Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

| A | Fort | the 2021 calendar year, or tax year beginning 10/01/2021 a | and ending | omation. | | /20/2020 |
|--------------------------------|----------------|---|---|-------------------------|---|---------------------------|
| | | C Name of organization | and chaing | D Employer ic | lentific | /30/2022 |
| | Checki क्क∵ | if applicable: THE CRADLE FOUNDATION | | | *************************************** | adon number |
| | | idress ange Doing business as | | ┥ | | |
| | | Number and street (or D.O. b | Room/suite | 45-050 E Telephone r | | |
| r | _ | tial return 2049 RIDGE AVENUE | toom/suite | 1 ' ' | | |
| r | Fin | nal return/ City or fown state or province country and ZID or forsion postal and | | (847) | <u> 175-</u> | 5800 |
| r | | | | | | |
| F | | EVANSTON, IL 60201 F Name and address of principal officer: .TASON FRIEDMAN | ··· | G Gross receip | ts\$ | 3,442,177 |
| L | per | OLIDON LICEDIMAN | | H(a) Is this a gr | | rn for Yes X N |
| | | 2049 RIDGE AVENUE, EVANSTON, IL 60201 | | H(b) Are all subo | | ncluded? Yes N |
| <u> </u> | | exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | If "No," | attach a | list. See instructions |
| <u></u> | | site: ► WWW.CRADLE.ORG | | H(c) Group exe | nption n | umber 🕨 |
| K | | n of organization: X Corporation Trust Association Other | L Year of forma | ation: 2003 M | State | of legal domicile: IL |
| ž. | art I | | | | | |
| | 1 | SUPPOR | TING THE (| CRADLE'S A | DOP | FTON |
| 9 | 2 | PROGRAMS AND SERVICES. | | | | |
| 2 | | | | | | |
| ğ | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of | of more than 25° | % of its net asse | te | - |
| Ģ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | is or no not about | 3 | |
| مح د | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | • • • • • • • • | | 4 | |
| Activities & Governance | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 5 | |
| 2 142 | 6 | Total number of volunteers (estimate if necessary) | | | - | NONE |
| Ă | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 6 | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 7a | |
| _ | | take to the same from 1 only 300-1, 1 dit1, line 11 | · · · · · · · · · · · · · · · · · · · | | 7b | |
| | 8 | Contributions and grants (Part VIII line 1h) | | Prior Year | | Current Year |
| Revenue | 9 | Contributions and grants (Part VIII, line 1h) | | 1,328,9 | 78. | 2,319,266. |
| vel | 10 | Program service revenue (Part VIII, line 2g) | • • • • • | | ONE | NONE |
| ಷ | 11 | Investment income (Part VIII, column (A), lines 3, 4, and 7d). | | 1,059,1 | 57. | 1,121,426. |
| | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 8,2 | | -114,616. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,396,3 | 50. | 3,326,076. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 2,650,00 | 00. | 2,750,000. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | N | ONE | NONE |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 419,36 | 57. | 468,037. |
| Expenses | 16 a | Professional fundraising fees (Part IX, column (A), line 11e) | | N | ONE | NONE |
| ä | b | • Total fundraising expenses (Part IX, column (D), line 25) ▶ 502,301. | | | | |
| _ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 360,88 | 35. | 456,512. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,430,25 | | 3,674,549. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -1,033,90 | | -348,473. |
| Sor | | | | ining of Current | | End of Year |
| set | 20 | Total assets (Part X, line 16) | | 14,544,90 | 15 | 10,772,249. |
| Net Assets or Fund Balances | 21 | Total liabilities (Part X, line 26) | • • • • | 5,328,91 | | 5,849,422. |
| Fe | 22 | Net assets or fund balances. Subtract line 21 from line 20. | • | 9,215,99 | | |
| Pa | rt II | Signature Block | •••• | 0,210,93 | 4. | 4,922,827. |
| Und | der per | nalties of perjury, I declare that I have examined this return, including accompanying schedules a | and statements a | and to the best of | row kn | outodge and halist it is |
| true | e, corre | ect, and complete. Declaration of preparer (other than officer) is based on all information of which pr | reparer has any kr | nowledge. | ·ily. Kii | owiedge and belief, it is |
| | | \ \\ \tag{h} \tag{1} | | 05/5 | 1 /0 | |
| Sig | n | Signature of officer | | Date | 31/20 | J23 |
| Hei | re | JASON FRIEDMAN PRESTI | | | | |
| | | Type or print name and title | DENT & CEO | <u> </u> | | |
| | | Dept. Consequent | Data | | | *** |
| Paid | | | Date | Check | if PT | IIN |
| Prep | arer | | 06/02/202 | 3 self-employe | d P | 01421192 |
| Use | Only | Firm's name ► MILLER, COOPER & CO., LTD. | | Firm's EIN | 36- | -2897372 |
| | | Firm's address > 1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015 | | Phone no. | 84 | 7-205-5000 |
| | | RS discuss this return with the preparer shown above? See instructions | | | | X Yes No |
| For | Paper | work Reduction Act Notice, see the separate instructions. | | | | Form 990 (2021) |

