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## Form **990-PF**

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

OMB No 1545-0052

For cale	ndar year 2011 or tax year beginning		, and ending		
Name o	of foundation			A Employer identification	ı number
MAR	Y'S FOUNDATION			26-3730953	3
Number	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
145	55 NE WINDERMERE DRIVE			309-671-96	500
City or 1	town, state, and ZIP code			C If exemption application is p	pending, check here
TRE	MONT, IL 61568				
G Chec	k all that apply: Initial return	Initial return of a for	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return		_	
	Address change	Name change		Foreign organizations me 2. check here and attach co	eeting the 85% test, omputation
H Chec	k type of organization: X Section 501(c)(3) ex	xempt private foundation		E If private foundation sta	itus was terminated
s	ection 4947(a)(1) nonexempt charitable trust	Other taxable private foundat	tion	under section 507(b)(1	
I Fair m	arket value of all assets at end of year   J   Account	ing method: Cash	X Accrual	F If the foundation is in a	60-month termination
(from		ther (specify)		under section 507(b)(1	
▶\$	372,670. (Part I, colu	mn (d) must be on cash b	asis)		
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	75,050.		N/A	
2	Check If the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	3,486.	3,486.		STATEMENT 1
4	Dividends and interest from securities	,			
58	a Gross rents				
l t	Net rental income or (loss)	,			
66 L	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue 7	D assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
8 اعم	Net short-term capital gain				
9	Income modifications				
10:	Gross sales less returns and allowances	` `			
	D Less Cost of goods sold				† · · · · · · · · · · · · · · · · · · ·
	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	78,536.	3,486.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
တ္တ 16a	a Legal fees				
뒫	Accounting fees			DEOENTE	<u></u>
	Other professional fees			RECEIVED	)
<u>§</u> 17	Interest		2		70
Operating and Administrative	Taxes		80	AUG 2 0 2012	S-OSi
[ 19	Depreciation and depletion		100	1100 2012	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
[ 20	Occupancy			00051	L   0C
<b>ĕ</b> 21	Travel, conferences, and meetings		<u> </u>	OGDEN, UT	
E 22	Printing and publications				
<u>වි</u> 23	Other expenses STMT 2	6,086.	0.	,	0.
[ 24	Total operating and administrative				
<u>pe</u>	expenses Add lines 13 through 23	6,086.	0.		0.
25		261,403.			261,403.
26	•				
	Add lines 24 and 25	267,489.	0.		261,403.
27	Subtract line 26 from line 12:				
6	2 Excess of revenue over expenses and disbursements	-188,953.			
l t	Net investment income (if negative, enter -0-)		3,486.		
10055	C Adjusted net income (if negative, enter -0-)		_	N/A	
25 26 27	Contributions, gifts, grants paid  Total expenses and disbursements.  Add lines 24 and 25  Subtract line 26 from line 12:  Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	261,403. 267,489. -188,953.	0.		

Fo	rm 99	00-PF (2011) MARY'S FOUNDATION		26-	3730953 Page 2	
F	art	Balance Sheets   Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year		
<u>-</u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
		Cash - non-interest-bearing	561,623.	372,670.	<u>372,670.</u>	
	1	Savings and temporary cash investments				
	3	Accounts receivable ►				
		Less; allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
ets	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
4	1	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis				
		Less accumulated depreciation				
	15	Other assets (describe)				
_	1	Total assets (to be completed by all filers)	561,623.	372,670.	<u>372,670.</u>	
	1	Accounts payable and accrued expenses				
	18	Grants payable				
ies	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iak	21	Mortgages and other notes payable				
_	22	Other liabilities (describe )				
		_				
_	23_	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
Ś		and complete lines 24 through 26 and lines 30 and 31.				
20	24	Unrestricted				
<u>a</u>	25	Temporarily restricted				
d B	26	Permanently restricted				
٦		Foundations that do not follow SFAS 117, check here				
ě		and complete lines 27 through 31		_		
ts	27	Capital stock, trust principal, or current funds	0.	0.		
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	561,623.	372,670.		
ž	30	Total net assets or fund balances	561,623.	372,670.		
		<b>7</b>	561 602	250 650		
_	31	Total liabilities and net assets/fund balances	561,623.	372,670.		
P	art	Analysis of Changes in Net Assets or Fund Ba	alances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line (	30	<del></del>		
•		st agree with end-of-year figure reported on prior year's return)	oo		561 622	
2		amount from Part I, line 27a		1	561,623. -188,953.	
		r increases not included in line 2 (itemize)		2		
		lines 1, 2, and 3		3	<u> </u>	
		eases not included in line 2 (itemize)		4	3/2,6/0.	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	dumn (h) line 30	5 6	372,670.	
<u> </u>		The state of the s	(5)	10	Form <b>990-PF</b> (2011)	

