2,111,230.
	i .		<101,423.	> .				
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	- TOT/ 34 / 4		7,777.			
	Į.	Adjusted net income (if negative, enter -0-)		2,00	. , , , , , <u>,</u>	N/A		
	<u> </u>		<u> </u>					·

		0-PF (2019) County	· · · · · · · · · · · · · · · · · · ·		0-5253008 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		nd of year
<u> </u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		1,002,88	5. 1,002,885.
	3	Accounts receivable	· · · · · · · · · · · · · · · · · · ·		
	l	Less: allowance for doubtful accounts			
	4	Pledges receivable			
	Ì	Less; allowance for doubtful accounts			
	5	Grants receivable		·· 	
	1	Receivables due from officers, directors, trustees, and other	-		
	ľ	disqualified persons			
	၂ ,	· · · · · · · · · · · · · · · · · · ·			
	' '	Other notes and loans receivable			
	_	Less: allowance for doubtful accounts		- ·	
ssets	1	Inventories for sale or use	F 0.67	11 40	1 11 401
SS	1	Prepaid expenses and deferred charges	5,867.	11,48	1. 11,481.
•	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock Stmt 9	36,575,698.	<u>35,246,16</u>	1. 35,246,161.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 10	19,616,440.	21,819,90	5. 21,819,905.
		Land, buildings, and equipment: basis ► 30,748.		and the state of t	
	-	Less accumulated depreciation Stmt 11 ▶ 28,784.	1,355.	1,96	4. 1,964.
	15	Other assets (describe Statement 12)	422,353.		9. 373,149.
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	57.531.837.	58,455,54	5. 58,455,545.
_	17	Accounts payable and accrued expenses	12,535.	40,79	
	18	Grants payable	1,511,925.		
	19	Deferred revenue	1,311,323.	2,043,30	
Liabilities					
Ē	I	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21				
	22	Other liabilities (describe			
		T + 11 122 (-dd bass 47 through 00)	1,524,460.	1,686,29	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	1,524,400.	1,000,23	2 -
		•			1
or Fund Balances		and complete lines 24, 25, 29, and 30.	EE (02 406	EC 407 C2	
au	24	Net assets without donor restrictions	55,683,406.	<u>56,487,63</u>	
Bal	25	Net assets with donor restrictions	323,971.	281,61	1.
ם		Foundations that do not follow FASB ASC 958, check here ▶ ∟			
교	ŀ	and complete lines 26 through 30.			
ō		Capital stock, trust principal, or current funds			
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	29	Total net assets or fund balances	56,007,377.	<u>56,769,25</u>	1.
Z				E0 455 54	_ .
_	30	Total liabilities and net assets/fund balances	57,531,837.	<u>58,455,54</u>	5.1
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 2	29	- ·	
•		st agree with end-of-year figure reported on prior year's return)			1 56,007,377.
2	-	r amount from Part I, line 27a			2 <101,423.>
		r increases not included in line 2 (itemize)	Soo Sta	tement 8	3 863,297.
		lines 1, 2, and 3		TO THE TITE O	4 56,769,251.
		eases not included in line 2 (itemize)			5 0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 29		6 56,769,251.
<u>u</u>	i Ula	r not assets of furior balances at end of year finite 4 minus line 3) - Fatt it, co	101111 (0), 1110 23		Form 990-PF (2019)

Form **990-PF** (2019)

