

For calendar year 2020, or tax year beginning 07-01-2020, and ending 06-30-2021

Name of foundation CHILDREN'S CARE FOUNDATION		A Employer identification number 36-6088708	
Number and street (or P.O. box number if mail is not delivered to street address) 307 N MICHIGAN AVE NO 1005		Room/suite	B Telephone number (see instructions) (312) 201-0540
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		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) ▶ \$ 72,168,262		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 type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) <u>Modified Cash Basis</u> (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)	329,129			
	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 . . .	986,950	986,950		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	5,442,746			
	b Gross sales price for all assets on line 6a 53,614,563				
	7 Capital gain net income (from Part IV, line 2) . . .		5,442,746		
	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)	1,201	0		
	12 Total. Add lines 1 through 11	6,760,026	6,429,696		
	13 Compensation of officers, directors, trustees, etc.	347,380	0		347,380
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	21,105	0		21,105
	c Other professional fees (attach schedule)	117,184	117,184		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	47,658	0		22,657
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	36,293	0		36,293
	21 Travel, conferences, and meetings	791	0		791
	22 Printing and publications				
	23 Other expenses (attach schedule)	26,576	0		26,576
	24 Total operating and administrative expenses. Add lines 13 through 23	596,987	117,184		454,802
	25 Contributions, gifts, grants paid	2,151,000			2,151,000
	26 Total expenses and disbursements. Add lines 24 and 25	2,747,987	117,184		2,605,802
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	4,012,039			
	b Net investment income (if negative, enter -0-)		6,312,512		
	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			
	2 Savings and temporary cash investments	1,343,784	505,380	505,380
	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)	17,663,214	13,509,473	13,509,473
	b Investments—corporate stock (attach schedule)	5,037	0	0
	c Investments—corporate bonds (attach schedule)	4,363,780	9,441,468	9,441,468
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	30,549,940	40,334,591	40,334,591
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	6,776,511	8,377,350	8,377,350	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	60,702,266	72,168,262	72,168,262	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
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	46,389,635	56,414,874	
	25 Net assets with donor restrictions	14,312,631	15,753,388	
	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)	60,702,266	72,168,262	
30 Total liabilities and net assets/fund balances (see instructions) .	60,702,266	72,168,262		

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	60,702,266
2 Enter amount from Part I, line 27a	2	4,012,039
3 Other increases not included in line 2 (itemize) ▶ _____	3	7,453,957
4 Add lines 1, 2, and 3	4	72,168,262
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	72,168,262

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			
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 53,614,563		48,171,817	5,442,746
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			5,442,746
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	5,442,746
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	87,744
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	87,744
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	87,744
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	94,885
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	94,885
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	85
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	7,056
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 7,056 Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 (2) On foundation managers. ► \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	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.CHILDRENSCAREFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ► <u>ROXANNE WARBLE</u> Telephone no. ► <u>(312) 201-0540</u>			

Located at ► 307 N MICHIGAN AVE CHICAGO ILZIP+4 ► 60601

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 type="checkbox"/> Yes <input checked="" 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 <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
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A
Summary of Direct Charitable Activities

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

	Expenses
1 NOT APPLICABLE	0
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	0

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	57,970,998
b	Average of monthly cash balances.	1b	1,827,795
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	59,798,793
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	59,798,793
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	896,982
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	58,901,811
6	Minimum investment return. Enter 5% of line 5.	6	2,945,091

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

1	Minimum investment return from Part X, line 6.	1	2,945,091
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	87,744
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	87,744
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	2,857,347
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	2,857,347
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,857,347

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	2,605,802
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	2,605,802
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	2,605,802

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				2,857,347
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			2,080,174	
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: ► \$ 2,605,802				
a Applied to 2019, but not more than line 2a			2,080,174	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	321,979			
d Applied to 2020 distributable amount.				203,649
e Remaining amount distributed out of corpus	0			
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	321,979			
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.				2,653,698
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).	321,979			
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.	0			
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.				