See the Part VI instructions.

	990-PF (2011) MARY'S FOUNDATION rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u> 26-</u>	3730	953	F	Page 4
		940	- See 1	115010	Cuor	15)
ıa	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Qate of ruling or determination letter: (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1				35.
U	of Part I, line 27b	-				<u> </u>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3	<b>—</b>			35.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	1			35.
	Credits/Payments:		†			
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a					
	Exempt foreign organizations - tax withheld at source 6b		ŀ			
	Tax paid with application for extension of time to file (Form 8868) 6c	1				
	Backup withholding erroneously withheld 6d	]	-			
	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				35.
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 2012 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	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, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
_	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	. 1.				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	e iaw				7.7
_	remain in the governing instrument?			6	Х	<u> </u>
1	Did the foundation have at least \$5,000 in assets at any time during the year?			7		
0-	If "Yes," complete Part II, col. (c), and Part XV					
oa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
<b>.</b>	IL  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1		
U	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
α	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	ndar		30	Λ	
3	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	uai		9		х
10		TMT	r 3	10	х	

	n 990-PF (2011) MARY'S FOUNDATION 26-373  art VII-A   Statements Regarding Activities (continued)	<u>0953</u>		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
• •	section 512(b)(13)? If "Yes," attach schedule (see instructions)	144		v
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11		X
12	If "Yes," attach statement (see instructions)	12		v
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	X
10	Website address ► N/A	13	Λ	
14	The books are in care of ► JEROME GREEN  Telephone no. ► 309-9	25 - 3	15/	
•	Located at ► 1455 NE WINDERMERE DRIVE, TREMONT, IL ZIP+4 ►6			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	1300		
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign	10	l	
	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 If any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	If "Yes," list the years <b>&gt;</b>			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011)  N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from leopardy before the first day of the tax year beginning in 20112	4h		Y

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,			1
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?		_	s X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und		in Regulations		İ	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check he			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		<b>⊺/A                                    </b>	s L No		
If "Yes," attach the statement required by Regulations section 53.4945	' '				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on	,	TT		
a personal benefit contract?		Ye	s X No	.	٠,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal denetit contract?		F	6b	X
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sl	haltar transaction?		s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		Y 6	N/A	7b	
Information About Officer Biredon Tout		nagers Highly		70	
Part VIII Paid Employees, and Contractors	co, i oundation ma	inagers, riigini	,		
1 List all officers, directors, trustees, foundation managers and their of	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		ount, other owances
		,	·		
SEE STATEMENT 4		0.	0.		0.
				ļ	
Commonantian of five high set and a set of the set of t	Landard and Parado Maria				
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(0)	Evanasa
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acci	Expense ount, other
MONE	devoted to position		compensation	all	owances
NONE					
	· · · · · · · · · · · · · · · · · · ·			-	
	<del></del>			-	
				<del>                                     </del>	
		<del> </del>		+	
Total number of other employees paid over \$50,000		<del></del>			

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensa	ition
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1		
SEE STATEMENT 5	262,55 	0.
3		
	<del></del>	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 N/A		
2		
All other program related investments. Can instructions		
All other program-related investments. See instructions.  3	_	
Total. Add lines 1 through 3	<u> </u>	0.
TOTAL	Form <b>990-PF</b> (20	

