

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No. 1545-0052  
**2020**  
**Open to Public Inspection**

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

Name of foundation HALE FAMILY FOUNDATION INC C/O DAVID JACKSON		<b>A Employer identification number</b> 82-0865495	
Number and street (or P.O. box number if mail is not delivered to street address) 1300 E WOODFIELD ROAD 300		Room/suite	
		<b>B Telephone number</b> (see instructions) (847) 397-3000	
City or town, state or province, country, and ZIP or foreign postal code SCHAUMBURG, IL 60173			
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>8,473,131</u>		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	1,811,186			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	195	195	195	
	<b>4</b> Dividends and interest from securities	103,563	103,563	103,563	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	522,674			
	<b>b</b> Gross sales price for all assets on line 6a	3,905,027			
	<b>7</b> Capital gain net income (from Part IV, line 2)		522,674		
	<b>8</b> Net short-term capital gain			128,562	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	2,437,618	626,432	232,320		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	14,580			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	4,500	450		4,050
	<b>c</b> Other professional fees (attach schedule)	42,212	42,212		
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	15,712	3,694		15
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy	12,130			
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications	179			
	<b>23</b> Other expenses (attach schedule)	2,737			1,970
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	92,050	46,356		6,035
	<b>25</b> Contributions, gifts, grants paid	233,900			233,900
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	325,950	46,356		239,935	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	2,111,668				
<b>b Net investment income</b> (if negative, enter -0-)		580,076			
<b>c Adjusted net income</b> (if negative, enter -0-)			232,320		

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	81,805	3,855	3,855
	<b>2</b> Savings and temporary cash investments . . . . .	974,802	690,223	690,223
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	4,317,991	6,060,614	7,778,203
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	850	850	850	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	5,375,448	6,755,542	8,473,131	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22)		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	5,375,448	6,755,542	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
<b>28</b> Retained earnings, accumulated income, endowment, or other funds				
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	5,375,448	6,755,542		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	5,375,448	6,755,542		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	5,375,448
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	2,111,668
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	925
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	7,488,041
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	732,499
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	<b>6</b>	6,755,542

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b> PUBLICLY TRADED SECURITIES (2149)	D	2020-01-01	2020-12-31
<b>b</b> PUBLICLY TRADED SECURITIES (8635)	P		2020-12-31
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 525,614		397,052	128,562
<b>b</b> 3,360,841		2,985,301	375,540
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			128,562
<b>b</b>			375,540
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	522,674
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	}	<b>3</b>	128,562

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 2,063.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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Table with 3 columns: Question, Yes, No. Rows 15-16 regarding nonexempt charitable trusts and foreign accounts.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.



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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		

**Part IX-A Summary of Direct Charitable Activities**

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

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
<b>1</b> N/A	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . ▶

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	5,534,238
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	785,930
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	850
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	6,321,018
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	6,321,018
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	94,815
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	6,226,203
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	311,310

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	311,310
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	8,063
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	8,063
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	303,247
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	303,247
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	303,247

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	239,935
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	239,935
<b>5</b>	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. . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	239,935

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				303,247
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			61,600	
<b>b</b> Total for prior years: 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .				
<b>b</b> From 2016. . . . .				
<b>c</b> From 2017. . . . .				
<b>d</b> From 2018. . . . .				
<b>e</b> From 2019. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>239,935</u>				
<b>a</b> Applied to 2019, but not more than line 2a			61,600	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2020 distributable amount. . . . .				178,335
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				124,912
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .				
<b>b</b> Excess from 2017. . . . .				
<b>c</b> Excess from 2018. . . . .				
<b>d</b> Excess from 2019. . . . .				
<b>e</b> Excess from 2020. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2020</b>	<b>(b) 2019</b>	<b>(c) 2018</b>	<b>(d) 2017</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test—enter:

