Return of Private Foundation

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

For	caler	ndar year 2019 or tax year beginning	, 2	019, and	ending		, 20
	e of fou			,		r identification number	
<u>Joh</u>	n Mars	hall Family Foundation				26-6107463	
Num	ber and	street (or P O box number if mail is not delivered to street address)	Ro	om/suite	B Telephor	e number (see instruct	ions)
429	Willow	Wood Dr				847-358-4480)
City	or town	, state or province, country, and ZIP or foreign postal code			C If overno	tion application is pend	ing, shook bara b
		_ 60074			C il exempi	tion application is pend	ing, check here
			n of a former pub	lio chartu			.
u	Officer	Final return Amended		nic charity	1. Foreigi	n organizations, check	nere
		Address change Name cha		1.1		n organizations meeting	
	Chool	type of organization: Section 501(c)(3) exempt p			1	here and attach compu	_
						foundation status was 07(b)(1)(A), check here	terminated under
		on 4947(a)(1) nonexempt charitable trust Other tax			- 555415775	0. (b)(i,)(r,), bilook hero	, ,
		narket value of all assets at J Accounting method	i: ☑ Cash ☐	Accrual		ndation is in a 60-mont	
		f year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), chec	k here ► [
		5) ► \$ 4,457,259 (Part I, column (d), must b	e on cash basis)		L		
12	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(D) Ne	t investment ncome	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	200 0	15			
	2	Check ► ☐ If the foundation is not required to attach Sch B		A CONTRACTOR			
	3	Interest on savings and temporary cash investments			AND SECTION ASSESSMENTS		
	4	Dividends and interest from securities	49,6	53	49,653		
	5a	Gross rents					
	ь	Net rental income or (loss)			i i de la compa		
₫	6a	Net gain or (loss) from sale of assets not on line 10	106,8	58			
2	ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			106,858		
æ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
-	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	356,5	26	156,511	-	
·A	13	Compensation of officers, directors, trustees, etc.					
žė	14	Other employee salaries and wages					
en	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)					
	b	Accounting fees (attach schedule)					
Ķ	С	Other professional fees (attach schedule)			,		
rat	17	Interest					
ist	18	Taxes (attach schedule) (see instructions)	, 4,2	15	651		
틸	19	Depreciation (attach schedule) and depretion D					
Ę	20	Occupancy)				
▼	21	Travel, conferences, and meetings) 				
بچ	22	Printing and publications (2.0 2020)	b)			•	
ğ	23		1	57	142		15
Operating and Administrative	24	Total operating and administrative expenses.	1,1				
<u>6</u>		Add mies to through 25	4,3		793		15
ă	25	Contributions, gifts, grants paid	168,8	20 Miles 20 A-1-			168,825
	26	Total expenses and disbursements. Add lines 24 and 25	173,1	97	793		168,840
	27	Subtract line 26 from line 12:					
	а.	Excess of revenue over expenses and disbursements	183,3	29			
	b	Net investment income (if negative, enter -0-) .			155,718		

For Paperwork Reduction Act Notice, see instructions.

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

, Cat No 11289X

Form **990-PF** (2019)