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					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

ROBERT CAMPBELL
307 N MICHIGAN AVENUE STE 1005
CHICAGO, IL 60601
(312) 201-0540

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

THE FOUNDATION DOES NOT HAVE A FORMAL APPLICATION FORM. THE FOLLOWING INFORMATION IS REQUESTED BEFORE A GRANT CAN BE CONSIDERED: 1) AN EXECUTIVE SUMMARY OF YOUR SPECIFIC PROPOSAL, 2) THE SPECIFIC PROBLEM TO BE ADDRESSED AND CONSTITUENCY IT WILL SERVE, 3) WHY YOUR ORGANIZATION SHOULD UNDERTAKE SUCH A PROPOSED PROJECT AND YOUR SOLUTION STRATEGY ALONG WITH AN EXPLANATION OF HOW THIS WOULD FIT WITH EXISTING PROGRAMS, 4) RESULTS TO BE ACHIEVED AND HOW THEY WILL BE MEASURED, 5) WHY YOU BELIEVE YOUR PROPOSAL IS WORTHY OF A GRANT AND ANYTHING ELSE YOU CONSIDER MATERIAL TO YOUR REQUEST, 6) A BRIEF DESCRIPTION OF YOUR ORGANIZATION, ITS STAFF AND PRESENT PROGRAMS, PAST MAJOR ACCOMPLISHMENTS, AND A LIST OF YOUR OFFICERS AND DIRECTORS, 7) A FULL LISTING OF CORPORATE AND FOUNDATION DONORS WITH THEIR LEVEL OF SUPPORT, 8) PROMOTIONAL BROCHURES, CATALOGUES, OR PRINTED RELEASES RELATIVE TO YOUR ORGANIZATION AND ITS PROGRAMS, AND 9) DETAILED FINANCIAL INFORMATION SUCH AS BUDGET, FINANCIAL REPORTS, ETC.

c Any submission deadlines:

NOT APPLICABLE

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

CHARITABLE GRANTS ARE LIMITED FOR THE BENEFIT OF POOR AND NEEDY CHILDREN IN METROPOLITAN CHICAGO AREA.

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	2,151,000
b <i>Approved for future payment</i> See Additional Data Table				
Total			3b	2,350,000

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
Enter gross amounts unless otherwise indicated.				
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. . . . 14 986,950				
5 Net rental income or (loss) from real estate:				
a Debt-financed property.				
b Not debt-financed property.				
6 Net rental income or (loss) from personal property				
7 Other investment income.				
8 Gain or (loss) from sales of assets other than inventory 18 5,442,746				
9 Net income or (loss) from special events:				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue:				
a COMMISSION RECAPTURE		01	1,176	
b OTHER REVENUE		01	25	
c _____				
d _____				
e _____				
12 Subtotal. Add columns (b), (d), and (e). . . 0 6,430,897 0				
13 Total. Add line 12, columns (b), (d), and (e). 13 6,430,897				

[illegible]

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.				

[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.		
	*****	2022-07-05	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title


May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MELISSA E STRUCK		2022-07-05		P01310867
	Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶ 41-0746749
	Firm's address ▶ 1301 WEST 22ND STREET SUITE 1100 OAK BROOK, IL 60523				Phone no. (630) 573-8600

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
BRUCE E HUEY	PRESIDENT 1.00	0	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
GEORGE S TREES JR	VICE PRESIDENT 1.00	0	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
MICHAEL REED	SECRETARY/TREASURER 1.00	0	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
CHRISTIE GRICIUS	DIRECTOR 1.00	0	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
HELEN BLOVSKY	DIRECTOR 1.00	0	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
MICHAEL CLEAVENGER	DIRECTOR 1.00	0	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
DAVID CANFIELD	DIRECTOR 1.00	0	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
ROBERT L CAMPBELL	ASST. SEC. TREASURER/EXEC. 40.00	196,320	5,000	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				
ROXANNE M WARBLE	VICE PRES./ASSIST. EXEC. D 40.00	160,860	0	0
307 N MICHIGAN AVENUE SUITE 1005 CHICAGO, IL 60601				