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| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
|---------------|--|-----|-------|--------------|
| | complete Schedule A | 1 | | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | +-^ | + |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | 1 | † |
| -unite | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues. | | | |
| _ | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| 7 | "Yes," complete Schedule D, Part I. | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| Ü | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| 9 | complete Schedule D, Part III | 8 | - | X |
| _ | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | + | X |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | x | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | +^ | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | 1 | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| e • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| ' | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| 12 a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | X | |
| , u | Schedule D, Parts XI and XII | 1.0 | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | | X |
| ~ | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | ,, | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | X | v |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 144 | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Χ, |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 19 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 13 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| 20 a | If "Yes," complete Schedule G, Part III | 19 | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | _X |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | х | |
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| - | 990 (2021) 45-050 | 6764 | 1 | Dana |
|--------|---|------|---------------|------------|
| Pa | Checklist of Required Schedules (continued) | | | Page |
| 22 | Did the organization report more than \$5,000 of more than | | Ye | s No |
| | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | . 22 | | <u> </u> |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees rii res, complete Schedule J | 22 | | |
| 24 a | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | . 23 | X | - |
| | \$ 100,000 as of the last day of the year, that was issued after December 31, 20022 if "Ves." answer lines 24b | ı | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 240 | | ٠, |
| Ł | This the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 241 | | X |
| c | : Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | ' | |
| | to defease any tax-exempt bonds? | 240 | | |
| c | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | + |
| 25 a | Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in an excess benefit | | - | - |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule I Part I | 25a | | Х |
| b | is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 100 | + | + 1 |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-F72 | | | 1 |
| | n res, complete Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | 1 | +21 |
| | of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule I Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | 1 | † <u> </u> |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of those | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | was the organization a party to a business transaction with one of the following parties (see the Schedule I | | | |
| _ | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| h | "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. | 28b | | X |
| · | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| 29 | "Yes," complete Schedule L, Part IV | | | Х |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | ļ | X |
| - | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 31 | conservation contributions? If "Yes," complete Schedule M | | | X |
| 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | X |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | X |
| | or IV, and Part V, line 1 | 24 | 7.7 | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | X | 7.7 |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 35a | | X |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 330 | | |
| 32 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | v |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | X |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b, and [| - 7 | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| art | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| i A | eportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| 1030 1 | | Form | 990 (| 2021) |

THE CRADLE FOUNDATION 45-0506764 Form 990 (2021) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a NONE b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... 3a Χ b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... Χ 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Χ 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a 7b Х c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders................. b Gross income from other sources. (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Х b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?......

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent. 1h 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.... Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Х ø 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 X 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х d8 Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? \dots 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X Did the organization have a written whistleblower policy?.... 13 Х 13 Did the organization have a written document retention and destruction policy?..... 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ IL, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request X Another's website Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records > JASON FRIEDMAN 2049 RIDGE AVENUE EVANSTON, IL 60201 847-475-5800 Form 990 (2021) JSA 1E1042 1.000

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|--|----------------|-------|---|------------|---|-----|--------------|----------|-------------|------------|--------|
| Part VII | Compensation | of | Officers, | Directors. | Trustees. | Kev | Employees | Highest | Componented | Employees | raye r |
| | Independent Co | ontra | actors | , | , | , | minploy ccs, | riighest | Compensated | Employees, | and |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| Check this box if neither the organization nor | any related | dorga | niza | atior | 1 00 | mpen | sate | ed any current offic | er, director, or tru | stee. |
|--|---|---------------------|--|-------|--------------------|--|-------------|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, offic Individu | Positi do not check m ox, unless pers ficer and a dir | | morerson direct | ition more than one rson is both ar irector/trustee | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) JASON FRIEDMAN | 10.00 | | | | | | | | | |
| PRESIDENT & CEO | 30.00 | | | х | | | | NIONIE | 251 658 | |
| (2) SIMONE WHEELER | 40.00 | | | 2. | | | | NONE | 251,657. | 1,874. |
| VP DEVELOPMENT | NONE | | | х | | | | 109,204. | NONE | |
| (3) JOEL E. SOLOMON | 1.00 | | | | | | | 109,204. | NONE | 18,392. |
| CHAIR & TREASURER | NONE | х | | х | | | | NONE | NICATE | 2702777 |
| (4) PHYLLIS S. THOMAS | 1.00 | | | | | | | NONE | NONE | NONE |
| SECRETARY | NONE | Х | | x | | | | NONE | NONE | MONT |
| (5) CORRY CONNELLY | 1.00 | | | | | | | NONE | NONE | NONE |
| DIRECTOR | NONE | Х | | | | | | NONE | NONE | MONT |
| (6) THERESE FAUERBACH | 1.00 | | | | | | _ | NONE | NONE | NONE |
| DIRECTOR | NONE | х | | | | | l | NONE | NONE | NONE |
| (7) | | | | | | | | NOIVE | NONE | NONE |
| (8) | | | | | _ | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | + | | \parallel | | | |
| (12) | | | _ | + | + | | \dashv | | | |
| (13) 5 | | | | + | + | - | | | | |
| (14) | | | \dashv | | - | | | | | |

