

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation CASTAWAYS FOUNDATION		A Employer identification number 36-3738769	
Number and street (or P.O. box number if mail is not delivered to street address) 414 N ORLEANS ST No 301		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 606544466		B Telephone number (see instructions)  (312) 226-6400	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/>  D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 4,255,829		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	2,510	2,510		
	4 Dividends and interest from securities . . . . .	42,302	42,302		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	239,569			
	b Gross sales price for all assets on line 6a _____				
		1,023,387			
	7 Capital gain net income (from Part IV, line 2) . . . . .		239,569		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
Operating and Administrative Expenses	10a Gross sales less returns and allowances _____				
	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .				
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	284,381	284,381		
	13 Compensation of officers, directors, trustees, etc. . . . .	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	1,570	0		1,570
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	31,102	26,102		5,000
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	32,672	26,102		6,570
	25 Contributions, gifts, grants paid . . . . .	160,000			160,000
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	192,672	26,102		166,570
	27 Subtract line 26 from line 12:				
	a <b>Excess of revenue over expenses and disbursements</b> . . . . .	91,709			
	b <b>Net investment income</b> (if negative, enter -0-) . . . . .		258,279		
c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	25,697	23,979	23,979
	2 Savings and temporary cash investments . . . . .	139,995	38,694	38,694
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U.S. and state government obligations (attach schedule)	99,085	0	0
	b Investments—corporate stock (attach schedule) . . . . .	1,608,384	1,964,126	3,506,144
	c Investments—corporate bonds (attach schedule) . . . . .	50,806	74,692	79,204
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .	613,986	528,171	592,926
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	17,557	17,557	14,882	
16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,555,510	2,647,219	4,255,829	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .			
	25 Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .	-131,047	-131,047	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	1,334,978	1,334,978	
	28 Retained earnings, accumulated income, endowment, or other funds	1,351,579	1,443,288	
	29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	2,555,510	2,647,219	
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	2,555,510	2,647,219		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	2,555,510
2 Enter amount from Part I, line 27a . . . . .	2	91,709
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3 . . . . .	4	2,647,219
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	2,647,219

<b>2</b>	Capital gain net income or (net capital loss)	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	239,569
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;">           . . . . .         </div>	<b>3</b>	

<b>1</b> Reserved									
<b>(a)</b> Reserved		<b>(b)</b> Reserved		<b>(c)</b> Reserved		<b>(d)</b> Reserved			
<b>2</b> Reserved . . . . .						<b>2</b>			
<b>3</b> Reserved. . . . .						<b>3</b>			
<b>4</b> Reserved . . . . .						<b>4</b>			
<b>5</b> Reserved . . . . .						<b>5</b>			
<b>6</b> Reserved . . . . .						<b>6</b>			
<b>7</b> Reserved . . . . .						<b>7</b>			
<b>8</b> Reserved , . . . .						<b>8</b>			

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Reserved.	<b>1</b>	3,590
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	3,590
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	3,590
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	2,000
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	0
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	2,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	1,590
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <input type="text"/> \$ <u>0</u> <b>(2)</b> On foundation managers. <input type="text"/> \$ <u>0</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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?	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/> <u>IL</u>		
<b>b</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? <i>If "No," attach explanation.</i>	<b>8b</b>	Yes
<b>9</b> 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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> BRUCE A CROWN Telephone no. <b>►</b> (312) 226-6400			

Located at **►** 414 N ORLEANS ST SUITE 301 CHICAGO IL ZIP+4 **►** 606544466

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>	<b>15</b>		
<b>16</b>	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

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

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions . . . . . <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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 2020? . . . . . <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
<b>a</b>	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) . . . . . <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2020?	<b>4b</b>		<b>No</b>

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

<b>5a</b> During the year did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .			<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>				
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				
If "Yes" to 6b, file Form 8870.				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>7b</b>	
<b>b</b> If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .				
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DONNA LYNN CROWN 414 N ORLEANS ST STE 301 CHICAGO, IL 60654	PRES/DIR 1.00	0	0	0
BRADLEY D CROWN 414 N ORLEANS ST STE 301 CHICAGO, IL 60654	V.P./DIR 1.00	0	0	0
BRUCE A CROWN 414 N ORLEANS ST STE 301 CHICAGO, IL 60654	TREAS/DIR 5.00	0	0	0
LAURIE J CROWN 414 N ORLEANS ST STE 301 CHICAGO, IL 60654	SEC/DIR 1.00	0	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . . . ▶				0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	3,593,161
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	176,739
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	3,769,900
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	3,769,900
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	56,549
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	3,713,351
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	185,668

