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2020

OMB No. 1545-0052

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2020, or tax year beginning 01-01-20	20 , ar	nd ending 12-31-	·2020				
		Indation		A Employer id	lentification numbe	er			
KA	INCH SE	PUR CHARITABLE TRUST		26-6121636					
	ber and	d street (or P.O. box number if mail is not delivered to street address)	Room/suite	<b>B</b> Telephone nu	ımber (see instructio	ns)			
				(630) 584-1758	3				
	or town NE, IL	n, state or province, country, and ZIP or foreign postal code 60184		<b>C</b> If exemption	C If exemption application is pending, check here				
G Ch	neck al	l that apply: 🔲 Initial return 🔲 Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganizations, check he	ere			
		Final return Amended return			rganizations meeting	▶ ∟			
		☐ Address change ☐ Name change			k here and attach co				
<b>1</b> Ch	neck ty	rpe of organization: ✓ Section 501(c)(3) exempt private to	foundation		undation status was t				
		i i i i i i i i i i i i i i i i i i i	private foundation	under section	on 507(b)(1)(A), chec	ck nere			
			☑ Cash ☐ Accru	F If the found	ation is in a 60-mont	h termination -			
of '	year (f	rrom Part II, col. (c),  ▶\$ 10,705,450  (Part I, column (d) must			on 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	188,072						
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B							
	3	Interest on savings and temporary cash investments	14,837	15,052					
	4	Dividends and interest from securities	292,769	292,769					
	5a	Gross rents							
	b	Net rental income or (loss)							
E	6a	Net gain or (loss) from sale of assets not on line 10	53,986						
Revenue	ь	Gross sales price for all assets on line 6a 1,720,334		45.006					
ă	7	Capital gain net income (from Part IV, line 2)		15,806					
	8	Net short-term capital gain							
	9	Income modifications							
	10a b	Gross sales less returns and allowances Less: Cost of goods sold			-				
	c	Gross profit or (loss) (attach schedule)			<del>                                     </del>				
	1,	Other in come (attack advise)	<b>9</b> 26,006	85,687					
	11		575,670						
	12	Total. Add lines 1 through 11	3/3,0/0	· ·		,			
	13		0	1					
	14 15	Other employee salaries and wages							
Se	16a	Legal fees (attach schedule)			<del> </del>				
ĕ	l .	Accounting fees (attach schedule)							
EX	b	,	<b>95-1</b> 0.040	4.204		2.70			
ě	_ c	Other professional fees (attach schedule)	8,049	4,284		3,765			
<u> </u>	17	Interest	<b>66-1</b> 22.002	3.500		1,1			
<u> </u>	18	Taxes (attach schedule) (see instructions)	22,083	3,568		15			
=	19	Depreciation (attach schedule) and depletion							
i d	20	Occupancy							
ב ב	21	Travel, conferences, and meetings							
ਰ	22	Printing and publications	<b>06-1</b>	72					
Operating and Administrative Expenses	23	Other expenses (attach schedule)	73	73	ļ	-			
भूज	24	Total operating and administrative expenses.							
<u> </u>		Add lines 13 through 23	30,205		<del>                                     </del>	3,780			
_	25	Contributions, gifts, grants paid	689,500		-	689,500			
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	719,705	7,925		693,280			
	27	Subtract line 26 from line 12:							
	a	Excess of revenue over expenses and disbursements	-144,035						
	b	Net investment income (if negative, enter -0-)	144,033	401,389	,				
	c	Adjusted net income (if negative, enter -0-)		.32,303	1				
				I					