P	art X ,Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	0
	Average of monthly cash balances	1b	0. 406,371.
c		1c	400,311.
d	Total (add lines 1a, b, and c)	1d	406,371.
	Reduction claimed for blockage or other factors reported on lines 1a and		200/3/21
·	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	406,371.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,096.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	400,275.
6	Minimum investment return Enter 5% of line 5	6	20,014.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
=	foreign organizations check here and do not complete this part.)		20 014
1	Minimum investment return from Part X, line 6	1	20,014.
2a	Tax on investment income for 2011 from Part VI, line 5  2a  35.		
b	Income tax for 2011. (This does not include the tax from Part VI.)		2.5
C	Add lines 2a and 2b	2c	35.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,979.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,979.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19,979.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	261,403.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	261,403.
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	5	35.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	261,368.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	
	4940(e) reduction of tax in those years.	•	

# Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				19,979.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
<b>b</b> Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2011.				
a From 2006				
<b>b</b> From 2007				
<b>c</b> From 2008				
d From 2009	1			
e From 2010 8,952.				
f Total of lines 3a through e	8,952.			
4 Qualifying distributions for 2011 from	0/3320			
Part XII, line 4: ►\$ 261,403.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				19,979.
e Remaining amount distributed out of corpus	241,424.			13,313.
5 Excess distributions carryover applied to 2011	0.		· +.·	0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.1			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	250,376.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			<del></del>	
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012				
Subtract lines 7 and 8 from line 6a	250,376.			
10 Analysis of line 9:				- 1
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010 8,952.				
e Excess from 2011 241,424.				
		<u>l</u>		Form 000-DE (2011)

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BLESSED SACRAMENT PARISH N/A FINANCIAL SUPPORT 225 EAST GREENWOOD MORTON IL 61550 36,225. ST. VINCENT DE PAUL SOCIETY N/A FINANCIAL SUPPORT 225 EAST GREENWOOD MORTON, IL 61550 8,000. PRO-LIFE ACTION LEAGUE N/A FINANCIAL SUPPORT 6160 N. CICERO AVE CHICAGO IL 60646 46,000. LIFE LEGAL DEFENSE FOUNDATION N/A FINANCIAL SUPPORT P.O. BOX 2105 NAPA, CA 94558 20,000. PEORIA RESCUE MINISTRIES N/A FINANCIAL SUPPORT P.O. BOX 837 PEORIA IL 61652 6,000. SEE CONTINUATION SHEET(S) Total ▶ 3a 261 403. b Approved for future payment NONE Total Form **990-PF** (2011)

Form 990-PF (2011)

Page 11

D : V() (1 A			<b>D</b>	
Part XVI-A	Anaiysis	ot income	-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7,11100111	
a				<del></del>	
b			<u> </u>		
c			<u> </u>		
d			l		
e					
f					
g Fees and contracts from government agencies			ļ — —		
2 Membership dues and assessments			<del> </del>	_	
3 Interest on savings and temporary cash			<del> </del>		
- · · · · · · · · · · · · · · · · · · ·					2 406
investments			<b>├</b> ──	<del></del>	3,486.
4 Dividends and interest from securities			ļ		
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			+		
than inventory			<del> </del>		
9 Net income or (loss) from special events			<del> </del>		
10 Gross profit or (loss) from sales of inventory			<del> </del>		
11 Other revenue:			[		
a			ļ		
b			<u> </u>		
C	L		<u> </u>		
d					
e				·	
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	3,486.
13 Total. Add line 12, columns (b), (d), and (e)					3,486. 3,486.
(See worksheet in line 13 instructions to verify calculations.)				· · ·	
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	cemp	t Purposes	
Line No Explain below how each activity for which inco	me is reported	ın column (e) of Part XVI-A	contril	buted importantly to the accon	nplishment of
the foundation's exempt purposes (other than	by providing fu	inds for such purposes).			·
3 N/A					
		7			
			_		
<del></del>		-			
				<del></del>	
123621					Form <b>990-PF</b> (2011)