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	185,668
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	3,590
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	3,590
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	182,078
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	182,078
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	182,078

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	166,570
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	166,570
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	166,570

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				182,078
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			163,579	
<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. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 166,570				
<b>a</b> Applied to 2019, but not more than line 2a			163,579	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2020 distributable amount. . . . .				2,991
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>	0			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				179,087
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

## Part XIV

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2020	(b) 2019	(c) 2018	(d) 2017	

<b>b</b> 85% of line 2a . . . . .					
-----------------------------------	--	--	--	--	--

c Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
--	--	--	--	--	--

<b>d</b>	Amounts included in line 2c not used directly for active conduct of exempt activities				
----------	---	--	--	--	--

<b>e</b> 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:				

[illegible]

(1) Value of all assets . . . . .					
-----------------------------------	--	--	--	--	--

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
---	--	--	--	--	--

<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
---	--	--	--	--	--

c "Support" alternative test—enter:					
-------------------------------------	--	--	--	--	--

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
---	--	--	--	--	--

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
---	--	--	--	--	--

(3) Largest amount of support from an exempt organization					
---	--	--	--	--	--

(4) Gross investment income					
-----------------------------	--	--	--	--	--

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

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

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

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

c Any submission deadlines:

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

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				160,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	2,510	
<b>4</b> Dividends and interest from securities. . . . .			14	42,302	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	239,569	
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		0		284,381	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations.)			<b>13</b>	<b>284,381</b>	<b>284,381</b>

[illegible]

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
--	--	-----	----

--	--	--

1a(1)		No
1a(2)		No

--	--	--

<b>1b(1)</b>	<b>No</b>
--------------	-----------

<b>1b(2)</b>		<b>No</b>
--------------	--	-----------

<b>1b(3)</b>	<b>No</b>
--------------	-----------

<b>1b(4)</b>	<b>No</b>
--------------	-----------

<b>1b(5)</b>		<b>No</b>
--------------	--	-----------

<b>1b(6)</b>	<b>No</b>
--------------	-----------

<b>1c</b>		<b>No</b>
-----------	--	-----------

value  
ue

[illegible]

