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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.

OMB No 1545-0052 **2012**Open to public Inspection

For calendar year 2012 or tax year beginning , and ending Name of foundation A Employer identification number MARY'S FOUNDATION 26-3730953 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1455 NE WINDERMERE DRIVE 309-671-9600 City or town, state, and ZIP code C If exemption application is pending, check here TREMONT, IL 61568 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 331,950. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses Part I (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income 175,000 N/A (T) 0 2 Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 1,378 1.378 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. Capital gain net income (from Part IV, line 2) Net short-term capital gain **₽**≥\$ Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 176,378 378 Total. Add lines 1 through 11 12 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees RECEIVED **b** Accounting fees c Other professional fees Administrative 17 Interest SEP 0 6 |2013 35 STMT 2 18 Taxes 19 Depreciation and depletion oguen. 20 Occupancy 21 Travel, conferences, and meetings and 22 Printing and publications STMT 3 4,042 0 23 Other expenses Operating 24 Total operating and administrative 4,077 0 expenses. Add lines 13 through 23 213,021 213,021 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 217,098 0 213,021. Add lines 24 and 25 27 Subtract line 26 from line 12: -40,720a Excess of revenue over expenses and disbursements 1,378 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	n Beginning of year	End of	·
	(a) Dook value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	372,670.	331,950.	331,950.
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			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			·
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
		- · · · - · - · · · · · · · · · · · · ·	
10a Investments - U.S. and state government obligations	 		
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 ►			
15. Total general (to be completed by all filers)	372,670.	331,950.	331,950.
16 Total assets (to be completed by all filers)	372,670.	331,930.	331,330.
17 Accounts payable and accrued expenses			
18 Grants payable 19 Deferred revenue			
, and a second s	1		
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable 22 Other liabilities (describe >			
22 Other liabilities (describe >	/		
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here		<u> </u>	
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here	X		
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other f		331,950.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other f 30 Total net assets or fund balances	372,670.	331,950.	
2 00 10131 1101 300010 01 15112 5414111000		332/3333	
31 Total liabilities and net assets/fund balances	372,670.	331,950.	
Part III Analysis of Changes in Net Assets or F	•	, = =	
Total net assets or fund balances at beginning of year - Part II, colum	n (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	• • •	1	372,670.
Enter amount from Part I, line 27a		2	-40,720
Other increases not included in line 2 (itemize)		3	0.
Add lines 1, 2, and 3		4	331,950
5 Decreases not included in line 2 (itemize)		, , , , , , , , , , , , , , , , , , ,	00-,550.

331,950. Form **990-PF** (2012)

6

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and desc	cribe the ki	nd(s) of property sold (e.g or common stock, 200 sh	., real estate,		(b) Ho	ow acquired Purchase Donation	(c) Da (mo	ate acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NC	NE								-
C									
<u>d</u>					ļ				
e			1 -		<u> </u>		L		
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale) Gain or (loss) plus (f) minus (
a									
b	<u> </u>			· · · · · · · · · · · · · · · · · · ·					
C						-			
<u>d</u>		<u> </u>							
Complete only for assets show	וחם מפוח וח	column (h) and owned by	the foundation	on 12/31/60			(I) Coine	. (Cal. (b) gain	minus
Complete only for assets show	Т.		T			((1) Gains ol. (k). b	s (Col. (h) gain ut not less thar	minus 1 -0-) or
(i) F.M.V. as of 12/31/69	'	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ֈ), ıf any			Loss	ses (from col. (h))
a		•							
b									
C									
d	ļ								
е			<u> </u>						
2 Capital gain net income or (net c	apital loss	If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	} [2			
Net short-term capital gain or (Ic		ned in sections 1222(5) ar			\int				
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	3				<u>}</u>	3			
Part V Qualification l	Jnder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	ncome)	
Was the foundation liable for the set f "Yes," the foundation does not qualified the appropriate amount in	alify under	section 4940(e). Do not co	omplete this pa	ırt.					Yes X No
(a) Base period years		(b)			(c)			Distrib	(d) ution ratio
Calendar year (or tax year beginn	ung in)	Adjusted qualifying dis		Net value of no				(col. (b) div	ided by col. (c))
2011			1,368.			400,27			.65297
2010		3	8,500.			591,00	0.		.06514
2009									
2008									
2007						-			
2 Total of line 1, column (d)							2	!	.71811
3 Average distribution ratio for the the foundation has been in exist	-		on line 2 by 5,	or by the number	r of year	S	3	,	.35905
4 Enter the net value of noncharita	ıble-use as	sets for 2012 from Part X,	line 5				4		316,120
5 Multiply line 4 by line 3		-					5		113,505
	ma / 10/ of	Part Llina 27h)					6		14
6 Enter 1% of net investment inco	1116 (176 UI	i aiti, mi6							
7 Add lines 5 and 6							7		113,519
8 Enter qualifying distributions fro							8	-	213,021
If line 8 is equal to or greater that See the Part VI instructions.	ın lıne 7, cl	neck the box in Part VI, line	t 1b, and comp	lete that part usir	ng a 1%	tax rate.			
223521 12-05-12								Fo	orm 990-PF (2012