, 4 ; a

| Part VII Section A. Officers, Directors, Tru (A) Name and title | (B) Average | | | Pos | C) sition | | | (D) Reportable | (E) Reportable | (F) |
|--|---|--------------------------------|-----------------------|----------------|----------------|------------------------------|-------------|---|--|--|
| | hours per week (list any hours for related | box, | unle: | ss pe d a d | rson lirect | e than is both or/trus | an tee) | compensation from the organization | compensation related organization (W-2/1099-MI | from amount of other compensation |
| | organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | ((V V - 27 1 0 9 9 - IVII | organization and related organizations |
| | | ee | stee | | | insated | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| b Sub-total | | | | • • | ••• | | > | 109,204. | 251,65 | |
| d Total (add lines 1b and 1c) | CUONA | | | • • | | | > | NONE 109,204. | NO 251,65 | |
| ! Total number of individuals (including but not lir reportable compensation from the organization | mited to th | ose li | sted | abo | ove) | who | rec | eived more than \$ | 100,000 of | 20,20 |
| Did the organization list any former office employee on line 1a? If "Yes," complete Schedule | r. director | , or | trus | tee, | ke | av ei | mplo | oyee, or highest | compensated | 1 _ 1. |
| For any individual listed on line 1a, is the su organization and related organizations greaters. | um of repo | ortable \$150 | e co | mp 0? | ens If | ation "Yes." | and | d other compensa | ation from the | |
| individual | ccrue com | nens | ation | n fro | ٦m | anv | unre | lated organization | or individual | \$2500 DESTRUCTION |
| Section B. Independent Contractors Complete this table for your five highest compe | | | | | | | | | | |
| compensation from the organization. Report coryear. | mpensatio | n for t | he o | cale | nda | r yea | ren | ding with or within | the organiza | tion's tax |
| (A) Name and business addre | ss | | | | | | | (B) Description of serv | ices | (C) Compensation |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total number of independent contractors (incl | luding but | nct ! | l== !# | م ما | | | 17 - 1 | and the second | 888,0075 | v 7278 randapens AVV subescent |
| Total number of independent contractors (incl more than \$100,000 in compensation from the o | luding but organizatio | not l n ▶ | imit | ed | to t | those | list NOI | | eceived | |

E F 2

Form 990 (2021) THE CRADLE FOUNDATION Part VIII Statement of Revenue

| | , <u>,</u> | Check if Schedule O contains a respo | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclu from tax und sections 512- |
|--|------------|--|---------------------------------------|----------------------|--|--------------------------------------|--|
| and Other Similar Amounts | S 1a | 14 | | | | | |
| ָ ֭֭֭֭֓֞֞֞֞֞ | [t | 10 | | | | | |
| ַהַ בְּי | { | 10 | 148,042. | | | | |
| 5.5 | <u>a</u> c | i i i i i i i i i i i i i i i i i i i | | | | | |
| 2 | | Te de la contraction de la con | | | | | |
| 50 | ן פ | All other contributions, gifts, grants, | | | | | |
| 4 | 2 | and similar amounts not included above . 1f | 2,171,224. | | | | |
| Ċ | 9 | | | | | | |
| 2 | | lines 1a-1f 1g | | | | | |
| | h h | Total. Add lines 1a-1f | | 2,319,266. | | | |
| | | | Business Code | | | | |
| | 2a | | | | | | |
| Jue. | p | | | | | | |
| Ve | C | | | | | | |
| Š | d | | | | | | |
| Revenue | е | | | | | | |
| | 1 | All other program service revenue | | | | | |
| | <u> </u> | Total. Add lines 2a-2f | | NONE | | | |
| | 3 | Investment income (including dividends, | | | | | |
| | | other similar amounts) | | 135,539. | | | 135,5 |
| | 4 | Income from investment of tax-exempt bond | | NONE | | | |
| | 5 | Royalties | | NONE | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | C | Rental income or (loss) 6c NONE | | | | | |
| | d | Net rental income or (loss) | | NONE | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| , | | other than inventory 7a 985,887. | | | | | |
| 5 | b | Less: cost or other basis | | | | | |
| כתוכו ויכאפוותם | ١. | and sales expenses 7b | | | | | |
| 2 | ٦ | Gain or (loss) 7c 985,887. | | | | | |
| | a | Net gain or (loss) | · · · · · · • • | 985,887. | | | 985,88 |
| 5 | 8a | Gross income from fundraising | | | | | |
| | | events (not including \$148,042. | | | | | |
| | | of contributions reported on line | 1 405 | | | | |
| | | 1c). See Part IV, line 18 8a | 1,485. | | | | |
| | b | Less: direct expenses | 116,101. | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | -114,616. | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | нои | | | | |
| | L | | NONE | | | | |
| | b | Less: direct expenses | | NOVE | | | |
| | | | | NONE | | | |
| | 10a | Gross sales of inventory, less returns and allowances | NONE | | | | |
| | b | Less: cost of goods sold | NONE | | | | |
| | C | Net income or (loss) from sales of inventory. | | NONE | | | |
| † | | , tay and table of arrownery, t | Business Code | NONE | | | ····· |
| , | 11a | | | | | | |
| NCVC110C | b | | | | | | |
| ; | C | | | | | | |
| | | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | Norm | | | |
| ــــــــــــــــــــــــــــــــــــــ | 12 | Total revenue. See instructions | | NONE | | | |
| | | The state of the s | | 3,326,076. | | | 1,121,426 |
| £ 4 | 1.000 | OPC 4116 06/02/2023 10:23:34 | | | | F | orm 990 (202 |