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>				
CHILDREN'S CLINIC FKA OAK PARK RIVER FOREST INFANT WELFARE SOCIET 320 LAKE ST OAK PARK, IL 60302	NONE	PC	GENERAL SUPPORT	75,000
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR ST CHICAGO, IL 60622	NONE	PC	GENERAL SUPPORT	75,000
HOLY FAMILY MINISTRIES 3415 W ARTHINGTON CHICAGO, IL 60624	NONE	PC	GENERAL SUPPORT	114,000
Total ▶ 3a				2,151,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMBOLDT PARK HEALTH 1044 NORTH FRANCISCO AVENUE CHICAGO, IL 60622	NONE	PC	GENERAL SUPPORT	707,000
JESSE WHITE TUMBLERS 1336 N SEDGWICK ST CHICAGO, IL 60610	NONE	PC	GENERAL SUPPORT	25,000
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	NONE	PC	GENERAL SUPPORT	425,000
Total ▶ 3a				2,151,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAINT BERNARD HOSPITAL AND HEALTH CARE CENTER 326 W 64TH ST CHICAGO, IL 60621	NONE	PC	GENERAL SUPPORT	730,000
Total  3a				2,151,000

TY 2020 Accounting Fees Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	21,105	0		21,105

TY 2020 Distribution from Corpus Election

Name: CHILDREN'S CARE FOUNDATION

EIN: 36-6088708

Election: FORM 990PF, PART XIII, LINC 4C, COLUMN AREGULATION
REFERENCE 53.4942(A)-3(D)(2)ELECTION:PURSUANT TO INCOME TAX
REGULATION SECTION 53.4942(A)-3(D)(2), THE FOUNDATION ELECTS
TO TREAT QUALIFYING DISTRIBUTIONS IN THE YEAR ENDING JUNE
30, 2021 OF \$321,979 AS DISTRIBUTIONS OUT OF
CORPUS. _____ ROXANNE
WARBLECHIEF FINANCIAL OFFICER

TY 2020 General Explanation Attachment**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1	AMENDED FILING EXPLANATION	FORM 990PF, PART XIII	AMENDED FILING WAS SUBMITTED TO CORRECT THE REPORTING FOR CONTRIBUTIONS RECEIVED FROM TRUSTS AND DISTRIBUTED IN THE SAME TAX YEAR. THESE AS AMOUNTS SHOULD HAVE BEEN TREATED AS AMOUNTS DISTRIBUTED OUT OF CORPUS. THE FOLLOWING AMOUNTS ON THE FORM 990PF, PART XIII WERE AMENDED: LINE 2A AND 4A: UNDISTRICTED INCOME - CHANGED FROM \$1,613,296 TO \$2,080,174 LINE 4C: TREATED AS OUT OF CORPUS - CHANGED FROM \$157,342 TO \$321,979 LINE 4E: APPLIED TO DISTRIBUTABLE AMOUNT - CHANGED FROM \$835,164 TO \$203,649 LINE 6A: CORPUS AMOUNT - CHANGED FROM \$157,342 TO \$321,979 LINE 6F: UNDISTRICTED INCOME - CHANGED FROM \$2,022,183 TO \$2,653,698 LINE 7: AMOUNTS TREATED AS DISTRIBUTIONS OUT OF CORPUS - CHANGED FROM \$157,342 TO \$321,979 THE FOLLOWING INFORMATION WAS UPDATED ON THE FORM 990PF, STATEMENT 13, ELECTION UNDER REGULATIONS SECTION 53.4942(A)- 3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS - THE AMOUNT ELECTED CHANGED FROM \$157,342 TO \$321,979.