2,777,236.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)	Form	n 990-PF (2019) County			253008		<u> 4</u>
Date of ruling or determination letter:	Pa	art VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4940(e), or 4	948 - s	see instru	ctions)	
b Domissic foundations that meet the section 4947(a) requirements in Part V, check here I and enter 1% of Part I, line 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 27, cot. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 57, 356. Add lines 1 and 2 4 Subtitle 4 (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Ceredisc?Payments: 2 2 0. 3 57, 356. 4 Subtitle 4 (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Ceredisc?Payments: 2 2 0. 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Ceredisc?Payments: 2 2 0. 5 Tax based on large placehouse for sections of the tother of lines 5 trusts and tax bource 6 Enter placehouse tax payments and 2018 overpayment credited to 2019 6 Ba 61, 0.56. 6 Be 5, 0.00. 7 66, 0.56. 8 Enter any penalty for underpayment of estimated tax. Check here	1a	LExempt operating foundations described in section 4940(d)(2), check here ▶ 🔲 and enter *N/i	A" on line 1.				1.
of Part I, line 27b A dother domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, eol. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3				_			_ 」'
e. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, Ihm 12 (2, ob. (b) 2	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	5	<u>7,356</u>	<u>.</u>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add times 1 and 2 4 Subtatle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Tax pad with application for extension of time to line 6 from 8680) 6 Total credits and payments. Add lines 6 through 6 dl		of Part I, line 27b				•	1
3							
Subtile A (normer) tax (domestic section 497(a)(1) missts and taxable foundations only; others, enter -0-5 Tax based on investment income. Subtract line 4 from land 1 terror or less, enter -0-5 Cledist/Pyments: a 2019 estimated tax payments and 2018 overpayment credided to 2019 Exempt foreign organizations: tax withheld at source 6 a	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, er	nter -0-)				
Tax based on investment income. Sobtract line 4 from line 3. If zero or less, enter -0- C GoldsPayments. 2019 estimated bax payments and 2018 overpayment credited to 2019 b Exempl foreign organizations - tax withheld at source 1 Fax paid with application for extension of time to the (Form 8868) b Exempl foreign organizations - tax withheld at source 1 Fax paid with application for extension of time to the (Form 8868) b D. 1 Fax discuss withholding ernoneously withheld 1 Form 2220 is attached 1 Form 2220 is attached 2 Fate any penalty for underpayment of estimated tax. Check here I I Form 2220 is attached 3 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount oved 4 Diverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 5 Total oresist. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 6 Diverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 7 Part VII-A S Statements Regarding Activities 8 J. 700 . Refunded ► 11 0 . Part VII-A S Statements Regarding Activities 1 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? 1 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift he answer is "Yes" to 1 a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation connection with the activities. 2 Did it spend more than \$100 during the year (either directly or indirectly) for political expenditure tax imposed on foundation managers. So D. 3 Ether the remiturement (if any) had by the foundation during the year for political expenditure tax imposed on foundation managers. So D. 4 Ether the remiturement (if any) had by the foundation during the year for political expenditure tax imposed on foundation managers. So D. 5 Extension that effection					5		
6 Credits/Payments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Evempt foreign organizations: tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6.		· · · · · · · · · · · · · · · · · · ·	nter -0-)				
a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source c 1ax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 7 66,056. Enter any penalty for underpayment of estimated tax. Check here 1 1 Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here 1 1 Form 2220 is attached 9 Tax dae. If the total of lines 5 and 8 is more than line 7, enter amount owder 10 Overpayment. Illine 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. Illine 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2020 estimated tax ▶ 8, 700. Refunded ▶ 11 0 . PEAT VII-A Statements Regarding Activities 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 campain? 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 campain? 1b Old is speed more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift he answer is 7'es' to 1 or '15, attach a detailed description of the activities. 0 Old the foundation lift form 1120-POL for this year? 2 If Yes, attach a detailed description of the activities. 3 O (2) On foundation managers. ► \$ O 4 Is the foundation managery and by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ O 5 Are the requirements of section 508(e) (reliating to sections 4941 through 4945) satisfied either: 8 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? 1 If Yes, attach a detailed texterploting to sections 4941 through 49				5	5	7,356	<u> </u>
b Exempt foreign organizations - tax withheld at source 0 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 6d 8 Enter any pealty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 8 0. 9 Tax due. If the folds 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 owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ower of 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ower of 11 on 0 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ower of 11 on 0 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ower of 11 on 0 overpayment. If line 7 is more than 10 observed the 11 on 0. Part VIII-A Statements Regarding Activities 1 During the tax year, dut the foundation aftering to influence any national, state, or local legislation or dull the participate or intervere in any political campaign? Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the activities of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Dut it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the activities of the activities of the activities of the properties of the participation of the activities. Dut the foundation in Ferral Part Poll. Or this year?		·	61.056				j
Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld d Backup withholding erroneously withheld 8 d 0. 7 666,056. 8 Enter any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than the 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 11 Enter the amount of line 10 to be: Oredited to 2020 estimated tax ▶ 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political campaign? 14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inference in any political campaign? 15 During the did the foundation in connection with the activities. 16 During the foundation in connection with the activities. 17 On the foundation in connection with the activities. 28 During the foundation in connection with the activities. 29 Life the the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 20 During the foundation. Place 10 During the year for political expenditure tax imposed on foundation managers. Place 10 During the year for political expenditure tax imposed on foundation managers. Place 10 During the year for political expenditure tax imposed on foundation managers. Place 10 During the year for political expenditure tax imposed on foundation managers. Place 10 During the year for political expenditure tax imposed on foundation managers. Place 10 During the year for political expenditure tax imposed on foundation managers. Place 10 During the year for political expenditu						-	1
d Backup withholding erroreously withheld 7 Total credits and payments. Add lines Sa through 60 8 Enter any pearly for undergoyment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines S 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 owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 8, 700. Refunded 11 0. Part VIII-A Statements Regarding Activities 1 a 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? 2 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of distributed by the foundation in connection with the activities. 3 b Did to spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the statistic definition of the condition file Form 112-POL for this year? 4 c Rinter the amount (if any) of tax on political expenditions. 5 O. (2) On foundation file Form 112-POL for this year? 6 C Rinter the amount (if any) of tax on political expenditions (section 4955) imposed during the year: (1) On the foundation have paid by the foundation during the year for political expendition amanagers. ▶ \$ O. (2) On foundation managers. ▶ \$ O. (3) On foundation managers. ▶ \$ O. (4) On the foundation managers. ▶ \$ O. (5) On foundation managers. ▶ \$ O. (6) On the foundation managers. ▶ \$ O. (7) On the foundation managers. ▶ \$ O. (8) On the foundation managers. ▶ \$ O. (8) On the foundation managers. ▶ \$ O. (9) On the foundation have unrelated business gross income of \$1,000 or more during the year?							
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of semaleted tax. Check here ☑ If Form 2220 is attached 8 Total credits and payments. Add lines 5 and 8 is more than line?, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If line? 7 is more than the total of lines 5 and 8, enter the amount owed 10 Total Enter the amount of line 10 to be; Credited to 2020 estimated tax ≥ 8, 700. Refunded 11		,			ţ		- {
8 Enter any penalty for underpayment of estimated tax. Check here			0.	 -		C 050	
9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be; Credited to 2020 estimated tax ▶ 8,700. Refunded ▶ 10 11 0. Part VII-A Statements Regarding Activities 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? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition lift he 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 if Form 1120-POL for this year? 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 amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Has the foundation make any changes, not previously reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation make any changes, not previously reported to the IRS? If "Yes," attach a detailed description of the activities. 4 But the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," attach a detailed description of the activities. 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction 7. By language in the governing instrument, or by language in the governing instrument, or 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? b If the answer is "Yes" to line 7, has the fo					<u>_</u>		
10 Overpayment. If line 7 is more than the total of limes 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 8, 700. Refunded ▶ 11 0. Pert VII-A Statements Regarding Activities 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 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? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political expenditures for the definition of distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form \$120-POL for this year? c Did the foundation file Form \$120-POL for this year? c Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. (2) 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. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b) If Yes, has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 11 Yes, attach the statement required by General Instruction 7. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: b) yild any page 2015 or the tax year beginning in foundation furnished a copy of			_				•
11 Enter the amount of tine 10 to be: Credited to 2020 estimated tax ▶ 8,700 . Refunded ▶ 11 Durn 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? 1 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? 1 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? 1 During the tax year, did the foundation and a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 2 Did the foundation file Form 1120-POL for this year? 3 D. (2) On foundation managers. ▶ \$ D. • Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ D. • C. 2 D. * C. 2 D. * C. 2 D. * C. 3 D. * C. 2 D. * C. 3 D.						0 700	
Part VII-A Statements Regarding Activities		• •	9 700 Dofunded				
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? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition is 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. 1c Did the foundation lie Form 1120-POL for this year? 2 Did the foundation in Form 1120-POL for this year? 3 Did the foundation in Form 1120-POL for this year? 4 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ Oil (2) On foundation managers. ▶ \$ Oil (2) On foundation managers. ▶ \$ Oil the foundation of the activities. 2 Exists the foundation engaged in any activities that have not previously been reported to the IRS? 3 Has the foundation engaged in any activities that have not previously been reported to the IRS? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 1 If "Yes," that if the dia tax return on Form 990-T for this year? N/A 4 Did the foundation have active the required by General Instruction T. 5 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 9 by language in the governing instrument, or 9 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. 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 X 8a Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as require			O, 700 • [Retuitded]				<u>.</u>
any political campaign? b Did it speand more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition if the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation nile Form 1120-PQL for this year? 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			or did it narticinate or intervene	ın		Yes No	_
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition if the answer is Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-PCL for this year? 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. 1 Has the foundation engaged in any activities that have not previously been reported to the IRS? 1 Has the foundation engaged in any activities that have not previously been reported to the IRS? 1 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 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? N/A 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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, 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, 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? Did the foundation claiming status as a private operating foundation within the meaning of secti	Id		if the R participate of intervence		— 		
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? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$\ \infty \ \inft	h	· ·	ee the instructions for the defini	tion	t		
distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (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. 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 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If Yes, * has it filed a tax return on Form 990-T for this year? b If Yes, * has it filed a tax return on Form 990-T for this year? N/A 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If Yes, * attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 X 8a Enter the states to which 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 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 tax year beginning in	Ü	•			"		7
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 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. 3 Has the foundation made any changes, not previously reported to the IRS? If 'Yes,' attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 7 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 8 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 9 By language in the governing instrument, or 9 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? 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 X 8a Enter the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction of PIT No,' attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ O. (2) On foundation managers. ▶ \$ O. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ O. 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. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," attach the statement required by General Instruction T. 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, 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, or By anguage in the governing instrument? 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 X 8a Enter the states to which 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 Di	c	•			1c	X	
(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. 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. 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 1 If 'Yes,' has it filed a tax return on Form 990-T for this year? 11 Yes,' attach a tax return on Form 990-T for this year? 12 Yes,' attach the statement required by General Instruction T. 4 Instruction T. 4 Instruction that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 12 Yes,' complete Part II, col. (c), and Part XV 13 Yes,' 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 14 Yes,' 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 15 Yes,' the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 15 Yes, the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 15 Yes, the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 15 Yes, the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 15 Yes, the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 15 Yes, the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 15 Yes, the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) 15 Yes, the foundation furnished a copy of Form 990-PF to the Attorney General		·					_
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. 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. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 If 'Yes,' has it filed a tax return on Form 990-T for this year? 6 If 'Yes,' has it filed a tax return on Form 990-T for this year? 8 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 8 By language in the governing instrument, or 8 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? 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 8 Enter the states to which the foundation reports or with which it is registered. See instructions. 1 L 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 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 tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete Part XIV. 9 X 10 Did any persons become substantial contributors during the tax year? in 'Yes,' attach a schedule listing their names and addresses	-		0.		,	į l	1
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. 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 If Yes, has it filed a tax return on Form 990-T for this year? If Yes, has it filed a tax return on Form 990-T for this year? N/A Was there a liquidation, termination, dissolution, or substantial contraction during the year? If Yes, attach the statement required by General Instruction T. 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? 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 Ba Enter the states to which the foundation reports or with which it is registered. See instructions. IL 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 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 tax year beginning in 2019? See the instructions for Part XIV. If Yes, complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	е						1
2			•			<u>.</u> .	
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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filled a tax return on Form 990-T for this year? N/A 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> . 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? 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 X 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 <i>General Instruction G?</i> If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	2				2	X	•
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 X 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? if "reys," attach a schedule listing their names and addresses		If "Yes," attach a detailed description of the activities.					1
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ILL 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	ent, articles of incorporation, o	r		, ,	
b If 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. 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? 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 To X Ba 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10		bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X	<u>. </u>
Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 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? 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 Ba 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? ir "Yes," attach a schedule listing their names and addresses S	4a	Lighthe foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	<u>. </u>
If "Yes," attach the statement required by General Instruction T. 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? 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 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 It 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10	b	olf "Yes," has it filed a tax return on Form 990-T for this year?		N/	A 4b		_
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? 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 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X	· ,
 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? 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 Ba 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 X 		If "Yes," attach the statement required by General Instruction T.					
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? 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 X 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 9 X 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	6					1	1
remain in the governing instrument? 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 X 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 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 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			tions that conflict with the state	law			
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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X		· ·					_
TL 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Pai	rt II, col. (c), and Part XV		7	X	_,
TL 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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X					1		
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 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	8a	·					
of each state as required by General Instruction G? If "No," attach explanation 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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			Conoral (or decire : 4-)		—		
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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	D	•	deneral (or designate)			 	
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	^	·	0.42(1)(2) or 40.42(1)(E) for colo	ndar	80		70
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses 10 X	9			iudi			יין ויי
	10				— 	- + 2	
	-10	Did any persons accome substantial continuators during the tax year in "res," attach a schedule listing	men names and addresses)-PF (201	<u>. </u>