Forr	n 990-	PF (2020)					Page <b>2</b>
Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	<b>(b)</b> Boo	End of ok Value	year (c) Fair Market Value
	1	Cash—non-interest		(a) book value	(2) 500	K Value	(c) Fair Flanker variae
	2	Savings and tempo	prary cash investments	316,660		913,922	1,264,596
	3	Accounts receivable	e <b>▶</b>				
		Less: allowance for	r doubtful accounts ▶				
	4	Pledges receivable	<del></del>				
	-	_	r doubtful accounts ▶				
	5		<del> </del>				
	6		om officers, directors, trustees, and other				
			s (attach schedule) (see instructions)				
Assets	7		ans receivable (attach schedule) ▶			-	
	,		r doubtful accounts				
	8		e or use			$\longrightarrow$	
	_		and deferred charges			$\longrightarrow$	
SSI	9		and state government obligations (attach schedule)				
٩	10a		, , , , , , , , , , , , , , , , , , , ,	4,980,572	06-1	4 462 442	6,950,068
	b		porate stock (attach schedule)			4,462,442	
	С	·	porate bonds (attach schedule)	347,830	20	247,830	257,107
	11		, buildings, and equipment: basis				
			depreciation (attach schedule)			$\longrightarrow$	
	12		tgage loans		1		
	13		er (attach schedule)	1,720,142	<b>%</b> J	1,596,029	2,233,679
	14		nd equipment: basis >				
			depreciation (attach schedule)				
	15		ribe ►)				
	16	Total assets (to b	pe completed by all filers—see the				
		instructions. Also,	see page 1, item I)	7,365,204		7,220,223	10,705,450
	17	Accounts payable a	and accrued expenses				
	18	Grants payable	[				
<u>e</u>	19	Deferred revenue	[				
≝∣	20	Loans from officers	s, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and oth	er notes payable (attach schedule)				
-	22	Other liabilities (de	escribe <b>&gt;</b> )				
	23	Total liabilities(a	dd lines 17 through 22)	0		0	
~		Foundations that	t follow FASB ASC 958, check here				
Fund Balances			es 24, 25, 29 and 30.				
틸	24	=	donor restrictions				
찚	25	Net assets with do	<b>-</b>				
핃	23						
킖			t do not follow FASB ASC 958, check here 🕨 🗹				
5			es 26 through 30.				
	26	•	t principal, or current funds	0		0	
Assets	27		rurplus, or land, bldg., and equipment fund	0		0	
	28	<b>.</b> .	accumulated income, endowment, or other funds	7,365,204		7,220,223	
Net	29		or fund balances (see instructions)	7,365,204		7,220,223	
	30		nd net assets/fund balances (see instructions) .	7,365,204		7,220,223	
	rt III		hanges in Net Assets or Fund Balances				
1	Tota	al net assets or fund	balances at beginning of year—Part II, column (a), line on prior year's return)	29 (must agree with	end- . <b>1</b>	1	7,365,204
2		er amount from Part			. 2	+	-144,035
3			uded in line 2 (itemize) $\blacktriangleright$		. 2	+	4
4			uded in fine 2 (itemize) •		. 4	1	7,221,173
5			in line 2 (itemize) ▶		. 5	†	950
6			balances at end of year (line 4 minus line 5)—Part II, c		. 6	i	7,220,223
_			, ( 122 2)	V-11			orm <b>990-PF</b> (2020)

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	pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Tab	le				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h <b>)</b> r (loss) ) minus (g)
a See Additional Data Tab	le				
b					
С					
d					
e					
Complete only for asset	s showing gain in column (h) and ow				<b>I)</b>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	<b>(k)</b> of col. (i) l. (j), if any	col. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))
a See Additional Data Tab	le				
b					
c					
d					
е					
•	gain or (loss) as defined in sections art I, line 8, column (c) (see instructions	ions). If (loss), enter -0	Part I, line 7	3	15,806
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment I	ncome	
SECTION 4940(e) REPEA	ALED ON DECEMBER 20, 2019	- DO NOT COMPL	ETE		
1 Reserved					
(a) Reserved	(b) Reserved	(c) Reserved		<b>(d)</b> Reserved	
					-
<b>2</b> Reserved			2		
<b>3</b> Reserved				7	
<b>4</b> Reserved			<u> </u>	]	
			<u></u>	<u> </u>	
			ــــــا	1	-
				_	
8 Reserved ,			8		

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Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required (continued)
5a	During the	year did the foundation pay or incur any amount to:

	(2) Influence the authorized of authorized					☐ Yes	✓	No			
	(2) Influence the outcome of any sp		•			_	_				
	on, directly or indirectly, any vo		-			∐ Yes	$\checkmark$	No			
	(3) Provide a grant to an individual		* * * * * * * * * * * * * * * * * * * *	• •	J	☐ Yes	✓	No			
	(4) Provide a grant to an organizati			·		_					
	in section 4945(d)(4)(A)? See in					☐ Yes	✓	No			
	(5) Provide for any purpose other t		- ·	* * * * * * * * * * * * * * * * * * * *							
b	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$ ,	-				Yes Yes	✓	No			
D	Regulations section 53.4945 or in a		=			cribed iii			5b		
	Organizations relying on a current n		= =				٠		30		
С	If the answer is "Yes" to question 58										
·	tax because it maintained expenditu			•							
	If "Yes," attach the statement requi					☐ Yes	Ш	No			
6a	Did the foundation, during the year,		-		ımc on						
0a	a personal benefit contract?				uilis oli						
b	Did the foundation, during the year,				nefit contrac	<sub>+?</sub> ∐ Yes	$\checkmark$	No	6b		No
D	If "Yes" to 6b, file Form 8870.	, pay	preimains, directly or mit	allectiy, on a personal be	ment contrac		•		OB		110
7a	At any time during the tax year, wa	c tha	foundation a party to a r	prohibited tay shelter trai	nsaction?						
b	If "Yes", did the foundation receive					n? <b>Yes</b>	$\checkmark$	No	7b		
8	Is the foundation subject to the sec		•				•		"		
Ü	excess parachute payment during the										
	<u> </u>					<u> </u>	<u></u>	No	<u> </u>		<u> </u>
Pai	Information About (	JITIC	ers, Directors, Trus	tees, Foundation Ma	anagers, H	ignly Pai	a Er	npio	yees,		
			1.1	1.1.1							
_1_	List all officers, directors, truste		<b>b)</b> Title, and average	(c) Compensation (If		<u>cτιons</u> tributions t		1			
	(a) Name and address	۱ '	hours per week	not paid, enter	employee b				Expen		
			devoted to position	-0-)		compensat		<u> </u>	other al	iowand	ces 
FRAN	K BAUER	TRUS	TEE	0			C				0
	OX 503 IE, IL 60184	8.00									
	E BAUER	TRUS	TEE	0				,			
	OX 503	2.00		١				Ί			U
	E, IL 60184										
_2	Compensation of five highest-pa	id en	nployees (other than t	hose included on line	1—see instr	uctions). I	lf no	ne, e	nter "	NONE.	."
(-)	Name		(b) Title, and average		, , ,	tributions t		(-)	F		
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation		yee benefit nd deferre			Expens ther all		
			devoted to position			pensation					
NON	E										
-											
Tota	I number of other employees paid ov	er \$5	0,000		<del>.</del>	. •					0
	, , , ,							Foi	rm <b>99</b> 0	D-PF	
										,	. '

