

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491136018442

Form 990-PF

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 07-01-2020

, and ending 06-30-2021

Name of foundation
VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)
20 NORTH WACKER DRIVE NO 3118

City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60606

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization:

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

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

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 70,308,365

J Accounting method:

☐ Cash

☒ Accrual

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

A Employer identification number

36-2167943

B Telephone number (see instructions)

(312) 214-1521

C If exemption application is pending, check here ▶ ☐

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

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

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

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

Part I

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

(a)

Revenue and expenses per books

(b)

Net investment income

(c)

Adjusted net income

(d)

Disbursements for charitable purposes (cash basis only)

Revenue

1

Contributions, gifts, grants, etc., received (attach schedule)

17,153

2

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

3

Interest on savings and temporary cash investments

4

Dividends and interest from securities

900,672

900,672

5a

Gross rents

b

Net rental income or (loss) _____

6a

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

6,104,061

b

Gross sales price for all assets on line 6a _____
21,786,871

7

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

6,104,061

8

Net short-term capital gain

9

Income modifications

10a

Gross sales less returns and allowances _____

b


Less: Cost of goods sold

c

Gross profit or (loss) (attach schedule)

11

Other income (attach schedule)



102,251

106,433

0

12

Total. Add lines 1 through 11

7,124,137

7,111,166

0

Operating and Administrative Expenses

13

Compensation of officers, directors, trustees, etc.

206,277

41,255

0

165,022

14

Other employee salaries and wages

174,357

0

0

174,357

15

Pension plans, employee benefits

86,695


8,895

0

77,800

16a

Legal fees (attach schedule)



377


0

0

377

b

Accounting fees (attach schedule)



27,020


11,404

0

15,616

c

Other professional fees (attach schedule)



328,278

328,278

0


0

17

Interest

18

Taxes (attach schedule) (see instructions)



115,000

0

0

0

19

Depreciation (attach schedule) and depletion

605

0

0

20

Occupancy

61,654

12,331

0

49,323

21

Travel, conferences, and meetings

1,375

220

0

1,155

22

Printing and publications

1,423


0

0

1,423

23

Other expenses (attach schedule)



211,229

173,129

0

38,100

24

Total operating and administrative expenses.
Add lines 13 through 23

1,214,290

575,512

0

523,173

25

Contributions, gifts, grants paid

2,812,605

2,711,105

26

Total expenses and disbursements. Add lines 24 and 25

4,026,895

575,512

0

3,234,278

27

Subtract line 26 from line 12:

a

Excess of revenue over expenses and disbursements

3,097,242

b

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

6,535,654

c

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

0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	116,395	159,869	159,869
	2 Savings and temporary cash investments			
	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	50,446		
	10a Investments—U.S. and state government obligations (attach schedule)	3,566,138	4,689,814	4,689,814
	b Investments—corporate stock (attach schedule)	30,521,476	39,120,956	39,120,956
	c Investments—corporate bonds (attach schedule)	6,399,739	7,230,975	7,230,975
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans	1,005,884	1,060,406	1,060,406
	13 Investments—other (attach schedule)	14,035,884	17,983,589	17,983,589
	14 Land, buildings, and equipment: basis ▶ <u>46,572</u> Less: accumulated depreciation (attach schedule) ▶ <u>41,394</u>	2,576	5,178	5,178
15 Other assets (describe ▶ _____)	57,578	57,578	57,578	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	55,756,116	70,308,365	70,308,365	
Liabilities	17 Accounts payable and accrued expenses	60,380	49,218	
	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)	60,380	49,218	
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	46,969,807	61,533,063	
	25 Net assets with donor restrictions	8,725,929	8,726,084	
	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)	55,695,736	70,259,147	
30 Total liabilities and net assets/fund balances (see instructions) .	55,756,116	70,308,365		

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	55,695,736
2 Enter amount from Part I, line 27a	2	3,097,242
3 Other increases not included in line 2 (itemize) ▶ _____	3	11,466,169
4 Add lines 1, 2, and 3	4	70,259,147
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	70,259,147

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 PUBLICLY TRADED SECURITIES	P	2015-01-01	2021-12-31
b FROM PASS-THROUGHS	P		
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 21,658,996		15,682,810	5,976,186
b 127,875			127,875
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			5,976,186
b			127,875
c			
d			
e			

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	6,104,061
	3	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

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

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	90,846
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	90,846
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	90,846
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	72,000
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	60,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	132,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	41,154
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 41,154 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>	1a		No
c	Did the foundation file Form 1120-POL for this year?.	1b		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	1c		No
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► IL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		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>WWW.VNAFOUNDATION.NET</u>	13	Yes	
14	The books are in care of ► <u>ROBERT DILEONARDI</u> Telephone no. ► <u>(312) 214-1521</u>			

Located at ► 20 NORTH WACKER DRIVE STE3118 CHICAGO ILZIP+4 ► 60606

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
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.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	No
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c	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.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	No

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

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" 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
CLAUDIA BAIER	PROGRAM DIRECTOR	127,245	20,359	0
20N WACKER DR 3118 CHICAGO, IL 60606	40.00			
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
HARRIS ASSOCIATES LP 2N LASALLE STREET CHICAGO, IL 60602	INVESTMENT ADVISORY	70,694
WILLIAM BLAIR & COMPANY 222 W ADAMS STREET CHICAGO, IL 60606	INVESTMENT ADVISORY	61,054
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	
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	62,647,465
b	Average of monthly cash balances.	1b	294,073
c	Fair market value of all other assets (see instructions).	1c	7,966
d	Total (add lines 1a, b, and c).	1d	62,949,504
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	62,949,504
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	944,243
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	62,005,261
6	Minimum investment return. Enter 5% of line 5.	6	3,100,263

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	3,100,263
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	90,846
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	90,846
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,009,417
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	3,009,417
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	3,009,417