7-15

P	art [l	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	178,453	54,127	54,127
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable	-	-	
	6	Receivables due from officers, directors, trustees, and other	-		
	1	disqualified persons (attach schedule) (see instructions)		•	
	7	Other notes and loans receivable (attach schedule) ▶			
	•	Lance III. A Land Land			
Ś	8	Inventories for sale or use			<u>'</u>
ĕ	9	Prepaid expenses and deferred charges			
Assets	10a		00.405	70.400	00.000
		Investments—U.S and state government obligations (attach schedule)			· · · · · · · · · · · · · · · · · · ·
		Investments—corporate stock (attach schedule)	1,768,784	2,105,749	4,309,769
	11	investments—corporate bonds (attach schedule)	The same of the same of the same		
	' '	Investments—land, buildings, and equipment basis ▶			
	12	Less: accumulated depreciation (attach schedule) ▶			
	13	Investments - mortgage loans		•	
	14	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
•	15	Less accumulated depreciation (attach schedule) ►			
	16	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the instructions Also and page 1 thm !)	0045 040	0.000.005	
	17	instructions. Also, see page 1, item I)	2,045, 342	2,230,365	4,457,259
		Accounts payable and accrued expenses			
es	18	Grants payable			
Liabilities	19	Deferred revenue			
ğ	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >			
	23	Total liabilities (add lines 17 through 22)			
nd Balances		Foundations that follow FASB ASC 958, check here			
Ĕ		and complete lines 24, 25, 29, and 30.			
ale	24	Net assets without donor restrictions			
8	25	Net assets with donor restrictions	_		
		Foundations that do not follow FASB ASC 958, check here ▶			
ĭ	-00	and complete lines 26 through 30.			
Net Assets or Fu	26	Capital stock, trust principal, or current funds			
ts	27	Paid-in or capital surplus, or land, bldg., and equipment fund	<u> </u>		
SS	28	Retained earnings, accumulated income, endowment, or other funds		2000116	
۲	29	Total net assets or fund balances (see instructions)		000000	
<u>e</u>	30	Total liabilities and net assets/fund balances (see		_	
		instructions)	. 2,045,342	2,230,365	
	rt III	Analysis of Changes in Net Assets or Fund Balances		······································	
1	Total	net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	t agree with	
_		of-year figure reported on prior year's return)		1	2,045,342
_		r amount from Part I, line 27a		2	183,329
3		r increases not included in line 2 (itemize) TIPS BASIS ADJUSTI	MENT (1673) + ROUN		1,694
4		lines 1, 2, and 3		4	
5		reases not included in line 2 (itemize)		5	
6	ıota	I net assets or fund balances at end of year (line 4 minus line 5) – I	Part II, column (b), lii	ne 29 . 6	2,230,365

Part	V Capital Gains and	d Losses for Tax on Investmen	t Income			
		nd(s) of property sold (for example, real estate use, or common stock, 200 shs MLC Co)),	(b) How acquired P—Purchase D—Donation	(c) Date acquire (mo , day, yr)	
1a						
<u> </u>						
<u>C</u>						
d						
<u> </u>				<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis) Gain or (loss) blus (f) minus (g))
<u>a</u>	207,602			100,744	 	106,858
C						
d						
е						
	Complete only for assets sho	owing gain in column (h) and owned by t	he foundation	on 12/31/69	(I) Gains	(Col (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), bu	ut not less than -0-) or ses (from col. (h))
<u>a</u>						
<u>b</u>						
<u>c</u>						
<u>u</u>						
2	Capital gain net income o		o enter in Pa ter -0- in Pa		2	106,858
3		n or (loss) as defined in sections 12 I, line 8, column (c) See instruction	22(5) and (6)			100,000
		<u> </u>		<u> </u>	3	106,858
Part		ler Section 4940(e) for Reduce vate foundations subject to the sec				
Was t	s," the foundation doesn't o	section 4942 tax on the distributab	t complete t	his part.		☐ Yes ☑ No
	(a)	ount in each column for each year; s	see the instru	ictions before ma	aking any entri	es. (d)
Cale	Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value of	(c) f nonchantable-use as	ssets (col	Distribution ratio (b) divided by col (c))
	2018	198,84			0,582	0528748
	2017	136,74			9,119	0492048
	2016	104,04			7,451	0467081 0437690
	2015 2014	90,26			2,306 4,233	0470998
	2014	32,01	<u> </u>	1,30-	+,200	0470000
2	Total of line 1, column (d)				2	2396565
3		for the 5-year base period—divide bundation has been in existence if le				0479313
4	Enter the net value of non	charitable-use assets for 2019 from	Part X, line	5	4	3,800,248
5	Multiply line 4 by line 3		- • •		. 5	182,151
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	1,557
7	Add lines 5 and 6 .				. 7	183,708
8	Enter qualifying distribution				8	168,825
	If line 8 is equal to or great Part VI instructions	ater than line 7, check the box in Pa	rt VI, line 1b	, and complete t	hat part using	a 1% tax rate See the

Part	CONTRACTOR OF THE PROPERTY OF	e instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	
,	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	PARTERIN
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	3114
	here ► □ and enter 1% of Part I, line 27b	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	
3	Add lines 1 and 2	3114
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	3114
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	3114
6	Credits/Payments: 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 3000	
a b	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 3000	
C	Tax paid with application for extension of time to file (Form 8868) 6c	
ď	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	3,000
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	114
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11	
Part	VII-A Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	t Yes No
	participate or intervene in any political campaign?	1a 🗸
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b 🗸
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	
	published or distributed by the foundation in connection with the activities.	
C	Did the foundation file Form 1120-POL for this year?	1c /
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	
_	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
е	on foundation managers. ► \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2
_	If "Yes," attach a detailed description of the activities	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3 🗸
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a ✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b ✓
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 /
_	If "Yes," attach the statement required by General Instruction T.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state legislation that effectively amends the governing instrument so that no mandatory directions that applied with the state legislation that the state legislation is the state legisl	
7	conflict with the state law remain in the governing instrument?	/ 6 /
7 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X Enter the states to which the foundation reports or with which it is registered. See instructions.	
oa	ILLINOIS	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o	RESERVED DESCRIPTION /
3	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,	
	complete Part XIV	9 / /
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	r
	names and addresses	10 🗸
		Form 990-PF (2019)