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) (D) Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2,750,000 2,750,000 2 Grants and other assistance to domestic individuals. See Part IV, line 22 NONE 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 NONE 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors. NONE 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) NONE 384,<u>494</u> 126,908 257,586. 8 Pension plan accruals and contributions (include NONE section 401(k) and 403(b) employer contributions) 9 Other employee benefits NONE 83,543. 27,656 55,887. 11 Fees for services (nonemployees): NONE NONE NONE NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees 11,198. 3,833. 7,365. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 238,270. 99,873. 138,397. 12 Advertising and promotion 11,529 1,558. 9,971. 15,333. 4,779 10,554. 14 Information technology........ NONE 15 Royalties............ NONE 20,798 15,798. 5,000. 858 136. 722 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE Conferences, conventions, and meetings 19 4,940. 2,468 2,472. 48,317. 48,317. NONE 22 Depreciation, depletion, and amortization 23,917. 23,917. 31,913. 31,913. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MISC EXPENSES 1,965 1,555. 410. b EDUCATION AND RESEARCH 6,484 3,691 2,793. c EQUIPMENT REPAIRS & MAINTENA 34,936. 26,321. 8,615. d POSTAGE & SHIPPING 2,865. 336. 2,529. e All other expenses 3,189. 3,189 25 Total functional expenses. Add lines 1 through 24e 2,750,000 3,674,549. 422,248. 502,301. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 following SOP 98-2 (ASC 958-720) . .

· 3 · 4

| F | ane | 1 | , |
|---|-----|---|---|
| | | | |

Part X Balance Sheet

| -, , , , , , , , , , , , , , , , , , , | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|----------|---------------------|
| 1 | Cash - non-interest-bearing | 136,735 | . 1 | 275,214 |
| 2 | Savings and temporary cash investments | NON | 2 | NON |
| 3 | Pledges and grants receivable, net | 124,732 | 3 | 119,732. |
| 4 | Accounts receivable, net | NONI | 4 | NONI |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| ı | controlled entity or family member of any of these persons | NONE | 5 | NONE |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | NONE | 6 | NONE |
| Assets | Notes and loans receivable, net | NONE | | NONE |
| SS 8 | Inventories for sale or use | NONE | | NONE |
| 9 | Prepaid expenses and deferred charges | 47,512. | 9 | 25,175. |
| 10 a | Land, buildings, and equipment: cost or other | | <u> </u> | 20/1/01 |
| | basis. Complete Part VI of Schedule D 10a 30, 451. | | | |
| b | Less: accumulated depreciation 10b 30,003. | 448. | 10c | 448. |
| 11 | Investments - publicly traded securities | 14,235,478. | 11 | 10,351,680. |
| 12 | Investments - other securities. See Part IV, line 11 | NONE | | NONE |
| 13 | Investments - program-related. See Part IV, line 11 | NONE | | NONE |
| _m 14 | Intangible assets | NONE | | NONE |
| 15 | Other assets. See Part IV, line 11 | NONE | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 14,544,905. | 16 | NONE 10,772,249. |
| 17 | Accounts payable and accrued expenses | 13,395. | 17 | 11,982. |
| 18 | Grants payable | NONE | | NONE |
| 19 | Deferred revenue | NONE | | NONE |
| 20 | Tax-exempt bond liabilities | NONE | | NONE |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | | |
| ပ္ထု 22 | Loans and other payables to any current or former officer, director, | 1,01,1 | | NONE |
| Ē | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| C Liabilities | controlled entity or family member of any of these persons | NONE | 22 | MONTH |
| 23 | Secured mortgages and notes payable to unrelated third parties | 2,100,000. | 23 | NONE |
| 24 | Unsecured notes and loans payable to unrelated third parties | NONE | | 2,100,000. |
| 25 | Other liabilities (including federal income tax, payables to related third | NONE | 24 | NONE |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 2 215 516 | 25 | 2 52 5 440 |
| 26 | Total liabilities. Add lines 17 through 25 | 3,215,516. | 25 | 3,737,440. |
| ß | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | 5,328,911. | 26 | 5,849,422. |
| 27 | Net assets without donor restrictions | | | |
| 28 | Net assets with donor restrictions. | 4,504,195. | 27 | 195,604. |
| 3 20 | Organizations that do not follow FASB ASC 958, check here ▶ | 4,711,799. | 28 | 4,727,223. |
| 27 28 29 30 31 | and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ` | | | | |
| 32 | Total liabilities and net assets/fund balances | 9,215,994. | 32 | 4,922,827. |

Form **990** (2021)

t t s

Form 990 (2021)

| | 990 (2021) | | | | | age 12 |
|--------------|---|--------|---------------|----------|-----|--------|
| Par | XI Reconciliation of Net Assets | | | | | age 12 |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 076 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 549 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 473 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | ************* | | | 994 |
| J 5 | Net unrealized gains (losses) on investments | 5 | | | | 694 |
| 6 | Donated services and use of facilities | 6 | | <u> </u> | 717 | 074 |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O). | 9 | | | •• | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line | | | | | *** |
| Ent west Sta | 32, column (B)) | 10 | | 4 0 | 122 | 827 |
| Part | Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," exp | olain | on | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | oiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | , | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on | a | | | |
| *** | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | siaht | of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountan | t? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, exp | lain d | on [| | | |
| | Schedule O. | | İ | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set fortly | in th | ne | | | |
| | Single Audit Act and OMB Circular A-133? | | - 1 | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | ran tl | ne | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | lits . | | 3b | | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to F