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	3,234,278
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	3,234,278
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	3,234,278

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				3,009,417
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	345,643			
b From 2016.	375,106			
c From 2017.	212,854			
d From 2018.	316,953			
e From 2019.	568,917			
f Total of lines 3a through e.	1,819,473			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 3,234,278				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				3,009,417
e Remaining amount distributed out of corpus	224,861			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,044,334			
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).	345,643			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	1,698,691			
10 Analysis of line 9:				
a Excess from 2016.	375,106			
b Excess from 2017.	212,854			
c Excess from 2018.	316,953			
d Excess from 2019.	568,917			
e Excess from 2020.	224,861			

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 ☐ 4942(j)(3) or ☐ 4942(j)(5)

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

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

Part XV

1 Information Regarding Foundation Managers:

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

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

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

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

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

ROBERT N DILEONARDI
20 N WACKER DRIVE SUITE 3118
CHICAGO, IL 60606
(312) 214-1521

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

GRANTS MUST BE SUBMITTED VIA THE ONLINE GRANTS MANAGEMENT SYSTEM. ALL GRANT REQUESTS MUST HAVE MEASURABLE GOALS AND OBJECTIVES AND SERVE THE MEDICALLY UNDERSERVED.

c Any submission deadlines:

GRANTS ARE DISBURSED FOUR TIMES A YEAR. SEE WEBSITE FOR SUBMISSION DEADLINES.

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

MUST BE ORGANIZATION EXEMPT FROM INCOME TAX UNDER 501(C)(3) AND DESIGNATED AS PUBLIC CHARITY UNDER 509(A)(1) OR 509(A)(2).

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	2,711,105
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	900,672	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.	531390		14	106,433	
8 Gain or (loss) from sales of assets other than inventory			18	6,104,061	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).		0		7,111,166	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13	7,111,166	7,111,166

[illegible]

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

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

--	--	--

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]

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

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

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

**Sign
Here**

2022-04-11

Signature of officer or trustee

Date _____

Title

May the IRS discuss this
return
with the preparer shown
below

(see instr.) ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

BETH ULBRICH

Preparer's Signature

Date _____

2022-04-11

Check if self-employed ► ☐

PTIN

P01439597

Firm's name ► MUELLER & CO LLP

Firm's EIN ► 36-2658780

Firm's address ► 1707 N RANDALL ROAD

ELGIN, IL 60123

Phone no. (847) 888-8600

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
ROBERT N DILEONARDI	EXECUTIVE DIRECTOR 40.00	206,277	33,004	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
M CATHERINE RYAN	TREASURER 4.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
ARLENE MICHAELS MILLER PHD RN	DIRECTOR 4.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
BRIGID E KENNEY	SECRETARY, DIRECTOR 2.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
REGINA MCCLENTON	DIRECTOR 2.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
LAURA N STERN CFA	VICE CHAIR, DIR 2.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
DAVID C RUTTER	DIRECTOR 2.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
NANCY SCINTO	CHAIRMAN OF THE BOARD, DIR 2.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
JACQUELINE SIMON	DIRECTOR 2.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				
SANDRA WILKS	DIRECTOR 2.00	0	0	0
C/O VNA FOUNDATION 20 N WACKER DRIVE 3118 CHICAGO, IL 60606				

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>				
360 YOUTH SERVICES 1305 OSWEGO RD NAPERVILLE, IL 60540		TRANSITIONAL LIVING	WE REQUEST FUNDING FOR OUR FULL-TIME THERAPIST TO PROVIDE MENTAL/BEHAVIORAL HEALTH COUNSELING TO MEDICALLY UNDERSERVED, LOW-INCOME YOUTH IN OUR TRANSITIONAL LIVING PROGRAMS TO ADDRESS ISSUES IMPEDING THEIR ABILITY TO LEAD HEALTHY INDEPENDENT LIVES.	40,000
AIDS FOUNDATION OF CHICAGO 200 WEST MONROE SUITE 1150 CHICAGO, IL 606065075		GENERAL OPERATING SU	AIDS FOUNDATION OF CHICAGO (AFC) RESPECTFULLY REQUESTS A RENEWED ONE-YEAR GENERAL OPERATING GRANT OF \$75,000 TO SUPPORT SERVICES THAT ADVANCE HEALTH EQUITY FOR INDIVIDUALS LIVING WITH AND VULNERABLE TO HIV AND CHRONIC CONDITIONS.	75,000
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON STREET SUITE 228 HILLSIDE, IL 60162		GENERAL OPERATING	THE ALLIANCE IS LEADING EFFORTS IN SUBURBAN COOK COUNTY TO PREVENT AND END HOMELESSNESS FOR THOSE WHO ARE MOST AT RISK OF HOUSING INSTABILITY BY WORKING COLLABORATIVELY ON SERVICE COORDINATION, OUTCOME MEASUREMENT AND SYSTEMIC CHANGE.	40,000
Total ▶ 3a				2,711,105

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>				
ANEW BUILDING BEYOND VIOLENCE AND ABUSE PO BOX 937 HOMEWOOD, IL 60430		GENERAL OPERATING SU	SSFS IS SEEKING GENERAL OPERATING SUPPORT TO HELP MAINTAIN THE SERVICES PROVIDED TO VICTIMS AND DOMESTIC VIOLENCE AND THEIR CHILDREN, AND THE PREVENTION VIOLENCE THROUGH COMMUNITY OUTREACH AND EDUCATION.	40,000
ANTIOCH AREA HEALTHCARE ACCESSIBILITY ALLIANCE 874 MAIN STREET ANTIOCH, IL 60002		GRANT TOWNSHIP NETWO	AAHAA RESPECTFULLY SEEKS SUPPORT FOR ITS RECENT EXPANSION INTO GRANT TOWNSHIP, A RURAL COMMUNITY IN LAKE COUNTY. THIS PROJECT IS LED BY A REGISTERED NURSE AND CONNECTS UNDERSERVED POPULATIONS WITH HEALTHCARE RESOURCES AND ACCESS TO CARE.	25,000
APNA GHAR 4350 N BROADWAY 2ND FLOOR CHICAGO, IL 60613		GENERAL OPERATING SU	GENERAL OPERATING SUPPORT FOR THIS AGENCY THAT PROVIDES COMPREHENSIVE, CULTURALLY COMPETENT SERVICES, AND CONDUCTS OUTREACH AND ADVOCACY TO END GENDER VIOLENCE.	40,000
Total ► 3a				2,711,105