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

\*\*\*\*\*

2021-05-06

\*\*\*\*\*

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's Signature

Date \_\_\_\_\_

Check if self-employed ► ☐

PTIN

P01313557

Firm's name ► BEVBAR INC

Firm's EIN ► 36-3628154

Firm's address ► 414 N ORLEANS STE 301

Phone no. (312) 226-6400

CHICAGO, IL 60654

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
A WAY OUTPO BOX 10825 ASPEN, CO 81612	N/A	PUBLIC	UNRESTRICTED	1,000
ALPINE LEGAL SERVICES 109 8th STREET SUITE 304 GLENWOOD SPRINGS, CO 81601	N/A	PUBLIC	UNRESTRICTED	1,000
AMERICAN ROSE SOCIETY PO BOX 30000 SHREVEPORT, LA 711300030	N/A	PUBLIC	UNRESTRICTED	200
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ANDERSON RANCH ARTS CENTER PO BOX 5598 SNOWMASS VLG, CO 81615	N/A	PUBLIC	UNRESTRICTED	500
ASCENDIGO 818 INDUSTRY PLACE STE A CARBONDALE, CO 81623	N/A	PUBLIC	UNRESTRICTED	2,000
ASPEN ANIMAL SHELTER 101 ANIMAL SHELTER ROAD ASPEN, CO 81611	N/A		UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASPEN BRAIN INSTITUTE PO BOX 2055 ASPEN, CO 81612	N/A	PUBLIC	UNRESTRICTED	500
ASPEN CENTER FOR ENVIROMENTAL STUDIES (ACES) 100 PUPPY SMITH STREET ASPEN, CO 81611	N/A	PUBLIC	UNRESTRICTED CHILDREN'S ENVIROMENTAL SCIENCE EDUCATION PROGRAMS & NATURALIST PROGRAMS	500
ASPEN FAMILY CONNECTIONS 235 HIGH SCHOOL RD ASPEN, CO 81611	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASPEN FILM110 E HALLAM STE 103 ASPEN, CO 81611	N/A	PUBLIC	UNRESTRICTED	500
ASPEN HOMELESS SHELTER 405 CASTLE CREEK RD 16 ASPEN, CO 81611	N/A	PUBLIC	UNRESTRICTED	500
ASPEN HOPE CENTERPO BOX 1115 BASALT, CO 81621	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASPEN JUNIOR GOLF FOUNDATION PO BOX 3273 ASPEN, CO 81612	N/A	PUBLIC	UNRESTRICTED	500
ASPEN PUBLIC RADIO 110 E HALLAM STE 134 ASPEN, CO 81612	N/A	PUBLIC	UNRESTRICTED	500
ASPEN THRIFT SHOPPO BOX 126 ASPEN, CO 81612	N/A	PUBLIC	SCHOLARSHIP FUNDRAISER	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ASPEN VALLEY HOSPITAL FOUNDATION 0401 CASTLE CREEK ROAD ASPEN, CO 81611	N/A	PUBLIC	UNRESTRICTED	500
BETTY FLIES FOUNDATION PO BOX 111351 ASPEN, CO 80612	N/A	PUBLIC	UNRESTRICTED	1,000
CALLIES BACKYARD FOUNDATION PO BOX 9977 ASPEN, CO 81612	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CANINE THERAPY CORPS 3918 W FULLERTON AVENUE CHICAGO, IL 60647	N/A	PUBLIC	UNRESTRICTED	4,000
CASA DE PAZPO BOX 111351 AURORA, CO 80042	N/A	PUBLIC	UNRESTRICTED	1,000
CATHOLIC CHARITIES OF CENTRAL COLORADO 228 N CASCADE AVE CO SPRINGS, CO 80903	N/A	PUBLIC	MARIAN HOUSE SOUP KITCHEN	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CHALLENGE ASPENPO BOX 6639 SNOWMASS VLG, CO 81615	N/A	PUBLIC	UNRESTRICTED	500
CHRISTMAS COMMANDOSPO BOX 1574 GRANGER, IN 46530	N/A	PUBLIC	UNRESTRICTED	500
CODY'S FRESH START6138 REED WAY ARVADA, CO 80003	N/A		UNRESTRICTED	1,000
Total . . . . . ▶ <b>3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLORADO HEALTH NETWORK INC 6260 EAST COLFAX AVE DENVER, CO 80220	N/A	PUBLIC	SOUTHERN COLORADO HEALTH NETWORK HIV PROJECT	1,000
COLORADO JUVENILE DEFENDER CENTER 1245 E COLFAX AVE 204 DENVER, CO 80218	N/A	PUBLIC	UNRESTRICTED	1,000
COLORADO RESTAURANT FOUNDATION 430 E 7TH AVENUE DENVER, CO 80203		PUBLIC	ANGEL RELIEF FUND FOR COVID-19 SUPPORT	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COLORADO SPRINGS FINE ART CENTER 30 W DALE ST CO SPRINGS, CO 80903	N/A	PUBLIC	UNRESTRICTED	1,000