orn	m 990-PF (2019) County 20-525	3008		Page 5
	art 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		<u> </u>
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		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
	Website address ► www.hfnlc.org			
14	The books are in care of ▶ The Foundation Telephone no. ▶ (847)	<u>377</u>	<u>-05</u>	<u> 25</u>
	Located at ▶ 1200 University Center Drive, Grayslake, IL ZIP+4 ▶6	0030		
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	N	/A_	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			.
	foreign country			1
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a 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?	, ,		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			}
	a disqualified person?			}
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			ll
	(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 X No	•		1
				1
	(6) Agree to pay money or property to a government official? (Exception Check "No"	,		1
	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 X 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	1b		X
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		
	Organizations relying on a current notice regarding disaster assistance, check here 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	"	<u> </u>	
2	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 (Part XIII, lines]
•	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years \triangleright	١,	١.	
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	1		ŀ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		l	
	statement - see instructions.) N/A	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.			
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			•
	during the year?	,		
ı	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 foundation had excess business holdings in 2019.) N/A	3b	<u> </u>	ļ
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ı	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	<u></u>	<u>X</u>
	F	orm 990)-PF	(2019)

Orm 990-PF (2019) COUNTY			<u> </u>	00		aye o
Part VII-B. Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)			
5a During the year, did the foundation pay or incur any amount to:				Y	es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	·		-
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire					
any voter registration drive?			s X No			,
(3) Provide a grant to an individual for travel, study, or other similar purposes?	>	Ye	s X No			, [
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section					
4945(d)(4)(A)? See instructions		Ye	s X No	· .		- 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		,	•	
the prevention of cruelty to children or animals?			s X No		.	. 1
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i					:
section 53.4945 or in a current notice regarding disaster assistance? See instru		g	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check h				1		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned	_			٠
expenditure responsibility for the grant?		/A Ye	s No	٠		l
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	24	/ 🕰		'		- 1
	any aramuma an		1	'	`	.
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		s X No	•		l
a personal benefit contract?	None (4 4)	L TE	ין אונבט אי	 -	 -	Ţ
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	-+	<u> </u>
If "Yes" to 6b, file Form 8870.		—				.
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		_			1
excess parachute payment(s) during the year?			s X No			<u>. </u>
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and the			(4) 0	T		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)) EXPE	ense other
(a) Name and address	to position	enter -0-)	compensation	all	owan	ces
See Statement 13		215,513.	49,013.			0.
		-				
				 		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		l		
Compensation of the highest paid employees (early train areas me	(b) Title, and average		(d) Contributions to	(e)	Ехре	ense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	acci	ount,	other
7 7 7 1 1 h	devoted to position		compensation	all	owan	.062
	Program Offic		01 000			^
NLC, Grayslake, IL 60030	40.00	101,936.	21,290.	ļ. —		0.
	Office Admini					_
Fdn of NLC, Grayslake, IL 60030	40.00	82,217.	21,628.			0.
				ļ		
	!					
Total number of other employees paid over \$50,000						0
			Form	990-	PF (2019)

Form 990-PF (2019) County	20-5	253008 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Ellwood Associates - 33 West Monroe Street,	Investment	
Suite 1850, Chicago, IL 60603	Management	65,214.
	\dashv	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A	500000, 010.	
I N/A		
2		
		···
3		
		·- · · - · · · · · · · · · · · · · · ·
4		
Part IX-B Summary of Program-Related Investments	·	
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
-	Average monthly fair market value of securities	1a	57,926,891.
	Average of monthly cash balances	1b	519,138.
	Fair market value of all other assets	1c	346,417.
d	Total (add lines 1a, b, and c)	1d	58,792,446.
_	Reduction claimed for blockage or other factors reported on lines 1a and	A 25	<u> </u>
•	1c (attach detailed explanation) 1e 0.	(2)	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	58,792,446.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Stmt 14	4	2,777,236.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	56,015,210.
6	Minimum investment return. Enter 5% of line 5	6	2,800,761.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	2,800,761.
2a	Tax on investment income for 2019 from Part VI, line 5	1: Pu.	270007.020
ь	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	57,356.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,743,405.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,743,405.
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	2,743,405.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,777,236.
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:		
а	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	2,777,236.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,777,236.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies f	or the section

Form **990-PF** (2019)

Page 9

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				2,743,405.
2 Undistributed income, if any, as of the end of 2019				2,743,403
a Enter amount for 2018 only			2,089,715.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				i
b From 2015				
c From 2016				.
d From 2017				
e From 2018				
f Total of lines 3a through e	0.		·	
4 Qualifying distributions for 2019 from				
Part XII, line 4: ►\$ 2,777,236.				į
a Applied to 2018, but not more than line 2a			2,089,715.	l
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				687,521.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract	V.	•		
line 4b from line 2b		0.		
c Enter the amount of prior years'		0.		
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 instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020	·			2,055,884.
7 Amounts treated as distributions out of	-			
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	0.	'	1 1	,
9 Excess distributions carryover to 2020.			•	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				1
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

923581 12-17-19

Form **990-PF** (2019)

