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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491146011042

2020

OMB No. 1545-0052

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

Open to Public Inspection

						•
		ndar year 2020, or tax year beginning 01-01-20)20 , ar	nd ending 12-31		
TH	E GERA	indation NLDI NORTON FOUNDATION S EKLUND		A Employer id 36-6069997	lentification numbe	r
		d street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone nu	ımber (see instructio	ns)
14	45 LEE :	STREET		(917) 273-8614	,	
		n, state or province, country, and ZIP or foreign postal code ;, MA 02445			application is pendin	g, check here
= C	neck al	that apply: Initial return Initial return of a	former public charity	D 1 Foreign or	ganizations, check h	are -
J C	ieck ai	Final return Amended return	Torriter public charity	_	rganizations meeting	▶ ∟
		Address change Name change			k here and attach co	
1 Ch	neck ty	∇ pe of organization: \square Section 501(c)(3) exempt private	foundation		undation status was on 507(b)(1)(A), chec	
	Section		e private foundation	diffact section	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
of '	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 4,032,214 J Accounting method: □ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accru		ation is in a 60-mont on 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ▶ ☑ if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	24	24		
	4	Dividends and interest from securities	64,859	64,859		
	5a	Gross rents				
۵.	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	232,321			
Revenue	6a b	Gross sales price for all assets on line 6a				
Sev	7	Capital gain net income (from Part IV, line 2)		232,321		
_	8	Net short-term capital gain		252,521		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	297,204	297,204	į	
	13	Compensation of officers, directors, trustees, etc.	44,035	17,614	Į.	26,421
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
ens	16a	Legal fees (attach schedule)				
Š.	b	Accounting fees (attach schedule)	3,650	2,400)	1,250
ē	C	Other professional fees (attach schedule)				
a E	17	Interest	m.1			
<u> </u>	18	Taxes (attach schedule) (see instructions)	1,356	1,356		(
=	19	Depreciation (attach schedule) and depletion				
5	20	Occupancy				
ב ב	21	Travel, conferences, and meetings				
ਰ ਹ	22	Printing and publications	17,877	15,933		1,367
₹	24	Total operating and administrative expenses.	17,077	13,333	1	1,307
Operating and Administrative Expenses	~4	Add lines 13 through 23	66,918	37,303		29,038
o O	25	Contributions, gifts, grants paid	147,100			147,100
	26	Total expenses and disbursements. Add lines 24 and				
	27	25 Subtract line 26 from line 12:	214,018	37,303	5	176,138
	2/ a	Excess of revenue over expenses and				
		disbursements	83,186			
	b	Net investment income (if negative, enter -0-)		259,901		
	С	Adjusted net income (if negative, enter -0-)				

Beginning of year

2,580,743

2,580,743

2,580,743

2,580,743

Page 2

89,940

4,032,214

End of year

71,003

2,663,929

2,663,929

2,663,929

2,663,929

1

2

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2,580,743

2,663,929

2,663,929 Form **990-PF** (2020)

83,186

		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 ▶			
22	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	2,092,797	1,864,637	3,213,985
	_ ا	Investments—corporate bonds (attach schodule)			

Investments—corporate bonds (attach schedule) . Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) 79,426 Investments—other (attach schedule) . . Land, buildings, and equipment: basis ▶ _

Less: accumulated depreciation (attach schedule) ▶ _____

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . .

Other assets (describe > .

Grants payable

instructions. Also, see page 1, item I)

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Attached schedules and amounts in the description column

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11

12

13

14

15

16

17

18

28

30

Part III

Net 29

2

3

Liabilities 19 Loans from officers, directors, trustees, and other disqualified persons 20 21 Mortgages and other notes payable (attach schedule). Other liabilities (describe ▶_ 22 23 Total liabilities(add lines 17 through 22) **Fund Balances** Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . . 24 25 Net assets with donor restrictions . Foundations that do not follow FASB ASC 958, check here 🕨 🗹

and complete lines 26 through 30. ŏ Capital stock, trust principal, or current funds 26 Assets 27 Paid-in or capital surplus, or land, bldg., and equipment fund