COLORADO SPRINGS TEEN COURT 224 E KIOWA ST RM 230 CO SPRINGS, CO 80903	N/A	PUBLIC	UNRESTRICTED	1,000
COLORADO STATE UNIVERSITY FOUNDATION 300 UNIVERSITY SERVICES CENTER FORT COLLINS, CO 80523	N/A	PUBLIC	HELEN AND ARTHUR E. JOHNSON FAMILY EQUINE HOSPITAL	25,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DENVER ANIMAL SHELTERDENVER ANIMAL PROTECTION 1241 W BAYAUD AVENUE DENVER, CO 80223	N/A	PUBLIC	UNRESTRICTED	15,000
DENVER POLICE BROTHERHOOD YOUTH BOXING TEAM 2090 S BANNOCK ST DENVER, CO 80223	N/A	PUBLIC	UNRESTRICTED	4,000
DENVER URBAN GARDENS 1031 33RD ST STE 100 DENVER, CO 80205	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DIVERS ALERT NETWORK 6 W COLONY PLACE DURHAM, NC 27705	N/A	PUBLIC	UNRESTRICTED	1,000
EDUCATING CHILDREN OF COLOR PO BOX 16074 CO SPRINGS, CO 80935	N/A	PUBLIC	ECC GENERAL FUND	2,500
ENGLISH IN ACTIONPO BOX 4856 BASALT, CO 81621	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET MONTGOMERY, AL 36104	N/A	PUBLIC	UNRESTRICTED	500
FAMILY RESOURCE CENTER - ROARING FORK SCHOOLS 400 SOPRIS AVENUE CARBONDALE, CO 81623	N/A	PUBLIC	UNRESTRICTED	500
FAMILY VISITOR PROGRAMS PO BOX 1845 GLENWOOD SPRINGS, CO 81602	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FELINE FIX (THE) 6075 PARKWAY DR UNIT 185 COMMERCE CITY, CO 80022	N/A	PUBLIC	UNRESTRICTED	500
ILLINOIS INSTITUTE OF TECHNOLOGY 10 W 35TH ST STE 1700 CHICAGO, IL 60616	N/A	PUBLIC	AREA OF GREATEST NEED	3,000
INSIDE OUT YOUTH SERVICES 223 N WAHSATCH AVE SUITE 101 COLORADO SPRINGS, CO 80903	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 101681289	N/A	PUBLIC	UNRESTRICTED	500
LEGAL AID FOUNDATION OF COLORADO 1120 LINCOLN STREET STE 701 DENVER, CO 80203	N/A	PUBLIC	UNRESTRICTED	2,500
LIFT-UP 800 RAILROAD AVE PO BOX 1928 RIFLE, CO 81650	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK ST CHICAGO, IL 60614	N/A	PUBLIC	UNRESTRICTED	3,000
LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	N/A	PUBLIC	SKYLIGHT TV FUND	3,000
MARYVILLE ACADEMY 1150 N RIVER ROAD DES PLAINES, IL 60016	N/A	PUBLIC	UNRESTRICTED	1,500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MOUNTAIN RESCUE ASPEN 37925 HWY 82 ASPEN, CO 81611	N/A	PUBLIC	UNRESTRICTED	1,000
MUSIC HEALTH ALLIANCE 2737 LARMON DRIVE NASHVILLE, TN 37204	N/A	PUBLIC	UNRESTRICTED	500
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) 4301 WILSON BLVD STE 300 ARLINGTON, VA 22203	N/A	PUBLIC	UNRESTRICTED	15,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL BRAIN TUMOR SOCIETY 55 CHAPEL STREET STE 200 NEWTON, MA 02458	N/A	PUBLIC	UNRESTRICTED	500
NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80206	N/A	PUBLIC	FOOD ALLERGY RESEARCH	1,500
NORTHWESTERN MEMORIAL HOSPITAL FOUNDATION 541 NORTH FAIRBANKS COURT STE 800 CHICAGO, IL 60611	N/A	PUBLIC	UNRESTRICTED	2,500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PATHFINDERS ASPENPO BOX 11799 ASPEN, CO 81612	N/A	PUBLIC	UNRESTRICTED	2,000
PAWS CHICAGO1997 N CLYBOURN CHICAGO, IL 60614	N/A	PUBLIC	UNRESTRICTED	3,000
PROJECT ANGEL HEART 1625 WEST UINTAH ST STE I CO SPRINGS, CO 80904	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PROSTATE CANCER FOUNDATION 1250 FOURTH STREET SANTA MONICA, CA 90401	N/A	PUBLIC	UNRESTRICTED	1,000
RAISING A READERPO BOX 2533 GLENWOOD SPRINGS, CO 81602	N/A	PUBLIC	UNRESTRICTED	1,000