ır	s the foundation directly or indirectly affiliated with, on section 501(c) of the Code (other than section 501 f "Yes," complete the following schedule.	or related to, one or more tax-exempt organizations de (c)(3)) or in section 527?	escribed Yes X No
	(a) Name of organization	(b) Type of organization	(c) Description of relationship
	N/A		
	Under popultion of paying I declare that there are more		
Sigr Her	and belief, it is true, correct, and complete Declaration of Signature of officer or vuster	this return, including accompanying schedules and statements of preparer (other than taxpayer) is based on all information of with the part of the par	nich preparer has any knowledge  RESIDENT  May the IHS discuss this return with the preparer shown below (see instr.)?  X Yes No.
	Print/Type oreparer's name	Preparer's signature Date	Check fill of PTIN

(309) 671-4500

P00153125

Firm's EIN  $\triangleright 41-0746749$ 

self- employed

Phone no.

Paid

**Preparer** 

**Use Only** 

KEVIN WADLE

Firm's name ► CLIFTONLARSONALLEN

Firm's address ► 301 SW ADAMS STREET, BOX 1835 PEORIA, IL 61656-1835

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number

	MZ	ARY'S FOUNDATION	26-3730 <u>953</u>					
Organiza	ntion type (check o		20 0,00					
Filers of:		Section:						
Form 990	or 990-EZ	501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	)-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
General	Rule	r(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo elete Parts I and II						
Special F	Rules							
	509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the given perfectly part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
Caution	An organization t	hat is not covered by the General Rule and/or the Special Rules does not file Schedule R	/Form 990 990.F7 or 990.PF\					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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 Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

MARY'	S FOUNDATION		26-3730953
Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	JEROME GREEN  1455 NE WINDERMERE DRIVE  TREMONT, IL 61568	\$\$ 75,00	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
<u> </u>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)  Type of contribution
			Person Payroll Noncash Complete Part II if there

is a noncash contribution)

Name of organization

Employer identification number

### MARY'S FOUNDATION

26-3730953

art II	Noncash Property (see instructions) Use duplicate copies of P	art 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
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom	(b) Description of noncash property given	.(c) FMV (or estimate) (see instructions)	(d) Date received

Name of orga	Inization	<del>1 - 1</del>	Employer identification number
MARV'C	FOUNDATION		26-3730953
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501(c ne following line entry For organizations, contributions of \$1,000 or less for all space is needed	c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year (Enter this information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gıf	ft
	Transferee's name, address, ar		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
	Transferee's name, address, a	(e) Transfer of gif	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 gif	it
-	Transferee's name, address, ar	nd 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 gif	t
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
INTEREST ON SAVINGS			•	3,48	<del></del> 36.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A		3,48	36. ===
FORM 990-PF	OTHER E	XPENSES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
PROFESSIONAL FEES FILING FEES	6,076.	0.			0.
TO FORM 990-PF, PG 1, LN 23	6,086.	0.			0.
FORM 990-PF LIST C	F SUBSTANTIA PART VII-A,	L CONTRIBUTOR LINE 10	RS	STATEMENT	3
NAME OF CONTRIBUTOR	ADDR	ESS			
JEROME GREEN	1455	NE WINDERMER	RE DRIVE		

TREMONT, IL 61568

STATEMENT

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JEROME GREEN 1455 NE WINDERMERE DR TREMONT, IL 61568-9679	PRESIDENT 1.00	0.	0.	0
NANCY GREEN 1455 NE WINDERMERE DR TREMONT, IL 61568-9679	DIRECTOR 1.00	0.	0.	0
MARY JO PALMER 1915 W BEL AIRE AVE PEORIA, IL 61614-5516	DIRECTOR 1.00	0.	0.	0
JOYCE BOONE 9826 WEDD DR OVERLAND PARK, KS 66212-5210	DIRECTOR 1.00	0.	0.	0
CONNIE DULLARD 212 N KANSAS AVE MORTON, IL 61550-2218	DIRECTOR 1.00	0.	0.	0
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0
FORM 990-PF SUMMARY OF 1	DIRECT CHARITABLE A	CTIVITIES	STAT	EMENT !