**(1)** Value of all assets . . . . .

**(2)** Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

**c** "Support" alternative test—enter:

**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .

**(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

**(3)** Largest amount of support from an exempt organization

**(4)** Gross investment income

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

---

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

---

**c** Any submission deadlines:

---

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				





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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PURDUE RESEARCH FOUNDATION 1281 WIN HENTSCHEL BLVD WEST LAFAYETTE, IN 47906	NONE	PUBLIC	GENERAL	200,000
ALASKA WHALE FOUNDATION PO BOX 1927 PETERSBURG, AK 99833	NONE	PUBLIC	GENERAL	5,000
COSLEY ZOO1356 N GARY AVE WHEATON, IL 60187	NONE	PUBLIC	GENERAL	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DEPAUL UNIVERSITY 1 E JACKSON BLVD CHICAGO, IL 60604	NONE	PUBLIC	GENERAL	3,000
DOCTORS WITHOUT BORDERS 40 RECTOR ST 16TH FLOOR NEW YORK, NY 10006	NONE	PUBLIC	GENERAL	1,000
DUPAGE COUNTY HISTORICAL MUSEUM FOU 102 E WESLEY ST WHEATON, IL 60187	NONE	PUBLIC	GENERAL	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE NATURE CONSERVANCY 400 N MICHIGAN AVE STE 100 CHICAGO, IL 60611	NONE	PUBLIC	GENERAL	500
NORTHWESTERN MEMORIAL FOUNDATION 541 NORTH FAIRBANKS COURT SUITE 800 CHICAGO, IL 60611	NONE	PUBLIC	GENERAL	100
ROBERT MCCORMICK FOUNDATION 205 N MICHIGAN AVENUE SUITE 4300 CHICAGO, IL 60601	NONE	PUBLIC	GENERAL	300
<b>Total . . . . .</b>			<b>▶ 3a</b>	233,900



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SIGMA KAPPA FOUNDATION 696 PRO-MED LANE SUITE 300 CARMEL, IN 46032	NONE	PUBLIC	GENERAL	500
UNITED WAY OF METRO CHICAGO 333 S WABASH AVE 30TH FL CHICAGO, IL 60604	NONE	PUBLIC	GENERAL	100
WOUNDED WARRIOR PROJECT 230 W MONROE ST SUITE 200 CHICAGO, IL 60606	NONE	PUBLIC	GENERAL	100
<b>Total . . . . . ▶ 3a</b>				233,900

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 525 WEST MONROE ST SUITE 1510 CHICAGO, IL 60661	NONE	PUBLIC	GENERAL	500
THE SUMMIT FOUNDATION 103 S HARRIS STREET BRECKENRIDGE, CO 80424	NONE	PUBLIC	GENERAL	500
RONALD MCDONALD HOUSE CHARITIES 1301 W 22ND ST SUITE 905 OAKBROOK, IL 60523	NONE	PUBLIC	GENERAL	400
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190	NONE	PUBLIC	GENERAL	400
GUARDIAN OF THE WILD 11100 WILDLIFE CENTER DR RESTON, VA 20190	NONE	PUBLIC	GENERAL	400
HABITAT FOR HUMANITY 1100 W CERMAK RD SUITE 404 CHICAGO, IL 60608	NONE	PUBLIC	GENERAL	100
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	PUBLIC	GENERAL	50
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	PUBLIC	GENERAL	100
THE FIELD MUSEUM 1400 S LAKESHORE DRIVE CHICAGO, IL 60605	NONE	PUBLIC	GENERAL	250
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE WILDERNESS SOCIETY 1615 M STREET NW WASHINGTON, DC 20036	NONE	PUBLIC	GENERAL	100
EARTH WATCH INSTITUTE 1380 SOLDIERS FIELD RD STE 2700 BOSTON, MA 02135	NONE	PUBLIC	GENERAL	400
OCEANITES INC3292 ARCADIA PL NW WASHINGTON, DC 20015	NONE	PUBLIC	GENERAL	500
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
TAU BETA PI ASSOCIATION PO BOX 2697 KNOXVILLE, TN 37901	NONE	PUBLIC	GENERAL	500
WTTW5400 N SAINT LOUIS AVE CHICAGO, IL 60625	NONE	PUBLIC	GENERAL	500
THE CONSERVATION FOUNDATION 10S404 KNOCK KNOLLS RD NAPERVILLE, IL 60565	NONE	PUBLIC	GENERAL	1,000
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF SOUTH GEORGIA ISLAND 25 DAKOTA MEADOWS DR CARBONDALE, CO 80623	NONE	PUBLIC	GENERAL	500
INTERNATIONAL MUSEUM OF SURGICAL SC 1524 N LAKESHORE DR CHICAGO, IL 60610	NONE	PUBLIC	GENERAL	1,000
MIKE ROWE WORKS FOUNDATION 1207 4TH ST PH 3 SANTA MONICA, CA 90401	NONE	PUBLIC	GENERAL	300
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
THE MORTON ARBORETUM 4100 ILLINOIS RTE 53 LISLE, IL 60532	NONE	PUBLIC	GENERAL	200
THE LIGHTHOUSE SHELTER 1101 N MADISON ST MARION, IL 62959	NONE	PUBLIC	GENERAL	1,000
MARCH OF DIMES 1550 CRYSTAL DR SUITE 1300 ARLINGTON, VA 22202	NONE	PUBLIC	GENERAL	100
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900