Healthcare Foundation of Northern Lake Form 990-PF (2019) County 20-5253008 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a 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 4942(i)(3) or 4942(1)65 b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (c) 2017 (a) 2019 (b) 2018 (d) 2016 (e) Total 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 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.) 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).) None 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. None Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here I if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: See Statement 15 b The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2019)

Form 990-PF (2019)

County

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year Advocate Charitable Foundation None ÞC Healthcare 3075 Highland Parkway, Suite 600 17,500, Downers Grove IL 60515 Antioch Area Health Access Alliance None ÞС Healthcare 874 Main St Antioch IL 60002 76,285. Healthcare Arden Shore Child and Family Service None PC 329 N. Genesee Street 1,788. Waukegan, IL 60085 Aspire of Illinois None ÞC Healthcare 1815 S. Wolf Road 10,000. Hillside, IL 60162 Cancer Wellness Center None PC Healthcare 215 Revere Dr Northbrook IL 60062 5,000 See continuation sheet(s) ➤ 3a 2 253 916. Total b Approved for future payment None ÞС Healthcare Advocate Charitable Foundation 3075 Highland Parkway, Ste 600 Downers Grove IL 60515 17,500. Antioch Area Health Access Alliance None PC Healthcare 874 Main St 50,000, Antioch IL 60002 PC Healthcare Arden Shore Child and Family Service 329 N. Genesee Street Waukegan IL 60085 80,000. See continuation sheet(s) **▶** 3b Total 1 580 500

20-5253008

Part·XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Catholic Charities of the Archdiocese	None	PC	Healthcare	
of Chicago	none		hearthcare	
721 N. LaSalle				
Chicago IL 60654				50,00
			7	
Childserv 8765 W. Higgins Rd Ste 450	None	PC	Healthcare	
Chicago IL 60631				50,00
College of Lake County	None	NC - Public	Healthcare	
19351 W. Washington St		University		
Grayslake, IL 60030			1	140,000
Cristo Rey St. Martin College Prep	None	₽C	Healthcare	
3106 Belvidere Road	Hone		neartheart	
Waukegan, IL 60085		ļ <u>-</u>		40,00
ElderCARE Lake County	None	PC	 	
410 Grand Ave.				
Waukegan, IL 60085				9,164
Erie Family Health Center Inc	None	PC	Healthcare	
1701 W. Superior St				
Chicago, IL 60622				72,500
EverThrive Illinois 1256 W. Chicago Ave.	None	PC	Healthcare	:
Chicago IL 60642				55,000
Family Service of Lake County	None	PC	Healthcare	
777 Central Ave, Ste 17				
Highland Park, IL 60035		 		40 000
Hispanic American Community Education	None	PC	Healthcare	
& Services Inc				
820 W. Greenwood Ave				ra
Waukegan IL 60087				50,42
1			Too lab come	
Josselyn Center 405 Central Ave	None	PC	Healthcare	
Northfield, IL 60093	<u> </u>	<u> </u>		50,000
Total from continuation sheets	·			2 143 343

20-5253008

Part XV. Supplementary Information Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
Lake County Community Development	None	gov	Healthcare	
500 W. Winchester Rd, Unit 101				75,000
Libertyville IL 60048 Lake County Crisis Center for	None	PC	Healthcare	73,000
Prevention & Treatment of Domestic Violence				
2710 17th Street, Suite 100				
Zion, IL 60099				130,500
Lake County Health Department &	None	GOV	Healthcare	
Community Health Center				
3010 Grand Ave Waukegan IL 60085				50,000
Total - Walancadan	None	PC	Healthcare	
Lewis University 1 University Pkwy, #295	None		healthcare	
Romeoville, IL 60446				12,500
Mano a Mano Family Resource Center	None	PC	 Healthcare	
6 E. Main St				
Round Lake Park, IL 60073				42,500
Mercy Housing Lakefront	None	PC	Healthcare	
120 S. LaSalle St. Suite 1850				
Chicago, IL 60603		-		36,401
Metropolitan Chicago Breast Cancer	None	PC	Healthcare	
Task Force				
300 S. Ashland Ave, Ste 202				
Chicago, IL 60607		<u> </u>		10,000
NICASA, NFP	None	PC	Healthcare	
31979 N. Fish Lake Rd.				_170_000
Round Lake IL 60073				
Northeastern Illinois University	None	PC	Healthcare	
Foundation				
5500 N Saint Louis Ave Chicago IL 60625				45,000
Chicago, in 00023		· ·		45,000
Northpointe Resources Inc	None	PC	Healthcare	
3441 Sheridan Rd Zion IL 60099				35,000
Total from continuation sheets			<u> </u>	33,300

20-5253008

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor PC One Hope United None Healthcare 215 N. Milwaukee Ave 60,000, Lake Villa IL 60046 None ÞС Healthcare PADS Lake County Inc 1800 Grand Ave 145,000. Waukegan, IL 60085 so I Healthcare Rosalind Franklin University Health None System 3333 Green Bay Rd 100,000. North Chicago IL 60064 Rosalind Franklin University of None PC Healthcare Medicine & Science 3333 Green Bay Rd 22 500 North Chicago IL 60064 Healthcare None ÞC TASC Inc 700 S. Clinton St 40,000. Chicago IL 60607 The Thresholds None ÞС Healthcare 4101 N. Ravenswood 45 000. Chicago IL 60613 ÞС Uhlich Children's Advantage Network None Healthcare 3605 W. Filmore 55,000, Chicago, IL 60624 ÞС Healthcare United Way of Lake County None 330 South Greenleaf Street Gurnee IL 60031 22,500. Wauconda Fire District None GOV Healthcare 109 West Liberty Street 75,000, Wauconda IL 60084 Waukegan Public Library Foundation None so I Healthcare 128 N. County St Waukegan, IL 60085 63 500. Total from continuation sheets

County 20-5253008

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Waukegan Township	None	GOV	 Healthcare	
149 S. Genesee St				
Waukegan IL 60085				20,000
Youth & Family Counseling	None	PC PC	Healthcare	
1113 S. Milwaukee Ave, Ste 104				
Libertyville IL 60048				95,000
Youth Conservation Corps	None	PC	Healthcare	
1020 W Greenwood Ave	None		neartheare	
Waukegan, IL 60087				35,000,
Youth Network Council	None	₽C	Healthcare	
333 S Wabash Ave, Ste 2750				
Chicago, IL 60604				25,000
Variable il d'Arte Carretie	None	₽C	Healthcare	
Youthbuild Lake County 1812 Morrow Ave	None		neartheare	
North Chicago, IL 60064				62,500,
YWCA of Lake County	None	PC	Healthcare	
1425 Tri-State Pkwy, Suite 180				
Gurnee, IL 60031				47,500
Zacharias Sexual Abuse Center 4275 Old Grand Avenue	None	PC	Healthcare	
Gurnee IL 60031				37,500
Zion Benton Childrens Service Inc	None	PC	Healthcare	
1608 23rd St				20 353
Zion_ IL 60099				28,353
		<u> </u>		
Total from continuation sheets				l