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3h

4

5

693,280

693,280

693,280

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

1

2

3

4

5

b

484.346

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Part XIII Undistributed Income (see instruc	ctions)			
	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				484,346
<b>2</b> Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0	
<b>b</b> Total for prior years: 20, 20, 20		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
c From 2017				
d From 2018				
<b>e</b> From 2019				
f Total of lines 3a through e	439,240			
4 Qualifying distributions for 2020 from Part				
XII, line 4: ► \$693,280				
<ul> <li>Applied to 2019, but not more than line 2a</li> </ul>			0	
<ul> <li>Applied to undistributed income of prior years (Election required—see instructions)</li> </ul>		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			

208,934

648,174

136,290

511,884

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . 8 Excess distributions carryover from 2015 not

indicated below:

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover to 2021.

Subtract lines 7 and 8 from line 6a . . . .

10 Analysis of line 9:

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

d Excess from 2019.

e Excess from 2020.

same amount must be shown in column (a).)

138.118

164,832

208.934

**d** Applied to 2020 distributable amount.

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	Part XIV Private Operating Found	ations (see instr	uctions and Part V	/II-A, question 9)		
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	termination letter th 20, enter the date o	at it is a private ope of the ruling	erating		
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	scribed in section $\Box$	l 4942(j)(3) or □	] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	(e) Total
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
4	line 4 for each year listed					
d	directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"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					
С	"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  Supplementary Information	(Complete this	part only if the	 foundation had :	 	 in
Pa	assets at any time during th			ioundation nad .	\$3,000 or more	
1 a	Information Regarding Foundation Man- List any managers of the foundation who hav before the close of any tax year (but only if	agers: re contributed more	than 2% of the tota			n
	See Additional Data Table	they have contribut	ed more than \$5,00	o). (See section 50)	(d)(2).)	
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here $ ightharpoonup \square$ if the foundation only mak	es contributions to	preselected charitabl	le organizations and	does not accept	
	unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	ants, etc. to individu	als or organizations	under	
a	The name, address, and telephone number of	or e-mail address of	the person to whom	n applications should	be addressed:	
	FRANK BAUER					
	PO BOX 503					
	WAYNE, IL 60184 (630) 584-1758					
h	The form in which applications should be sul	omitted and informa	tion and materials th	hev should include:		
	WRITTEN	Simula and illionilla	Son and materials ti	ncy should illiciate.		
С	Any submission deadlines:					
	NONE	1 1 2	1	6 11 12 1 62 22		
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable i	fields, kinds of institi	utions, or other	
	NONE					

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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	689,500
<b>b</b> Approved for future payment		1		
		<del>                                     </del>		
		1		
		1		
		1		
		1 1		
Total		<del></del> .	▶ 3b	0

er gross amounts unless otherwise indicated.		usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
<b>a</b> <u>N/A</u>					
b					
c					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			1.4	14 927	
Dividends and interest from securities			14	14,837 292,769	
Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property			1.4	26.006	
Other investment income Gain or (loss) from sales of assets other than			14	26,006	
inventory			18	53,986	
Net income or (loss) from special events:			10	55,500	
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c					
Δ					
eSubtotal. Add columns (b), (d), and (e),		0		387 598	(
Subtotal. Add columns (b), (d), and (e). <b>Total.</b> Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcu	lations.)		13	387,598 <b>3</b>	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the  Explain below how each activity for which	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	ment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	ted importantly to	387,598