Par	II-A Statements Regarding Activities (continued)			
			Yes	No
1,1	t any time during the year, did the foundation, directly or indirectly, own a controlled entity within the leaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		1
12	id the foundation make a distribution to a donor advised fund over which the foundation or a disqualified erson had advisory privileges? If "Yes," attach statement. See instructions	12		1
13	id the foundation comply with the public inspection requirements for its annual returns and exemption application? /ebsite address ▶	13	\	
14	no books are in care of N. Darisa Parkins	24-595-	8520	-
14	ne books are in care of ▶ Deriise Perkins Telephone no. ▶ 2 ocated at ▶ 710 N Haddow Ave , Arlington Heights, IL ZIP+4 ▶	6000		
15	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			
13	nd enter the amount of tax-exempt interest received or accrued during the year		•	
46			Yes	No
16	t any time during calendar year 2019, did the foundation have an interest in or a signature or other authority ver a bank, securities, or other financial account in a foreign country?	16	103	√
	ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of ne foreign country ►			25-
Pari	II-B Statements Regarding Activities for Which Form 4720 May Be Required			
	ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	uring the year, did the foundation (either directly or indirectly):			
) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	200		
	Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	 Pay compensation to, or pay or reimburse the expenses of, a disqualified person? \[\subseteq Yes \] \[\subseteq No i) Transfer any income or assets to a disqualified person (or make any of either available for 			
	the benefit or use of a disqualified person)?			
	Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
ь	any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in egulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	7.00	
	rganizations relying on a current notice regarding disaster assistance, check here			
c	id the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	ere not corrected before the first day of the tax year beginning in 2019?	1c		1
2	axes on failure to distribute income (section 4942) (does not apply for years the foundation was a private perating foundation defined in section 4942(j)(3) or 4942(j)(5)):			2
а	t the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		11 (v. 5) - 11 (v. 5)	
	d and 6e) for tax year(s) beginning before 2019?			
	"Yes," list the years ▶ 20, 20, 20, 20			
b	re there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	6 - C	-	
	elating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	I years listed, answer "No" and attach statement—see instructions.)	2b		
С	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		14.1	
20	20, 20, 20, 20 Id the foundation hold more than a 2% direct or indirect interest in any business enterprise	3		
Ja	any time during the year?			1
L	· · · · · · · · · · · · · · · · · · ·			
Ь	"Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or squalified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	indication in	enselen s da	
	ommissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	e 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	undation had excess business holdings in 2019.)	3b		
4a	d the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	d the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	7		
	naritable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		1