TY 2020 Investments Corporate Bonds Schedule

Name: CHILDREN'S CARE FOUNDATION

EIN: 36-6088708

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC 2.900% 11/06/22	46,496	46,496
AGILENT TECH INC 3.875% 7/15/23	10,614	10,614
ALLY FINL INC SR NT 3.050% 6/05/23	10,435	10,435
AMERICAN EXPRESS MTN 2.700% 3/03/22	25,365	25,365
AMERICAN EXPRESS CO 2.650% 12/02/22	118,784	118,784
AUTODESK INC 3.600% 12/15/22	25,892	25,892
BANK OF AMERICA MTN 3.300% 1/11/23	46,969	46,969
BOSTON SCIENTIFIC 3.450% 3/01/24	21,352	21,352
BROOKFIELD FINANCE 4.000% 4/01/24	10,806	10,806
CIGNA CORP NEW GLBL 3.000% 7/15/23	47,128	47,128
CAPITAL ONE FINL 3.500% 6/15/23	31,720	31,720
CHEVRON CORP 3.191% 6/24/23	20,998	20,998
DXC TECHNOLOGY CO 4.250% 4/15/24	21,693	21,693
JOHN DEERE MTN 2.800% 3/06/23	20,840	20,840
DELL INTL LLC EMC 5.450% 6/15/23	27,122	27,122
ENERGY TRANSFER 3.600% 2/01/23	25,941	25,941
FIFTH THIRD BANCORP 3.650% 1/25/24	21,422	21,422
GLP CAPITAL LP FIN 5.375% 11/01/23	10,866	10,866
GENERAL MOTORS FINL 3.700% 5/09/23	36,744	36,744
GOLDMAN SACHS GROUP 4.000% 3/03/24	16,292	16,292

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
GOLDMAN SACHS 3.200% 2/23/23	20,866	20,866
HCA INC 4.750% 5/01/23	26,787	26,787
HEWLETT PACKARD 4.450% 10/02/23	27,036	27,036
ITC HOLDINGS CORP 2.700% 11/15/22	20,560	20,560
JP MORGAN CHASE CO 2.700% 5/18/23	46,788	46,788
JEFFERIES GROUP INC 5.125% 1/20/23	21,371	21,371
L3HARRIS 3.850% 6/15/23	15,944	15,944
L3HARRIS 3.950% 5/28/24	10,835	10,835
LENNAR CORP 4.750% 11/15/22	20,925	20,925
LENNAR CORP 4.500% 4/30/24	21,875	21,875
MPLX LP 4.500% 7/15/23	26,739	26,739
MARATHON PETROLEUM 4.500% 5/01/23	26,661	26,661
MICROCHIP TECHNOLOGY 4.333% 6/01/23	21,328	21,328
MORGAN STANLEY MTN 3.750% 2/25/23	47,421	47,421
MYLAN INC 4.200% 11/29/23	10,725	10,725
NATIONAL RURAL 2.950% 2/07/24	26,394	26,394
ONEOK PARTNERS LP 3.375% 10/01/22	25,684	25,684
ONEOK PARTNERS LP 5.000% 9/15/23	21,590	21,590
ORACLE CORP 2.500% 10/15/22	41,087	41,087
PPG INDUSTRIES INC 3.200% 3/15/23	20,886	20,886

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
PIEDMONT OPERATING 4.450% 3/15/24	16,166	16,166
PLAINS ALL AMER 3.850% 10/15/23	15,899	15,899
RELX CAPITAL INC 3.500% 3/16/23	20,971	20,971
RELIANCE STEEL ALUM 4.500% 4/15/23	10,587	10,587
ROCK TENN CO 4.000% 3/01/23	20,969	20,969
SANTANDER HOLDINGS 3.400% 1/18/23	26,028	26,028
SOUTHERN CA EDISON 0.700% 4/03/23	15,007	15,007
SOUTHERN CO 2.950% 7/01/23	26,082	26,082
SOUTHWEST AIRLINES 4.750% 5/04/23	21,455	21,455
SPECTRA ENERGY 4.750% 3/15/24	27,438	27,438
TIME WARNER ENT 8.375% 3/15/23	22,600	22,600
TRIMBLE INC 4.150% 6/15/23	15,944	15,944
VALERO ENERGY CORP 2.700% 4/15/23	25,919	25,919
VENTAS REALTY LP 3.125% 6/15/23	20,821	20,821
VERIZON COMM 4.150% 3/15/24	10,879	10,879
VIACOM INC 3.875% 4/01/24	21,514	21,514
WP CAREY INC 4.600% 4/01/24	21,840	21,840
WAL MART STORES INC 2.550% 4/11/23	88,139	88,139
WELLS FARGO MTN 3.750% 1/24/24	10,755	10,755
AHOLD FIN USA 6.875% 5/01/29	87,571	87,571

