

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

Name of foundation AVERY DENNISON FOUNDATION		A Employer identification number 95-3251844	
Number and street (or P.O. box number if mail is not delivered to street address) 207 GOODE AVENUE NO 500		Room/suite	B Telephone number (see instructions) (626) 304-2000
City or town, state or province, country, and ZIP or foreign postal code GLENDALE, CA 91203		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 38,843,180		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

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)	10,000,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	531,313	531,313		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	1,540,860			
	b Gross sales price for all assets on line 6a 37,164,175				
	7 Capital gain net income (from Part IV, line 2) . . .		1,540,860		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	12,072,173	2,072,173		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages	107,798	0		107,798
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	26,213	2,621		23,592
	c Other professional fees (attach schedule)	99,056	99,056		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	27,588	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	23,935	0		23,935
	24 Total operating and administrative expenses. Add lines 13 through 23	284,590	101,677		155,325
	25 Contributions, gifts, grants paid	2,932,736			2,932,736
	26 Total expenses and disbursements. Add lines 24 and 25	3,217,326	101,677		3,088,061
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	8,854,847			
	b Net investment income (if negative, enter -0-)		1,970,496		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	17,075	539,165	539,165
	2 Savings and temporary cash investments	46,243	10,074,635	10,074,635
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	18,450,961	22,025,170	22,025,170
	c Investments—corporate bonds (attach schedule)	10,269,323	5,460,471	5,460,471
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	743,739	743,739
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	25,000	0	0	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	28,808,602	38,843,180	38,843,180	
Liabilities	17 Accounts payable and accrued expenses	28,041	29,026	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	28,041	29,026	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	16,901,783	15,965,353	
	25 Net assets with donor restrictions	11,878,778	22,848,801	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	28,780,561	38,814,154	
30 Total liabilities and net assets/fund balances (see instructions) .	28,808,602	38,843,180		

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	28,780,561
2 Enter amount from Part I, line 27a	2	8,854,847
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,178,746
4 Add lines 1, 2, and 3	4	38,814,154
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	38,814,154

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.)
1 a SALE OF PUBLICLY TRADED SECURITIES			
b			
c			
d			
e			

(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 37,164,175		35,623,315	1,540,860
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			1,540,860
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	1,540,860
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		3	

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	27,390
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	27,390
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	27,390
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	26,275
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	8,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	34,275
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	18
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	6,867
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 6,867 Refunded	11	0

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	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) ► CA			
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		No

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 ▶ <u>AVERYDENNISON.COM/AVE/EN_US/SUSTAINABILITY/COMMUN</u>	13	Yes	
14	The books are in care of ▶ <u>ALICIA PROCELLO</u> Telephone no. ▶ <u>(626) 304-2000</u>			

Located at **▶** 207 GOODE AVENUE NO 500 GLENDALE CA ZIP+4 **▶** 91203

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 ▶ <u>15</u>			
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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(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 checked="" type="checkbox"/> Yes <input 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 <input type="checkbox"/>	1b		No
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? <input type="checkbox"/>	1c		No
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.) <input type="checkbox"/>	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.) <input type="checkbox"/>	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	
	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 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.				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
JP MORGAN	INVESTMENT MANAGEMENT	72,447
2029 CENTURY PARK E FLOOR 39 LOS ANGELES, CA 90067		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A	Summary of Direct Charitable Activities
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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

generations and other documents (e.g., conference notices, research papers, preprints, etc.)	
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	25,478,670
b	Average of monthly cash balances.	1b	479,603
c	Fair market value of all other assets (see instructions).	1c	743,739
d	Total (add lines 1a, b, and c).	1d	26,702,012
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	26,702,012
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	400,530
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,301,482
6	Minimum investment return. Enter 5% of line 5.	6	1,315,074

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	1,315,074
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	27,390
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	27,390
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	1,287,684
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	1,287,684
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	1,287,684

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	3,088,061
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,088,061
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	3,088,061

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				1,287,684
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			1,040,760	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ <u>3,088,061</u>				
a Applied to 2019, but not more than line 2a			1,040,760	
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.				1,287,684
e Remaining amount distributed out of corpus	759,617			
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	759,617			
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).	0			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	759,617			
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.	759,617			

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. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b 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 <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions	
a The name, address, and telephone number or email address of the person to whom applications should be addressed:	
b The form in which applications should be submitted and information and materials they should include:	
c Any submission deadlines:	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	2,932,736
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2020)

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

		Yes	No
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--	--	--

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

--	--	--

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

1b(2)		No
--------------	--	-----------

1b(3)	No
--------------	-----------

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

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

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

1c		No
-----------	--	-----------

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

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

**Sign
Here**

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.