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	
Did the organ	significant directly or indirectly engage in any of the following with any other organization described in section E01	Г

Pair VAII	Exempt Organia	zations							
1 Did the org		directly engage				nization described in section 501 zations?		Yes	No
a Transfers f	rom the reporting foun	dation to a none	charitable exe	empt organization	of:				
<b>(1)</b> Cash.							1a(1)		No
(2) Other	assets						1a(2)		No
<b>b</b> Other trans	sactions:								
(1) Sales	of assets to a nonchari	itable exempt or	rganization.				1b(1)		No
(2) Purch	ases of assets from a n	oncharitable ex	empt organiz	ation			1b(2)		No
(3) Renta	l of facilities, equipmer	nt, or other asse	ts				1b(3)		No
<b>(4)</b> Reimb	oursement arrangemen	ts					1b(4)		No
(5) Loans	or loan guarantees.						1b(5)		No
(6) Perform	mance of services or m	embership or fu	ındraising sol	icitations			1b(6)		No
${f c}$ Sharing of	facilities, equipment, n	nailing lists, oth	er assets, or	paid employees.			1c		No
of the good	ds, other assets, or ser	vices given by tl	he reporting t	foundation. If the	foundation re	uld always show the fair market eceived less than fair market val r assets, or services received.			
(a) Line No.	(b) Amount involved	(c) Name of nor	ncharitable exer	npt organization	(d) Descrip	tion of transfers, transactions, and sha	aring arrar	ngemen	ts
<b>2a</b> Is the foun	dation directly or indire	ectly affiliated w	ith, or related	d to, one or more	tax-exempt	organizations			
described i	n section 501(c) (other	than section 50	01(c)(3)) or i	n section 527? .		Yes [	<b>✓</b> No		
<b>b</b> If "Yes," co	omplete the following so	chedule.							
	(a) Name of organization	n	(t	) Type of organizati	on	(c) Description of relat	onship		
		T de	<u> </u>		-l., -li,				L +
				,	_	npanying schedules and statemer other than taxpayer) is based or	,		
whic	h preparer has any kno		, '						
Sign				2021-08-31			he IRS dis	cuss th	nis
Here 👠				2021-08-31	<b>.</b>	retur with	n the prepar	er show	vn
	Signature of officer or to			Date	Title	belov			
3	signature or officer or ti	rustee		Date	TITLE	(see	instr.) 🗹	Yes [	] No
l	Drint/Tuna non	name Is	onarada Ci	aturo	Τ	P.T.1.			
	Print/Type preparer's	name   Pr	eparer's Sigr	iature	Date	Check if self-			
						employed ▶ □	P01285	752	
Paid	ASHLEY KAILER					' ' -			
Preparer									
Jse Only	Firm's name ► DELC	DITTE TAX LLP				Firm's I	EIN ▶86-	10657	'72
Jac Only	Firm's address ▶ 11	1 SOUTH WACK	ER DRIVE						
	1					Dhono	no. (312)	426-	1000
	CH	IICAGO, IL 606	06			Filone	10. (312)	700	1000
							orm <b>990</b>	)_DF /	20201
						Г	ノロロ サラし	,-FF (	(2020)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold (mo., day, yr.) (mo., day, yr.) P-Purchase D-Donation ST GAIN/LOSS FROM FIDELITY - REPORTED Ρ 2018-01-01 2020-12-30 LT GAIN/LOSS FROM FIDELITY - REPORTED Р 2018-01-01 2020-12-30 LT GAIN/LOSS FROM FIDELITY - NOT REPORTED Р 2020-01-01 2020-12-30 ST GAIN/LOSS FROM VANGUARD - REPORTED 2018-01-01 2020-12-30 LT GAIN/LOSS FROM VANGUARD - REPORTED 2018-01-01 2020-12-30 Ρ 2018-01-01 2020-12-30 CAPITAL GAIN DISTRIBUTION FROM FIDELITY Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (h) (e) plus (f) minus (g) (f) (a) plus expense of sale 331,310 220,749 110,561 438.609 -534,196 972,805 161,974 -907 162,881 154,447 160,021 -5,574 632,255 188,072 444,183 1,739 1,739 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (i) as of 12/31/69 (k) over col. (j), if any 110,561 -534,196 -907 -5,574 444,183

1,739

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the	to:
contributions received by the foundation before the close of any tax year (but only if they have contributed me	ore
than \$5,000).	