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>				
BETWEEN FRIENDSPO BOX 608548 CHICAGO, IL 60660		GENERAL OPERATING SU	TO SUPPORT EFFORTS TO BREAK THE CYCLE OF DOMESTIC VIOLENCE AND BUILD A COMMUNITY FREE OF ABUSE.	35,000
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST SUITE 720 CHICAGO, IL 60601		GENERAL OPERATIONS	FUNDING SUPPORTS OUTREACH AND SERVICES TO ABOUT 5,000 HOMELESS PEOPLE AT SHELTERS, SCHOOLS, AND DROP-INS. SERVICES INCLUDE A MOBILE LEGAL CLINIC FOR YOUTH WITH HEALTHCARE AND OTHER VITAL NEEDS AND CO-MANAGING THE STREETLIGHT CHICAGO APP.	45,000
CHICAGO VOLUNTEER DOULAS INC PO BOX 5851 CHICAGO, IL 60680		POSTPARTUM DOULA PRO	WE WILL PROVIDE POSTPARTUM DOULA CLIENTS BASED ON NURSE REFERRALS FROM OUR PARTNER NURSE MIDWIVES IN ORDER TO DISRUPT HEALTH OUTCOME DISPARITIES IN VULNERABLE COMMUNITIES.	20,000
Total ► 3a				2,711,105

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

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
CHINESE AMERICAN SERVICE LEAGUE 2141 S TAN CT CHICAGO, IL 60616		CLIENT ADVOCACY UNIT	A ONE-YEAR PILOT OF THE CLIENT ADVOCACY UNIT WILL ENHANCE IMPACT BY HELPING HOUSEHOLDS WITH HIGH NEEDS AND CHALLENGES ACHIEVE HEALTHIER LIVING, AS MEASURED BY SOCIAL DETERMINANTS OF HEALTH INDICATORS, THROUGH EVIDENCE-BASED INTERVENTIONS.	45,000
CONNECTIONS FOR THE HOMELESS 2121 DEWEY EVANSTON, IL 60201		CONNECTIONS' HEALTH	WE PROVIDE IMMEDIATE HEALTH STABILIZATION SERVICES TO PEOPLE WHO ARE HOMELESS. AMID THE COVID-19 PANDEMIC, OUR HEALTH SERVICES ARE MORE IMPORTANT THAN EVER AS WE KEEP PEOPLE HEALTHY AND LAUNCH NEW PARTNERSHIPS TO CONNECT PEOPLE TO THE CARE THEY NEED.	65,000
CRISIS CENTER FOR SOUTH SUBURBIA P O BOX 39 TINLEY PARK, IL 60477		LIVE SAFE PATIENT AD	THE CRISIS CENTER FOR SOUTH SUBURBIA'S LIVE SAFE PATIENT ADVOCACY PROGRAM PROVIDES IDENTIFICATION, ASSESSMENT, AND REFERRAL OF VICTIMS OF DOMESTIC VIOLENCE IN A MEDICAL SETTING. WE ASSIST VICTIMS SEEKING TO BREAK FREE FROM ABUSE.	50,000
Total ▶ 3a				2,711,105

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>				
DEBORAH'S PLACE 2822 W JACKSON BLVD CHICAGO, IL 60612		HEALTH SERVICES PROG	THE HEALTH SERVICES PROGRAM AT DEBORAH'S PLACE PROVIDES HEALTHCARE ACCESS, COORDINATION OF CARE, PREVENTATIVE HEALTHCARE EDUCATION, AND PATIENT ADVOCACY TO WOMEN WHO ARE CURRENTLY AND/OR HAVE FORMERLY EXPERIENCED HOMELESSNESS.	45,000
ENLACE CHICAGO2759 S HARDING CHICAGO, IL 60623		CHW-LED HEALTH EQUIT	THE AIM OF THIS PROPOSAL IS TO CONTINUE TO DEVELOP THE POTENTIAL OF CHWS TO USE HOLISTIC AND CULTURALLY-RELEVANT STRATEGIES TO PROMOTE WELLNESS AND IMPROVE RESIDENTS ACCESS TO HEALTHCARE, MENTAL HEALTH SERVICES AND OTHER SOCIAL SERVICES.	50,000
EVERTHRIVE ILLINOIS 1006 S MICHIGAN AVE SUITE 200 CHICAGO, IL 606052209		GENERAL OPERATING	EVERTHRIVE ILLINOIS SEEKS FUNDING TO ADDRESS THE CHALLENGES THAT PROVIDERS AND WOMEN, CHILDREN, AND FAMILIES FACE IN DELIVERING AND RECEIVING HIGH QUALITY CARE, THROUGH TRAINING AND TECHNICAL ASSISTANCE TO PROVIDERS AND PATIENTS.	50,000
Total ► 3a				2,711,105