Page **3**

		kind(s) of property sold (e.g use; or common stock, 200 s			(b) How acqu P—Purcha D—Donat	ase		(c) e acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY-TRADED SECURITIES (SCHWAB)					Р				
b PU	BLICLY-TRADED SECURITI	ES (SEABRIDGE)			Р				
c PU	BLICLY-TRADED SECURITI	ES (BLAIR)			Р				
d PU	BLICLY-TRADED SECURITI	ES (BLAIR)			Р				
e 25	04.06 SHS J.W. CHILDS AS	SIA SMALL CO FUND			Р				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	d	Cost or	(g) other basis ense of sale			Gain o	r (loss)) minus (g)
а	14,01	4				8,393			5,621
b	126,61	0			7	76,140			50,470
С	359,49	7			37	74,564			-15,067
d	12,22	6				25,901			-13,675
	505,82					00,855			204,972
									·
Co	omplete only for assets sho	wing gain in column (h) and o	owned b	v the foundation	on 12/31/69				 I)
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess	(k) of col. (i) . (j), if any			Gains (Col. ((k), but not	h) gain minus less than -0-) or om col.(h))
а									5,621
b									50,470
С									-15,067
d									-13,675
е									204,972
3 N	f gain, also enter in Part I, n Part I, line 8	or (loss) as defined in section line 8, column (c) (see instruction	s 1222(! ctions).	If (loss), enter -0	· • • • ·	. } nt Inc	3 come		232,321
		ON DECEMBER 20, 201	19 - DC	NOT COMPL	ETE				
1 Re	eserved								
	(a) Reserved	(b) Reserved		(c) Reserved				(d) Reserved	
	Reserved	reserved		Neser vea				TRESCITE CO	
2 Re	served					2			
	served			- · · · ·					_
						3	L		
4 Re	served					4			
5 Re	served					5			
6 Re	served					6			
						7	1		
7 Re:	served						l		
						8			