Part	VII-B Statements R	legarding Activitie	s for W	Vhich Form	4720	May Be R	equire	d (conti	nued)		
5a	During the year, did the for									Y	es No
	(1) Carry on propaganda, o							TYes	✓ No		
	(2) Influence the outcome						arry on,				
	directly or indirectly, an	•						Yes	☑ No		
	(3) Provide a grant to an in							☐ Yes	✓ No		
	(4) Provide a grant to an o							_	га		
	section 4945(d)(4)(A)? S							∐ Yes	✓ No		
	purposes, or for the pre								✓ No		
b	If any answer is "Yes" to 5	-							_	18/31/23/16/24 TEXT	
	in Regulations section 53.4									5b	
	Organizations relying on a	current notice regardi	ing disa	ster assistan	ce, che	ck here .			▶□		
C	If the answer is "Yes" to o	question 5a(4), does t	the four	ndation claim	exem	otion from	the tax				
	because it maintained expe	•		-				Yes Yes	☐ No	,	
_	If "Yes," attach the statement										
6a	Did the foundation, during on a personal benefit contr			-	•	to pay pre	emiums	_			
h	·							∐ Yes	_☑No	6b	
b	Did the foundation, during If "Yes" to 6b, file Form 88		ns, aire	cuy or indire	cuy, on	a personal	benen	Contract	· ·	OD	
7a	At any time during the tax ye		a party	to a prohibiti	ed tax s	helter trans	action?	□Yes	[7] No		
	If "Yes," did the foundation									7b	
8	Is the foundation subject to	o the section 4960 ta	x on pa	syment(s) of i	more t	han \$1,000	,000 in				
	remuneration or excess pa										
Part		out Officers, Direc	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mployee	es,
	and Contractor List all officers, directors		lation r	nanagare ar	d their	compans	ation S	See instr	ıctions		
<u> </u>				e, and average		npensation	,	Contribution		T	
										I (e) Expense	e account.
	(a) Name and addr	ess	hou	rs per week ed to position	(lf n	ot paid, ter -0-)	emplo	yee benefit erred compe	plans	(e) Expense other allo	
	(a) Name and addr	ess	hou	rs per week	(lf n	ot paid,	emplo	yee benefit	plans		
		ess	hou	rs per week ed to position	(lf n	ot paid,	emplo	yee benefit	plans		
	Marshall		hou	rs per week	(lf n	ot paid,	emplo	yee benefit	plans ensation		
			hou	rs per week ed to position	(lf n	ot paid, ter -0-)	emplo	oyee benefit erred compe	plans ensation		wances
	Marshall		hou	rs per week ed to position	(lf n	ot paid, ter -0-)	emplo	oyee benefit erred compe	plans ensation		wances
	Marshall		hou	rs per week ed to position	(lf n	ot paid, ter -0-)	emplo	oyee benefit erred compe	plans ensation		wances
	Marshall illow Wood Dr , Palatine, IL 600	0074	hou	rs per week ed to position	(lf n	ot paid, ter -0-)	emplo and defi	yee benefit	plans ensation	other allo	0
	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	0074	hou	rs per week ed to position	(lf n	ot paid, ter -0-)	emplo and defi	yee benefit	plans ensation	other allo	0
429 W	Marshall illow Wood Dr , Palatine, IL 600	0074	hou	er than thos	(if n en	ot paid, ter -0-)	emplo and defi	yee benefit erred compe	plans pla pla pla pla pla pla pla pla pla pla	other allo	0
429 W	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	yee benefit erred compe (d) Contribit employee	plans	s). If non	e, enter
429 W	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	yee benefit erred compe	plans insation uction utions to benefit deferred	other allo	e, enter
429 W	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
429 W	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
2 2	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
2 2	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
2 2	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
2 2	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
2 2	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
2 2	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter
2 NONE	Marshall illow Wood Dr , Palatine, IL 600 Compensation of five hig	ghest-paid employed	hou devot	er than thos	se incluverage	ot paid, ter -0-)	emplo and def	see instr	plans insation uction utions to benefit deferred	s). If non	e, enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Гotal numb	er of others receiving over \$50,000 for professional services	
Part IX-A		
List the fou organization	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of its and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3		
4	·	
Part IX-B	Summary of Program-Related Investments (see instructions)	
	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other pro	gram-related investments. See instructions	
rotal. Add l	nes 1 through 3	Form 990-PF (201

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundatio	ins,
,1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:	1-	3,817,850
a	Average monthly fair market value of securities	1a	40,270
b	Average of monthly cash balances	1b	40,270
C	Fair market value of all other assets (see instructions)	1c	3,858,120
d e	Total (add lines 1a, b, and c)	1d	3,636,120
е	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.050.400
3	Subtract line 2 from line 1d	3	3,858,120
4			57.070
_	instructions)	4	57,872
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,800,248
6	Minimum investment return. Enter 5% of line 5	6	190,012
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundations	
1	Minimum investment return from Part X, line 6	1	190,012
2a			
b	Income tax for 2019. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	3114
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	186,898
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	186,898
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	186,898
Part	XII Qualifying Distributions (see instructions)	t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	168,825
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	168,825
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	168,825
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether the	foundation