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>				
FENIX FAMILY HEALTH CENTER 130 WASHINGTON AVE HIGHWOOD, IL 60040		CHRONIC CARE/CO-19 T	INCREASE ACCESS TO CARE FOR LOW-INCOME SPANISH- SPEAKING IMMIGRANTS. A BILINGUAL RN WILL COORDINATE THE CHRONIC CARE PROGRAM AND NEW COVID-19 TESTING CLINIC, PROVIDING TELEHEALTH AND IN-PERSON CARE, AS WELL AS POST-VISIT FOLLOW-UP.	50,000
FOREFRONT 200 WEST MADISON ST 2ND FLOOR CHICAGO, IL 60606		GENERAL OPERATING SU	SUPPORT OF NONPROFIT AND FOUNDATION BEST PRACTICES, NETWORKING AND INFRASTRUCTURE	7,955
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1200 WASHINGTON, DC 20036		GENERAL OPERATING SU	SUPPORT OF INFORMATION, EDUCATION, BEST PRACTICES AND NETWORKING FOR HEALTH FUNDERS	3,150
Total ► 3a				2,711,105

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>				
GREENLIGHT FAMILY SERVICES 4809 N RAVENSWOOD AVE SUITE 322 CHICAGO, IL 60640		GREENLIGHT COUNSELIN	GREENLIGHT FAMILY SERVICES IS SEEKING A GRANT IN SUPPORT OF OUR GREENLIGHT COUNSELING SERVICES PROGRAM WHICH PROVIDES 20 SESSIONS OF FREE COUNSELING FOR SURVIVORS OF CAMPUS SEXUAL ASSAULT.	40,000
HEALING TO ACTION 332 S MICHIGAN AVE STE 1032/H696 CHICAGO, IL 60604		HEALING GENERATIONS	THROUGH A POWERFUL GRASSROOTS NETWORK OF SURVIVORS, HTA WILL STRENGTHEN COMMUNITY-BASED RESPONSES TO GENDER-BASED VIOLENCE, CONNECTING SURVIVORS FROM MARGINALIZED COMMUNITIES TO LIFESAVING RESOURCES DURING THE GLOBAL HEALTH PANDEMIC.	40,000
HEALTH & MEDICINE POLICY RESEARCH GROUP 29 E MADISON ST SUITE 602 CHICAGO, IL 60602		CHICAGO SCHWEITZER P	THE SCHWEITZER FELLOWS PROGRAM AND FELLOWS FOR LIFE (ALUMNI) PROGRAM IMPROVE THE HEALTH AND WELL-BEING OF UNDERSERVED CHICAGO COMMUNITIES THROUGH DIRECT SERVICE PROJECTS AND FOSTERING THE FELLOWS AND ALUMNI TO BE LIFELONG LEADERS IN SERVICE.	61,500
Total ► 3a				2,711,105

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Provided 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>				
HEARTLAND ALLIANCE HEALTH 4750 N SHERIDAN CHICAGO, IL 60640		YOUNG ADULT SUPPORTI	YASS WILL SERVE 75 YOUTH EXPERIENCING HOMELESSNESS ACROSS CHICAGO THROUGH A COMMUNITY-BASED, INTEGRATED MODEL OF BEHAVIORAL HEALTH, CRISIS INTERVENTION, AND CASE MANAGEMENT SERVICES TO FOSTER HEALING AND STABILITY IN THEIR LIVES.	80,000
HEARTLAND ALLIANCE INTERNATIONAL 208 SOUTH LASALLE STREET SUITE 1300 CHICAGO, IL 60604		THE MARJORIE KOVLER	THE MARJORIE KOVLER CENTER (KOVLER CENTER) WILL PROVIDE INTEGRATED MEDICAL, MENTAL HEALTH, AND SOCIAL SERVICES TO SURVIVORS OF POLITICALLY-SANCTIONED TORTURE AND THEIR FAMILIES, HELPING THEM TO HEAL AND REBUILD THEIR LIVES.	50,000
HEARTLAND HEALTH CENTERS 1301 W DEVON AVE CHICAGO, IL 60660		PERINATAL CASE MANAG	HHC SEEKS RENEWED FUNDING TO SUPPORT ITS PERINATAL CASE MANAGEMENT PROGRAM. THE PURPOSE OF THE PROGRAM IS TO PROMOTE POSITIVE MATERNAL/CHILD HEATH OUTCOMES AMONG ALL OB PATIENTS AND TO FOCUS ESPECIALLY ON THE NEEDS OF EXPECTANT MOTHERS AT HIGH RISK.	70,000
Total ▶ 3a				2,711,105

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>				
HOUSING FORWARD 1851 S 9TH AVENUE MAYWOOD, IL 60153		COMMUNITY HEALTH NUR	HOUSING FORWARD REQUESTS A RENEWAL GRANT TO SUPPORT THE SALARY AND BENEFITS OF OUR COMMUNITY HEALTH NURSE, A KEY COMPONENT OF OUR HEALTH + HOUSING INITIATIVE.	50,000
HOUSING OPPORTUNITIES FOR WOMEN 1607 W HOWARD STREET 3RD FLOOR CHICAGO, IL 60626		HEALTHY AT HOME	HOW IS SEEKING RENEWAL FUNDING TO SERVE ADDITIONAL HIGH NEED CLIENTS THROUGH EXPANSION OF ITS HEALTH SERVICES PROGRAM. THESE EFFORTS WILL FURTHER EMBED HEALTH CARE CASE MANAGEMENT INTO HOWS GENERAL CASE MANAGEMENT OFFERINGS.	45,000
ILLINOIS ASSOCIATION OF FREE AND CHARITABLE CLINICS 42 STEPHEN ST 416 LEMONT, IL 60439		STRONGER TOGETHER	IAFCC INITIATIVES: ANNUAL CONFERENCE, FREE AND CHARITABLE CLINICS MONTH, DATA QUALITY INITIATIVE, VISTA PROGRAM, COVID-19 HEALTH DISPARITIES RESPONSE (TELEHEALTH, MAVEN PROJECT & RAPID RESPONSE FUND), PLUS ADVOCACY FOR FREE AND CHARITABLE CLINICS.	50,000
Total ► 3a				2,711,105