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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	PUBLIC	GENERAL	1,000
HOWE ALUMNI ASSOCIATION GENERAL FUN PO BOX 140 SADORUS, IL 61872	NONE	PUBLIC	GENERAL	1,000
THE NATIONAL GEOGRAPHIC SOCIETY 1145 17TH ST NW WASHINGTON, DC 20036	NONE	PUBLIC	GENERAL	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				233,900

<b>Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MULTIPLE SCLEROSIS FOUNDATION 6520 N ANDREWS AVE FORT LAUDERDALE, FL 33309	NONE	PUBLIC	GENERAL	500
<b>Total</b> . . . . .			<b>▶ 3a</b>	233,900

**TY 2020 Accounting Fees Schedule****Name:** HALE FAMILY FOUNDATION INC

C/O DAVID JACKSON

**EIN:** 82-0865495

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNT FEES	4,500	450		4,050

**TY 2020 Investments Corporate Stock Schedule****Name:** HALE FAMILY FOUNDATION INC

C/O DAVID JACKSON

**EIN:** 82-0865495**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
MISC.		
SCHX - SCHWAB US LARGE CAP		
VTW - VANGUARD VALUE ETF		
IJR - ISHARES TR S&P SM CAP		
IEFA - ISHARES CORE MSCI EAFE		
LZIEX - LAZARED INTL EQUITY		
OUSIX - PEAR TREE POLARIS FOREIGN		
GOGIX - GQC PTRS EMERG MARKETS		
RWCIX - RWC GLOBAL EMG MARKETS	470,252	673,617
BEAM THERAPEUTICS INC	42,243	40,820
FREEMPORT-MCMORAN INC	58,551	130,100
SIRIUS XM HOLDINGS INC	36,485	38,220
SITIME CORP	57,166	55,965
WHEATON PRECIOUS METAL	52,680	83,480
INVESCO DYNAMIC	33,889	140,262
INVESCO QQQ TRUST	14,899	43,924
ISHARES NASDAQ	52,480	75,745
GNRC GENERAC HOLDINGS	114,113	503,258
EMLP FIRST TRUST NORTH	342,389	352,820
SCHX SCHWAB US LARGE CAP	1,099,891	1,456,655
AKRIX AKRE FOCUS INSTL	668,174	689,324
BLACKSTONE ALTERNATIVE	527,184	538,013
GQG PARTNERS EMERGING MKTS	422,546	572,013
HARBOR SMALL CAP VALUE I	335,797	396,249
HLMIX HARDING LOEVNER	861,841	959,880
JSMTX JACKSON SQUARE SMID-CAP	354,258	416,517
LLINX LONGLEAF PARTNERS INTERN	515,776	611,341

