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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

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

Name of foundation
APTARGROUP CHARITABLE FOUNDATION

% Matthew Wolter

Number and street (or P.O. box number if mail is not delivered to street address)
265 EXCHANGE DR SUITE 100

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CRYSTAL LAKE, IL 600146230

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 218,602

J Accounting method:

☒ Cash

☐ Accrual

☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

A Employer identification number
36-3927834

B Telephone number (see instructions)

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here..... ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc., received (attach schedule)520,000

2 Check ▶ ☐ if the foundation is **not** required to attach Sch. B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less: Cost of goods sold

c Gross profit or (loss) (attach schedule)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11520,000

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc.

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)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)58058

24 Total operating and administrative expenses. Add lines 13 through 2358058

25 Contributions, gifts, grants paid311,917311,917

26 Total expenses and disbursements. Add lines 24 and 25311,9750311,975

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements208,025

b Net investment income (if negative, enter -0-)0

c Adjusted net income (if negative, enter -0-)0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

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	10,577	218,602	218,602
	2 Savings and temporary cash investments	0	0	0
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____	0	0	0
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____	0	0	0
	5 Grants receivable	0	0	0
	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	0	0	0
	9 Prepaid expenses and deferred charges	0	0	0
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans	0	0	0
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	10,577	218,602	218,602	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	10,577	218,602	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	10,577	218,602	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	0	0	
	29 Total net assets or fund balances (see instructions)	0	0	
30 Total liabilities and net assets/fund balances (see instructions) .	10,577	218,602		

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	0
2 Enter amount from Part I, line 27a	2	208,025
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	208,025
5 Decreases not included in line 2 (itemize) ▶ _____	5	208,025
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	0

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	
	3	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

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

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

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

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► _____	13	Yes	
14	The books are in care of ► Matthew Wolter Telephone no. ► (815) 477-0424			
Located at ► 265 EXCHANGE DR SUITE 100 CRYSTAL LAKE IL ZIP+4 ► 600146230				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15 <input type="checkbox"/>			
16	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 ► _____	16	Yes	No

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.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? 1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 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 ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) 2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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.) 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	No

Part 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:		Yes	No
(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	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	No
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6a	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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	45,866
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	45,866
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	45,866
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	688
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	45,178
6	Minimum investment return. Enter 5% of line 5.	6	2,259

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

1	Minimum investment return from Part X, line 6.	1	2,259
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	0
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	0
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,259
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	2,259
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,259

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	311,975
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	311,975
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	311,975

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
1 Distributable amount for 2020 from Part XI, line 7				2,259
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 2018, 2017, 2016		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	310,923			
b From 2016.	358,938			
c From 2017.	337,288			
d From 2018.	406,118			
e From 2019.	288,420			
f Total of lines 3a through e.	1,701,687			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>311,975</u>				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				2,259
e Remaining amount distributed out of corpus	309,716			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,011,403			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	310,923			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	1,700,480			
10 Analysis of line 9:				
a Excess from 2016.	358,938			
b Excess from 2017.	337,288			
c Excess from 2018.	406,118			
d Excess from 2019.	288,420			
e Excess from 2020.	309,716			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ☐ 4942(j)(3) or ☐ 4942(j)(5)

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

MATTHEW WOLTER
265 EXCHANGE DRIVE
SUITE 100
CRYSTAL LAKE, IL 60014
(815) 477-0424
matt.wolter@aptar.com

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

See enclosed application.

c Any submission deadlines:

March 1 & September 1

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

\$6,000 annual maximum on matching gifts of employees and \$2,000 limit to any one organization; primarily in the geographic areas where the company's facilities are located and where its employees live; primary focus of Foundation grants are health and human services cultural and the arts and higher education. Excluded organizations and purposes include nursing homes animal welfare groups; seminaries theological schools of higher education where the primary purpose is religious studies; religious civic fraternal social political or lobbying groups; individuals; organizations that discriminate by race color creed gender national origin or handicap; testimonial dinners fund raising events or courtesy advertising; trips or tours; primary and secondary schools; and day care centers.