2021-10-28

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name LIZBETH G NEVAREZ	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01399868
Firm's name ► GREEN HASSON & JANKS LLP				Firm's EIN ► 95-1777440
Firm's address ► 10990 WILSHIRE BLVD 16TH FLOOR LOS ANGELES, CA 900243929				Phone no. (310) 873-1600

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
ALICIA PROCELLO	PRESIDENT 30.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
DEENA BAKER-NEL	SECRETARY 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
RAYMOND VAN DEN BERG	TREASURER 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
CAMILE BENEDITTI	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
JEROEN DIDERICH	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
DEON STANDER	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
ANIL SHARMA	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
DAVE EDWARDS	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
TINA HART	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
GREG LOVINS	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
VIKAS ARORA	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
MICHAEL BARTON	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
ALLY FENG	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
STEVE MASON	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				
KIRSTEN NEWQUIST	TRUSTEE 2.00	0	0	0
207 GOODE AVE SUITE 500 GLENDALE, CA 91203				

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>				
GLOBAL IMPACT 1199 N FAIRFAX ST SUITE 300 ALEXANDRIA, VA 22314		PC	EMPLOYEE ASSISTANCE FUND	2,007,500
KING BAUDOUIN FNDTN UNITED STATES INC 10 ROCKEFELLER PLAZA 16TH FLOOR NEW YORK, NY 10020		PC	GRANTING WISHES	128,972
THE RESOURCE FOUNDATION 500 SEVENTH AVE 8TH FLOOR NEW YORK, NY 10018		PC	GRANTING WISHES	104,000
Total ▶ 3a				2,932,736

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>				
KING BAUDOUIN FNDTN UNITED STATES INC 10 ROCKEFELLER PLAZA 16TH FLOOR NEW YORK, NY 10020		PC	COVID 19 RESPONSE	100,000
THE RESOURCE FOUNDATION 500 SEVENTH AVE 8TH FLOOR NEW YORK, NY 10018		PC	GLOBAL GRANTMAKING	100,000
CHARITIES AID FOUNDATION 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314		PC	COVID 19 RESPONSE	100,000
Total ▶ 3a				2,932,736

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>				
CHARITIES AID FOUNDATION 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314		PC	GRANTING WISHES	75,799
SCHOLARSHIP AMERICAPO BOX 240 ST PETER, MN 56082		PC	EDUCATION	53,400
UNITED WAY OF GREATER LOS ANGELES 1150 SOUTH OLIVE STREET SUITE T500 LOS ANGELES, CA 90015		PC	POVERTY	50,000
Total ▶ 3a				2,932,736

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>				
INSTITUTE OF INTERNATIONAL EDUCATION 809 UNITED NATIONS PLAZA NEW YORK, NY 10017		PC	EDUCATION	49,100
CHARITIES AID FOUNDATION 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314		PC	GLOBAL GRANTMAKING	42,445
AMERICAN RED CROSS11355 OHIO AVE LOS ANGELES, CA 90025		PC	DISASTER RELIEF	12,520
Total ▶ 3a				2,932,736

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>				
MENTOR SCHOOLS 6451 CENTER STREET MENTOR, OH 44060		PC	EDUCATION	10,000
RONALD MCDONALD HOUSE CHARITIES OF CHICAGOLAND AND NW INDIANA 1301 WEST 22ND STREET SUITE 905 OAK BROOK, IL 60523		PC	COVID 19 RESPONSE	3,000
FORT WAYNE RESCUE MISSION 301 W SUPERIOR STREET FORT WAYNE, IN 46802		PC	COVID 19 RESPONSE	3,000
Total ▶ 3a				2,932,736

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>				
MEALS ON WHEELS OF NORTHWEST INDIANA INC 8446 VIRGINIA STREET MERRILLVILLE, IN 46410		PC	COVID 19 RESPONSE	3,000
WORCESTER ALLIANCE FOR REFUGEE MINISTRY (WARM INC) 474 GROVE ST SUITE 710 WORCESTER, MA 01605		PC	COVID 19 RESPONSE	3,000
KYLEE'S KARE KITS FOR KIDS 66 WATSON AVE LEOMINSTER, MA 01453		PC	COVID 19 RESPONSE	3,000
Total			▶ 3a	2,932,736