County 20-5253008

3 Grants and Contributions Approved for Futu	re Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
Cancer Wellness Center	None	PC	Healthcare	
215 Revere Dr				
Northbrook, IL 60062				5,00
Catholic Charities of the Archdiocese	None	PC	Healthcare	
of Chicago				
721 N. LaSalle Chicago IL 60654				20,00
inteago, in toosa		-		20,00
Childserv 3765 W. Higgins Rd Ste 450	None	PC	Healthcare	
Chicago IL 60631				20,00
Callery of Yaka Causty	None	NC - Public	Healthcare	
College of Lake County 19351 W. Washington St	None	University	nealcheare	
Grayslake, IL 60030				75,00
Community Youth Network Inc	None	PC	Healthcare	
18640 W. Belvidere Rd.				
Grayslake, IL 60030				95,000
Cristo Rey St. Martin College Prep	None	PC	Healthcare	
3106 Belvidere Road				
Waukegan, IL 60085				20,000
ElderCARE Lake County	None	PC	Healthcare	
1701 W. Superior St				
Chicago, IL 60622				30,00
Erie Family Health Center	None	РC	Healthcare	
1701 W. Superior St				62,50
Chicago, IL 60622		1		02,30
EverThrive Illinois	None	PC	Healthcare	
1256 W. Chicago Ave Chicago IL 60642				17,50
Childago, ID 00042				17,50
Family Service of Lake County	None	PC	Healthcare	
777 Central Ave, Ste 17 Highland Park, IL 60035				40,00
Total from continuation sheets				1,433,000

Part XV Supplementary Information			· · · · · · · · · · · · · · · · · · ·	<u> </u>
3 Grants and Contributions Approved for Fut	If recipient is an individual,	1		
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
(1000)	or substantial contributor	recipient		
osselyn Center	None	PC	Healthcare	
05 Central Ave		1		
orthfield, IL 60093				50,00
ake County Community Development	None	GOV	Healthcare	
000 W. Winchester Rd, Unit 101				
ibertyville IL 60048	<u> </u>	<u> </u>		37,50
ake County Crisis Center for	None	PC	Healthcare	
revention & Treatment of Domestic				
Violence				
2710 17th Street, Ste 100 Zion, IL 60099				135,00
ake County Health Department &	None	GOV	Healthcare	
community Health Center				
3010 Grand Ave				
Waukegan, IL 60085				50,00
NICASA, NFP	None	PC	 Healthcare	
31979 N. Fish Lake Rd.				
Round Lake IL 60073				255,00
One Hope United	None	PC	Healthcare	
215 N. Milwaukee Ave				60,00
Lake Villa, IL 60046		 		
PADS Lake County Inc	None	PC PC	Healthcare	
1800 Grand Ave				
Maukegan, IL 60085		-		140,00
Decaling Branklin Mairrowaits Worlth	None	so I	 Healthcare	
Rosalind Franklin University Health System			rical chical c	
3333 Green Bay Rd				
North Chicago, IL 60064				50,00
The Thresholds	None	₽C	Healthcare	
1101 N Ravenswood				
Chicago, IL 60613		 		17,50
Thlich Children's Advantage Network	None	PC	Healthcare	
3605 W. Filmore				•
hicago IL 60624	1		1	60,00

Healthcare Foundation of Northern Lake 20-5253008 Part XV Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient so I Waukegan Public Library Foundation None Healthcare 128 N. County St 35,000. Waukegan, IL 60085 Gov None Healthcare Waukegan Township 149 S. Genesee St 20,000, Waukegan, IL 60085 ÞC Healthcare Youth & Family Counseling None 1113 S. Milwaukee Ave, Ste 104 42,500, Libertyville IL 60048 PC Healthcare YouthBuild Lake County None 1812 Morrow Ave 27,500, North Chicago, IL 60064 PC None Healthcare YWCA of Lake County 1425 Tri-State Pkwy, Suite 180 37,500, Gurnee IL 60031 Zion Benton Childrens Service Inc None ΡC Healthcare 1608 23rd St Zion, IL 60099 30,500.

Total from continuation sheets

Part XVI-A **Analysis of Income-Producing Activities**

	a amounta unlarg atherwise indicated	Unrelated	business income	Exclud	ded by section 512, 513, or 514	(a)
_	s amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
	m service revenue:	code	741100111	code	Amount	Tunction income
		·				
_	···	·		 		
. —		-				
		· 				
		·		1		
- Fee	s and contracts from government agencies			1		
=	rship dues and assessments			1 1		
	t on savings and temporary cash			† †		
investn						
	ds and interest from securities			14	1,305,605.	
	tal income or (loss) from real estate:			1	1/303/003.	
	t-financed property			†		·
	debt-financed property			 		
	tal income or (loss) from personal			1		
propert						
	ry nvestment income			14	8,272.	
	(loss) from sales of assets other				0,2,2,	
than in				18	1,709,954.	
	ome or (loss) from special events			1 -		
	profit or (loss) from sales of inventory			1		
11 Other r					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
						<u> </u>
е						
12 Subtota	al. Add columns (b), (d), and (e)		0.		3,023,831.	0.
	Add line 12, columns (b), (d), and (e)				13	3,023,831.
(See works	sheet in line 13 instructions to verify calculations.)					
Part X	VI-B Relationship of Activities	to the Acco	mplishment of E	xemp	t Purposes	
Line No. ▼	Explain below how each activity for which inc the foundation's exempt purposes (other than			A contrib	uted importantly to the accom	plishment of
V	N/A					
					·	
	<u> </u>					

923621 12-17-19

	•		ndatio	n or wordher	п таке	20 52	F 2 0 0 0	ъ.	40
)-PF (2019) Count					20-52			ige 13
Part 2			sters to a	nd Transactions a	nd Relations	inips With Nonch	aritable)	
	Exempt Organ							15.4	
1 Did	the organization directly or ind	rectly engage in any o	of the followin	g with any other organization	on described in sec	ction 501(c)		Yes	No
(otl	ner than section 501(c)(3) orga	nizations) or in sectior	n 527, relating	to political organizations?					
a Tra	nsfers from the reporting found	lation to a noncharitab	le exempt org	ganization of:					
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		_X
	er transactions:								
(1)	Sales of assets to a noncharita	able exempt organizati	on				1b(1)		X
	Purchases of assets from a no						1b(2)		Х
٠,	Rental of facilities, equipment,	•	3				1b(3)		Х
• •	Reimbursement arrangements						1b(4)		Х
٠.	Loans or loan guarantees	,					1b(5)		Х
٠,	Performance of services or me	embership or fundrais	ına salıcıtatın	ne			1b(6)		Х
	aring of facilities, equipment, ma	· ·	_				1c		Х
	ne answer to any of the above is				wave chow the fair	market value of the good		eete	
	services given by the reporting	•	_	• •				, ,	
	umn (d) the value of the goods,			cu icss man ian market vait	ic in any transaction	or or snaring arrangemen	, 3110W III		
(a) Line n				exempt organization	(d) Description	on of transfers, transactions, a	nd sharing ar	rangeme	ante
(a) Line //	(b) / till dank in voived	(e) name or	N/A	- oxompt or gameation	(2) 2000	on autoro, autous cons, a			
		 	IV/A		 				
		 			-	.			
		 			+				
		 							
		 							
		 							
	_				 				
		<u> </u>							
									
									
		<u> </u>							
	he foundation directly or indirec			or more tax-exempt organi	zations described				_
ın s	ection 501(c) (other than section	on 501(c)(3)) or in sec	ction 527?				Yes	LX	`] No
b If "	es," complete the following sch			r	•				
	(a) Name of or	ganization		(b) Type of organization		(c) Description of relation	inship		
	N/A								
					<u></u>				
									