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S WABASH AVE SUITE 800 CHICAGO, IL 60604		IMMIGRANT HEALTH EDU	ICIRR REQUESTS FUNDS TO PROVIDE EDUCATION AND TRAINING ON HEALTH ACCESS TO DIRECTLY IMPACTED IMMIGRANT COMMUNITIES OF COLOR AND HEALTH PROVIDERS IN THE VNA FOUNDATION SERVICE AREAS OF COOK AND DUPAGE COUNTIES, WITH A FOCUS ON CHICAGO.	60,000
JUVENILE PROTECTIVE ASSOCIATION 1707 NORTH HALSTED CHICAGO, IL 60614		BUILDING BRIDGES TO	BUILDING BRIDGES TO NORTH LAWNSDALE PROVIDES VITAL MENTAL HEALTH SERVICES TO CHILDREN, FAMILIES AND EDUCATORS IN FIVE NORTH LAWNSDALE ELEMENTARY SCHOOLS.	40,000
KIDS ABOVE ALL 8765 W HIGGINS ROAD SUITE 450 CHICAGO, IL 60631		DOULA PROGRAM	KIDS ABOVE ALL (KAA) RESPECTFULLY REQUESTS RENEWAL FUNDING FOR OUR DOULA PROGRAM THAT BRINGS TRAINED AND EXPERIENCED CHILDBIRTH COACHES TO LOW-INCOME AT-RISK RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.	20,000
Total ► 3a				2,711,105

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Provided 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>				
LA RABIDA CHILDREN'S HOSPITAL 6501 S PROMONTORY DRIVE CHICAGO, IL 60649		THE CHICAGO CHILD TR	LA RABIDA'S CHICAGO CHILD TRAUMA CENTER (CCTC) SERVES CHICAGO-AREA CHILDREN FROM AGES 1 TO 18 EXPOSED TO TRAUMATIC EVENTS INCLUDING MEDICAL TRAUMA, PHYSICAL ABUSE, SEXUAL ABUSE, WITNESSING AND EXPERIENCING VIOLENCE, AND COMPLEX TRAUMA.	40,000
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623		MOBILE HEALTH TEAM	LAWNDALE CHRISTIAN HEALTH CENTER REQUESTS RENEWAL FUNDING FOR THE CONTINUED EXPANSION OF ITS MOBILE HEALTH TEAM TO PROVIDE ACCESSIBLE HEALTHCARE SERVICES FOR PATIENTS EXPERIENCING HOMELESSNESS AMIDST THE COVID-19 PANDEMIC.	45,000
MICHAEL REESE RESEARCH AND EDUCATION FOUNDATION 1339 S WOOD ST SUITE G CHICAGO, IL 60608		MICHAEL REESE - WOME	TO SUPPORT THE WORK OF THE NURSE CASE MANAGER/CERTIFIED NURSE BREAST PATIENT NAVIGATOR WHO PROVIDES CASE MANAGEMENT, PATIENT NAVIGATION, AND HEALTH EDUCATION FOR UNINSURED AND UNDERINSURED PATIENTS WITHIN OUR WOMENS HEALTH PROGRAM.	50,000
Total ► 3a				2,711,105

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>				
MUJERES LATINAS EN ACCION 2124 W 21ST PLACE CHICAGO, IL 60608		HEALTH & HEALING OF	THIS GEN OPS GRANT WILL ASSURE MUJERES CAN CONTINUE TO ADAPT AS THE COVID19 IMPACTS THE LATINA'S HEALTH AND WELL BEING. FUNDS WILL ASSURE OUR PROGRAMS AND SERVICES, INCLUDING OUR HEALING & PREVENTION OF DOMESTIC AND SEXUAL VIOLENCE ARE INTERRUPTED.	50,000
NEW MOMS INC5317 W CHICAGO AVE CHICAGO, IL 60651		FAMILY SUPPORT	FAMILY SUPPORT OFFERS HOME-BASED PARENT COACHING; DOULA SERVICES SUPPORTING HEALTHY PREGNANCIES; & WEEKLY PARENT SUPPORT GROUPS. WE SUPPORT HEALTHY FAMILIES, POSITIVE PARENTING, & HEALTHY CHILD DEVELOPMENT. NOTE: MOST SERVICES ARE CURRENTLY VIRTUAL.	50,000
NORTH SIDE HOUSING & SUPPORTIVE SERVICES 4410 N RAVENSWOOD SUITE 101 CHICAGO, IL 60640		HEALTH EDUCATION ADV	THROUGH OUR HEALTH EDUCATION AND ADVOCACY PROGRAM (HEAP), A REGISTERED NURSE PROVIDES IN-HOME HEALTH EDUCATION AND MEDICAL CASE MANAGEMENT SERVICES FOR FORMERLY HOMELESS MEN AND WOMEN LIVING IN PERMANENT SUPPORTIVE HOUSING.	60,000
Total ► 3a				2,711,105

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>				
OAK PARK RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE STREET OAK PARK, IL 60302		GENERAL OPERATING SU	THE IWS CHILDREN'S CLINIC PROVIDES HEALTH CARE FOR LOW-INCOME CHICAGO-AREA CHILDREN. THE FUNDS WILL BE USED TO SUBSIDIZE THE COST OF THIS CARE FOR OUR PUBLICLY-INSURED AND UNINSURED PATIENTS; INCREASINGLY IMPORTANT NOW DUE TO COVID-19.	25,000
OLD IRVING PARK COMMUNITY CLINIC 5425 W ADDISON ST CHICAGO, IL 60641		CLINIC NURSE MANAGER	THE CLINIC MANAGER NURSE: PERFORMS BLOOD GLUCOSE, A1C, URINALYSIS, ELECTROCARDIOGRAM TESTS, AND TRAINS OTHERS; SHE HANDLES CASE MANAGEMENT OF LABORATORY RESULTS AND COORDINATES WITH CLINICIANS ON PATIENT MEDICATION AND TREATMENT CHANGES.	50,000
OPTIONS FOR YOUTH 1525 E 53RD STREET SUITE 920 CHICAGO, IL 60615		SUBSEQUENT PREGNANCY	WE REQUESTED A GRANT TO EXPAND OUR SUBSEQUENT PREGNANCY PROGRAM - A ONE-OF-A-KIND INITIATIVE SUPPORTING TEEN MOTHERS WHO HAVE HAD A BABY BEFORE THE AGE OF 18 WITH THE GOALS OF DELAYING A SECOND PREGNANCY AND GRADUATING FROM HIGH SCHOOL.	25,000
Total ► 3a				2,711,105