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>				
COBB SCHOOLS FOUNDATION 514 GLOVER STREET MARIETTA, GA 30066		PC	COVID 19 RESPONSE	3,000
BALTIMORE OUTREACH SERVICES INC 701 S CHARLES ST BALTIMORE, MD 21230		PC	COVID 19 RESPONSE	3,000
COMMUNITY FOUNDATION OF HENDERSON COUNTY 401 N MAIN ST SUITE 300 HENDERSON, NC 28792		PC	COVID 19 RESPONSE	3,000
Total ▶ 3a				2,932,736

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>				
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD GREENSBORO, NC 27406		PC	COVID 19 RESPONSE	3,000
MANNA FOODBANK 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 28805		PC	COVID 19 RESPONSE	3,000
WESLEY-LUTHER CAMPUS MINISTRIES 500 SITRLING GREENSBORO, NC 27412		PC	COVID 19 RESPONSE	3,000
Total ▶ 3a				2,932,736

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>				
MEADOWLANDS AREA YMCA 390 MURRAY HILL PARKWAY EAST RUTHERFORD, NJ 07073		PC	COVID 19 RESPONSE	3,000
CHILDREN'S MIRACLE NETWORK 600 ROE AVE ELMIRA, NY 14905		PC	COVID 19 RESPONSE	3,000
ECUMENICAL SHELTER NETWORK OF LAKE COUNTY PO BOX 2035 PAINESVILLE, OH 44077		PC	COVID 19 RESPONSE	3,000
Total ► 3a				2,932,736

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>				
EDWINS LEADERSHIP & RESTAURANT INSTITUTE 13101 SHAKER SQUARE CLEVELAND, OH 44120		PC	COVID 19 RESPONSE	3,000
END 68 HOURS OF HUNGER LAKE COUNTY PO BOX 25 GRAND RIVER, OH 44045		PC	COVID 19 RESPONSE	3,000
FICA (FED OF INDIA COMMUNITY ASSOC) OF NE OHIO PO BOX 39474 SOLON, OH 44139		PC	COVID 19 RESPONSE	3,000
Total			▶ 3a	2,932,736

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>				
FOOTPRINTS CENTER FOR AUTISM 4261-A MANCHESTER RD PERRY, OH 44081		PC	COVID 19 RESPONSE	3,000
GENEVA AREA INTERFAITH FOOD PANTRY 505 W MAIN ST GENEVA, OH 44041		PC	COVID 19 RESPONSE	3,000
GREATER CLEVELAND FOOD BANK 15500 SOUTH WATERLOO RD CLEVELAND, OH 44110		PC	COVID 19 RESPONSE	3,000
Total ► 3a				2,932,736

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>				
HANNAH'S HOMEPO BOX 1395 MENTOR, OH 44061		PC	COVID 19 RESPONSE	3,000
HOUSE OF BREAD9 ORTH AVENUE ORTH, OH 45402		PC	COVID 19 RESPONSE	3,000
MADISON FOOD CENTER 1954 HUBBARD ROAD MADISON, OH 44057		PC	COVID 19 RESPONSE	3,000
Total ▶ 3a				2,932,736


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>				
PAINESVILLE CITY LOCAL SCHOOLS 58 JEFFERSON STREET PAINESVILLE, OH 44077		PC	COVID 19 RESPONSE	3,000
RAVENWOOD HEALTH 12557 RAVENWOOD DRIVE CHARDON, OH 44024		PC	COVID 19 RESPONSE	3,000
SECOND HARVEST FOOD BANK OF NORTH CENTRAL OHIO 5510 BAUMHART RD LORAIN, OH 44053		PC	COVID 19 RESPONSE	3,000
Total ▶ 3a				2,932,736

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 Paid during the year				
ST GABRIEL'S CHURCH 9925 JOHNNYCAKE RIDGE ROAD CONCORD, OH 44060		PC	COVID 19 RESPONSE	3,000
THE CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND, OH 44103		PC	COVID 19 RESPONSE	3,000
YMCA OF GREATER DAYTON 118 W FIRST ST SUITE 300 DAYTON, OH 45402		PC	COVID 19 RESPONSE	3,000
Total ▶ 3a				2,932,736

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>				
MICHELLE'S LOVEPO BOX 544 SCAPPOOSE, OR 97056		PC	COVID 19 RESPONSE	3,000
QUAKERTOWN FOOD PANTRY PO BOX 278 QUAKERTOWN, PA 18951		PC	COVID 19 RESPONSE	3,000
THE FRIENDS OF READING HOSPITAL PO BOX 16052 READING, PA 19612		PC	COVID 19 RESPONSE	3,000
Total ▶ 3a				2,932,736