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
AIR PRODS CHEMS INC 1.850% 5/15/27	92,448	92,448
ALTRIA GROUP INC 3.400% 5/06/30	105,461	105,461
AMERICAN EXPRESS CO 3.400% 2/27/23	20,939	20,939
AMERICAN INTL GROUP 4.250% 3/15/29	115,139	115,139
AUTOZONE INC 3.750% 4/18/29	66,869	66,869
BAT CAPITAL CORP 3.557% 8/15/27	123,148	123,148
BGC PARTNERS INC 3.750% 10/01/24	63,314	63,314
BANK OF AMERICA MTN 2.503% 10/21/22	70,469	70,469
BANK OF AMERICA MTN 3.974% 2/07/30	374,213	374,213
BOSTON PROPERTIES LP 3.250% 1/30/31	91,021	91,021
BP CAP MKTS AMER INC 3.194% 4/06/25	70,038	70,038
BROADBRIDGE 2.900% 12/01/29	63,442	63,442
BROADCOM CRP CAYMN 3.875% 1/15/27	71,824	71,824
DUKE ENERGY 3.000% 9/15/21	29,063	29,063
CITIGROUP INC 3.980% 3/20/30	232,193	232,193
CITRIX SYSTEMS INC 4.500% 12/01/27	96,346	96,346
COACH INC 4.250% 4/01/25	97,926	97,926
DXC TECHNOLOGY CO 4.125% 4/15/25	98,915	98,915
DISNEY WALT CO SR 3.800% 3/22/30	131,325	131,325
E TRADE FINANCIAL 4.500% 6/20/28	40,522	40,522

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
EDWARDS LIFESCIENCES 4.300% 6/15/28	98,558	98,558
EMERSON ELEC CO SR 1.800% 10/15/27	71,723	71,723
ENABLE MIDSTREAM 4.400% 3/15/27	44,099	44,099
ESSEX PORTFOLIO LP 4.000% 3/01/29	101,547	101,547
GLP CAPITAL LP FIN 5.250% 6/01/25	67,539	67,539
GLP CAPITAL LP FIN 3.350% 9/01/24	37,076	37,076
GENERAL ELECTRIC CO 3.450% 5/01/27	109,927	109,927
GOLDMAN SACHS GROUP 3.691% 6/05/28	71,767	71,767
GOLDMAN SACHS GROUP 3.500% 4/01/25	135,613	135,613
HARLEY DAVIDSON INC 3.500% 7/28/25	91,657	91,657
HELMERICH PAYNE INC 4.650% 3/15/25	94,540	94,540
HUBBELL INC 3.500% 2/15/28	98,550	98,550
JPMORGAN CHASE CO 3.782% 2/01/28	44,418	44,418
JPMORGAN CHASE CO 4.452% 12/05/29	222,178	222,178
JPMORGAN CHASE CO 3.702% 5/06/30	72,584	72,584
THE KROGER CO 2.200% 5/01/30	110,629	110,629
LAZARD LLC 3.625% 3/01/27	98,155	98,155
LEAR CORP 3.800% 9/15/27	93,687	93,687
MAGELLAN L P 3.250% 6/01/30	96,907	96,907
MASTERCARD INC 3.500% 2/26/28	22,465	22,465