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number THE CRADLE FOUNDATION 45-0506764 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) SEE SUPPLEMENTAL PAGE Yes No (A) (B) (C) (D) (E) 2,750,000

| | Support Schedule for Org (Complete only if you check Part III. If the organization fa | ed the box on | iline 5. 7. or 8 | of Part Lor if | the organization | on failed to au |)(vi) alify under |
|----------------|---|-------------------------|----------------------|------------------|---------------------------------------|----------------------|---|
| Se | ction A. Public Support | | | | | | *************************************** |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | (7,100) |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | tion B. Total Support | | | - | | I | <u> </u> |
| Cale | endar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 8 | Amounts from line 4 | | | | | (0) 2021 | (i) rotal |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | · · · · · · · · · · · · · · · · · · · | 12 | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here. | the organization | on's first, secon | d third fourth | or fifth tay yes | r as a section | 501(c)(3) |
| Sec | tion C. Computation of Public Supp | oort Percenta | ge | | | | |
| 4 5 6a | Public support percentage for 2021 (lir Public support percentage from 2020 S 331/3% support test - 2021. If the org | Schedule A, Pa | art II, line 14 | | | 14 15 | % % |
| | box and stop here. The organization qu | ialifies as a pub | licly supported | organization | 14 11110 14 15 55 | 175 70 01 111016, 0 | TIECK UIIS |
| b | 331/3% support test - 2020. If the org | anization did n | ot check a box | on line 13 or 16 | a and line 15 is | 331/3 % or mo | re check |
| | this box and stop here. The organization | n qualifies as a | publicly suppo | rted organizatio | n | 3 3 3 173 70 01 1110 | le, check |
| 7a | 10%-facts-and-circumstances test - 2 | 021. If the org | anization did n | ot check a box | on line 13, 16a | or 16b. and li | ine 14 is |
| | 10% or more, and if the organization | meets the fac | cts-and-circums | tances test, che | eck this box an | d stop here. F | xplain in |
| | Part VI how the organization meets t | he facts-and-c | ircumstances te | st. The organiz | ation qualifies | as a publicly s | upported |
| b | organization | | ganization did n | ot check a box | on line 13, 16 | | and line |
| | 15 is 10% or more, and if the organiz in Part VI how the organization meets | the facts-and- | -circumstances t | est. The organi | zation qualifies | as a publicly si | upported |
| 8 | organization | did not char | kaharan II | 10 10 10 | 470 470 | alanda Alata A | ▶ 📋 |
| | instructions | | | | | | |
| | | · · · · · · · · · · · · | | | | | A (Form 990) 2021 |

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | io teoto noted b | olow, ploade c | ompicte i art | | |
|-------------|--|---------------------|-------------------------|---------------------|-------------------------|------------------|------------------|
| | endar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (A Total |
| 1 | Gifts, grants, contributions, and membership fees | | (/ | (0) 2010 | (u) 2020 | (e) 2021 | (f) Total |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | - |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| ₁ 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| · | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| · | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | | ···· | - | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| <i>r</i> a | Amounts included on lines 1, 2, and 3 | | | | | | |
| h | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | tion B. Total Support | | 1 | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 19 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for | the organization | on's first secons | third fourth | ar fifth tour | | 5044.440 |
| | organization, check this box and stop here. | the organization | ons mst, second | , uma, routur, | or min tax yea | r as a section | 501(c)(3) |
| Sect | ion C. Computation of Public Suppo | ort Percenta | | • • • • • • • • | · · · · · · · · · · · · | | 🏲 📗 |
| | Public support percentage for 2021 (line 8, c | | | on (6)) | Т | | |
| 16 | Public support percentage from 2020 Schedu | de A. Part III. lin | ed by lifte 13, colui: | (1)) | • • • • • • • | 15 | <u>%</u> |
| Sect | ion D. Computation of Investment I | ncomo Poro | ontogo | | <u> </u> | 16 | % |
| | | | | | | | |
| ı / | Investment income percentage for 2021 (line | nuc, column (1 | r), aivided by line 1 | 3, column (f)) | • • • • • • | 17 | % |
| 18 | Investment income percentage from 2020 Sc | nedule A, Part | III, line 17 | | <u>.</u> | 18 | % |
| y a | 331/3% support tests - 2021. If the orga | inization did n | ot check the box | on line 14, and | d line 15 is mor | e than 331/3%, | and line |
| | 17 is not more than 331/3%, check this | box and stop | here. The organi | zation qualifies a | s a publicly sup | ported organiza | tion ▶ |
| b | 331/3% support tests - 2020. If the organ | zation did not | check a box on | line 14 or line 19 | a, and line 16 is | s more than 331 | /3 %, and |
| | line 18 is not more than 331/3%, check th | is box and st | op here. The org | anization qualifies | s as a publicly s | upported organiz | zation 🕨 🔃 |
| 20 SA | Private foundation. If the organization dic | not check a | box on line 14 | , 19a, or 19b, | check this box | and see instru | ctions 🕨 |
| 5A E1221 | 1.000 | | | | | Schedule | A (Form 990) 202 |

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | Yes | No |
|------------|---|-----|-----|----|
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | X | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | X |
| 3a | lines 3b and 3c below. | 3a | | X |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | Х |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | - | X |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| _ | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | X |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | Χ |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | X |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | X_ |
| b . | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | X |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | X |
| 10 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| b | supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 10a | | X |
| ~ | determine whether the organization had excess business holdings.) | 10b | | |

THE CRADLE FOUNDATION 45-0506764 Schedule A (Form 990) 2021 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Χ Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Yes No 2 Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b