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>				
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 60603		STAFF AT PLANNED PAR	A GRANT OF \$60,000 WILL SUPPORT THE SALARY OF A PART-TIME ADVANCE PRACTICE NURSE (APN) WHO PROVIDES EXPERT, COMPASSIONATE REPRODUCTIVE AND SEXUAL HEALTH CARE AT PPIL'S AUSTIN HEALTH CENTER.	60,000
PRIMECARE COMMUNITY HEALTH INC 2211 N ELSTON AVE SUITE 301 CHICAGO, IL 60614		INCREASING ACCESS:PS	A GRANT FROM THE VNA FOUNDATION WILL SUPPORT A NEW PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER. THIS POSITION WILL DELIVER PSYCHIATRIC SERVICES TO CHICAGO PATIENTS AS A MEMBER OF AN INTEGRATED CLINICAL TEAM.	60,000
REFUGEEONE5705 N LINCOLN AVE CHICAGO, IL 60659		MEDICAL CASE MANAGEM	TO HELP ENSURE THAT REFUGEES IN NEED OF MEDICAL CARE RECEIVE APPROPRIATE TREATMENT AND DEMONSTRATE IMPROVED HEALTH OUTCOMES.	50,000
Total ▶ 3a				2,711,105

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>				
RESILIENCE 180 N MICHIGAN AVE SUITE 600 CHICAGO, IL 60601		GENERAL OPERATING SU	THIS GRANT WILL SUPPORT RESILIENCE'S WORK ON BEHALF OF SEXUAL VIOLENCE SURVIVORS AND TOWARD ELIMINATING SEXUAL VIOLENCE, VIA MEDICAL AND LEGAL ADVOCACY; TRAUMA THERAPY; EDUCATION AND TRAINING; AND INSTITUTIONAL ADVOCACY AND POLICY.	40,000
ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE 3333 GREEN BAY ROAD NORTH CHICAGO, IL 60064		THE COMMUNITY CARE C	IMPROVE HEALTH AND REDUCE THE INFECTION RATE FOR COVID-19 IN LAKE COUNTY, ESPECIALLY AMONG VULNERABLE AFRICAN AMERICAN AND LATINX RESIDENTS, THROUGH A MOBILE HEALTH PROGRAM THAT BRINGS HEALTH SERVICES TO HIGH RISK/UNDERSERVED COMMUNITIES.	40,000
SHRIVER CENTER ON POVERTY LAW 67 E MADISON SUITE 2000 CHICAGO, IL 60603		GENERAL OPERATING SU	A GRANT WOULD SUPPORT HELPHUB (A TRAINING AND TECHNICAL ASSISTANCE CENTER FOR ENROLLMENT ASSISTERS AND SERVICE PROVIDERS) AND GET CARE ILLINOIS TO FACILITATE ENROLLMENT AND ACCESS, IMPROVE HEALTH OUTCOMES, AND ADDRESS SOCIAL DETERMINANTS OF HEALTH.	50,000
Total ► 3a				2,711,105

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

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
<div>a <i>Paid during the year</i></div>				
<div>SINAI HEALTH SYSTEM 1500 S CALIFORNIA AVENUE OFFICE OF DEVELOPMENT ROOM F-125 CHICAGO, IL 60608</div>		<div>COMMUNITY TRANSITION</div>	<div>WE SEEK RENEWAL FUNDING FOR THE COMMUNITY TRANSITION PROGRAM - A PROGRAM THAT TARGETS INDIVIDUALS WITH DISABILITIES WHO MAY BE AT RISK FOR DOMESTIC VIOLENCE.</div>	<div>48,500</div>
<div>SOUTH SUBURBAN PADS 414 W LINCOLN HIGHWAY CHICAGO HEIGHTS, IL 60411</div>		<div>PATHWAYS TO BETTER H</div>	<div>THE PATHWAYS TO BETTER HEALTH PROGRAM WAS CREATED TO HELP PEOPLE WHO HAVE BEEN HOMELESS TO IMPROVE THEIR HEALTH BY CARE COORDINATION AND ACCESS TO SHELTER AND HOUSING, FOOD AND CLOTHING, PUBLIC BENEFITS, AND PRIMARY AND MENTAL HEALTHCARE.</div>	<div>50,000</div>
<div>SWEDISH HOSPITAL 5145 N CALIFORNIA CHICAGO, IL 60625</div>		<div>PATHWAYS PROGRAM</div>	<div>TO SUPPORT THE COST OF DENTAL, MENTAL HEALTH AND MEDICAL SERVICES FOR SURVIVORS OF HUMAN TRAFFICKING.</div>	<div>15,000</div>
<div>Total ▶ 3a</div>				<div>2,711,105</div>