Part,	XIII Undistributed Income (see instruction	ons)	,		
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
`1	Distributable amount for 2019 from Part XI, line 7				186,898
2	Undistributed income, if any, as of the end of 2019:			-	
a	Enter amount for 2018 only			'	
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
þ	From 2015				
C	From 2016				
d	From 2017				
e	From 2018				
ͺͺͳ,	Total of lines 3a through e	8116			
4.	Qualifying distributions for 2019 from Part XII, line 4: \$; 168,825				
a	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)		anan and hairman (1997) in the contest of the conte		
C ,	Treated as distributions out of corpus (Election required—see instructions)	THE STREET OF TH			
٠d	Applied to 2019 distributable amount				168,825
_е _	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	. 8116			8116
6	Enter the net total of each column as indicated below:				
à	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	o			
Ь	Prior years' undistributed income. Subtract line 4b from line 2b		- 0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has		• •		
	been issued, or on which the section 4942(a)		,		
	tax has been previously assessed				
. ,	Subtract line 6c from line 6b. Taxable amount—see instructions		٠ ،		
e	Undistributed income for 2018. Subtract line				
_	4a from line 2a. Taxable amount—see			-	
,	instructions			0	
'f	Undistributed income for 2019. Subtract lines				
•	4d and 5 from line 1. This amount must be distributed in 2020				9,957
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
٥	required—see instructions)	4			
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				i station i destruction of the
9,	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
a	Excess from 2015				
- b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
е	Excess from 2019 *.				

	90-PF (2019)					Page 10
Part	XIV Private Operating Founda	i tions (see instru	ctions and Parl	t VII-A, question 9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective fo			private operating		
`b	Check box to indicate whether the fou			ation described in se	ction 4942(i)	(3) or 4942(j)(5)
	Enter the lesser of the adjusted get	Tax year		Prior 3 years		T
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4, for each year listed	~				
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c .					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
þ	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6, for each year listed					
С	"Support" alternative test—enter.					1
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	<u> </u>				
Part			-	the foundation ha	ad \$5,000 or m	ore in assets at
	any time during the year-		ıs.)			
1	Information Regarding Foundation					to all decisions
а	List any managers of the foundation					by the loundation
lab- 1	before the close of any tax year (but o	mily if they have co	intributed more t	11a11 \$3,000) (See Se	(clion 507(d)(2).)	
b b	Marshall List any managers of the foundation	who own 1004 or	more of the sta	ok of a corporation	(or an equally la	erge portion of the
-	ownership of a partnership or other en					arge portion of the
NONE	Information Regarding Contribution	Grant Gift Loo	n Coholorobin	oto Brograms:		
2	Check here ► ☐ If the foundation			_	rganizatione and	I does not accent
	unsolicited requests for funds. If the f	-	•		_	
	complete items 2a, b, c, and d. See in		go, g.a.no, o.o.	, to marriadale or or	gameanono amo	
a N/A	The name, address, and telephone nu		lress of the perso	on to whom applicat	ions should be a	ddressed:
b N/A	The form in which applications should	be submitted and	I information and	materials they shou	ıld include:	
С	Any submission deadlines:					
N/A			 			
d	Any restrictions or limitations on av	vards, such as by	/ geographical a	areas, charitable fie	lds, kinds of ins	ititutions, or other

N/A

3	Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual,	Foundation		
•		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
SEE	ATTACHED GRANT LIST				
					168,825
		,	ĺ		
				İ	
			l i		
			į		
		}	}		
,					
	1				
	Total	· · · · · ·		▶ 3 a	168,825
b	Approved for future payment				
				1	
		i			
	Total	1		▶ 3h	168.825

۲a	Analysis of Income-Producing	Activities				
Ente	er gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions)
1	Program service revenue:					(Occ mondonons)
	a	_				
	b					
	C					
	d			<u> </u>		
	e	_				
	f					
	g Fees and contracts from government agencie	es				
_	Membership dues and assessments					
3	• • • • • • • • • • • • • • • • • • • •	ts		<u> </u>	 	
4		egy widely girling Seeman in Johnson		14	49,653	LANGER OF THE SERVICE OF THE SERVICE OF
5	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	السند من المناسطة المسلطة	The second secon	Towns of Towns	I spain with	
	a Debt-financed property			ļ		
_	b Not debt-financed property		<u> </u>	<u> </u>		
	Net rental income or (loss) from personal propert	ту				· · · · · · · · · · · · · · · · · · ·
7				<u> </u>		
8	, , , , , , , , , , , , , , , , , , , ,	·		18	106,858	
9				Ļ		
10		·				
77	Other revenue: a	_		ļ		
	b	_				
	<u>c</u>			 		
		_				
	Coletatal Add advantage (b) (d)	Production of the same		management salar a taken	450 544	
40						
	Subtotal. Add columns (b), (d), and (e)	A later return on white was a wat senant		Harman and the same and the same of the sa	156,511	156 511
13	Total. Add line 12, columns (b), (d), and (e) .		·	Marketine australia de la companya d	40	156,511
1 3 See	Total. Add line 12, columns (b), (d), and (e) eworksheet in line 13 instructions to verify calculate	tions.)				156,511
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculating XVI-B Relationship of Activities to the	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) eworksheet in line 13 instructions to verify calculate	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculating XVI-B Relationship of Activities to the	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculating XVI-B Relationship of Activities to the	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
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13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
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13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
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13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	
13 See Pai	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated a columns (b). Relationship of Activities to the columns (b). Explain below how each activity for white accomplishment of the foundation's exempt	tions.) e Accomplishm	ent of Exemp	t Purposes	13	