	Under penalties of perjury, I declare and belief, it is true, correct, and co						May the IRS		
Sign	and belief, it is true, correct, and co	Implete Declaration of pre	pan (one ma	1 taxpayer) is based on all lillion	autori or windir prepar	a nasany knowledge	return with th s <u>hown</u> below	ie prepar 17 Se <u>e in</u>	rer str
Here	> (Utitati	F		12/18/2		يني سر حد	X Yes	;	J No∣
	Signature of officer or truste			Date	Title				
	Print/Type preparer's n	ame	Preparer's s	ignature, M	Date	Check III PT	N		
_	Elizabeth	A.	S 1-	A)[1]	1	self- employed			
Paid	Vaccariel]		Jule	Mucch	11/30/20		00357		
Prepa	,	Vaccariel	16/ & C	ompany PC	- , —	Firm's EIN ► 36 -	39948	38	
Use (Only								

Phone no. 847-228-6977
Form **990-PF** (2019)

Firm's address ▶ 2205 Point Boulevard, Suite 210

Elgin, IL 60123

Form 990-PF	Dividends	and Inte	erest	from Secu	rities S	Statement	1
Source	Gross Amount	Capita Gains Divider	3	(a) Revenue Per Books	(b) Net Invest- ment Income	_	
Investment Income	2,211,609.	906,0	004.	1,305,605	. 1,305,605	•	
To Part I, line 4	2,211,609.	906,0	004.	1,305,605	1,305,605		
Form 990-PF		Other	Inco	ome	(Statement	2
Description					(b) Net Invest- ment Income	(c) Adjusted Net Incom	
Other Income		_	•	8,272.	8,272.		
Total to Form 990-P	F, Part I,	line 11	-	8,272.	8,272.		
Form 990-PF		Lega	al Fe	ees		Statement	3
Description		(a) Expenses Per Books		(b) et Invest- ent Income	(c) Adjusted Net Income	(d) Charitab Purpose	
Legal fees - Quarle Brady LLP	s &	4,028.		201.		3,82	7.
To Fm 990-PF, Pg 1,	ln 16a —	4,02	3. ====	201.		3,82	7.
Form 990-PF		Accoun	ting	Fees	(Statement	4
Description		(a) Expenses Per Books		(b) et Invest- ent Income	(c) Adjusted Net Income	(d) Charitab Purpose	
Accounting fees - E Vaccariello & Co PC Audit fees - Sikich		25,73 10,00		24,448. 2,500.		1,28 7,50	
To Form 990-PF, Pg	1, ln 16b	35,73	— — 5.	26,948.		8,78	7.

Form 990-PF (Other Profes	sional Fees	S	tatement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Investment management - Ellwood Associates	65,214.	65,214.		0.
Investment custodial - First Midwest Bank Consulting - Philanthropic	11,914.	11,914.		0.
relationships	2,050.	0.		2,050.
To Form 990-PF, Pg 1, ln 16c	79,178.	77,128.		2,050.
Form 990-PF	Tax	es	S	tatement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Foreign Tax W/H Section 4940 excise tax	16,054. 57,356.	16,054.		0.
To Form 990-PF, Pg 1, ln 18	73,410.	16,054.		0.
Form 990-PF	Other E	xpenses	S	tatement 7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Advertising Bank charges Dues and membershi'ps Licenses and fees Outside services Postage and shipping Telephone Insurance Supplies Service contracts To Form 990-PF, Pg 1, ln 23	1,215. 564. 1,322. 254. 11,473. 247. 3,165. 3,806. 1,365. 3,800.	0. 564. 0. 0. 344. 0. 95. 203. 41. 0.		1,215. 0. 1,322. 254. 11,129. 247. 3,070. 3,603. 1,324. 3,800.

Total to Form 990-PF, Part III, line 3 Form 990-PF Corporate Stock Statement Book Value Fair Marke Value First Midwest Bank - Equities Total to Form 990-PF, Part II, line 10b Total to Form 990-PF, Part II, line 10b Statement Valuation Method Book Value Fair Marke Value Fair Marke Value First Midwest Bank - Fixed Income FMV 21,819,905. 21,819,9		
Unrealized gain on investments carried at market value 863,2 Total to Form 990-PF, Part III, line 3 863,2 Form 990-PF Corporate Stock Statement Description Book Value Value First Midwest Bank - Equities 35,246,161. 35,246,1 Total to Form 990-PF, Part II, line 10b 35,246,161. 35,246,1 Form 990-PF Other Investments Statement Description Valuation Method Book Value Fair Marke Value First Midwest Bank - Fixed Income FMV 21,819,905. 21,819,9 Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,9	eases in Net Assets or Fund Balances	Statement 8
Total to Form 990-PF, Part III, line 3 Form 990-PF Corporate Stock Statement Book Value Fair Marke Value First Midwest Bank - Equities Total to Form 990-PF, Part II, line 10b Total to Form 990-PF Other Investments Statement Valuation Method Description Valuation Method Fair Marke Value Fair Marke Value Fair Marke Value Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,99 Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,99		Amount
Form 990-PF Corporate Stock Statement Description Book Value Value First Midwest Bank - Equities 35,246,161. 35,246,1 Total to Form 990-PF, Part II, line 10b 35,246,161. 35,246,1 Form 990-PF Other Investments Statement Description Valuation Method Book Value Value First Midwest Bank - Fixed Income FMV 21,819,905. 21,819,9 Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,9	tments carried at market value	863,297.
Description Book Value Fair Marke Value First Midwest Bank - Equities 35,246,161. 35,246,1 Total to Form 990-PF, Part II, line 10b Total to Form 990-PF Other Investments Valuation Method Description Fair Marke Value Form 990-PF Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,9	rt III, line 3	863,297.
Description First Midwest Bank - Equities 35,246,161. 35,246,1 Total to Form 990-PF, Part II, line 10b 35,246,161. 35,246,1 Form 990-PF Other Investments Statement Valuation Method Description Fair Marke Value First Midwest Bank - Fixed Income FMV Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,9	Corporate Stock	Statement 9
Total to Form 990-PF, Part II, line 10b 35,246,161. 35,246,1 Form 990-PF Other Investments Statement Valuation Method Book Value Value	Book Value	Fair Market Value
Form 990-PF Other Investments Statement Valuation Method Book Value Value First Midwest Bank - Fixed Income FMV 21,819,905. 21,819,9 Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,9	ities 35,246,161	35,246,161.
Description Pair Marke Wethod First Midwest Bank - Fixed Income Total to Form 990-PF, Part II, line 13 Valuation Method Book Value 21,819,905. 21,819,905. 21,819,905.	rt II, line 10b 35,246,161	35,246,161.
Description Method Book Value Value First Midwest Bank - Fixed Income FMV 21,819,905. 21,819,9 Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,9	Other Investments	Statement 10
Total to Form 990-PF, Part II, line 13 21,819,905. 21,819,9		Fair Market Value
	ed Income FMV 21,819,905	21,819,905.
Form 990-PF Depreciation of Assets Not Held for Investment Statement	rt II, line 13 21,819,905	21,819,905.
	on of Assets Not Held for Investment	Statement 11
Cost or Accumulated Description Other Basis Depreciation Book Valu		
First Pearl Software 9,760. 9,760. Minolta EP 1030 Copier Donated 1,500. 1,500.	onated 1,500. 1,500	
Two Desk Sets (Desk, credenza, book shelf) 1,096. 1,096.	1,096. 1,096	6. 0.
Three Filing Cabinets (36"wide x 4 drawer) 1,512. 1,512.	1,512. 1,512	2. 0.
Filing cabinet (36"wide x 4 drawer) 695. 695. Dell Inkjet 966 229. 229. Dell Latitude E5520 1,358. 1,358. Dell Latitude E6420 1,331. 1,331.	695. 695 229. 229 1,358. 1,358 1,331. 1,331	9. 0. 8. 0.
Conference Table Donated 5/8/12 595. 595.		5. 0.