TRUSTEES AND FOUNDATION MANAGERS

FOUNDATION PROVIDES FINANCIAL AND OTHER BENEFICIAL SUPPORT AND SERVICES TO ORGANIZATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, AND SCIENTIFIC PURPOSES.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

TO FORM 990-PF, PART IX-A, LINE 1

262,550.

3 Grants and Contributions Paid During the Y	7	<del></del>		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
THOMAS MORE SOCIETY		N/A	FINANCIAL SUPPORT	
29 S. LASALLE STREET STE 440		ļ		
CHICAGO, IL 60603				10,00
WYANDOTTE PREGNANCY CENTER		N/A	FINANCIAL SUPPORT	
3021 NORTH 54TH STREET		N/A	FINANCIAL SUPPORT	
KANSAS CITY, KS 66104				20,00
FATHER BEITING APPALACHIAN MISSION		N/A	FINANCIAL SUPPORT	
CENTER				
332 RIVERBEND ROAD				
LOUISA, KY 41230		<u></u>		23,05
FATHER ROHO COUNCIL (K OF C) 125 CHESTNUT DR		N/A	FINANCIAL SUPPORT	
MORTON, IL 61550				5,50
	-			,,,,
SURVIVORS		N/A	FINANCIAL SUPPORT	
P.O. BOX 52708				
RIVERSIDE CA 92517				10,00
CHILDREN'S CENTER OF TAZEWELL COUNTY				
CHILDREN S CENTER OF TAZEWELL COUNTY  123 CREVE COUER AVE		N/A	FINANCIAL SUPPORT	
CREVE COUER IL 61610				43,00
				•
KNIGHTS OF COLUMBUS		N/A	FINANCIAL SUPPORT	
516 W. DAVID				
MORTON, IL 61550				6,00
CAMINOL TO DECORATE OF PROPER				
CATHOLIC DIOCESE OF PEORIA 512 E KANSAS ST		N/A	FINANCIAL SUPPORT	
PEORIA IL 61603				50
SISTERS OF ST. FRANCIS		N/A	FINANCIAL SUPPORT	
740 NORTHEAST GLEN OAK AVE				
PEORIA , IL 61603				10,00
CHILDREN'S HOSPITAL OF ILLINOIS		N/A	FINANCIAL SUPPORT	
CHILDREN'S MIRACLE NETWORK				
530 NE GLEN OAK AVENUE				
PEORIA IL 61637  Total from continuation sheets	<u> </u>	1		1,00 145,17

Part XV Supplementary Information	OUNDATION		20-31	30953
3 Grants and Contributions Paid During the Ye	ear (Continuation)	-		
Recipient	If recipient is an individual.	Farradetee	Durantant	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ST. JUDE RUNS		N/A	FINANCIAL SUPPORT	
4722 N. SHERIDAN ROAD				
PEORIA , IL 61614				3,000
AMERICAN CANCER SOCIETY		N/A	FINANCIAL SUPPORT	
4234 NORTH KNOXVILLE AVE PEORIA IL 61614				400
TRINITY PRESBYTERIAN 4707 WILLOW SPRINGS ROAD		N/A	FINANCIAL SUPPORT	
LA GRANGE, IL 60525				300
ST. JUDE'S CHILDREN'S HOSPITAL 530 NORTHEAST GLEN OAK AVE PEORIA . IL 61603		N/A	FINANCIAL SUPPORT	500
ST. MARY'S CATHOLIC CHURCH OF KICKAPOO		N/A	FINANCIAL SUPPORT	300
9910 W. KNOX ST EDWARDS, IL 61528				4,000
ARCHBISHOP FULTON J. SHEEN FOUNDATION P.O. BOX 728 PEORIA , IL 61652		N/A	FINANCIAL SUPPORT	500
CHRISTIAN FOUNDATION FOR CHILDREN AND		N/A	FINANCIAL SUPPORT	
1 ELMWOOD AVE KANSAS CITY, KS 66103				480
STUDENTS FOR LIFE OF ILLINOIS P.O. BOX 2001 CHAMPAIGN IL 61825		N/A	FINANCIAL SUPPORT	5,000
SHAMERIGN, IL 01023				5,000
PAWS FOR HEALING 1370 TRANCAS STREET, PMB 127 NAPA, CA 94558		N/A	FINANCIAL SUPPORT	200
ST. MATTHEWS CATHOLIC CHURCH		N/A	FINANCIAL SUPPORT	
FARMINGTON, IL 61531  Total from continuation sheets		<u> </u>	<u> </u>	500