		Organizati	OUP											
1	in se	ne organization of ection 501(c) (onizations?	directly or indirect other than section	tly engage ir on 501(c)(3)	n any of the organizati	following ons) or	with any	other organion 527, re	nızatıo latıng	on des	cribed olitical		Yes	No
а	_		porting foundation	n to a nonch	nantable exe	empt ora	anızatıon	of:						0 *** 10 *** 10 ***
		ash										1a(1)		✓
		ther assets .			. 							1a(2)		✓
b		transactions:												
			a nonchantable				•					1b(1)		>
			ets from a noncha									1b(2)		1
			, equipment, or of									1b(3)		✓
			rrangements							•		1b(4)		✓
		oans or loan gua										1b(5)		<u> </u>
			ervices or membe		_							1b(6)		
2			equipment, mailing									1c	·:-	√
d			of the above is "' ther assets, or se											
			on or sharing arra											
(a) Line		b) Amount involved		oncharitable exe				ption of transfe						
							(-, - 0						3	
					_									
<u>.</u>														
											_		_	
										_				
	_													
														
	-													
	_		-						_					
	descr	ribed in section 5	ectly or indirectly 501(c) (other than	section 501				ore tax-exe	mpt c	organiz	ations	☐ Ye	s 🗹	No
<u>b</u>	If "Ye		following schedu	ule.	0.) T (-		(-) Da-	scription	-61-6			
		(a) Name of organ	nization		(b) Type of org	ganization			(c) Des	scription	OI relati	onsnip		
							-							
					 									
				 										
							-							
			declare that I have exar							best of m	y knowle	edge and I	oelief, it	is true,
Sign Here		ct, and complete Deck	aration of preparer (othe	r than taxpayer)	is based on all in	nformation o	f which prep	•	wledge	- 1	with the	IRS discu preparer s uctions (hown b	elow?
	Sign	ature of officer or trus			Date	Title			,	L				
Paid		Print/Type preparer	's name	Preparer	's signature			Date		Check		PTIN		
Prepa										self-em	ployed			
Use C	Only	Firm's name ▶								s EIN ►				
		Firm's address -							Phone	e no				

Recipient	2019
St Ignatius Bridge of Hope for Children (Nelson/Curnyn Free Eye Clinic)	1500
1206 Reed St Philadelphia, PA 19147	
Misericordia	5000
6300 N Ridge Ave	1000
Chicago, IL 60660-1017	2000
	1000
	5000
	1000
	10000
St Theresa Church	300
445 N Benton	200
Palatine, IL 60067	1000
	200
	100
	100 100
	100
	100
	125
	1500
	1000
	500 1500
Alzheimers	500
225 N Michigan Ave , 17th Floor Chicago, IL 60601-7633	300
СММВ	1000
100 Wall St , Floor 9 New York, NY 10005	
Our Lady of the Pines 205 Main St West P O Box 378	100
Nevis, MN 56467	
Open our Hearts in Welcome - St James Parish 820 N Arlington Heights Rd Arlington Heights, IL 60004	7000

Recipient	2019
NSSEO Foundation 799 W Kensington Rd Mt Prospect, IL 60056-1111	2000
University of Chicago- Pulmonary 5235 S Harper Ct , Suite 450 Chicago, IL 60615	8000
University of Chicago - Cardiology 5235 S Harper Ct , Suite 450 Chicago, IL 60615	8000
Parkinson's Fund 1359 Broadway, Suite 1509 New York, NY 10018	1000
Vanderbilt University Children's Hospital 3322 West End Ave , Suite 900 Nashville, TN 37203	1000
Boys and Girls Clubs of America 1275 Peachtree St NE, Suite 100 Atlanta GA 30309-3506	500
Arthritis Foundation 1355 Peachtree St NE Atlanta, GA 30309	1000
Good Shepherd Manor 4129 N State Rt, 1-17 P O Box 260 Momence, IL 60954	1500
Sisters of Notre Dame de Namur 701 E Columbia Ave Cincinnati, OH 45215	1000
Salvation Army 5040 N Pulaski Rd Chicago, IL 60630	1000