Healthcare Foundation of Norther	en Lake C		20-5253008
L-Shaped Desk Donated 5/8/12	495.	495.	0.
L-Shaped Desk Donated 5/8/12	495.	495.	0.
Phone and Network Wiring	810.	810.	0.
Window Treatments - Blinds	539.	539.	0.
Window Treatments - Film Tint	758.	758.	0.
Dell PowerEdge T320 Server	3,107.	3,107.	0.
Window Installation	750.	750.	0.
Server Hardware Additions	969.	969.	0.
Dell Computer - Program			
Officer	1,954.	1,954.	0.
Dell Inspirion 15 - Assistant	1,122.	636.	486.
Apple MacBook Pro	1,673.	195.	1,478.
Total To Fm 990-PF, Part II, ln 14	30,748.	28,784.	1,964.
Form 990-PF	Other Assets		Statement 12
Description	Beginning of Yr Book Value		Fair Market Value
Accrued Income Illinois Workers Compensation	19,016.	18,897.	18,897.
Commission Section 4940 Excise Tax Deposit	342,281. 61,056.	350,552. 3,700.	350,552. 3,700.

422,353.

373,149.

373,149.

To Form 990-PF, Part II, line 15

Form 990-PF Part VIII - List Trustees and	of Officers, Di Foundation Manag		State	ement 13
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Mary Dominiak, PhD c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Chair/Director 5.00	0.	0.	0.
Luis Berrones c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Vice Chair/Dire	ector 0.	0.	0.
Dave Hatton, CFP c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Treasurer/Direc	ctor 0.	0.	0.
Maria Schwartz c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Secretary/Direction 5.00	ctor 0.	0.	0.
Frances Baxley, MD c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director 1.00	0.	0.	0.
Carolina Duque c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.
Magdalena McElroy c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.
Laura Ramirez c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.
Carol Sonnenschein, PhD c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.

Healthcare Foundation of Norther	n Lake C		20	-5253008
Casandra Slade c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.
Michael Duffy c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.
Jesus Ruiz c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.
Nancy Waites c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Director	0.	0.	0.
Ernest Vasseur c/o Healthcare Fdn of Northern Lake Cnty, 1200 University Ctr Dr Grayslake, IL 60030	Executive 40.00		49,013.	0.
Totals included on 990-PF, Page 6,	Part VIII	215,513.	49,013.	0.

Form 990-PF Cash Deemed Charitable Explanation Statement 14 Statement Part X, Line 4

PART X - LINE 4 - MINIMUM INVESTMENT RETURN

The Healthcare Foundation of Northern Lake County chooses to use the amount of adminstrative expenses and charitable disbursements, as shown in Part I, Line 26D of the return, as the cash deemed held for charitable activities due to the large distributions of the organization.

Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement

15

Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number Name of Grant Program (847) 377-0525 Clinical Care Program

Email Address

www.hfnlc.org

Form and Content of Applications

The Foundation uses an online grant application and management system for both letters of inquiry and full proposals. We do not accept hard copies of either letters of inquiry or proposals.

A letter of inquiry must be submitted prior to a full proposal. The letter of inquiry should include a description of the proposed program or project and the outcomes you hope to achieve, an explanation of the need for the program or project, and a budget including expenses and anticipated sources of support.

All applications must address the following components: Need, Access, Sustainability and Evaluation.

You can download and print the full set of questions from the online grant application and management system after you are invited to submit a full proposal.

Any Submission Deadlines

Letter of inquiry due June 15 and December 15 Proposal due (if invited) August 1 and February 1

Restrictions and Limitations on Awards

The Healthcare Foundation of Northern Lake County makes grants only to tax-exempt nonprofit organizations and rarely funds organizations outside Lake County. Grants typically range from \$25,000 to \$100,000. We give priority to organizations that serve residents of Antioch, Fox Lake, Grayslake--Third Lake, Great Lakes, Gurnee, and Lake Villa--Lindenhurst, North Chicago, Round Lake, Wadsworth, Waukegan, and Zion. We give priority to specific initiatives rather than to general operating support. The Foundation does not fund Biomedical research, Patient financial aid, Religious activities and Services provided by unqualified persons. A grantee organization may receive up to five consecutive years of funding, at the Foundation's discretion. After five consecutive years of funding the organization will be asked to take a year off in seeking support.

Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number Name of Grant Program

(847) 377-0525

Linkage To Care Program

Email Address

www.hfnlc.org

Form and Content of Applications

The Foundation uses an online grant application and management system for both letters of inquiry and full proposals. We do not accept hard copies of either letters of inquiry or proposals.

A letter of inquiry must be submitted prior to a full proposal. The letter of inquiry should include a description of the proposed program or project and the outcomes you hope to achieve, an explanation of the need for the program or project, and a budget including expenses and anticipated sources of support.

All applications must address the following components: Need, Access, Sustainability and Evaluation.

You can download and print the full set of questions from the online grant application and management system after you are invited to submit a full proposal.

Any Submission Deadlines

Letter of inquiry due June 15 and December 15 Proposal due (if invited) August 1 and February 1

Restrictions and Limitations on Awards

The Healthcare Foundation of Northern Lake County makes grants only to tax-exempt nonprofit organizations and rarely funds organizations outside Lake County. Grants typically range from \$25,000 to \$100,000. We give priority to organizations that serve residents of Antioch, Fox Lake, Grayslake--Third Lake, Great Lakes, Gurnee, and Lake Villa--Lindenhurst, North Chicago, Round Lake, Wadsworth, Waukegan, and Zion. We give priority to specific initiatives rather than to general operating support. The Foundation does not fund Biomedical research, Patient financial aid, Religious activities and Services provided by unqualified persons. A grantee organization may receive up to five consecutive years of funding, at the Foundation's discretion. After five consecutive years of funding the organization will be asked to take a year off in seeking support.

Name and Address of Person to Whom Applications Should be Submitted
www.hfnlc.org - All applicants must complete their applications online

Telephone Number Name of Grant Program

(847) 377-0525 Scholarships Program

Email Address

www.hfnlc.org

Form and Content of Applications

The Foundation uses an online grant application and management system for both letters of inquiry and full proposals. We do not accept hard copies of either letters of inquiry or proposals.

A letter of inquiry must be submitted prior to a full proposal. The letter of inquiry should include a description of the proposed program or project and the outcomes you hope to achieve, an explanation of the need for the program or project, and a budget including expenses and anticipated sources of support.

All applications must address the following components: Need, Access, Sustainability and Evaluation.

You can download and print the full set of questions from the online grant application and management system after you are invited to submit a full proposal.

Any Submission Deadlines

Letter of inquiry due June 15 and December 15 Proposal due (if invited) August 1 and February 1

Restrictions and Limitations on Awards

The Healthcare Foundation of Northern Lake County makes grants only to tax-exempt nonprofit organizations and rarely funds organizations outside Lake County. Grants typically range from \$25,000 to \$100,000. We give priority to organizations that serve residents of Antioch, Fox Lake, Grayslake--Third Lake, Great Lakes, Gurnee, and Lake Villa--Lindenhurst, North Chicago, Round Lake, Wadsworth, Waukegan, and Zion. We give priority to specific initiatives rather than to general operating support. The Foundation does not fund Biomedical research, Patient financial aid, Religious activities and Services provided by unqualified persons. A grantee organization may receive up to five consecutive years of funding, at the Foundation's discretion. After five consecutive years of funding the organization will be asked to take a year off in seeking support.

Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number Name of Grant Program Organizational Capacity Building Program (847) 377-0525

Email Address

www.hfnlc.org

Form and Content of Applications

The Foundation uses an online grant application and management system for both letters of inquiry and full proposals. We do not accept hard copies of either letters of inquiry or proposals.

A letter of inquiry must be submitted prior to a full proposal. The letter of inquiry should include a description of the proposed program or project and the outcomes you hope to achieve, an explanation of the need for the program or project, and a budget including expenses and anticipated sources

All applications must address the following components: Need, Access, Sustainability and Evaluation.

You can download and print the full set of questions from the online grant application and management system after you are invited to submit a full proposal.

Any Submission Deadlines

Letter of inquiry due June 15 and December 15 Proposal due (if invited) August 1 and February 1

Restrictions and Limitations on Awards

The Healthcare Foundation of Northern Lake County makes grants only to tax-exempt nonprofit organizations and rarely funds organizations outside Lake County. Grants typically range from \$25,000 to \$100,000. We give priority to organizations that serve residents of Antioch, Fox Lake, Grayslake -- Third Lake, Great Lakes, Gurnee, and Lake Villa -- Lindenhurst, North Chicago, Round Lake, Wadsworth, Waukegan, and Zion. We give priority to specific initiatives rather than to general operating support. The Foundation does not fund Biomedical research, Patient financial aid, Religious activities and Services provided by unqualified persons. A grantee organization may receive up to five consecutive years of funding, at the Foundation's discretion. After five consecutive years of funding the organization will be asked to take a year off in seeking support.

Name and Address of Person to Whom Applications Should be Submitted

www.hfnlc.org - All applicants must complete their applications online

Telephone Number Name of Grant Program

(847) 377-0525 System Capacity Building Program

Email Address

www.hfnlc.org

Form and Content of Applications

The Foundation uses an online grant application and management system for both letters of inquiry and full proposals. We do not accept hard copies of either letters of inquiry or proposals.

A letter of inquiry must be submitted prior to a full proposal. The letter of inquiry should include a description of the proposed program or project and the outcomes you hope to achieve, an explanation of the need for the program or project, and a budget including expenses and anticipated sources of support.

All applications must address the following components: Need, Access, Sustainability and Evaluation.

You can download and print the full set of questions from the online grant application and management system after you are invited to submit a full proposal.

Any Submission Deadlines

Letter of inquiry due June 15 and December 15 Proposal due (if invited) August 1 and February 1

Restrictions and Limitations on Awards

The Healthcare Foundation of Northern Lake County makes grants only to tax-exempt nonprofit organizations and rarely funds organizations outside Lake County. Grants typically range from \$25,000 to \$100,000. We give priority to organizations that serve residents of Antioch, Fox Lake, Grayslake--Third Lake, Great Lakes, Gurnee, and Lake Villa--Lindenhurst, North Chicago, Round Lake, Wadsworth, Waukegan, and Zion. We give priority to specific initiatives rather than to general operating support. The Foundation does not fund Biomedical research, Patient financial aid, Religious activities and Services provided by unqualified persons. A grantee organization may receive up to five consecutive years of funding, at the Foundation's discretion. After five consecutive years of funding the organization will be asked to take a year off in seeking support.

2019 DEPRECIATION AND AMORTIZATION REPORT

O I	orm 990-PF Page 1				-	ŀ	36	990-PF							
	Description	Date Acquired	Method	Life	<u>اح</u>	- S No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
First Pearl	Pearl Software	12/21/07	167	ж9 є	HY4	3	9,760.				9,760.	9,760.		0	9,760.
Minolta	a EP 1030 Copier	12/26/07	SL	5,00		<u>ا</u> و ا	1,500.				1,500.	1,500.		0	1,500.
Two Desk	Two Desk Sets (Desk,	03/02/08	7	7.00		<u> </u>					•	1 096.		0	1 096.
Three	Three Filing Cabinets (36 wide x 4 drawer)	05/29/08		7.00	<u> </u>	9					•	•		0	
Filing drawer)	cabinet (36"wide x 4	06/29/10		7.00	} 	 	-					•		0	: 1
Dell Inkjet	nkjet 966	06/29/07	SL	5.00		<u> </u>	229.				229.	229.		0	229.
Dell I	Latitude E5520	09/01/11	SL	5.00		9	1,358.				1,358.	1,358.		0.	1,358.
Dell I	Dell_Latitude_E6420	03/01/12	SL	5.00		9	1,331.	·			1,331.	1,331.		0.	1,331.
Confere 5/8/12	Conference Table Donated 5/8/12	07/09/12		7.00	<u> </u>	9	595,				595.	588.		7.	595.
L-Sha	L-Shaped Desk Donated 5/8/12	2 07/09/12	SL	7.00		9	495.				495.	489.		9	495.
L-Shaped	ped Desk Donated 5/8/12	2 07/09/12	SL	7.00	<u></u>	9	495.	1			495.	489.		6.	495.
Phone	and Network Wiring	07/09/12	SL	5.00		او	810.			-	810.	810.		0	810.
Window	Window Treatments - Blinds	09/24/12	SL	7.00		9	539.				539.	519.		20.	539.
Window	Window Treatments - Film Tint	02/01/13	SL	5.00		9	758.				758.	758.		0	758.
Dell	PowerEdge T320 Server	06/01/13	SL	5.00	,	اا	3,107.				3,107.	3,107.		0.	3,107.
Window	Window Installation	11/01/13	SL	5.00	<u> </u>	ا ۔ ۔ ۔ ا اب	750.	j			750.	750.		0	750.
(D)Apple	le 13" MacBook Pro	08/31/14	SL	5.00	'	9	1,699.	Ì			1,699.	1,614.		85.	1,699.
23 Server	Server Hardware Additions	02/01/15	SL	5.00		9	969.				969.	840.		129.	969.
928111 04-01-19						0	(D) - Asset disposed	pes		*	ITC, Salvage,	Bonus, Comm	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

37

2019 DEPRECIATION AND AMORTIZATION REPORT

•	th Current Year Ending 9 Deduction Accumulated is Depreciation	391, 1,954.	225. 636.	195.	1,064, 30,483.			30,288.	195.	1,699.	28,784.								
	Beginning Current Accumulated Sec 179 Depreciation Expense	,563,	411.		29,419.			,419.	0	,614.	,805,	.784.	964.						
-	Basis For Begin Accur	1,954.	1,122.	1,673.	32,447, 29			30,774.	1,673.	1,699.	30,748.	28.							
	Reduction In Basis		1					0	0	0.	0								1
PF	Section 179 Expense				 														
990-PF	Bus % Excl																		<u> </u>
	Unadjusted Cost Or Basis	1,954.	1,122.	1,673.	32,447.			30,774.	1,673.	1,699.	30,748.								
ļ	No c >	16	16	16	<u> </u>		1		1			!		1	1	<u> </u>	1		<u> </u>
ł	Life	5.00	5.00	5.00	<u>. </u>							:	<u>. </u>		<u>, </u>			<u> </u>	
	Method	SL	SL			<u> </u>	1						<u> </u>				<u> </u>		
	Date Acquired	06/15/15	08/09/17																
Form 990-PF Page 1	Description	Dell Computer – Program Officer	Dell Inspirion 15 - Assistant	Apple MacBook Pro	* Total 990-PF Pg 1 Depr &		Current Year Activity	Beginning balance	Acquisitions	Dispositions/Retired	Ending balance	Ending accum depr less	Ending book value						
9 g	Asset No	24	25			1	1						}						