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	311,917
b <i>Approved for future payment</i> See Additional Data Table				
Total			▶ 3b	43,750

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).		0		0	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		0

[illegible]

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

		Yes	No
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1a(1)	No
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1a(2)		No
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1b(1)	No
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1b(2)		No
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1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
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1c		No
-----------	--	-----------

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**

2021-08-02

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**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
	Firm's name ►				Firm's EIN ►
	Firm's address ►				Phone no.

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
STEPHAN TANDA	PRESIDENT 0.00	0	0	0
265 EXCHANGE DRIVE SUITE 100 CRYSTAL LAKE, IL 60014				
ROBERT KUHN	DIRECTOR & OFFICER 0.00	0	0	0
265 EXCHANGE DRIVE SUITE 100 CRYSTAL LAKE, IL 60014				
MATTHEW WOLTER	SECRETARY 0.00	0	0	0
265 EXCHANGE DRIVE SUITE 100 CRYSTAL LAKE, IL 60014				
SHIELA VINCZELLER	DIRECTOR & OFFICER 0.00	0	0	0
265 EXCHANGE DRIVE SUITE 100 CRYSTAL LAKE, IL 60014				
MATTHEW DELLAMARIA	DIRECTOR & OFFICER 0.00	0	0	0
265 EXCHANGE DRIVE SUITE 100 CRYSTAL LAKE, IL 60014				
KIMBERLY CHAINEY	DIRECTOR & OFFICER 0.00	0	0	0
265 EXCHANGE DRIVE SUITE 100 CRYSTAL LAKE, IL 60014				