Parent of Supported Organizations. Answer lines 3a and 3b below.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

| The state of the s | *** | | 9- | | | | | |
|--|--------------|--|--------------------------------|--|--|--|--|--|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic | S | | | | | | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifyi | ing trust or | on Nov. 20, 1970 (explain in Part VI). See | | | | | | |
| instructions. All other Type III non-functionally integrated supporting organ | nizations i | nust complete Section | ns A through E. | | | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | | | |
| 1 Net short-term capital gain | 1 | | | | | | | |
| 2 Recoveries of prior-year distributions | 2 | | | | | | | |
| 3 Other gross income (see instructions) | 3 | | | | | | | |
| 4 Add lines 1 through 3. | 4 | | | | | | | |
| 5 Depreciation and depletion | 5 | | | | | | | |
| 6 Portion of operating expenses paid or incurred for production or collection | | | | | | | | |
| of gross income or for management, conservation, or maintenance of | | | | | | | | |
| property held for production of income (see instructions) | 6 | | | | | | | |
| 7 Other expenses (see instructions) | 7 | | | | | | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | | |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | | | | | | |
| instructions for short tax year or assets held for part of year): | | | | | | | | |
| a Average monthly value of securities | 1a | | | | | | | |
| b Average monthly cash balances | 1b | | | | | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | | | | | |
| e Discount claimed for blockage or other factors | | | | | | | | |
| (explain in detail in Part VI): | | | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | | |
| 3 Subtract line 2 from line 1d. | 3 | | | | | | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | | | | |
| see instructions). | 4 | | | | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | | |
| 6 Multiply line 5 by 0.035. | 6 | | | | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | | |
| Section C - Distributable Amount | | | Current Year | | | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | | | |
| 2 Enter 0.85 of line 1. | 2 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | | | |
| 4 Enter greater of line 2 or line 3. | 4 | | | | | | | |
| 5 Income tax imposed in prior year | 5 | | | | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | | | |
| emergency temporary reduction (see instructions). | 6 | | | | | | | |
| 7 Check here if the current year is the organization's first as a non-functional | lly integrat | ted Type III supporting | organization | | | | | |
| (see instructions). | , | | 3 a m Lation | | | | | |

Schedule A (Form 990) 2021

Page 7

| Par | Type III Non-Functionally Integrated 509(a)(3) | Supporting Organiza | tions (continued) | | 1 age |
|----------|--|-----------------------------|---|-------------|---|
| Sec | tion D - Distributions | | are (commuca) | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | 1 | Current rear |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppor | ted | +- | |
| | organizations, in excess of income from activity | pr parpood or ouppor | iou | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported organi | zations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | oses of supported organi | Zations | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - | provide details in Part VA | | 4 | |
| 6 | Other distributions (describe in Part VI). See instructions. | orovide details in Fait VI) | | 5 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 6 | |
| 8 | Distributions to attentive supported organizations to which | the organization is rosn | voncivo | 7 | |
| | (provide details in Part VI). See instructions. | r the organization is resp | onsive | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 8 | |
| 10 | Line 8 amount divided by line 9 amount | | | 9 | |
| | The Camerican arrange by the Camerican | 1 | | 10 | |
| | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| ,2 | Underdistributions, if any, for years prior to 2021 | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| a | From 2016 | | | | |
| b | From 2017 | | | | |
| <u>C</u> | From 2018 | | *************************************** | | |
| <u>d</u> | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from | | | | |
| | Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2021 distributable amount | | | _ | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | _ | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carry over to 2022. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| С | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| e | Excess from 2021 | | | | |
| | | | | | |

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATION: | S | | · · · · · · · · · · · · · · · · · · · | | |
|--|------------|----------------------------|---------------------------------------|--------------------------|---------------------------------|
| (I) NAME OF SUPPORTED ORGANIZATION | = (II) EIN | (III) TYPE OF ORGANIZATION | (IV) YES NO | (V) AMOUNT OF SUPPORT | (VI) AMOUNT OF OTHER SUPPORT |
| THE CRADLE SOCIETY | 36-2181994 | 7 | х | 2,750,000. | |
| TOTAL AMOUNT OF SUPPORT | | | | 2,750,000. | |
| | | | | ========= | ========== |

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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| Sit General Information on Grants and Assistance | nd Assistanc | a | | | The state of the s | 45-0506764 | |
| es | substantiate th | e amount of the | arants or assistar | the grantees | facinity for the other | | ALL AND THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T |
| the selection criteria used to award the grants or assistance? | nts or assistanc | e? | | ice, inc grantees | engionniy tot une grant | s or assistance, and [| Nos N |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | dures for mor | itoring the use | ing the use of grant funds in the United States. | United States. | | | ON Sai V |
| Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, | Domestic Or | yanizations ar | nd Domestic Gov | ernments. Com | plete if the organiz | ation answered "Y | es" on Form 990, |
| Fair IV, IIIIe 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | that received | more than \$5, | 000. Part II can b | e duplicated if a | additional space is r | leeded. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) THE CRADLE SOCIETY | | | | | (Same | | |
| 2049 RIDGE AVENUE EVANSTON, IL 60201 | 36-2181994 | 501(C)(3) | 2,750,000. | | | | THE STORY |
| (2) | | | | | | TOTAL COLUMN TO THE PARTY OF TH | SUFFURI INE OPERATIO |
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| (3) | | | | | | | |
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| (12) | | | | | | | |
| - 1 | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. | government o | rganizations list | ed in the line 1 tabl | 0) | | A | |
| | anil att in bet | 1 table | | | | | |

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Schedule I (Form 990) (2021)

Part III

Page 2

THE CRADLE FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 45-0506764

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance information. Part IV ~ က 4 c) 9

WITH THE APPROVED ANNUAL BUDGET. INDIVIDUAL FUND TRANSFERS ARE AUTHORIZED ON BEHALF OF THE CRADLE FOUNDATION BY THE CRADLE AND FUNDS TRANSFERRED TO THE CRADLE FOR OPERATIONS. TRANSFERS TO THE CRADLE ARE MADE IN ACCORDANCE AMOUNTS DISTRIBUTED TO THE CRADLE INCLUDE REIMBURSEMENT OF EXPENSES PAID BY THE PRESIDENT AND MONITORED FOR BUDGET COMPLIANCE. THE FOUNDATION WAS FORMED TO SUPPORT THE CRADLE.