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>				
TEEN PARENT CONNECTION 475 TAFT AVENUE GLEN ELLYN, IL 60137		DOULA AND PERINATAL	TO SUPPORT DOULA PROGRAMMING THAT IMPROVES PERINATAL HEALTH ACCESS AND EQUITY, AND DECREASE OUTCOME DISPARITIES, FOR ADOLESCENT MOTHERS AND THEIR INFANTS IN DUPAGE COUNTY.	20,000
THE ARK6450 N CALIFORNIA AVE CHICAGO, IL 60645		HEALTH CENTER	THE ARK'S HEALTH CENTER PROVIDES FREE MEDICAL, DENTAL, AND OPTOMETRY CARE FOR LOW-INCOME, UNINSURED PATIENTS. OTHER CLIENT NEEDS (FOOD, HOUSING, ETC.) ARE ADDRESSED THROUGH OTHER ARK DEPARTMENTS, COORDINATED BY A CASE MANAGER.	40,000
THE MAVEN PROJECTPO BOX 156781 SAN FRANCISCO, CA 94115		ENHANCING SPECIALTY	BUILDING ON THE SUCCESS OF THE FIRST YEAR OF PILOTING THE MAVEN PROJECTS PROGRAMMING WITHIN THREE CHICAGO AREA COMMUNITY CLINICS, WE AIM TO INCREASE OUR IMPACT BY PARTNERING WITH 2 ADDITIONAL CLINICS TO EXPAND ACCESS TO SPECIALTY CARE.	50,000
Total ▶ 3a				2,711,105

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>				
THE NETWORK ADVOCATING AGAINST DOMESTIC VIOLENCE ONE EAST WACKER DRIVE SUITE 1630 CHICAGO, IL 60601		GENERAL OPERATING SU	SUPPORT FOR PUBLIC HEALTH EDUCATION PROGRAMMING AND A DOMESTIC VIOLENCE ADVOCATE CO-LOCATED AT A SAFE PLACE & DCFS IN LAKE COUNTY.	55,000
THE NIGHT MINISTRY 1735 NORTH ASHLAND AVE SUITE 2000 CHICAGO, IL 60622		OUTREACH AND HEALTH	THE OUTREACH AND HEALTH MINISTRY PROGRAM PROVIDES BASIC HEALTH CARE SERVICES TO INDIVIDUALS EXPERIENCING POVERTY OR HOMELESSNESS THROUGH OUR 38-FOOT HEALTH OUTREACH BUS AND STREET MEDICINE TEAM.	50,000
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET ST CHARLES, IL 60174		FREE HEALTH CLINIC S	TO SUPPORT THE DELIVERY OF FREE DENTAL, CHRONIC, AND ACUTE CARE SERVICES FOR INDIGENT PEOPLE OF ALL AGES.	20,000
Total ► 3a				2,711,105

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>				
UNIVERSITY OF ILLINOIS AT CHICAGO COLLEGE OF DENTISTRY 801 S PAULINA ST SUITE 250 CHICAGO, IL 60612		NURSE FOR PEDIATRIC	WE WILL OPEN AN AMBULATORY SURGICAL CENTER IN THE COLLEGE OF DENTISTRY TO PROVIDE DENTAL CARE UNDER GENERAL ANESTHESIA FOR UNDERSERVED CHILDREN. WE ARE REQUESTING FINANCIAL SUPPORT TO PARTIALLY FUND A NURSE'S SALARY FOR OUR RECOVERY ROOM.	50,000
WELL CHILD CENTER 620 WING STREET SUITE 2 ELGIN, IL 60123		PEDIATRIC DENTAL PRO	WELL CHILD CENTERS (WCC) PEDIATRIC DENTAL CLINIC AND FIRST TOOTH VISIT PROGRAM PROVIDE COMPREHENSIVE DENTAL SERVICES AND ORAL HEALTH EDUCATION FOR KANE COUNTY CHILDREN WHOSE FAMILIES WHO ARE IN FINANCIALLY DIRE STRAITS.	50,000
YOGACARE1808 W CHICAGO AVE 2R CHICAGO, IL 60622		COVID RESPONSE WELLN	THE GOAL OF THIS REQUEST IS TO SUPPORT THE URGENT AND EMERGENT NEEDS OF YOGACARE PARTNER COMMUNITIES CITYWIDE RESPONDING TO THE COVID-19 PANDEMIC, EMPHASIZING CUSTOMIZED YOGA PROGRAMS, SELF-CARE TRAINING, AND YOGA TEACHER SCHOLARSHIPS.	40,000
Total ► 3a				2,711,105

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

<div>Recipient</div> <div>Name and address (home or business)</div>	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
YOUNG INVINCIBLES 333 SOUTH WABASH AVE SUITE 2700 CHICAGO, IL 60604		STREETLIGHT CHICAGO	TO MAINTAIN STREETLIGHT CHICAGO, PARTNERING WITH CHICAGO COALITION FOR THE HOMELESS TO MAINTAIN AND IMPROVE THE CONTENT AND OUTREACH METHODS, AS WELL AS OBTAIN AND INCORPORATE USER FEEDBACK FROM HOUSING-INSECURE YOUTH.	65,000
YOUTH & OPPORTUNITY UNITED 1911 CHURCH STREET EVANSTON, IL 60201		SUPPORTING YOUTH MEN	WE SEEK FUNDING OF OUR CLINICAL WORK WITH 1,600 UNDERSERVED YOUTH WHOSE MENTAL HEALTH ISSUES ARE UNMET THROUGH TRADITIONAL DELIVERY SYSTEMS. OUR INTEGRATED, SCHOOL-BASED PROGRAMS OFFER ACCESS TO CRITICAL SERVICES AT NO COST TO FAMILIES.	25,000
YOUTH GUIDANCE 1 N LASALLE STREET SUITE 900 CHICAGO, IL 60602		WORKING ON WOMANHOOD	WOW IS A TRAUMA-INFORMED, GROUP COUNSELING & CLINICAL MENTORING PROGRAM THAT BRINGS POSITIVE BEHAVIORAL INTERVENTIONS & SUPPORTS TO GYWOC IN GRADES 7-12. WOW WAS DEVELOPED AS A SEL & MENTAL HEALTH PROGRAM TO SUPPORT THE HEALTH & WELLNESS OF GYWOC.	50,000
Total ▶ 3a				2,711,105