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)				
a <i>Paid during the year</i>				
Connecticut Audubon Society 314 Unquowa Road Fairfield, CT 06824		N A	080 Preserv cons nat resource	150
Lakeside Arts Park at the Dole 401 Country Club Road Crystal Lake, IL 60014		N A	031 Art and or Literature	8,000
Raue Center for the Arts108 Minnie St Crystal Lake, IL 60014		N A	030 Performing Arts	12,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Raue Center for the Arts 108 Minnie St Crystal Lake, IL 60014		N A	030 Performing Arts	250
Sterling House Community Center 2283 Main Street Stratford, CT 06615		N A	111 Fam & Individual Services	5,000
American International College 1000 State St Springfield, MA 01109		N A	003 College & Universities	100
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
kars 4 Kids1805 Swarthmore Ave Lakewood, NJ 08701		N A	043 Youth Rec & Soc Services	1,800
Love Family Christian Foundation 1355 Galway Dr Cary, IL 60013		N A	040 Youth	250
NSSED FoundationPO Box 2575 Northbrook, IL 60065		N A	040 Youth	200
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
STEM Forward1025 N Broadway Milwaukee, WI 53202		N A	012 Othr Ed Matls for Public	2,000
the EduCare FoundationPO Box 425 Harvard, IL 60033		N A	043 Youth Rec & Soc Services	2,000
100 Plus Women Who Care Nrthn Door 7442 Mariner Road Egg Harbor, WI 54209		N A	041 Adult Recreational & Socia	800
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Agape HouseP O Box 68 Walworth, WI 53184		N A	111 Fam & Individual Services	400
Agape HouseP O Box 68 Walworth Walworth, WI 53184		N A	111 Fam & Individual Services	100
Albums of Hope P O Box 1414 Crystal Lake Crystal Lake, IL 600391414		N A	122 Health Human Services	100
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Albums of HopeP O Box 1414 Crystal Lake, IL 600391414		N A	122 Health Human Services	200
Albums of HopeP O Box 1414 Crystal Lake, IL 600391414		N A	122 Health Human Services	500
Alexander Leigh Center For Autism 620 N Route 31 Crystal Lake, IL 60012		N A	122 Health Human Services	4,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Alzheimer's Association 1111 S Alpine Road Suite 307 Rockford, IL 61108		N A	053 Other Med & Disease Rsch	200
Americ Heart Assoc 6500 Technology Drive Suite 100 Indianapolis, IN 46278		N A	051 Heart Disease Research	300
American Cancer Society N19 W24350 Riverwood Drive Waukesha, WI 53188		N A	052 Cancer Research	400
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
American Cancer Society Oakbrook Te 1801 Meyers Rd Suite 100 Oakbrook Terrace, IL 60181		N A	052 Cancer Research	2,500
American Cancer Society Waukesha WI N19 W24350 Riverwood Drive Waukesha, WI 53188		N A	052 Cancer Research	200
American Heart Assoc 6500 Technology Drive Suite 100 Indianapolis, IN 46278		N A	051 Heart Disease Research	100
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
American Lung Society 13100 W Lisbon Rd Ste 700 Brookfield, WI 53005		N A	053 Other Med & Disease Rsch	720
Atlanta Food Bank3400 N Desert Dr Atlanta, GA 30344		N A	126 Services for Poor	1,836
Atlanta Mission2353 Bolton Road Atlanta, GA 30318		N A	126 Services for Poor	517
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Camp Manito-Wish YMCAPO Box 246 Boulder Junction, WI 54512		N A	040 Youth	2,000
Chapel Hill UniversityPO Box 309 Chapel Hill, NC 275140309		N A	126 Services for Poor	2,533
Christmas Clearing CouncilPO BOX 791 Pewaukee, WI 53072		N A	126 Services for Poor	500
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
City on a Hill2224 W Kilbourn Ave Milwaukee, WI 53233		N A	111 Fam & Individual Services	360
Compassion International 12290 Voyager Pkwy Colorado Springs, CO 80921		N A	126 Services for Poor	500
Crystal Lake Food Pantry42 East Street Crystal Lake, IL 60014		N A	126 Services for Poor	1,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Crystal lake Girls Fastpitch Softba Attn Fundraising P O Box 866 Crystal Lake, IL 60039		N A	122 Health Human Services	250
Crystal Lake Teen Center - BREAK 6292 NW Highway Crystal Lake, IL 60014		N A	043 Youth Rec & Soc Services	2,000
Cycling Without Age McHenry County 166 W Crystal Lake Ave Crystal Lake, IL 60014		N A	117 Services for the Aged	3,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Door County Habitat for humanity 410 N 14th Ave Sturgeon Bay, WI 54235		N A	131 Housing for the Poor	1,000
Enviroment Defenders of Mchenry Cou 110 S Johnson St Suite 106 Woodstock, IL 60098		N A	122 Health Human Services	4,000
Equal Justice Initiative122 Commerce St Montgomery, AL 36104		N A	122 Health Human Services	20,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Equal Justice Initiative122 Commerce St Montgomery, AL 36104		N A	122 Health Human Services	0
Equal Justice Initiative122 Commerce St Montgomery, AL 36104		N A	122 Health Human Services	1,200
Family Health Partnership Clinic 401 E Congress Parkway Crystal Lake, IL 60014		N A	126 Services for Poor	2,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Family Service Of Waukesha 101 W Broadway 2nd floor Waukesha, WI 53186		N A	111 Fam & Individual Services	1,000
Food For The Poor6401 Lyons Road Coconut Creek, FL 33073		N A	126 Services for Poor	100
Foodlink1999 Mt Read Blvd Rochester, NY 14615		N A	126 Services for Poor	1,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
GiGi's Playhouse McHenry County 5404 W Elm Street Suite A McHenry, IL 60050		N A	122 Health Human Services	1,000