Chicago, IL 60607

Recipient Cross Catholic Outreach 2700 N Military Trail, Suite 240 Boca Raton, FL 33427-3908	2019 1000
Journeys - The Road Home 1140 E Northwest Hwy Palatine, IL 60074	2000
Journey Care Foundation 2050 Claire Ct , Glenview, IL 6025	1000
Oasis for Orphans P O Box 1144 Wheaton, IL 60187	2500
Feeding America 35 E Wacker Dr , Suite 2000 Chicago, IL 60601	1000
The Leukemia and Lymphoma Society 954 W Washington Blvd , Suite 305 Chicago, IL 60607	500
Lurie Children's Hospital of Chicago 225 E Chicago Ave , Box 4 Chicago, IL 60611	3000
Special Olympics 605 E Willow St Normal, IL 61761	1000
Amyloidosis 7151 N Main St , Suite 2 Clarkston, MI 48346	1500
Brain Aneurysm Foundation 269 Hanover St , Building 3 Hanover, MA 02339	1500
Chicago Police Memorial Foundation 1407 W Washington Blvd,	250

Part XV

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	2019
Crisis Nursery 1309 W Hill St	1000
Urbana, IL 61801	
Save the Children	1000
501 Kings Highway East Fairfield, CT 06825	
Cords Plantanes	500
Gigi's Playhouse 2350 W Higgins Rd	500 500
Hoffman Estates, IL 60169	
Catholic Relief Services	1000
228 W Lexington St	
Baltimore, MD 21201-3443	
Illinois Friends of St. Coletta	1000
1991 Hicks Rd , Suite A	
Rolling Meadows, IL 60008	
Alois Society	1000
225 N Michigan Ave , 17th Floor	
Chicago, IL 60601-7633	
Longevity	1000
2315 Westforest Dr	
Austin, TX 78704	
Timothy Christian School	1000
188 W Butterfield Rd	
Elmhurst, IL 60126	
Epilepsy	1000
8301 Professional Place West, Suite 230	
Landover, MD 20785	
Cleveland Clinic Brain AVM Research	750
900 Euclid Ave	
Cleveland, OH 44195	
Shriner's Hospital for Children	1000
2900 Rocky Point Dr	
Tampa, FL 33607	
ALS Association	1000
1275 K Street NW, Suite 250	

Washington DC 20005

New York, NY 10018

Recipient	2019
DAV	1000
P O Box 14301	
Cincinnati, OH 45250-0301	
Foundation for Children in Need	1000
P O Box 1247	
Arlington Heights, IL 60006-1247	
MPN Research Foundation	2500
180 N Michigan Ave , Suite 1870	
Chicago, IL 60601	
Sarah's Circle	7000
4838 N Sheridan Rd	
Chicago, IL 60640	
The Prout School	3500
4640 Tower Hil Rd	3300
Wakefield, RI 02879	
Mount St Joseph	1000
24955 N, Highway 12	
Lake Zurich, IL 60047	
Rebecca's Homestead	1000
P O Box 2068	
Oak Ridge, NJ 07438	
Berrien County Farm Bureau	400
8383 Edgewood Rd	
P O Box 228	
Berrien Springs, MI 49103-0228	
•	
A Safe Place	1500
2710 17th St , Suite 100	
Zion, IL 60099	
•	
Lupus Foundation of America	1000
2121 K St NW , Suite 200	
Washington, D C 20037	
Orbis International	1000
520 *th Ave , 12th Floor	

Part XV

Chicago, IL 60632

Recipient	2019
Catholic Charities 721 N Lasalle Blvd Chicago, IL 60654	1000
St Jude Children's Research Hospital 501 St Jude Place Memphis, TN 38105	1000
SOS Children's Village 216 W Jackson Blvd , Suite 925 Chicago, IL 60606	1000
Charity Navigator 139 Harristown Rd , Suite 101 Glen Rock, NJ 07452	1000
Neurofibromitosis Midwest 473 Dunham Rd , Suite 3 St Charles, IL 60174	1000
The Night Ministry 4711 N Ravenswood Ave Chicago, IL 60640	1000
Mundelein Seminary 1000 E Maple Ave Mundelein, IL 60060-1174	1500
The Cradle Foundation 2049 Ridge Ave Evanston, IL 60201	1000
Greater Chicago Food Depository 4100 West Ann Lurie Place	1000