FRANK BAUER

JOYCE BAUER

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
ASSIST INCPO BOX 969 SUFFIELD, CT 06078	NONE	PC	UNRESTRICTED	5,000

BETTER GOVERNMENT ASSOCIATION 223 WEST JACKSON BOULEVARD- 900 CHICAGO, IL 60606	NONE	PC	UNRESTRICTED	2,500
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO	NONE	PC	UNRESTRICTED	10,000

CHICAGO, IL 60606				
BIG BROTHERS BIG SISTERS OF METROPOLITAN CHICAGO 560 W LAKE STREET 5TH FLOOR CHICAGO, IL 60661	NONE	PC	UNRESTRICTED	10,000

689,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

BOYS AND GIRLS CLUB OF CHICAGO 2102 WEST MONROE STREET CHICAGO, IL 60612	NONE	PC	UNRESTRICTED	75,000
BOYS AND GIRLS CLUB OF ELGIN	NONE	PC	UNRESTRICTED	175,000

CHICAGO, IL 60612				
BOYS AND GIRLS CLUB OF ELGIN 355 DUNDEE AVENUE ELGIN, IL 60120	NONE	PC	UNRESTRICTED	175,000
BUSINESS EXECUTIVES FOR NATIONAL SECURITY	NONE	PC	UNRESTRICTED	25,000

За

689,500

ELGIN, IL 60120				
BUSINESS EXECUTIVES FOR NATIONAL SECURITY 1030 15TH STREET NW SUITE 200E WASHINGTON, DC 20005	NONE	PC	UNRESTRICTED	25,000

,				
BUSINESS EXECUTIVES FOR NATIONAL SECURITY 1030 15TH STREET NW SUITE 200E WASHINGTON, DC 20005	NONE	PC	UNRESTRICTED	25,00
i i				

Recipient
Recipient
If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the Year or Approved for Future Payment

Foundation status of recipient or contribution

Purpose of grant or contribution

Foundation status of recipient or substantial contributor

DELTA WATERFOWL FOUNDATION 1305 E CENTRAL AVENUE BISMARCK, ND 58501	NONE	PC	UNRESTRICTED	1,000
DUCKS UNLIMITED	NONE	PC	UNRESTRICTED	1,000

DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 38120	NONE	PC	UNRESTRICTED	1,000
ELGIN ACADEMY350 PARK STREET ELGIN, IL 60120	NONE	PC	UNRESTRICTED	1,500

Total .

689,500

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

<u> </u>				
ELGIN MATH AND SCIENCE ACADEMY 1600 DUNDEE AVENUE ELGIN,IL 60120	NONE	PC	UNRESTRICTED	6,000
FOREST PRESERVE DISTRICT OF	NONE	PC	UNRESTRICTED	2 500

LEGIN, IL GGIZG				
FOREST PRESERVE DISTRICT OF DUPAGE COUNTY 3S580 NAPERVILLE ROAD WHEATON, IL 60189	NONE	PC	UNRESTRICTED	2,500

3S580 NAPERVILLE ROAD WHEATON, IL 60189				
FREE SPIRIT MEDIA 1817 S CALIFORNIA AVE	NONE	PC	UNRESTRICTED	10,000

WHEATON, IL 60189				
FREE SPIRIT MEDIA 1817 S CALIFORNIA AVE CHICAGO, IL 60608	NONE	PC	UNRESTRICTED	10,000

689,500

FREE SPIRIT MEDIA	NONE	PC	UNRESTRICTED	10,
1817 S CALIFORNIA AVE				
CHICAGO, IL 60608				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
FRIENDS OF FISHER HOUSE-ILLINOIS INC 1600 W LAKE STREET STE 103B 194	NONE	PC	UNRESTRICTED	5,000

ADDISON, IL 601011822				
FRIENDS OF THE IXCHEL MUSEUM PO BOX 545	NONE	PC	UNRESTRICTED	5,
PILIE PELL DA 10423				

· ·				
FRIENDS OF THE IXCHEL MUSEUM PO BOX 545 BLUE BELL, PA 19422	NONE	PC	UNRESTRICTED	5,000
GARFIELD HERITAGE SOCIETY	NONE	PC	UNRESTRICTED	38,000

PO BOX 545 BLUE BELL, PA 19422				
GARFIELD HERITAGE SOCIETY 3N016 GARFIELD ROAD LAFOX. IL 60147	NONE	PC	UNRESTRICTED	38,000

За

689,500

DEOL DELL, IA 13422				
GARFIELD HERITAGE SOCIETY 3N016 GARFIELD ROAD LAFOX, IL 60147	NONE	PC	UNRESTRICTED	38,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GIRLS LEADING OUR WORLD NONE l PC UNRESTRICTED 15.000

ASSOCIATION 24 BULGARIA BOULEVARD VELIKO TURNOVO BU				
ILLINOIS POLICY INSTITUTE 190 S LASALLE STREET CHICAGO IL 60602	NONE	PC	UNRESTRICTED	75,000