	990-PF (2020)								F	² age 6
Pai	rt VIII-B Statements Regar	ding	Activities for Which	Form 4720 May Be	Required (contin	nued)				
5a	During the year did the foundation	pay or	incur any amount to:						Yes	No
	(1) Carry on propaganda, or other	wise at	tempt to influence legisl	ation (section 4945(e))?	□ v	es 🗸	No			
	(2) Influence the outcome of any	specific	public election (see sec	tion 4955); or to carry						
	on, directly or indirectly, any v	oter re	gistration drive?		🗆 ү	es 🗸	No			
	(3) Provide a grant to an individua			•	□ Y	es 🗸	No			
	(4) Provide a grant to an organiza			· -						
	in section 4945(d)(4)(A)? See				🗆 А	es 🗸	No			
	(5) Provide for any purpose other		-			_				
	educational purposes, or for th	•	•		¥	es 🗸	No			
b	If any answer is "Yes" to 5a(1)–(5)					n		EL		
	Regulations section 53.4945 or in a						-	5b		
С	Organizations relying on a current If the answer is "Yes" to question !									
·	tax because it maintained expendit			•						
	If "Yes," attach the statement requ					'es ∟	No			
6a	Did the foundation, during the yea		-		ıms on					
Va	a personal benefit contract?	-			_					
b	Did the foundation, during the yea				⊔ Y	es 🗹	No	6b		No
-	If "Yes" to 6b, file Form 8870.	., pu, i	or an early or me	meeny, on a personal ser	Tent contract.		F			-110
7a	At any time during the tax year, w	as the	foundation a party to a r	rohibited tax shelter tran	nsaction?					
	If "Yes", did the foundation receive				т	es ⊻	No	7b		
8	Is the foundation subject to the se		•							
	excess parachute payment during	the yea	ar?		· · □ ,	es 🗸				
	Information About	Office	ers Directors Trust	ees, Foundation Ma				200		
Pai	t VIIII and Contractors		,,	,	g,g,		,	,		
1	List all officers, directors, truste	ees. fo	undation managers a	d their compensation.	See instructions					
	,,,,,,,,,,					nc to		_		
			b) Title, and average	(c) Compensation (If	(d) Contributio	115 to	1 (6) [-vnon		ount
	(a) Name and address	`	hours per week	not paid, enter	employee benefit p	lans and			se acc lowanc	ount,
			hours per week devoted to position	not paid, enter -0-)		lans and sation	ot			
	RYN WISE		hours per week	not paid, enter	employee benefit p	lans and	ot			
2215		PRESI	hours per week devoted to position	not paid, enter -0-)	employee benefit p	lans and sation	ot			
2215 WILM	RYN WISE CHESTNUT AVENUE	PRESI 3.00	hours per week devoted to position	not paid, enter -0-)	employee benefit p	lans and sation	ot			
2215 WILM CHRIS 145 L	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST	PRESI 3.00	hours per week devoted to position DENT & SECRETARY	not paid, enter -0-) 17,614	employee benefit p	lans and sation 0	ot			
2215 WILM CHRIS 145 L BROO	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445	PRESI 3.00 CHAIR 3.00	hours per week devoted to position IDENT & SECRETARY RMAN & TREASURER	not paid, enter -0-) 17,614 26,421	employee benefit p	lans and sation 0	ot			
2215 WILM CHRIS 145 L BROO PETER	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST	PRESI 3.00 CHAIR 3.00	hours per week devoted to position DENT & SECRETARY	not paid, enter -0-) 17,614	employee benefit p	lans and sation 0	ot			
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 R H EKLUND VEST FULLERTON AGO, IL 60614	PRESI 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT	not paid, enter -0-) 17,614 26,421	employee benefit p deferred compen	lans and sation 0 0	ot	her al	lowand	0 0
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 R H EKLUND /EST FULLERTON	PRESI 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT	not paid, enter -0-) 17,614 26,421	employee benefit p deferred compen	lans and sation 0	ot	her al	lowand	0 0
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 R H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-pa	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position IDENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to the content of the	not paid, enter -0-) 17,614 26,421 0	employee benefit p deferred compen	0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ne, en	her al	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 R H EKLUND VEST FULLERTON AGO, IL 60614	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	lowand	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position IDENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to the content of the	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETER 444 W CHICA 2	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESJ 3.00 CHAIF 3.00 VICE 0.00	hours per week devoted to position DENT & SECRETARY RMAN & TREASURER PRESIDENT aployees (other than to be the content of th	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C
2215 WILM CHRIS 145 L BROO PETEF 444 W CHICA 2 (a)	RYN WISE CHESTNUT AVENUE ETTE, IL 60091 STOPHER EKLUND EE ST KLINE, MA 02445 S H EKLUND VEST FULLERTON AGO, IL 60614 Compensation of five highest-p. Name and address of each employed more than \$50,000	PRESI 3.00 CHAIF 3.00 VICE 0.00 aid em	hours per week devoted to position IDENT & SECRETARY RMAN & TREASURER PRESIDENT Iployees (other than t (b) Title, and average hours per week devoted to position	not paid, enter -0-) 17,614 26,421 0	-see instructions (d) Contributio employee ben plans and defe compensation	0 0 0 0 0 s). If not not effit rred	ne, en	ter "I	NONE.	C C C C C C C C C C C C C C C C C C C

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

4

5

6

7

1a

1b

2

3a 3b

4

5

175.403

175.403

176,138

176,138

176,138

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Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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

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

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

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

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

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

4 5

6

1

2

3

4

5

b

Part XII

175,403

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Page 9

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Form 990-PF (2	020)	
Part XIII	Undistributed Income	(see instructions)

a From 2015.

b From 2016.

e From 2019.

c From 2017. . . . d From 2018.

Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

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

5 Excess distributions carryover applied to 2020.

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

b Excess from 2017. .

c Excess from 2018. . . . d Excess from 2019. . . e Excess from 2020. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

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

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). (a)

Corpus

295.985

735

296,720

56,239

240,481

0

56.239 105,146

73.700

60.900

105.146 73,700

60.900

735

(b)

Years prior to 2019

(c)

2019

175,403

2020

For	m 990-PF (2020)					Page 1 0
	Part XIV Private Operating Found	ations (see instru	uctions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or det foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organization	on is a private opera	ating foundation des	scribed in section \Box	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(-) T-+-1
	income from Part I or the minimum investment return from Part X for each	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
	year listed					
	85% of line 2a					
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)					

Part XV	Supplementary Information	\	 oundation had \$	5,
(4) Gr	oss investment income			
fro	m an exempt organization			

time during the year—see instructions.) <u>1</u>

(3) Largest amount of support

2

KATHRYN WISE P O BOX 10

factors:

KENILWORTH, IL 60043 (847) 251-9733

c Any submission deadlines:

LETTER WITH EXPLANATION OF PURPOSE

NONE; GRANTS USUALLY PAID IN DECEMBER

	Information	Regarding	Foundation	Managers:	
_	1 ! - 4	C +1 C	and the second second	a language and the	٠

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

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

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

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

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

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

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

000 or more in

Form **990-PF** (2020)

		_
		_

other conditions, complete items 2a, b, c, and d. See instructions

- 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
- before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

GRANTS MADE PRINCIPALLY IN CHICAGO AREA; NO GRANTS TO INDIVIDUALS

Form 990-PF (2020)	-	-		Page 11
Part XV Supplementary Informa	ition (continued)			
3 Grants and Contributions Paid	During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	147,100
b Approved for future payment				
	+	 		
		1		
		1		
		1		
		1		
Total			▶ 3b	0

er gross	amounts unless otherwise indicated.	Unrelated by	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exemp
Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
	and contracts from government agencies					
Member	ship dues and assessments					
Interest investm	on savings and temporary cash			14	24	
Dividen	ds and interest from securities			14	64,859	
	tal income or (loss) from real estate:					
	financed property					
	tal income or (loss) from personal property					
	nvestment income					
Gain or nventoi	(loss) from sales of assets other than			18	232,321	
Net inco	ome or (loss) from special events:			10	232,321	
Gross p	rofit or (loss) from sales of inventory					
	evenue: a					
· ——						
i						
d Subtota Total. /	al. Add columns (b), (d), and (e)		0		297,204	
Subtota Total. A	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Add line 13 instructions to verify calcumate to the colour	llations.) ne Accomplish	nment of Exem	1 pt Purposes	.3	297,2
Subtota Total. A (See wo	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Adshrighter in line 13 instructions to verify calcu	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Total. A (See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Total. A See wo It XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Total. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Total. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Fotal. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Fotal. A See wo rt XVI e No.	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Fotal. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Fotal. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Fotal. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
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Subtota Fotal. A See wo rt XVI e No.	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Total. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Total. A See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
Subtota Total. A See wo It XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
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d Subtota Total. A (See wo Int XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2
d Subtota Total. A (See wo rt XVI	al. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Introductions to verify calcular Relationship of Activities to the second columns of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation'	rlations.) 1e Accomplish income is report	nment of Exem	1 pt Purposes F Part XVI-A contribution	.3uted importantly to	297,2