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>				
YOUTH OUTREACH SERVICES 2411 WEST CONGRESS PARKWAY CHICAGO, IL 60612		HOME-BASED THERAPY F	YOS SEEKS TO POSITIVELY MODIFY THE BEHAVIOR OF HIGH-RISK, LOW-INCOME YOUTH THROUGH MULTISYSTEMIC THERAPY, AN IN-HOME, FAMILY-CENTRIC, RESEARCH-BACKED, AND NATIONALLY-PROVEN SOLUTION FOR TROUBLED YOUTH AND THEIR PARENTS.	40,000
ZION BENTON CHILDREN'S SERVICE 1245 27TH STREET ZION, IL 60099		LIND MEMORIAL DENTAL	ZION BENTON CHILDRENS SERVICE SEEKS SUPPORT FOR ITS LIND MEMORIAL DENTAL CLINIC, WHICH PROVIDES HIGH-QUALITY DENTAL CARE TO UNDERSERVED CHILDREN.	15,000
Total ▶ 3a				2,711,105

TY 2020 Accounting Fees Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	27,020	11,404	0	15,616

TY 2020 Investments Corporate Bonds Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION
EIN: 36-2167943

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
NORTHERN TRUST AS CUSTODIAN-FIXED INCOME-CORPS	7,230,975	7,230,975

TY 2020 Investments Corporate Stock Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NORTHERN TRUST AS CUSTODIAN-EQUITIES	38,398,779	38,398,779
NORTHERN TRUST AS CUSTODIAN-EQUITIES ST CASH	722,177	722,177

TY 2020 Investments Government Obligations Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

**US Government Securities - End
of Year Book Value:**

4,183,355

**US Government Securities - End
of Year Fair Market Value:**

4,183,355

**State & Local Government
Securities - End of Year Book
Value:**

506,459

**State & Local Government
Securities - End of Year Fair
Market Value:**

506,459

TY 2020 Investments - Other Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
NORTHERN TRUST AS CUSTODIAN-PALLADIAN PARTNERS VII LP	FMV	1,810,524	1,810,524
NORTHERN TRUST AS CUSTODIAN-PALLADIAN PARTNERS VIII-A	FMV	1,608,303	1,608,303
NORTHERN TRUST AS CUSTODIAN-WHITE OAK FIXED INCOME FUND	FMV	3,018,807	3,018,807
NORTHERN TRUST AS CUSTODIAN-WCM FOCUSED GLOBAL GROWTH FUND	FMV	5,304,368	5,304,368
NORTHERN TRUST AS CUSTODIAN-CF WHITE BOX MULTI-STRATEGY FUND	FMV	4,316,793	4,316,793
NORTHERN TRUST AS CUSTODIAN-ALBERT INTERNATIONAL SMALL CAP FUND	FMV	1,902,880	1,902,880
NORTHERN TRUST PENDING TRADES	FMV	21,914	21,914

**TY 2020 Land, Etc.
Schedule**

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	46,572	41,394	5,178	5,178

TY 2020 Legal Fees Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	377	0	0	377

TY 2020 Other Assets Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ACCRUED INCOME RECEIVABLE	54,789	54,789	54,789
SECURITY DESPOSIT	2,789	2,789	2,789

TY 2020 Other Expenses Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE SUPPLIES & EXPENSE	23,981	2,961	0	21,020
INSURANCE	5,693	1,139	0	4,554
PAYROLL SERVICE & THIRD PARTY ADMINISTRATOR	4,817	963	0	3,854
MEMBERSHIP DUES	3,128	0	0	3,128
WEBSITE EXPENSE	5,544	0	0	5,544
K-1 DEDUCTIONS	168,066	168,066	0	0

TY 2020 Other Income Schedule**Name:** VISITING NURSE ASSOCIATION OF CHICAGO

(AKA) VNA FOUNDATION

EIN: 36-2167943**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
UBIT FROM K-1	-4,182	0	
INCOME FROM K-1	103,110	103,110	
CHANGE IN ACCRUED INC - NORTHERN TR	1,937	1,937	
NON-DED. EXP & T/E INC FROM K-1	1,386	1,386	

TY 2020 Other Increases Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Other Increases Schedule

Description	Amount
CHANGE IN UNREALIZED GAIN ON INVESTMENTS	11,466,169

TY 2020 Other Professional Fees Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HARRIS ASSOC. LP	70,694	70,694	0	0
WILLIAM BLAIR & CO.	61,054	61,054	0	0
NORTHERN TRUST CO.	56,536	56,536	0	0
SEGALL, BRYANT & HAMILL	23,204	23,204	0	0
TAIBER KOSMALA	40,000	40,000	0	0
MONDRIAN	19,049	19,049	0	0
LAZAARD	18,416	18,416	0	0
KAYNE ANDERSON	39,325	39,325	0	0

TY 2020 Taxes Schedule

Name: VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

EIN: 36-2167943

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	115,000	0	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2020
Name of the organization VISITING NURSE ASSOCIATION OF CHICAGO (AKA) VNA FOUNDATION		Employer identification number 36-2167943

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
VISITING NURSE ASSOCIATION OF CHICAGO
(AKA) VNA FOUNDATION

Employer identification number
36-2167943

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	LOUISE MAY WHITEHOUSE CHARITABLE TRUST PO BOX 803878 CHICAGO, IL 60680	\$ 5,945	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	ZENDT CHARITABLE TRUST CO BANK OF AMERICA TRUSTEE 100 WESTMINSTER STREET PROVIDENCE, RI 029032309	\$ 7,107	<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.)

Name of organization VISITING NURSE ASSOCIATION OF CHICAGO (AKA) VNA FOUNDATION	Employer identification number 36-2167943
---	--

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 VISITING NURSE ASSOCIATION OF CHICAGO (AKA) VNA FOUNDATION	Employer identification number 36-2167943
---	--

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	