ILLINOIS POLICY INSTITUTE 190 S LASALLE STREET CHICAGO, IL 60603	NONE	PC	UNRESTRICTED	75,000
ISKAM BEBE FOUNDATION 69-D HRISTO SMIRNENSKI AVENUE SOFIA SLANTIA REGION BU	NONE	PC	UNRESTRICTED	30,000

▶ 3a

689,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
ISLAND ACADEMY INCPO BOX W1884 ST JOHNS ANTIGUA	NONE	PC	UNRESTRICTED	12,000

OC .				
JUDICIAL WATCH 425 3RD STREET SW SUITE 800 WASHINGTON, DC 20024	NONE	PC	UNRESTRICTED	1,000
KANE COUNTY FOREST PRESERVE	NONE	DC.	LINIDECTRICTED	3 500

KANE COUNTY FOREST PRESERVE 1996 S KIRK ROAD SUITE 320 GENEVA, IL 60134  PC PC PC	UNRESTRICTED	2,500

689,500

WASHINGTON, DC 20024				
KANE COUNTY FOREST PRESERVE 1996 S KIRK ROAD SUITE 320 GENEVA, IL 60134	NONE	PC	UNRESTRICTED	2,5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

A Paid during the year  MAX MCGRAW WILDLIFE FOUNDATION PO BOX 9 DUNDEE, IL 60118  DUNDEE, IL 60118  MAX MCGRAW WILDLIFE FOUNDATION NONE PC UNRESTRICTED 18,500		or substantial contributor			
PO BOX 9	a Paid during the year				
	PO BOX 9	NONE	PC	UNRESTRICTED	18,500

DUNDEE, IL 60118				
NORTHERN ILLINOIS FOOD BANK WSB DEPT 0273 PO BOX 5905 CAROL STREAM, IL 60197	NONE	PC	UNRESTRICTED	23

NORTHERN ILLINOIS FOOD BANK WSB DEPT 0273 PO BOX 5905 CAROL STREAM, IL 60197	NONE	PC	UNRESTRICTED	23,000
PHI DELTA THETA FOUNDATION 2 S CAMPUS AVENUE	NONE	PC	UNRESTRICTED	500

WSB DEPT 0273 PO BOX 5905 CAROL STREAM, IL 60197	NONE	PC	UNKESTRICTED	23,000
PHI DELTA THETA FOUNDATION 2 S CAMPUS AVENUE 0 YEORD OH 45056	NONE	PC	UNRESTRICTED	500

CAROL STREAM, IL 60197				
PHI DELTA THETA FOUNDATION 2 S CAMPUS AVENUE OXFORD, OH 45056	NONE	PC	UNRESTRICTED	500
·				

689,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				

a raid duffing the year				
PHILANTROPY ROUNDTABLE 1150 17TH STREET NW	NONE	PC	UNRESTRICTED	3,500
WASHINGTON, DC 20036				

WASHINGTON, DC 20036				
SALUTE INC 18 NORTH BOTHWELL STREET	NONE	PC	UNRESTRICTED	5,000
DALATINE IL 60067				1

SALUTE INC 18 NORTH BOTHWELL STREET PALATINE, IL 60067	NONE	PC	UNRESTRICTED	5,000
SHEPHERD CENTER INC	NONE	PC	UNRESTRICTED	5,000

PALATINE, IL 60067				
SHEPHERD CENTER INC 2020 PEACHTREE ROAD NW ATLANTA, GA 30309	NONE	PC	UNRESTRICTED	5,000

PALATINE, IL 60067				
SHEPHERD CENTER INC 2020 PEACHTREE ROAD NW ATLANTA, GA 30309	NONE	PC	UNRESTRICTED	5,000

Total	 	▶ 3a	689,500
2020 PEACHTREE ROAD NW ATLANTA, GA 30309			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

STREETERVILLE ORGANIZATION OF ACTIVE RESIDENTS 244 E PEARSON S SUITE 102 CHICAGO, IL 60611	NONE	PC	UNRESTRICTED	500
THE CHICAGO CLUB PRESERVATION	NONE	PC	UNRESTRICTED	5,000

CHICAGO, IL 60611				
THE CHICAGO CLUB PRESERVATION FOUNDATION 81 EAST VAN BUREN STREET CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	5,000
				i e

FOUNDATION 81 EAST VAN BUREN STREET CHICAGO, IL 60605	NONE	۲	UNKESTRICTED	3,000
THE CONSERVATION FOUNDATION	NONE	PC	UNRESTRICTED	25,000

81 EAST VAN BUREN STREET CHICAGO, IL 60605				
THE CONSERVATION FOUNDATION 10 S 404 KNOCH KNOLLS ROAD	NONE	PC	UNRESTRICTED	25,000