Form 99	0-PF (2										Pa	ge 13
Part :	XVII	Information Re Exempt Organi		ransi	fers To a	nd Transact	ions an	nd Relatio	onships With None	charitable		
		anization directly or in han section 501(c)(3)								n 501	Yes	No
		om the reporting foun	_			_		-				
(1)	Cash.									1a(1)		No
(2)	Other	assets								. 1a(2)		No
b Othe	er trans	actions:										
		of assets to a nonchar		_						. 1b(1)		No
(2)	Purcha	ases of assets from a r	oncharitable	exem	pt organiz	ation				. 1b(2)		No
		of facilities, equipmen	•							. 1b(3)		No
		ursement arrangemen								1b(4)		No
` .		or loan guarantees.								. 1b(5)		No
		nance of services or m	•		_					1b(6)		No
	-	facilities, equipment, r er to any of the above								. <u>1c</u>		No
of th	ne good	s, other assets, or ser saction or sharing arra	vices given b	y the	reporting f	oundation. If th	he founda	ation receive	ed less than fair mark	et value		
(a) Line	No.	(b) Amount involved	(c) Name of	noncha	aritable exen	npt organization	(d)	Description of	f transfers, transactions, a	and sharing arra	ngemen	ts
						1.	L					
		dation directly or indirent of section 501(c) (other	•		•	•			_	s 🔽 No		
		mplete the following s		1 301((5)) 01 11	i section 327:				5 110		
D 11 1	es, co	(a) Name of organization			(b) Type of organiza	ation		(c) Description o	of relationship		
		r penalties of perjury, knowledge and belief				,	_	. ,	_	,		
<u></u>	which	preparer has any kno	wledge.									
Sign	*	****				2022-05-26	1	*****		May the IRS di return	scuss th	nis
Here	_)		with the prepa	rer shov	vn
	s	ignature of officer or t	rustee			Date		Title		below (see instr.)	Yes [□No
		Print/Type preparer's	name	Pren	arer's Sign	ature	Date		D-	TIN		
		Tring Type preparer s	, manne		arer o orgin	atai c	Date		Check if self-	P00193	702	
		BARRY EDELSTEIN							employed ▶ ☐	F0019.	702	
Paid												
Prepa Use (Firm's name ► WAR	ADY & DAVIS	S LLP					Fi	rm's EIN ▶36	-21706	502
		Firm's address ▶ 17	17 DEERFIEL	D RD	SUITE 300	os						
		DE	ERFIELD, IL	6001	.5				Pi	hone no. (847) 267-	9600

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

a Paid during the year			
AMERICAN HEARING RESEARCH FOUNDATION 9 S MICHIGAN AVE STE 1205 CHICAGO, IL 60603	PC	UNRESTRICTED	1,000

CHICAGO, IL 60603			
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVE CHICAGO, IL 60603	PC	SUSTAINING FELLOWS	2

ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVE CHICAGO, IL 60603	PC	SUSTAINING FELLOWS	2,500
BARTH SYNDROME FOUNDATION PO BOX 419S64	PC	UNRESTRICTED	1,000

111 S MICHIGAN AVE CHICAGO, IL 60603			
BARTH SYNDROME FOUNDATION PO BOX 419S64	PC	UNRESTRICTED	1,000
POSTON MA 02241	1		

CHICAGO, IL 60603			
BARTH SYNDROME FOUNDATION PO BOX 419564 BOSTON, MA 02241	PC	UNRESTRICTED	1,000

BARTH SYNDROME FOUNDATION PO BOX 419S64 BOSTON, MA 02241	PC	UNRESTRICTED	1,000
		_	1

PO BOX 419S64 BOSTON, MA 02241			2,000
Total	 	▶ 3a	147,100

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

BRAIN AND BEHAVIOR RESEARCH	PC	UNRESTRICTED	1,000
FOUNDATION 90 PARK AVE			
NEW YORK, NY 10016			

IN COOLIDGE PRESIDENTIAL	PC	COOLIDGE SCHOLARS PROGRAM	
NDATION			
OX 97			
IOUTH, VT 05056			

Total .

CALVIN COOLIDGE PRESIDENTIAL FOUNDATION PO BOX 97 PLYMOUTH, VT 05056	PC	COOLIDGE SCHOLARS PROGRAM	14,850
CHICAGO BOTANIC GARDEN	PC	UNRESTRICTED	750

PO BOX 97 PLYMOUTH, VT 05056			
CHICAGO BOTANIC GARDEN 1000 LAKE COOK RD	PC	UNRESTRICTED	75

PLYMOUTH, VT 05056			
CHICAGO BOTANIC GARDEN 000 LAKE COOK RD	PC	UNRESTRICTED	750

TICAGO DOTANIC GARDEN	, C	ONKESTRICIED	/30
000 LAKE COOK RD			
LENCOE, IL 60022			

За

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

	or substantial contributor			
a Paid during the year				
CHICAGO SYMPHONY ORCHESTRA ASSOCIATION		PC	UNRESTRICTED	1,000