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
` Recipient	If recipient is an individual,	Enundation	Durages of secret as	
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
	or capatamar contributor			
HILDREN'S HOME ASSOCIATION OF		N/A	FINANCIAL SUPPORT	
LLINOIS				
130 N. KNOXVILLE AVE EORIA , IL 61603				1 22
EORIA , IL 01003				1,23
		1		
		·		
				}
				İ
Total from continuation sheets				

#### Form **8868**

(Rev January 2012)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

	p i ne u depe	i ato appi	TOURION TO COUNT CLUITI.		_		
• If yo	ou are filing for an <b>Automatic 3-Month Extension, compl</b> et	te only Pa	rt I and check this box			<b>•</b>	X
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	his form	)		
	t complete Part II unless you have already been granted a					n 8868	
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	ne to file	(6	months for a corpo	ration
require	ed to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fil	le Form 8	888	68 to request an ex	tension
of time	e to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers	A	ssociated With Cer	taın
Perso	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details o	n the ele	ect	ronic filing of this fo	orm,
visit w	ww irs gov/efile and click on e-file for Charities & Nonprofits					_	
Par	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).			
A corp Part I	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete	9		
	er corporations (including 1120-C filers), partnerships, REM	ICs. and ti	rusts must use Form 7004 to reques	t an exte	กร	ion of time	
	ncome tax returns	,				,2 0,0	
Туре	Name of exempt organization or other filer, see instru	ctions		Employe	er i	dentification numb	er (EIN) or
print							
	MARY'S FOUNDATION			X		26-373095	3
File by t due date		ee instruct	tions	Social s	ec	urity number (SSN)	
filing you eturn S							
nstructi		reign add	ress, see instructions.				
	TREMONT, IL 61568						
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)				0 4
 Annli	eation	Return	Application			<del>.</del>	Return
Is For		Code	Is For				
Form :		01	Form 990-T (corporation)				<b>Code</b> 07
	990-BL	02	Form 1041-A				08
	990-EZ	01	Form 4720				09
	990-PF	04	Form 5227			<del></del>	10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
	990-T (trust other than above)	06	Form 8870				12
	JEROME GREEN						
• The	books are in the care of $\blacktriangleright$ 1455 NE WINDER	MERE I	DRIVE - TREMONT, I	L 61!	56	58	
	ephone No. ► 309-925-3154		FAX No ▶ 309-671-96				
• If ti	ne organization does not have an office or place of business	s in the Un	nited States, check this box				
• If ti	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) In	f this is f	or	the whole group, cl	neck this
box	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all mem	be	rs the extension is	for.
1	request an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	untıl			
	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization name	d above	• T	he extension	
	is for the organization's return for						
	lacksquare X calendar year $2011$ or						
	tax year beginning	, an	d ending			_	
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on	Final retu	ırn		
	Change in accounting period						
			<del></del>		_		
	•					•	^
nonrefundable credits See instructions				3a	+	\$	<u> </u>
	If this application is for Form 990-PF, 990-T, 4720, or 6069,	•		_			^
	estimated tax payments made Include any prior year overp			3b	+	\$	0.
	Balance due. Subtract line 3b from line 3a Include your pa	-	·			•	^
	by using EFTPS (Electronic Federal Tax Payment System)			3c		O for pourment met	0.
	on. If you are going to make an electronic fund withdrawal vectors.  For Privacy Act and Paperwork Reduction Act Notice.			orm 88/9	<b>ታ-</b> ヒ	O for payment insti Form 8868 (Re	
	- FULLINACY ACLAIN FADELWOLK DEGUCTION ACLINOLICE.	266 1112111	uctività.			I VIIII OOOO IME	v 1.2017)