**TY 2020 Investments - Other Schedule****Name:** HALE FAMILY FOUNDATION INC

C/O DAVID JACKSON

**EIN:** 82-0865495**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
OTHER	AT COST		

**TY 2020 Other Assets Schedule****Name:** HALE FAMILY FOUNDATION INC

C/O DAVID JACKSON

**EIN:** 82-0865495**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSITS	850	850	850

**TY 2020 Other Decreases Schedule****Name:** HALE FAMILY FOUNDATION INC

C/O DAVID JACKSON

**EIN:** 82-0865495

Description	Amount
FMV ADJ	732,499

**TY 2020 Other Expenses Schedule**

**Name:** HALE FAMILY FOUNDATION INC  
C/O DAVID JACKSON

**EIN:** 82-0865495

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
OUTSIDE SERVICES	1,970			1,970
DUES AND SUBSCRIPTIONS	767			



**TY 2020 Other Increases Schedule****Name:** HALE FAMILY FOUNDATION INC

C/O DAVID JACKSON

**EIN:** 82-0865495**Other Increases Schedule**

Description	Amount
INV INCOME TIMING DIFFERENCE	925

**TY 2020 Other Professional Fees Schedule**

**Name:** HALE FAMILY FOUNDATION INC  
C/O DAVID JACKSON

**EIN:** 82-0865495

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INV MANAGEMENT FEES	42,212	42,212		

**TY 2020 Taxes Schedule**

**Name:** HALE FAMILY FOUNDATION INC  
C/O DAVID JACKSON

**EIN:** 82-0865495

**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL INCOME TAX	12,003			
IL CHARITY BUREAU FUND	15			15
FOREIGN TAX	3,694	3,694		

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**

Name of the organization  
HALE FAMILY FOUNDATION INC  
C/O DAVID JACKSON

**Employer identification number**  
82-0865495

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  
 HALE FAMILY FOUNDATION INC  
 C/O DAVID JACKSON

**Employer identification number**  
 82-0865495

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID HALE 25W670 COVENTRY ST  WHEATON, IL 601873002	   \$ 1,811,186	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	   	   \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	   	   \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	   	   \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	   	   \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.	   	   \$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
HALE FAMILY FOUNDATION INC  
C/O DAVID JACKSON

**Employer identification  
number**

82-0865495

**Part II** **Noncash Property** (see Instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—	See Additional Data Table	\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____

Name of organization HALE FAMILY FOUNDATION INC C/O DAVID JACKSON	<b>Employer identification number</b> 82-0865495
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 82-0865495

**Name:** HALE FAMILY FOUNDATION INC  
C/O DAVID JACKSON

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	300 SHS ABT	<u>\$ 32,526</u>	<u>2020-11-24</u>
<u>1</u>	500 SHS IBB	<u>\$ 69,418</u>	<u>2020-11-24</u>
<u>1</u>	2000 SHS WPM	<u>\$ 77,410</u>	<u>2020-11-24</u>
<u>1</u>	200 SHS ANET	<u>\$ 54,163</u>	<u>2020-11-24</u>
<u>1</u>	2000 SHS SLV	<u>\$ 43,100</u>	<u>2020-11-24</u>
<u>1</u>	3807 SHS INTC	<u>\$ 256,363</u>	<u>2020-02-14</u>
<u>1</u>	1000 SHS BA	<u>\$ 219,355</u>	<u>2020-11-24</u>
<u>1</u>	200 SHS PAYC	<u>\$ 80,341</u>	<u>2020-11-24</u>
<u>1</u>	1199 SHS CP	<u>\$ 326,188</u>	<u>2020-02-14</u>
<u>1</u>	5000 SHS FCX	<u>\$ 113,625</u>	<u>2020-11-24</u>



**Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed**

<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
<u>1</u>	6000 SHS SIRI	<u>\$ 39,600</u>	<u>2020-11-24</u>
<u>1</u>	2213 SHS GNRC	<u>\$ 254,174</u>	<u>2020-02-14</u>
<u>1</u>	2000 SHS PBE	<u>\$ 123,730</u>	<u>2020-11-24</u>
<u>1</u>	200 SHS CEF	<u>\$ 35,320</u>	<u>2020-11-24</u>
<u>1</u>	140 SHS QQQ	<u>\$ 40,923</u>	<u>2020-11-24</u>
<u>1</u>	1000 SHS TWTR	<u>\$ 44,950</u>	<u>2020-11-24</u>