220 S MICHIGAN AVE CHICAGO, IL 60604			
CHICAGO YOUTH CENTERS 218 S WABASH STE 600	PC	UNRESTRICTED	1,000

6111C/100/12 00001			
CHICAGO YOUTH CENTERS 218 S WABASH STE 600 CHICAGO,IL 60604	PC	UNRESTRICTED	1,000
CONNECTIONS FOR THE HOMELESS	PC	UNRESTRICTED	1,000

CHICAGO, IL 60604			
CONNECTIONS FOR THE HOMELESS 2010 DEWEY AVE EVANSTON, IL 60201	PC	UNRESTRICTED	1,000

▶ 3a

147,100

Total .

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

a Paid during the year			
CURE VIOLENCE GLOBAL 227 W MONRE STE 1025 CHICAGO, IL 60606	PC	UNRESTRICTED	1,000

CHICAGO, IL 60606			
EXECUTIVE SERVICE CORPS OF CHICAGO 25 E WASHINGTON STE 1500 CHICAGO II 60604	PC	UNRESTRICTED	1,000

CHICAGO 25 E WASHINGTON STE 1500 CHICAGO, IL 60604	rc .	UNKESTRICTED	1,000
FIELD MUSEUM OF NATURAL HISTORY 1400 S LAKE SHORE DR	PC	UNRESTRICTED	1,000

25 E WASHINGTON STE 1500 CHICAGO, IL 60604			
FIELD MUSEUM OF NATURAL HISTORY 1400 S LAKE SHORE DR CHICAGO. IL 60605	PC	UNRESTRICTED	1,000

0.110,100,12 00001			
FIELD MUSEUM OF NATURAL HISTORY 1400 S LAKE SHORE DR CHICAGO, IL 60605	PC	UNRESTRICTED	1,000
Total	 	▶ 3a	147,100

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

	or substantial contributor			
a Paid during the year				
FSHD SOCIETY450 BEDFORD ST		PC	UNRESTRICTED	15,000

LEXINGTON, MA 02420				•
GROTON SCHOOL282 FARMERS ROW GROTON, MA 01450		PC	ANNUAL FUND	2,500
	The state of the s		· ·	·

GROTON SCHOOL282 FARMERS ROW GROTON, MA 01450	P1		ANNOAL FUND	2,500
HADLEY SCHOOL FOR THE BLIND 700 ELM ST	P	PC	WOMEN'S BOARD	2,000
WINNETKA, IL 60093				

ere 1011,117 01130			
HADLEY SCHOOL FOR THE BLIND 700 ELM ST WINNETKA, IL 60093	PC	WOMEN'S BOARD	2,000
Total	 	▶ 3a	147,100

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

a raid during the year			
HARVARD GRADUATE SCHOOL OF EDUCATION LONGFELLOW HALL 13 APPIAN WAY CAMBRIDGE, MA 02138	PC	COLLEGE ADMISSIONS REFORM	35,000
HEARTLAND ALLIANCE FOR HUMAN	PC	UNRESTRICTED	1,000

HEARTLAND ALLIANCE FOR HUMAN	PC	UNRESTRICTED	
NEEDS & HUMAN RIGHTS 208 S LASALLE STE 1818 CHICAGO, IL 60604			

Total.

NEEDS & HUMAN RIGHTS 208 S LASALLE STE 1818 CHICAGO, IL 60604			
ILLINOIS SHELTER & RECOVERY SERVICES	PC	UNRESTRICTED	2,00

CHICAGO, IL 60604			
ILLINOIS SHELTER & RECOVERY SERVICES 550 W FRONTAGE RD STE 3820	PC	UNRESTRICTED	2,000

ILLINOIS SHELTER & RECOVERY SERVICES	PC	UNRESTRICTED	2,000
550 W FRONTAGE RD STE 3820			
NORTHFIELD, IL 60093			

22.111020	1		
550 W FRONTAGE RD STE 3820 NORTHFIELD, IL 60093			

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

,	or substantial contributor			
a Paid during the year				
JOURNEYCARE FOUNDATION 405 LAKE ZURICH RD		PC	UNRESTRICTED	1,000

,			
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY NEW YORK, NY 10004	PC	UNRESTRICTED	2,500

FOUNDATION 26 BROADWAY NEW YORK, NY 10004			
LAKE FOREST COLLEGE 555 N SHERIDAN RD	PC	UNRESTRICTED	1,000

Total .