THE CONSERVATION FOUNDATION 10 S 404 KNOCH KNOLLS ROAD	NONE	PC	UNRESTRICTED	25,000
NAPERVILLE, IL 60565				

10 S 404 KNOCH KNOLLS ROAD NAPERVILLE, IL 60565	NONE	ONKESTRICTED	25
Total		 ▶ 3a	689,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
THE FIELD MUSEUM 1400 S LAKE SHORE DRIVE CHICAGO, IL 60605	NONE	PC	UNRESTRICTED	1,000
THE MORTON ARBORETUM	NONE	PC	UNRESTRICTED	10,000

CHICAGO, IL 60605				
THE MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532	NONE	PC	UNRESTRICTED	10,000
THE OLD ROAD FOUNDATION INC PO BOX 494 ST JOHNS ANTIGUA	NONE	PC	UNRESTRICTED	1,000

LISLE, IL 60532				
THE OLD ROAD FOUNDATION INC PO BOX 494 ST JOHNS ANTIGUA OC	NONE	PC	UNRESTRICTED	1,000
Total			▶ 3a	689,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

THE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	PC	UNRESTRICTED	1,000
TRUST FOR SOCIAL ACHIEVEMENT	NONE	PC	UNRESTRICTED	25,000

TRUST FOR SOCIAL ACHIEVEMENT 64 PATRIARCH EVTIMI BLVD SOFIA BU	NONE	PC	UNRESTRICTED	25,000
TULIP FOUNDATION1 REKA OSAM	NONE	PC	UNRESTRICTED	15,000

TRUST FOR SOCIAL ACHIEVEMENT 64 PATRIARCH EVTIMI BLVD SOFIA BU	NONE	PC	UNRESTRICTED	25,00
TULIP FOUNDATION1 REKA OSAM	NONE	PC	UNRESTRICTED	15,00

SOFIA BU				
TULIP FOUNDATION1 REKA OSAM SOFIA BU	NONE	PC	UNRESTRICTED	15,000

ВО				ĺ
TULIP FOUNDATION1 REKA OSAM SOFIA BU	NONE	PC	UNRESTRICTED	15,000

689,500

SOFIA	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

	1	1	1	
WAYNE HISTORIC PRESERVATION SOCIETY PO BOX 724 WAYNE, IL 60184	NONE	PC	UNRESTRICTED	2,500
WTTW11 PUBLIC TELEVISON	NONE	PC	UNRESTRICTED	25,000

WAYNE, IL 60184				
WTTW11 PUBLIC TELEVISON 5400 NORTH SAINT LOUIS AVENUE CHICAGO, IL 60625	NONE	PC	UNRESTRICTED	25,000
ZAEDNO V CHASIVAN DENKOGLU 19 SOFIA	NONE	PC	UNRESTRICTED	25,000

CHICAGO, IL 60625				
ZAEDNO V CHASIVAN DENKOGLU 19 SOFIA BU	NONE	PC	UNRESTRICTED	25,000

ZAEDNO V CHASIVAN DENKOGLU 19 SOFIA	NONE	PC	UNRESTRICTED	25,000
BU				

689,500

BU		
SOFIA		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491244005001
TV 2020 I	ta Banda Caba	ما دا م	
TY 2020 Investments Corpora	ite Bonas Sche	aule	
Name:	RANCH SPUR CHA	RITABLE TRUST	
EIN:	26-6121636		

257,107

247,830

<b>LIN.</b> 20 0121030		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

CORPORATE BONDS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491244005001
TY 2020 Investments Corpora	te Stock Schedule	
Name:	RANCH SPUR CHARITABLE TRU	JST
EIN:	26-6121636	

<b>EIN:</b> 26-6121636		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	4,462,442	6,950,068

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491244005001
TY 2020 Investments - Other S	Schedule	
11 2020 Investments - Other s	circule	

69,208

718,249

Name: RANCH SPUR CHARITABLE TRUST

**EIN:** 26-6121636

INVESTMENT IN HARLAN SPECIAL OPP FUNDS

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	AT COST	1,526,821	1,515,430

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491244005001					
TY 2020 Other Decreases Schedule								
Name:	RANCH SPUR	CHARITABLE TRUST						
EIN:	26-6121636							
De	escription		Amount					

PRIOR PERIOD ADJUSTMENT -FMV TO COST BASIS CONVERSION

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491244005001					
<b>TY 2020 Other Expenses Sche</b>	dule				
Name:	RANCH SPUR C	HARITABLE TRUS	T		
<b>EIN:</b> 26-6121636					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
BANK FEES	73	73		0	