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MONDELEZ 2.750% 4/13/30	100,067	100,067
MORGAN STANLEY 3.591% 7/22/28	88,620	88,620
MORGAN STANLEY MTN 4.431% 1/23/30	152,216	152,216
MORGAN STANLEY MTN 2.625% 11/17/21	45,406	45,406
NVR INC 3.000% 5/15/30	95,420	95,420
NATIONAL RURAL 3.400% 2/07/28	38,502	38,502
NETAPP INC SR NT 2.700% 6/22/30	99,131	99,131
NORTHERN TRUST 1.950% 5/01/30	100,834	100,834
OMNICOM GROUP INC SR 4.200% 6/01/30	103,901	103,901
ONEOK INC 4.000% 7/13/27	99,496	99,496
ORACLE CORPORATION 2.800% 4/01/27	106,043	106,043
PACIFIC GAS ELEC 3.450% 7/01/25	120,541	120,541
PEPSICO INC SR NT 1.625% 5/01/30	122,878	122,878
PHILLIPS 66 2.150% 12/15/30	39,323	39,323
PLAINS ALL AMER L P 3.600% 11/01/24	53,559	53,559
PLAINS ALL AMER 4.650% 10/15/25	44,751	44,751
REINSURANCE GRP 3.150% 6/15/30	37,427	37,427
SANTANDER HOLDINGS 3.244% 10/05/26	106,812	106,812
OFFICE PPTY INCOME 4.500% 2/01/25	97,728	97,728
SOUTHERN CAL EDISON 4.200% 3/01/29	107,142	107,142

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SOUTHERN CALIF GAS 2.550% 2/01/30	36,152	36,152
SOUTHERN CO SR 3.700% 4/30/30	126,816	126,816
SOUTHWEST AIRLINES 5.125% 6/15/27	105,882	105,882
SOUTHWESTERN ELEC 4.100% 9/15/28	108,018	108,018
TC PIPELINES LP 3.900% 5/25/27	93,682	93,682
TEXAS INSTRUMENTS 1.750% 5/04/30	79,598	79,598
TEXTRON INC 4.000% 3/15/26	83,746	83,746
TIMKEN CO 4.500% 12/15/28	94,959	94,959
UDR INC MTN 3.500% 1/15/28	49,169	49,169
UDR INC 4.400% 1/26/29	40,522	40,522
UNITED TECH CORP 7.500% 9/15/29	76,812	76,812
VALERO ENERGY CORP 3.400% 9/15/26	75,804	75,804
VERIZON GLOBAL FDG 7.750% 12/01/30	101,807	101,807
VERISK ANALYTICS INC 4.125% 3/15/29	68,056	68,056
WALMART INC 3.250% 7/08/29	95,061	95,061
WELLS FARGO CO SR 4.60239% 4/04/31	141,839	141,839
BANK OF MONTREAL MTN 2.900% 3/26/22	81,607	81,607
CANADIAN IMPERIAL 2.606% 7/22/23	25,575	25,575
MITSUBISHI UFJ FIN 3.455% 3/02/23	31,510	31,510
ROGERS COMM INC 4.100% 10/01/23	21,380	21,380

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ROYAL BK CDA FR MTN 1.600% 4/17/23	30,650	30,650
SANTANDER UK PLC 4.000% 3/13/24	21,783	21,783
THOMSON REUTERS CORP 4.300% 11/23/23	21,548	21,548
ALLIED WORLD 4.350% 10/29/25	93,319	93,319
AMDOCS LTD SR NT 2.538% 6/15/30	94,990	94,990
ATHENE HOLDING LTD 4.125% 1/12/28	44,611	44,611
BROOKFIELD FINANCE 3.900% 1/25/28	83,698	83,698
FRANCE TELECOM 9.000% 3/01/31	102,230	102,230
KINROSS GOLD CORP 5.950% 3/15/24	39,150	39,150
SUMITOMO MITSUI FINL 3.944% 7/19/28	147,898	147,898

TY 2020 Investments Government Obligations Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708**US Government Securities - End
of Year Book Value:**