Girls On The Run Northwest IL 111 Erick Street Suite 115 Crystal Lake, IL 60014		N A	043 Youth Rec & Soc Services	1,500
Good Samaritan Ministry 76 W Crystal Lake Ave Crystal Lake, IL 60014		N A	126 Services for Poor	500
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Good Shepherd Food BankPO Box 1807 Auburn, ME 04211		N A	126 Services for Poor	2,000
Guardians of the ChildrenPO Box 1206 Dallas, NC 28034		N A	040 Youth	1,500
Habitat for Humanity International P O Box 7024 Americus Americus, GA 31709		N A	131 Housing for the Poor	400
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Habitat for Humanity International P O Box 7024 Americus Americus, GA 31709		N A	131 Housing for the Poor	400
Haiti's ChildrenP O Box 577 Pell Lake Pell Lake, WI 53157		N A	126 Services for Poor	4,000
Hands of HopeI Acorn Lane Barrington, IL 60010		N A	122 Health Human Services	100
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Help from People to People 121 West Nyack Rd Nanuet, NY 10954		N A	126 Services for Poor	500
Home of the Sparrow 4209 W Shamrock Lane Unit B McHenry, IL 60050		N A	133 Women Shelter	9,000
Hope Center502 N East Ave Waukesha, WI 53186		N A	126 Services for Poor	500
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
IFRC420 Lexington Ave Suite 905 New York, NY 10170		N A	122 Health Human Services	10,000
Independence Health and Therapy 2028 N Seminary Ave Woodstock, IL 60098		N A	122 Health Human Services	3,000
James Owens FoundationPO Box 2099 Auburn, AL 36831		N A	122 Health Human Services	250
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
JDRF-Greater Western Carolinas 205 Regency Executive Park Dr 102 Charlotte, NC 28217		N A	053 Other Med & Disease Rsch	2,000
Let's Share The Sun Foundation 165 Jordan Rd Troy, NY 12180		N A	080 Preserv cons nat resource	1,000
Leukemia and Lymphoma Society 3 International Dr Ste 200 Rye Brook, NY 10573		N A	053 Other Med & Disease Rsch	150
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Leukemia and Lymphoma Society 3 International Dr Ste 200 Rye Brook, NY 10573		N A	053 Other Med & Disease Rsch	500
LITHYAA10262 Somerset Ln Huntley, IL 60142		N A	043 Youth Rec & Soc Services	250
Long Island Cares10 Davids Dr Hauppauge, NY 11788		N A	126 Services for Poor	2,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Make-A-Wish Foundation WI 11020 W Plank Court Suite 200 Wauwatosa, WI 53226		N A	040 Youth	300
Marine Toys For Tots Fdn 18251 Quantico Gateway Dr Triangle, VA 22172		N A	115 Pgm for Needy Children	500
Mayo Clinic200 1st St SW Rochester Rochester, MN 55905		N A	060 Hospitals	2,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
MCYSAP O Box 355 Crystal Lake Crystal Lake, IL 60039		N A	043 Youth Rec & Soc Services	250
Meals on Wheels America 1550 Crystal Drive 1004 Arlington, VA 22202		N A	126 Services for Poor	500
Meta House2625 N Weil St Milwaukee, WI 53212		N A	118 Svcs for Alc & Drg Abuse	1,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
midland Lacrosse ClubPO BOX 2608 Midland, MI 486412608		N A	043 Youth Rec & Soc Services	250
Milwaukee LGBTQ1110 N Market St 2nd floor Milwaukee, WI 53202		N A	111 Fam & Individual Services	2,351
Milwaukee Rescue Mission 830 N 19th Street Milwaukee, WI 53233		N A	116 Rescue and Emergency Serv	500
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Mukwonago Food Pantry 325 Eagle Lake Avenue Mukwonago, WI 53149		N A	111 Fam & Individual Services	600
Mukwonago YMCA245 E Wolf Run Mukwonago, WI 53149		N A	111 Fam & Individual Services	200
Multiple Sclerosis SocietyPO Box 4527 New York, NY 10163		N A	123 Svcs for Handicaped Adult	300
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
New Direction Addiction Recovery Se 135 Beardsley Street Crystak Lake, IL 60014		N A	118 Svcs for Alc & Drg Abuse	2,000
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134		N A	126 Services for Poor	400
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134		N A	126 Services for Poor	200
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134		N A	126 Services for Poor	2,300
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134		N A	126 Services for Poor	3,000
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134		N A	126 Services for Poor	1,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Ocean ConservancyPO Box 96003 Washington, DC 200906003		N A	080 Preserv cons nat resource	12,500
Operation Hope Inc636 Old Post Road Fairfield, CT 06824		N A	111 Fam & Individual Services	5,000
Operation Underground Railroad 5727 N 1700 W Cedar City, UT 84721		N A	122 Health Human Services	110
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Pan-Mass Challenge77 4th Ave Needham, MA 02494		N A	052 Cancer Research	100
Pan Massachusetts Challenge77 4th Ave Needham, MA 02494		N A	052 Cancer Research	300
Pioneer Center-PADS 14411 Kishwaukee Valley Road Woodstock, IL 60098		N A	116 Rescue and Emergency Serv	12,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Pioneer Center BH Child and Family 4031 Dayton Street McHenry, IL 60050		N A	123 Svcs for Handicaped Adult	7,000
RAINN1220 L ST NW Suite 500 Washington, DC 20005		N A	122 Health Human Services	100
Red Cross of Michigan 1800 East Grand River Ave Lansing, MI 48909		N A	116 Rescue and Emergency Serv	20,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Red Cross of Michigan 1800 East Grand River Ave Lansing, MI 48909		N A	116 Rescue and Emergency Serv	0
Red Cross of Michigan 1800 East Grand River Ave Lansing, MI 48909		N A	116 Rescue and Emergency Serv	1,200