NEW YORK, NY 10004			
LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 60045	PC	UNRESTRICTED	1,000

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

	or substantial contributor			
a Paid during the year				
LAWRENCE HALL YOUTH SERVICES 4833 N FRANCISCO CHICAGO. IL 60625		PC	UNRESTRICTED	1,000

CHICAGO, IL 60625			
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK ST CHICAGO, IL 60614	PC	UNRESTRICTED	1,000
	I	· · · · · · · · · · · · · · · · · · ·	

LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK ST CHICAGO, IL 60614	PC	UNRESTRICTED	1,000
MIDWEST YOUNG ARTISTS CONSERVATORY 878 LYSTER RD	PC	UNRESTRICTED	1,000

CHICAGO, IL 60614			
MIDWEST YOUNG ARTISTS CONSERVATORY 878 LYSTER RD HIGHWOOD, IL 60040	PC	UNRESTRICTED	1,000

,			
MIDWEST YOUNG ARTISTS CONSERVATORY 878 LYSTER RD HIGHWOOD, IL 60040	PC	UNRESTRICTED	1,000
Total	 	▶ 3a	147,100

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MISS PORTER'S SCHOOL60 MAIN ST		PC	ANNUAL FUND	3,000

FARMINGTON, CT 06032	PC	ANNUAL FUND	3,000
NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N FAIRFAX DR SUITE 100 ARLINGTON VA 22203	PC	UNRESTRICTED	1,000

NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 N FAIRFAX DR SUITE 100 ARLINGTON, VA 22203	PC	UNRESTRICTED	1,000
NORTH SHORE COUNTRY DAY SCHOOL 310 GREEN BAY RD WINNETKA, IL 60093	PC	UNRESTRICTED	1,000

Total	 	▶ 3a	147,100
NORTH SHORE COUNTRY DAY SCHOOL 310 GREEN BAY RD WINNETKA, IL 60093	PC	UNRESTRICTED	1,000
ARLINGTON, VA 22203			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

HIGHLAND PARK, IL 60035

Total .

a Paid during the year			
NORTH SHORE UNIVERSITY HEALTH SYSTEM FOUNDATION 1033 UNIVERSITY PL STE 450 EVANSTON, IL 60201	PC	UNRESTRICTED	1,000
PROVIDENCE ST MEL SCHOOL 119 S CENTRAL PARK AVE	PC	UNRESTRICTED	4,000

▶ 3a

PROVIDENCE ST MEL SCHOOL 119 S CENTRAL PARK AVE CHICAGO, IL 60624	PC	UNRESTRICTED	4,000
RAVINIA FESTIVAL418 SHERIDAN ROAD	PC	UNRESTRICTED	4,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

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

or substantial contributor

Name and address (home or business)

TRINITY COLLEGE300 SUMMIT ST

HARTFORD, CT 06106

Total .

a Paid during the year			
THE CLEMENTE COURSE IN THE HUMANITIES C/O BARD COLLEGE PO BOX 5000 ANNANDALEONHUDSON, NY 12504	PC	UNRESTRICTED	3,000
THE METROPOLITAN OPERA LINCOLN CENTER NEW YORK, NY 10023	PC	NATIONAL COUNCIL AUDITIONS-NEW ENGLAND REGION	1,000

PC

ANNUAL FUND

▶ 3a

5,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

147,100

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

a Paid during the year			
UCSD FOUNDATION 9500 GILMAN DRIVE 0940 LA JOLLA, CA 92093	PC	OCD RESEARCH	25,000
UNIVERSITY OF CHICAGO	PC	FOREFRONT FUND	5,000