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>				
MID-SOUTH FOOD BANK 3865 S PERKINS MEMPHIS, TN 38118		PC	COVID 19 RESPONSE	3,000
Total  3a				2,932,736

TY 2020 Accounting Fees Schedule**Name:** AVERY DENNISON FOUNDATION**EIN:** 95-3251844

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	26,213	2,621		23,592

TY 2020 Investments Corporate Bonds Schedule**Name:** AVERY DENNISON FOUNDATION**EIN:** 95-3251844**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PIMCO COMMODITY PL STRAT-INS	284,620	284,620
DODGE & COX INCOME	744,906	744,906
DOUBLELINE TTL RTRN BND-R6	511,423	511,423
PIMCO TOTAL RETURN FUND-INST	595,939	595,939
PIMCO INV GRD CRD BND-INST	846,184	846,184
SCHWAB U.S. TIPS ETF	505,145	505,145
VANGUARD TOT BD MKT IDK-ADM	1,972,254	1,972,254

TY 2020 Investments Corporate Stock Schedule**Name:** AVERY DENNISON FOUNDATION**EIN:** 95-3251844**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EDGEWOOD GROWTH FUND INST	1,329,263	1,329,263
FIDELITY 500 INDEX INST PRM	4,502,388	4,502,388
HEALTH CARE SELECT SECTOR	1,118,065	1,118,065
INVESCO QQQ TRUST SERIE	1,032,832	1,032,832
ISHARES RUSSEL 1000 VALUE	844,308	844,308
PARNASSUS CORE EQUITY - INST	1,492,522	1,492,522
VANGUARD FINANCIALS ETF	711,162	711,162
VANGUARD MID CAP ETF	1,264,605	1,264,605
FIDELITY INTL INDX INST PRM	3,938,244	3,938,244
ISHARES MSCI JAPAN ETF	452,584	452,584
T ROWE PR JAPAN FUND -I	577,178	577,178
ISHARES MSCI ALL COUNTRY ASIA	659,709	659,709
T ROWE PRICE NEW ASIA-I	582,026	582,026
ISHARES MSCI BRAZIL ETF	288,442	288,442
ISHARES CORE MSCI EMERGING	1,355,698	1,355,698
ISHARES MSCI INDIA ETF	330,729	330,729
MATTHEWS CHINA FUND-INS	325,732	325,732
ISHARES GLOBAL INFRASTRUCTURE	267,724	267,724
VANECK GOLD MINERS	249,150	249,150
ISHARES GOLD TRUST	702,809	702,809

TY 2020 Investments - Other Schedule

Name: AVERY DENNISON FOUNDATION

EIN: 95-3251844

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
PEG GLOBAL PRIVATE EQUITY IX	FMV	220,995	220,995
ISHARES COHEN & STEERS REIT	FMV	522,744	522,744

TY 2020 Other Assets Schedule

Name: AVERY DENNISON FOUNDATION

EIN: 95-3251844

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INTEREST	25,000	0	0

TY 2020 Other Expenses Schedule**Name:** AVERY DENNISON FOUNDATION**EIN:** 95-3251844**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GIFTS SOFTWARE	23,935	0		23,935

TY 2020 Other Increases Schedule**Name:** AVERY DENNISON FOUNDATION**EIN:** 95-3251844**Other Increases Schedule**

Description	Amount
UNREALIZED GAIN	1,178,746

TY 2020 Other Professional Fees Schedule**Name:** AVERY DENNISON FOUNDATION**EIN:** 95-3251844

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	99,056	99,056		0

TY 2020 Taxes Schedule**Name:** AVERY DENNISON FOUNDATION**EIN:** 95-3251844**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	27,428	0		0
FILING FEES	160	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491305004491	
<div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.</div>			<div>OMB No. 1545-0047</div> <div>2020</div>
Name of the organization AVERY DENNISON FOUNDATION				Employer identification number 95-3251844	
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					
<input checked="" type="checkbox"/> 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					
<input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / 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.					
<input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
<input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> 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).					
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	

Name of organization
AVERY DENNISON FOUNDATION

Employer identification number
95-3251844

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	AVERY DENNISON CORPORATION 207 GOODE AVENUE SUITE 500 GLENDALE, CA 91203	\$ 10,000,000	<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 AVERY DENNISON FOUNDATION	Employer identification number 95-3251844
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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) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization AVERY DENNISON FOUNDATION	Employer identification number 95-3251844
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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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	