13,509,473

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

13,509,473

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

0

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

0

TY 2020 Investments - Other Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
PARAMETRIC DEFENSIVE EQUITY FUND LLC	FMV	2,742,401	2,742,401
VANGUARD FTSE DEVELOPED ETF	FMV	8,107,960	8,107,960
VANGUARD FTSE EMERGING MARKETS ETF	FMV	2,798,051	2,798,051
VANGUARD S P 500 ETF	FMV	19,669,704	19,669,704
VANGUARD MID CAP INDEX FUND ETF	FMV	4,764,801	4,764,801
VANGUARD SMALL CAP INDEX FUND ETF	FMV	2,251,674	2,251,674

TY 2020 Other Assets Schedule

Name: CHILDREN'S CARE FOUNDATION

EIN: 36-6088708

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BENEFICIAL INTEREST IN TRUSTS	6,776,511	8,377,350	8,377,350

TY 2020 Other Expenses Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEMBERSHIP	149	0		149
INSURANCE	17,334	0		17,334
OFFICE EXPENSE	9,057	0		9,057
MISCELLANEOUS	36	0		36

TY 2020 Other Income Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
COMMISSION RECAPTURE	1,176		1,176
OTHER REVENUE	25		25

TY 2020 Other Increases Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708**Other Increases Schedule**

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	5,809,986
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	1,600,839
UNREALIZED GAIN ON ALTERNATIVE INVESTMENTS	43,132

TY 2020 Other Professional Fees Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	103,012	103,012		0
INVESTMENT CUSTODIAL FEES	14,172	14,172		0

TY 2020 Taxes Schedule**Name:** CHILDREN'S CARE FOUNDATION**EIN:** 36-6088708**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAX	22,658	0		22,657
EXCISE TAXES	25,000	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 <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2020
Name of the organization CHILDREN'S CARE FOUNDATION		Employer identification number 36-6088708

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
CHILDREN'S CARE FOUNDATION

Employer identification number

36-6088708

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
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Name of organization CHILDREN'S CARE FOUNDATION	Employer identification number 36-6088708
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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
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<hr/> <hr/> <hr/>	<hr/> \$	<hr/>

Name of organization CHILDREN'S CARE FOUNDATION	Employer identification number 36-6088708
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(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	
(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	
(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	

Additional Data

Software ID:
Software Version:
EIN: 36-6088708
Name: CHILDREN'S CARE FOUNDATION

Form 990 Schedule B, 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
<u>1</u>	AVA W FARWELL TRUST	\$ 34,348	Person <input checked="" type="checkbox"/>
	231 S LASALLE ST		Payroll <input type="checkbox"/>
	CHICAGO, IL 60697		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	LYDIA FREDERICK TRUST	\$ 9,294	Person <input checked="" type="checkbox"/>
	50 S LASALLE ST		Payroll <input type="checkbox"/>
	CHICAGO, IL 60675		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	MARY MEDLOCK TRUST	\$ 89,535	Person <input checked="" type="checkbox"/>
	ONE FIRST NATIONAL PLAZA		Payroll <input type="checkbox"/>
	CHICAGO, IL 60670		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	WILLIAM WATSON TRUST	\$ 46,353	Person <input checked="" type="checkbox"/>
	ONE FIRST NATIONAL PLAZA		Payroll <input type="checkbox"/>
	CHICAGO, IL 60670		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	LOUISE MAY WHITEHOUSE TRUST	\$ 6,446	Person <input checked="" type="checkbox"/>
	50 S LASALLE ST		Payroll <input type="checkbox"/>
	CHICAGO, IL 60675		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	CAROLINE WILLIAMS CHARITABLE TRUST	\$ 6,722	Person <input checked="" type="checkbox"/>
	231 S LASALLE ST		Payroll <input type="checkbox"/>
	CHICAGO, IL 60697		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
7	GEORGE WILLIAMS CHARITABLE TRUST	\$ 7,631	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	231 S LASALLE ST		
	CHICAGO, IL 60697		
8	HOBART W WILLIAMS CHARITABLE TRUST	\$ 108,640	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	231 S LASALLE ST		
	CHICAGO, IL 60697		
9	THE CHICAGO COMMUNITY TRUST	\$ 13,008	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
	111 EAST WACKER DR 1400		
	CHICAGO, IL 60601		