LINE 2:

PART I,

SCHEDULE J (Form 990)

\$ - # #

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE CRADLE FOUNDATION

Part I Questions Regarding Compensation

Employer identification number

45-0506764

| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form | | Yes | No |
|----------|--|----|-----|----|
| | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| L | , | | | |
| D | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 41 | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | 1b | | |
| | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | |
| | 1a? | , | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the | 2 | | |
| • | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| - 300 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | ĺ | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | х |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | 1 | |
| а | The organization? | 6a | İ | Х |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed | | | |
| | payments not described on lines 5 and 6? If "Yes," describe in Part III. | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If /"Yes," describe | | ļ | |
| | in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | a | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

45-0506764

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. PartII

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 a | nd/or 1099-MISC and/or | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | | |
|--------------------|------------|--------------------------|--|--|--|--|--|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable | other deferred compensation | (U) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior |
| TASON EDITEDMAN | 6 | | | compensation | | | | Form 990 |
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| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2021

45-0506764

Part III Supplemental Information

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION RELIED ON THE CRADLE SOCIETY, A RELATED ORGANIZATION, TO

ESTABLISH ITS PRESIDENT/CEO'S COMPENSATION. THE FOLLOWING METHODS WERE

USED BY THE RELATED ORGANIZATION:

-EXECUTIVE COMMITTEE

-FORM 990 OF OTHER ORGANIZATIONS

-COMPENSATION SURVEY OR STUDY

-APPROVAL BY THE BOARD OR EXECUTIVE COMMITTEE

Schedule J (Form 990) 2021

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

THE CRADLE FOUNDATION

Employer identification number

45-0506764

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE CORPORATE MEMBER OF THE CRADLE FOUNDATION IS THE CRADLE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CRADLE APPROVES THE BOARD OF DIRECTORS FOR THE CRADLE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT WORKS WITH THE AUDITORS IN THE PREPARATION OF THE FORM 990 AND PROVIDES A COPY OF THE PREPARED FORM 990 TO THE BOARD FINANCE/AUDIT COMMITTEE AND THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY KNOWN MATERIAL CONFLICT OF INTEREST WHICH BECOMES RELEVANT TO ANY MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS OR ANY OF ITS COMMITTEES ARE TO BE DISCLOSED TO THE BOARD OF DIRECTORS OR SUCH COMMITTEE, AND SUCH INDIVIDUAL SHALL NOT VOTE ON SUCH MATTER, SHALL NOT USE PERSONAL INFLUENCE IN CONNECTION WITH SUCH MATTER, AND SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING. THE MINUTES OF SUCH MEETING WILL REFLECT THE DISCLOSURE MADE, THE ABSTINENCE FROM VOTING, AND THE EXCLUSION FROM THE COUNT IN DETERMINING THE QUORUM FOR THE MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE POSTED ON THE CRADLE SOCIETY'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VII:

THE VICE PRESIDENT OF DEVELOPMENT WORKS FOR THE ORGANIZATION BUT THROUGH

SCHEDULE O (Form 990 or 990-EZ)

THE CRADLE FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

45-0506764

A COMMON PAYMASTER AGREEMENT IS COMPENSATED BY A RELATED ORGANIZATION, THE CRADLE SOCIETY.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

THE CRADLE FOUNDATION

(1)

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► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No. 1545-0047

Employer identification number

45-0506764

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Part

| | and and a | | | | | | |
|---|-------------------------|---|--|--|-------------------------------------|--|-----------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | 2(b)(13) led |
| | | | | | | Yes | No No |
| (1) THE CRADLE SOCIETY 36-2181994 | | | | | | | |
| 2049 RIDGE AVENUE EVANSTON, IL 60201 | ADOPTION SERV | IL | 501 (C) (3) | LINE 7 | a/N | | > |
| (2) CRADLE ADOPTION PARTERS, NFP 20-3161946 | | | | | 17./11 | | < |
| 2049 RIDGE AVENUE EVANSTON, 1L 60201 | SUPPORT CRADI | II | 501 (C) (3) | LINE 7 | THE CRANTE S | | > |
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Schedule R (Form 990) 2021