Red Cross of Michigan 1800 East Grand River Ave Lansing, MI 48909		N A	116 Rescue and Emergency Serv	1,200
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Red Cross of Michigan 1800 East Grand River Ave Lansing, MI 48909		N A	116 Rescue and Emergency Serv	500
Salvation Army5040 N Pulaski RD Chicago, IL 606302788		N A	126 Services for Poor	520
Samaritan's Purse P O Box 3000 801 Bamboo Rd Boone, NC 28607		N A	126 Services for Poor	360
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Samaritan's Purse P O Box 3000 801 Bamboo Rd Boone, NC 28607		N A	126 Services for Poor	0
Samaritan's Purse P O Box 3000 801 Bamboo Rd Boone, NC 28607		N A	126 Services for Poor	140
Second Harvest Food Bank 2802 Dairy Dr Madison, WI 53718		N A	126 Services for Poor	200
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Second Harvest Food Bank 2802 Dairy Dr Madison, WI 53718		N A	126 Services for Poor	400
Second Harvest Food Bank 2802 Dairy Dr Madison, WI 53718		N A	126 Services for Poor	1,400
Shirley Ryan AbilityLab 355 East Erie Street Chicago, IL 61761		N A	060 Hospitals	15,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Smile Train633 Third Ave 9th Flr New York, NY 10017		N A	124 Svcs for Handicpd Childrn	750
Special Olympics Normal ILP O Box 699 Normal, IL 61761		N A	121 Svcs dev.disabled adults	200
St Jude Childrens Research Hospital 501 St Jude Pl Memphis, IN 38105		N A	060 Hospitals	200
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
St Jude Childrens Research Hospital 501 St Jude Pl Memphis, IN 38105		N A	060 Hospitals	720
Sunshine PlacePO BOX 307 18 Rickel Rd Sun Prairie, WI 53590		N A	122 Health Human Services	200
Sunshine PlacePO BOX 307 18 Rickel Rd Sun Prairie, WI 53590		N A	122 Health Human Services	400
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Sunshine PlacePO BOX 307 18 Rickel Rd Sun Prairie, WI 53590		N A	122 Health Human Services	200
Susan G Komen 3 Day55 E Jackson Blvd Suite 1010 Chicago, IL 60604		N A	052 Cancer Research	1,000
The Trevor ProjectP O Box 69232 West Hollywood, GA 90069		N A	043 Youth Rec & Soc Services	400
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Toni and Trish House for Terminally 4699 Eleven Mile Rd Auburn, MI 48611		N A	064 Hospice	150
Turning PointP O Box 723 Woodstock, IL 60098		N A	133 Women Shelter	9,000
United Way Of Coastal Fairfield Cou 855 Main St 10/F Bridgeport, CT 06604		N A	150 Grants to Other Charities	3,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
United Way of Greater McHenry Count 4508 Prime Parkway McHenry, IL 60050		N A	150 Grants to Other Charities	14,000
United Way of Greater McHenry Count 4508 Prime Parkway McHenry, IL 60050		N A	150 Grants to Other Charities	0
United Way of Greater McHenry Count 4508 Prime Parkway McHenry, IL 60050		N A	150 Grants to Other Charities	2,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
United Way of Greater McHenry Count 4508 Prime Parkway McHenry, IL 60050		N A	150 Grants to Other Charities	-2,000
United Way of Greater McHenry Count 4508 Prime Parkway McHenry, IL 60050		N A	122 Health Human Services	1,200
United Way of Greater Milwaukee Wau Box 88110 Milwaukee, WI 532880110		N A	150 Grants to Other Charities	5,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
United Way Of Midland County 115 Jerome St Midland, MI 48640		N A	150 Grants to Other Charities	5,500
Veterans Outreach of Wisconsin 1624 Yout Street Racine, WI 53404		N A	127 Services for Veterans	2,000
Villages in Partnership P O Box 52 Allentown Allentown, NJ 08501		N A	126 Services for Poor	2,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Visiting Nurse Service of New York 107 E 70th Street 5th floor New York, NY 10021		N A	122 Health Human Services	0
Visiting Nurse Service of New York 107 E 70th Street 5th floor New York, NY 10021		N A	122 Health Human Services	2,200
Winnebago County CASA211 S Court St Suite 258 Rockford, IL 61101		N A	122 Health Human Services	500
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Women's Center505 N East Avenue Waukesha, WI 53186		N A	133 Women Shelter	1,000
Crystal Lake Robotics P O Box 476 Crystal Lake Crystal Lake, IL 60039		N A	040 Youth	250
Dine College1 Circle Drive Tsaile Tsaile, AZ 86556		N A	003 College & Universities	2,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Friends Of McHenry County College 8900 US Highway 14 Crystal Lake, IL 60012		N A	003 College & Universities	2,000
Friends Of McHenry County College 8900 US Highway 14 Crystal Lake, IL 60012		N A	003 College & Universities	7,000
Illinois State Univ Fdn 1101 N Main Campus Box 8000 Normal, IL 61790		N A	003 College & Universities	2,000
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Illinois State Univ Fdn 1101 N Main Campus Box 8000 Normal, IL 61790		N A	003 College & Universities	2,000
Lawrence University711 E Boldt Way Appleton, WI 54911		N A	003 College & Universities	100
Milwaukee School of Engineering 1025 N Broadway Milwaukee, WI 53202		N A	003 College & Universities	800
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
North Carolina State University Campus Box 7474 Raleigh, NC 276957474		N A	003 College & Universities	200
University Of Pennsylvania 2929 Walnut St Ste 300 Philadelphia, PA 191045099		N A	003 College & Universities	0
University Of Pennsylvania 2929 Walnut St Ste 300 Philadelphia, PA 191045099		N A	003 College & Universities	1,200
Total ▶ 3a				311,917