RECORDING ACADEMY MUSICARES 3030 OLYMPIC BOULEVARD SANTA MONICA, CA 90404	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RESPONSE 0405 CASTLE CREEK RD STE 203 ASPEN, CO 81611	N/A		UNRESTRICTED	1,000
RIVER BRIDGE REGIONAL CTR 520 21ST STREET GLENWOOD SPRINGS, CO 81601	N/A	PUBLIC	UNRESTRICTED	500
ROCKY MOUNTAIN FELINE RESCUE 2390 S DELAWARE ST DENVER, CO 80223	N/A		UNRESTRICTED	300
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ROOM TO READ 465 CALIFORNIA ST STE 1000 SAN FRANCISCO, CA 94104	N/A		UNRESTRICTED	500
ROUNDUP RIVER RANCH 8333 COLORADO RIVER ROAD GYPSUM, CO 81637	N/A	PUBLIC	UNRESTRICTED	1,000
SAFE PLACE FOR PETS 1520 N HANCOCK AVE COLORADO SPRINGS, CO 80903	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHEDD AQUARIUM 1200 S LAKE SHORE DRIVE CHICAGO, IL 60605	N/A	PUBLIC	UNRESTRICTED	4,500
SHINING STARS FOUNDATION PO BOX 2790 WINTER PARK, CO 80482	N/A	PUBLIC	UNRESTRICTED	500
SHIRLEY RYAN ABILITY LAB 345 E ERIE STREET CHICAGO, IL 60611	N/A	PUBLIC	VOCATIONAL REHABILITATION	5,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SHRINERS HOSPITALS FOR CHILDREN - CHICAGO 2211 N OAK PARK AVE CHICAGO, IL 60707	N/A	PUBLIC	CHICAGO LOCATION - PEDIATRIC SPECIALTY CARE	2,000
TACAW THE ARTS CAMPUS AT WILLITS 360 MARKET STREET BASALT, CO 81621	N/A	PUBLIC	UNRESTRICTED	500
THE ARC OF THE PIKES PEAK REGION 12 N MEADE AVENUE CO SPRINGS, CO 80918	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE GAZETTE EL POMAR FOUNDATION 30 E PIKES PEAK AVE STE 100 CO SPRINGS, CO 80903	N/A	PUBLIC	EMPTY STOCKING FUND	1,000
TRAILS & OPEN SPACE COALITION 702 E BOULDER ST STE 200 CO SPRINGS, CO 80903	N/A	PUBLIC	UNRESTRICTED	500
TRASHMASTERS INTERNATIONAL PO BOX 5668 SNOWMASS VLG, CO 81615	N/A	PUBLIC	TRASHMASTERS SCHOLARSHIP FUND	500
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TULANE UNIVERSITY 1555 POYDRAS ST STE 1000 NEW ORLEANS, LA 70112	N/A	PUBLIC	MILDRED AND HERMAN CROWN MEMORIAL SCHOLARSHIP	5,000
TULANE UNIVERSITY 1555 POYDRAS ST STE 1000 NEW ORLEANS, LA 70112	N/A	PUBLIC	IDA & ABRAHAM ROGOVIN MEMORIAL SCHOLARSHIP FUND	5,000
TWO BLONDS ALL BREED RESCUE 3121 REDHAVEN WAY LITTLETON, CO 80126	N/A	PUBLIC	UNRESTRICTED	1,000
<b>Total . . . . . ▶ 3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY of COLORADO FOUNDATION 1800 GRANT STREET STE 725 DENVER, CO 80203	N/A	PUBLIC	HEALTH CARE WORKER EMERGENCY RELIEF FUND AT UC HEALTH TO PROVIDE S/T FINANCIAL ASSISTANCE TO ELIGIBLE UC HEALTH EMPLOYEES EXPERIENCING SEVERE FINANCIAL DISTRESS ASSOCIATED WITH TIMES OF CRISIS, LIKE COVID-19, AS DETERMINED AND DISTRIBUTED THROUGH THE UC HEALTH EMPLOYEE HARDSHIP RELIEF PROGRAM.	1,000
UNIVERSITY OF DENVER 2601 EAST COLORADO AVENUE DENVER, CO 80208	N/A	PUBLIC	LAW STUDENT EMERGENCY RELIEF FUND	1,000
UNIVERSITY OF DENVER 2601 EAST COLORADO AVENUE DENVER, CO 80208	N/A	PUBLIC	BARRY S. CROWN MEMORIAL ENDOWED SCHOLARSHIP FUND	5,000
<b>Total</b> . . . . . ► <b>3a</b>				160,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILDAID333 PINE STREET STE 300 SAN FRANCISCO, CA 94104	N/A	PUBLIC	WILDAID's ELEPHANT PROGRAM	500
WILDERNESS WORKSHOPPO BOX 1442 CARBONDALE, CO 81623	N/A	PUBLIC	UNRESTRICTED	1,000
YAMPAH HS695 RED MOUNTAIN DR GLENWOOD SPRINGS, CO 81601	N/A	PUBLIC	UNRESTRICTED	500
<b>Total . . . . . ▶ 3a</b>				160,000