NIVERSITY OF CHICAGO 212 E 59TH STREET HICAGO, IL 60637	PC	FOREFRONT FUND	

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

CHICAGO, IL 60637			
WORLD WILDLIFE FUND 1250 24TH ST NW	PC	UNRESTRICTED	1,00

-			
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	PC	UNRESTRICTED	1,000

1250 24TH ST NW WASHINGTON, DC 20037		,

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of

recipient

147,100

I	Name and address (home or business)	or substantial contributor	1.55//2/5//5		
I	a Paid during the year				
Ī	WTTW CHANNEL 11		PC	UNRESTRICTED	1,000

TTW CHANNEL 11	PC	UNRESTRICTED	
00 N ST LOUIS AVE			
IICAGO II 60625			

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

any foundation manager

Total

WITW CHANNEL 11	PC	UNRESTRICTED	
5400 N ST LOUIS AVE CHICAGO, IL 60625			

efile GRAPHIC print - DO NOT PR	ROCESS As Filed	Data -	DI	LN: 93491146011042	
TY 2020 Accounting Fe	es Schedule			_	
Name: THE GERALDI NORTON FOUNDATION					
C/O CHRIS EKLUND					
EIN: 36-6069997					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

2,400

3,650

1,250

ACCOUNTING FEES

	efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	
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TY 2020 Investments Corporate Stock Schedule

Name: THE GERALDI NORTON FOUNDATION

DLN: 93491146011042

C/O CHRIS EKLUND

EIN: 36-6069997

Name of Stock	End of Year Book Value	End of Year Fair Market Value	
A O SMITH	64,004	185,292	
ACLARIS THERAPEUTICS	10,135	12,940	
PORTFOLIO AT SEABRIDGE ADVISORS	756,317	1,088,636	
AUTOLUS THERAPEUTICS	10,385	4,336	
BRISTOL MYERS SQUIBB	112,832	111,716	
CHARLES SCHWAB CORP NEW	76,850	185,057	
DOCUSIGN	16,666	93,366	
DYNATRACE	17,612	30,722	
ENERSYS	31,229	41,530	
EXXON MOBIL	94,813	160,758	
GRACO	22,361	172,048	
JOHNSON & JOHNSON	49,967	59,804	
PETIQ	17,774	23,070	
ROBERT HALF INTL	67,549	134,145	
ROYAL CARIBBEAN CRUISES	41,627	115,769	
SAREPTA THERAPEUTICS	10,141	13,809	
TACTILE SYS TECHNOLOGY	36,650	31,458	
TENABLE HLDGS	34,887	68,461	
TREEHOUSE FOODS	36,800	35,904	
TREX	53,199	108,836	
W W GRAINGER	29,753	181,711	
COCA COLA	25,090	28,791	
MONTROSE ENVIRONMENTAL GROUP	18,160	17,492	
PAYLOCITY	19,036	30,887	
PREVAIL THERAPEUTICS	10,138	19,379	
MATTHEWS ASIA DIVIDEND INVESTOR	200,662	258,068	

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TY 2020 Investments - Other Schedule					
11 2020 Investments Other	Schedule				
Name:	THE GERALDI NORTON FOUNDA	ATION			
	C/O CHRIS EKLUND				

DIN. 02401146011042

89,940

71,003

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KIMCO REALTY CORP (REIT)

EIN: 36-6069997	•		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

AT COST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491146011042
TY 2020 Other Expenses Sche	dule			
Name:	THE GERALDI N	NORTON FOUNDA	TION	
	C/O CHRIS EKLUND			
EIN:	36-6069997			
Other Expenses Schedule				,
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

		I .		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY & ADR FEES	14,688	14,688		0
BANK & WIRE CHARGES	97	0		97

2,340

150

25

577

1,170

75

1,170

75

25

STORAGE

POSTAGE

STATE FILING FEES

CHARITABLE EVENTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491146011042
TY 2020 Taxes Schedule				
Name: THE GERALDI NORTON FOUNDATION				
C/O CHRIS EKLUND				
EIN: 36-6069997				
Taxes Schedule				4
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	1,356	1,356		0