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)				
a <i>Paid during the year</i>				
Wells College 170 Main Street Advancement Office Aurora, NY 13026		N A	003 College & Universities	100
Wells College 170 Main Street Advancement Office Aurora, NY 13026		N A	003 College & Universities	100
Scholarship AmericaP O Box 240 St Peter, MN 56082		N A	200 Scholarships	21,250
Total ▶ 3a				311,917

TY 2020 Other Decreases Schedule**Name:** APTARGROUP CHARITABLE FOUNDATION**EIN:** 36-3927834**Software ID:** 20012075**Software Version:** V1.0

Description	Amount
Decrease in Grants Payable	208,025

TY 2020 Other Expenses Schedule**Name:** APTARGROUP CHARITABLE FOUNDATION**EIN:** 36-3927834**Software ID:** 20012075**Software Version:** V1.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Filing Fees	58	0	0	58

**TY 2020 Substantial Contributors
Schedule****Name:** APTARGROUP CHARITABLE FOUNDATION**EIN:** 36-3927834**Software ID:** 20012075**Software Version:** V1.0**Name****Address**

APTARGROUP INC

265 EXCHANGE DRIVE
SUITE 100
CRYSTAL LAKE, IL 60014

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2020
Name of the organization APTARGROUP CHARITABLE FOUNDATION		Employer identification number 36-3927834

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
APTARGROUP CHARITABLE FOUNDATIONEmployer identification number
36-3927834**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	APTARGROUP INC 265 EXCHANGE DRIVE SUITE 100 CRYSTAL LAKE, IL 60014	\$ 520,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization APTARGROUP CHARITABLE FOUNDATION	Employer identification number 36-3927834
--	--

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	<div></div> <div></div> <div></div> <div></div>	<div></div> \$	

36-3927834

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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