## TY 2020 Investments Corporate Bonds Schedule

**Name:** CASTAWAYS FOUNDATION

**EIN:** 36-3738769

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
25M BERKSHIRE HATHAWAY DUE 03/15/23	25,806	26,218
50M 3M CO DUE 02.14.2025	48,886	52,986

TY 2020 Investments Corporate Stock Schedule

Name: CASTAWAYS FOUNDATION  
 EIN: 36-3738769

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
100 SHS GENERAL DYNAMICS CO	1	14,882
1194 SHS BAXTER INTERNATIONAL	86,434	95,807
120SH ALPHABET INC f/k/a GOOGLE INC. CLASS C	54,741	210,226
532 SHS NIKE INC	29,681	75,262
1385 SHS ROBERT HALF INT'L	60,504	86,535
150 SHS EQUINIX INC	79,667	107,127
1518 SHS BALL CORP	58,026	141,447
188 SHS MASIMO CORP	29,924	50,455
192 SHS ADOBE INC	48,473	96,023
239 SHS GOLDMAN SACHS GROUP	42,664	63,027
1181 SHS EBAY INC	43,979	59,345
28 SHS AMAZON.COM INC	48,095	91,194
289 SHS FACEBOOK INC	45,774	78,943
2169 SHS BANK OF AMERICA CORP	35,563	65,742
526 SHS SALESFORCE.COM	77,867	117,051
337 SHS UNITEDHEALTH GROUP INC.	18,665	118,179
280 SHS NVIDIA CORP	43,736	146,216
422 SHS MASTERCARD INC	22,249	150,629
500 SHS MCDONALDS CORP	48,095	107,290
538 SHS MICROSOFT CORP	57,913	119,662
588 SHS NESTLES	50,749	69,266
608 SHS A O N PLC	72,451	128,452
2518 SHS FRONTDOOR INC	91,499	126,429
722 SH BERKSHIRE HATHAWAY B NEW	76,275	167,410
117 SHS ALIBABA GROUP HOLDING	30,699	27,229
4168 SHS AVANTOR INC	71,446	117,329
107 SHS BIO-TECHNE CORP	27,732	33,978
751 SHS BRIGHT HORIZON FAM	94,614	129,915
214 SHS DOCUSIGN INC	27,846	47,572
1603 SHS DOLBY LABORATORIES	85,513	155,699

## Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
642 SHS GLOBAL PAYMENTS INC	102,383	138,300
475 SHS JD COM INC	30,605	41,753
521 SHS PAYPAL HOLDINGS INC	101,749	122,018
2588 SHS SOUTHWEST AIRLINES	101,280	120,627
223 SHS STRYKER CORP	36,603	54,644
424 SHS TENCENT HOLDINGS	30,631	30,481

**TY 2020 Investments - Other Schedule****Name:** CASTAWAYS FOUNDATION**EIN:** 36-3738769**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
21775.6100 LORD ABBETT SHORT	AT COST	100,000	91,675
4817.0830 MILLER CONV FD CL A	AT COST	53,132	71,052
600 SHS CROWN CASTLE INT'L CO	AT COST	57,187	95,514
12056.4410 SHS VANGUARD SHORT TERM	AT COST	129,100	132,983
764 UNITS ISHARES SHORT TERM	AT COST	39,752	42,150
11688.8050 SHS WESTERN ASSET CORD BD FD	AT COST	149,000	159,552

**TY 2020 Other Assets Schedule****Name:** CASTAWAYS FOUNDATION**EIN:** 36-3738769**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
UNREALIZED GAIN ON CONTRIBUTED SECURITIES	17,557	17,557	14,882

**TY 2020 Other Expenses Schedule****Name:** CASTAWAYS FOUNDATION**EIN:** 36-3738769**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	30,671	25,671		5,000
FOREIGN TAXES	244	244		0
OTHER FEES	187	187		0

**TY 2020 Taxes Schedule****Name:** CASTAWAYS FOUNDATION**EIN:** 36-3738769**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL TAX	1,555	0		1,555
IL TAX	15	0		15