### TY 2020 Other Income Schedule

Name: RANCH SPUR CHARITABLE TRUST

**EIN:** 26-6121636

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	26,006	15,103	26,006
INCOME FROM HARLAN SPECIAL OPPORTUNITIES FUND L.P. K-1	0	2,858	0
INCOME FROM HARLAN SPECIAL OPPORTUNITIES FUND II L.P. K-1	0	40,262	0
INCOME FROM HARLAN SPECIAL OPPORTUNITIES FUND III L.P. K-1	0	27,464	0

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TY 2020 Other Increases Schedule									
Namas	DANCH COUR	CHARITARI E TRUCT							
name:	RANCH SPUR	CHARITABLE TRUST							
EIN:	26-6121636								
Other Increases Schedule									
De	escription		Amount						
PRIOR PERIOD ADJUSTMENT - NO TAX E	FFECT			4					

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TY 2020 Other Professional Fees Schedule						
Name: RANCH SPUR CHARITABLE TRUST						
<b>EIN:</b> 26-6121636						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	519	519		0

3,765

3,765

7,530

TAX RETURN PREPARATION FEES

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TY 2020 Taxes Schedule	e			
	Name: RANCH SPU	JR CHARITABLE TR	UST	
	<b>EIN:</b> 26-612163	6		
Taxes Schedule	,			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	3,568	3,568		0
FEDERAL TAXES	16,500	0		0
STATE TAXES	2,015	5 0		15

efile GRAPHIC print - I Schedule B		50 1" 1		DLN: 93491244005001 OMB No. 1545-0047
(Form 990, 990-EZ,		of Contributors		
or 990-PF) Department of the Treasury Internal Revenue Service		990, 990-EZ, or 990-PF. <u>m990</u> for the latest information.		2020
Name of the organizatior RANCH SPUR CHARITABI	E TRUST			dentification number
Organization type (che	ck one):		26-6121636	5
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organiz	zation		
	4947(a)(1) nonexempt charitable		oundation	
	☐ 527 political organization			
Form 990-PF		ion		
FOIII 990-FF			dation	
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private foundati	on		
	ation filing Form 990, 990-EZ, or 990-PF tha property) from any one contributor. Comple			
Special Rules				
under sections t received from a	on described in section 501(c)(3) filing Form 09(a)(1) and 170(b)(1)(A)(vi), that checked sy one contributor, during the year, total conte 1h, or (ii) Form 990-EZ, line 1. Complete F	Schedule A (Form 990 or 990-Eributions of the greater of <b>(1)</b> \$	EZ), Part II, line 13	, 16a, or 16b, and that
during the year,	on described in section 501(c)(7), (8), or (10 otal contributions of more than \$1,000 exclutions of cruelty to children or animals.	<i>usively</i> for religious, charitable,	scientific, literary,	
during the year, If this box is che purpose. Don't o	on described in section 501(c)(7), (8), or (10 contributions exclusively for religious, charitacked, enter here the total contributions that womplete any of the parts unless the <b>General</b> ole, etc., contributions totaling \$5,000 or mo	able, etc., purposes, but no suc were received during the year f I <b>Rule</b> applies to this organizati	ch contributions tot for an <i>exclusively</i> re ion because it rece	aled more than \$1,000. eligious, charitable, etc. eived <i>nonexclusively</i>
990-EZ, or 990-PF), bu	n that isn't covered by the General Rule and it <b>must</b> answer "No" on Part IV, line 2, of its art I, line 2, to certify that it doesn't meet the	Form 990; or check the box or	n line H of its Form	
For Paperwork Reduction for Form 990, 990-EZ, or 99	ct Notice, see the Instructions D-PF.	Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2020)

			Person
-		_	☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	☐ Payroll
		\$	─────Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		-	☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			☐ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

## Exempt Organization Declaration and Signature for **Electronic Filing**

For callendar year 2020, or tax year beginning.

, 2020, and ending

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to www.irs.gov/Form8453EO for the latest information.

OMB No. 1545-0047

Taxpayer identification number Name of exempt organization or person subject to tax RANCH SPUR CHARITABLE TRUST 26-6121636 Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) X 6a Form 990-T check here ▶ 6b Form 4720 check here Total tax (Form 4720, Part III, line 1) ... Part II **Declaration of Officer or Person Subject to Tax** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal 8 (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). under penalties of periury. I declare that X I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) and that have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the PS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any crocessed the return or refund, and (c) the date of any refund. Sign Here agnature df officer or person subject to tax Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) becare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge, am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. ு organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Check if ERO's SSN or PTIN 8/24/2021 also paid if self-ERO's employed ERO's P01285752 signature Use DELOITTE TAX LLP 86-1065772 yours if self-employed), Only address, and ZIP code SOUTH WACKER DRIVE Phone no. (312)IL 60606 486-1000 CHICAGO, Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Check if self-PTIN Preparer's signature Date Paid employed Preparer Firm's name Firm's EIN Use Only

Phone no.

Firm's address