Chicago, IL 60659

Recipient	2019
International Rescue Committee	1500
122 E 42nd St , 12 Floor	
New York, NY 10168-1289	
St Vincent dePaul Society	2000
St Theresa Conference	
455 N Benton St	
Palatine, IL 60067	
Autism Speaks	1000
P O Box 37147	
LeHigh Valley, PA 18002-6401	
Boone, IA 50037	
Monsignor Clarke School	3500
5074 Towerhill Rd	
Wakefield, RI 02879	
Mission of Our Lady of Angels	1000
3808 W Iowa St	
Chicago, IL 60651	
Doctors Without Borders	1000
333 Seventh Ave , 2nd Floor	
New York, NY 10001	
St Raymond de Penafort	500
301 S I-Oka	1000
Mt Prospect, IL 60056	
Curto Elevenia Fanadation	500
Cystic Fibrosis Foundation	500
4550 Montgomery Ave , Suite 1100N	
Bethesda, MD 20814	
The Well of Mercy	2000
6339 N Fairfield Ave	

Part XV

Oak Brook, IL 60523

Recipient	2019
Paluch Family Foundation	1500
3708 River Rd , Suite 400	
Franklın Park, IL 60131-2158	
Sarcoma Foundation of America 9899 Main St , Suite 204 Damascus, MD 20872	2000
Resources for Community Living 4300 Lincoln Ave , Suite K Rolling Meadows, IL 60008	2500
Shelter, Inc 1616 N Arlington Heights Rd Arlington Heights, IL 60004	1000
Helen Keller Interntational One Dag Hammarskjold Plaza, Floor 2 New York, NY 10017	1000
Amate House 3600 S Seeley Ave Chicago, IL 60609	1000
Boys Town P O Box 6000 Boys Town, NE 68010	2000
Feed My Starving Children 401 93rd Ave NW Coon Rapids, MN 55433	1000
Ronald McDonald House One Kroc Dr	1000

Mercy Corps

45 SW Ankeny St

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Little Brothers, Friends of the Elderly 355 N Ashland Ave Chicago, IL 60607-1016	2019
Project Hope 255 Carter Hall Lane P O Box 250 Millwood, VA 22646	1000
Clearbrook 1835 W Central Rd Arlington Heights, IL 60005	1000 1000
Habitat for Humanity 270 Peachtree NW, Suite 1300 Americus, GA 31709	1000
VOR 836 S Arlington Heights Rd Elk Grove Village, IL 60007	1000
Salute P O Box 2663 Palatine, IL 60078-2663	2000
Mercy Home for Boys and Girls 1140 W Jackson Blvd Chicago, IL 60607	2000
National Multiple Schlerosis P O Box 4527 New York, NY 10163	1000
AARP 601 E Street, NW Washington D C , 20049	1000

1000

Part XV

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient		2019
Portland, OR 97204		
Mercy Ships		1000
P O Box 1930		
Garden Valley, TX 75771		
Little Sisters of the Poor		1000
80 W Northwest Hwy		500
Palatine, IL 60067-3580		
Northwest Community Hospital		2000
800 W Central Rd		
Arlington Heights, IL 60004		
т	OTAL.	168825

Note

All of the above grants were unresticted grants to Public charities

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

John Marshall Family Foundation

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

26-6107463

Organization type (check one):					
Filers o	f:	Section:			
Form 99	90 or 990-EZ	501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		☐ 527 political organization			
Form 99	90-PF	✓ 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
,		501(c)(3) taxable private foundation			
	nly a section 501(c)(7	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
Genera	l Rule				
V		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.			
Special	Rules				
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II			
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ial purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
	contributor, during to contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, contributions exclusively for religious, charitable, etc., purposes, but no such it more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the is to this organization because it received nonexclusively religious, charitable, etc., contributions ore during the year			
		t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ist answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its			

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

John Marshall Family Foundation

Employer identification number 26-6107463

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	John Marshall 429 Willow Wood Dr Palatine, IL 60074	\$ 200,015	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person