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Page 2

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THE CRADLE FOUNDATION

Schedule R (Form 990) 2021

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 45-0506764 Part III

| (k) Percentage ownership | | | | | | | | | | | (h) (i) Percentage Section ownership controlled entity? | Yes No | | | | | | | | | Schedule R (Form 990) 2021 |
|---|--|-----|-----|-----|-----|--|--|-----|---|---|---|--------|-----|-----|--|--|-----|-----|-----|--|--------------------------------|
| (j) General or managing partner? | Yes No | | | | | | | | | art IV, | (h) Percen s owner | | | | | | | | | _ | R (Form |
| (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | × . | | | | | | | | | ın Form 990, P | (g) Share of end-of-year assets | | | | | | - | | | | Schedule |
| (h) Disproportionate allocations? | Yes No | | | | | | | | | red "Yes" c | (f) Share of total income | | | | | The second secon | | | | | |
| (g) Share of end-of- year assets | | | | | | | | | | anization answe the tax year. | | | | | | | | | | | |
| Share of total income | | | | | | | | | | plete if the orgα n or trust during | (d) Direct controlling entity (c | | | | | | | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | Printed Association of | | | | | | The state of the s | | | or Trust. Com s a corporation | (c) Legal domicile (state or foreign country) | | | | | | | | | | |
| (d) Direct controlling entity | | | | | | | | | | is a Corporation izations treated a | (b) Primary activity | | | | | | | | | | |
| (c) Legal the domicile (state or foreign country) | | | | | | | | | | Taxable a | | | | | | | | | | | |
| (b) Primary activity | | | | | | | | | | ed Organizations I one or more rela | of related organization | | | | | | | | | | |
| Name, address, and EIN of related organization | The state of the s | | | | | The state of the s | | | 1 | identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. | (a) Name, address, and EIN of related organization | | | | TAXABLE STATE OF THE STATE OF T | | | | | The state of the s | |
| Nar | (1) | (2) | (3) | (4) | (5) | | (9) | (7) | | Part IV | | (1) | (2) | (3) | | (4) | (5) | 107 | (9) | (7) | |

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. PartV

| Yes No | | × | × | × | × | | | × | × | | | × | | | | | | | | | | | nining | nining ed | nining bed | nining ed d | nining ed | nining red | lining Ped |
|---|---|--|---|---|--|---|--|---|--|--|---|---|--|--|---|--|--|---|--|---|--|--|---|--|--|--|--|--|--|
| | | 13 | 1b | 10 | 19 | 1e | 14- | 19 | 4 | = | - | | | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | * | ÷ = = = = = = = = = = = = = = = = = = = | <u> </u> | | | <u> </u> | | | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1k | 11 11 11 12 13 14 15 15 15 15 15 15 15 | Ction threshol (de amount in | (d) Method of de amount in | 1 | Ction threshol (d) Method of de amount in the sholl (d) |
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| | ted in Parts II- | | • | • | | | | | • | | | | | | | | | | | | | | red relationships an | red relationsh (c) | red relationsh | red relationsh (c) | red relationsh (c) | red relationsh | red relationsh (c. Amount i |
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| | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | | | | | | : | ization(s) | nization(s) | ization(s) | nization(s) | nization(s) | rization(s) | nization(s) ization(s) in(s) | nization(s) | nization(s) ization(s) in(s) in(s) | Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s). Sharing of services or membership or fundraising solicitations by related organization(s). Sharing of acilities, equipment, mailing lists, or other assets with related organization(s). Sharing of paid employees with related organization(s) or expenses. Reimbursement paid to related organization(s) for expenses. Reimbursement paid by related organization(s). Other transfer of cash or property to related organization(s). Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds amount involved method or determine the property of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction transfer of cash or property of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and property of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and property of the above is "Answer to any of the answer to any of the | nization(s) | nization(s) | ization(s) ization(s) | nization(s) | ization(s) | nication(s) ization(s) |
| dule. | ing transactions | Receipt of (1) interest, (11) annuities, (111) royalties, or (iv) rent from a controlled entity. | | | | | : | | | | s) (s | | Lease of facilities, equipment, or other assets from related organization(s) | Lease of facilities, equipment, or other assets from related organization(s) | ed organization(s) | ed organization(s) | on(s) | on(s) | on(s) | on(s) | on(s) | on(s) | on(s) | on(s) | on(s) | or related organ by related organization cormation on wh | on (s) | on(s) | on(s) |
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | y of the followi | rent from a co | n(s) | ation(s) | s) (s | | | | | | Lease of facilities, equipment, or other assets to related organization(s). | | ited organizatio | ited organizatio g solicitations fo | ited organizatio g solicitations for g solicitations b | ited organizatio g solicitations f g solicitations b assets with rela | ted organization solicitations for solicitations for solicitations be assets with relations. | ted organizations for solicitations for solicitations bussets with relevants | ted organizations for solicitations for solicitations by solicitations by assets with relations by the second seco | ted organization to solicitations for solicitations for solicitations be assets with relative seeks | ted organizations for solicitations for solicitations for solicitations be assets with relatives | ted organization to a solicitations for a solicitations for a seets with relations of the seets with relations seeds of the seeds of th | ted organizations for solicitations for solicitations by solicitations by assets with relatives solicitations for infinitations for infinization | ted organizations for solicitations for solicitations by solicitations by assets with relatives | ted organizations for solicitations for solicitations by solicitations by assets with relatives solicitations for infinitations for infinitation | ted organizations for solicitations for solicitations by solicitations by assets with relarmess | ted organizations for solicitations for solicitations by solicitations by selections with relevances with relations for infinite relations. | ted organization for solicitations for solicitations by solicitations by assets with relevances ted organization for solicitations for solicitations by solicitations by assets with relevances |
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Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. **Part VI**

THE CRADLE FOUNDATION

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (e) (e) (f) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | (e) Are all partners section 501(c)(3) organizations? | s Share of total income | (9) Share of end-of-year assets | (h) Disproportionate allocations? | Code V - UBI amount in box 20 of Schedule K-1 | General or managing partner? | (k) Percentage ng ownership |
|--------------------------------------|-------------------------|--|--|---|-------------------------|---|---|---|------------------------------------|-----------------------------|
| (1) | | | sections 512 - 514) | Yes No | | LADALIA DE LA CASA DE | Yes | No (Form 1065) | | No |
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