11030816 099377 001-03513400

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 4948	- see i	nstru	ctio	ns)
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)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%	1				<u>14.</u>
	of Part I, line 27b					
C	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-)	2	╀—			0.
3	Add lines 1 and 2	3				14.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	-			<u>14.</u>
6	Credits/Payments:					
	2012 estimated tax payments and 2011 overpayment credited to 2012					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d					_
7	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	+			<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	+			<u>14.</u>
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 2013 estimated tax ► Refundert VII-A Statements Regarding Activities	ed ▶ 11				
			 -		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene in	ľ	4 -	163	
	any political campaign?	2/201	Ì	1a_		<u>X</u>
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition of the property of the pro			1b_		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublishea or				
_	distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?			1.		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1c		
u	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
6	managers. > \$ 0.	"				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
-	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 incorpor	ation, or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	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?	ľ	A\r	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	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 conflict with t	he state law				
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			_7	_X	
	If "Yes," complete Part II, col (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$	for calendar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	_	_	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM		10	X	
			Forn	n 990	-PF (2012)

	PROPERTY AND	26 272005		D
	990-PF (2012) MARY 'S FOUNDATION rt VII-A Statements Regarding Activities (continued)	26-373095	. 3	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)	1.	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p			
	If "Yes," attach statement (see instructions)	1:	2	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1:		
	Website address ► N/A			
14	The books are in care of ▶ JEROME GREEN Telephone no.	▶ 309-925-	3154	
	Located at ► 1455 NE WINDERMERE DRIVE, TREMONT, IL	ZIP+4 ▶6156		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2012, 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?	10	6	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		150	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year did the foundation (either directly or indirectly):	es X No		
		es LAL NO		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	es X No		
	<u> </u>	es X No		
	<u> </u>	es X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	65 ZZ NO		
		es X No		
	(6) Agree to pay money or property to a government official? (Exception Check "No"		:	
	If the foundation agreed to make a grant to or to employ the official for a period after			
		es X No	ļ	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A 11	,	
	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 2012?	10		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)):			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
		es 🗶 No		
	If "Yes," list the years ,,,	ļ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	ì		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attact	•		
	statement - see instructions.)	N/A 2	-	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
ъa		es X No		
h	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons af			
U	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to 0	I		
	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	I		
	Form 4720, to determine if the foundation had excess business holdings in 2012)	, N/A 31	,	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4:	1 1	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos			
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4	b	_X_
		Form 9	90-PF (2012)

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Part VII-B Statements Regarding Activities for Which I	Form 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	n 4945(e))?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?		Ye	es 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
the prevention of cruelty to children or animals?	• • •		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru		J	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?			es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay preimains on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arconal hanafit contract?	ال ليليا		6b X	
If "Yes" to 6b. file Form 8870	ersonal benefit contract.			OD A	-
•	holter transaction?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		L 10		7b	-
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation About Officers, Directors, Truston		nagore Highly		70	-
Part VIII Paid Employees, and Contractors	ees, roundation wa	mayers, riiging	y		
List all officers, directors, trustees, foundation managers and their	compensation.				-
2 International of an octor of a doctor of the annual and the annual an	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	-
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other	
	to position	enter -0-)	compensation	allowances	-
			_	_	
SEE STATEMENT 5		0.	0.	0.	<u>-</u>
					-
					_
		L			_
2 Compensation of five highest-paid employees (other than those inc	r 	enter "NONE."	(d) Contributions to	() [_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other	
	devoted to position	(0)	compensation	allowances	_
NONE					
					_
					_
					_
					-
					-
Total number of other employees paid over \$50,000	<u> </u>		•	0	ĵ
			Form	990-PF (2012)	_

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	*
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services 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 statis number of organizations and other beneficiaries served, conferences convened, research papers pro-	stical information such as the duced, etc.	Expenses
1		
SEE STATEMENT 6		213,021.
2		
3		
	· · · · · · · · · · · · · · · · · · ·	
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. See instructions.		
3	-	

Total. Add lines 1 through 3

4940(e) reduction of tax in those years.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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.
b	Average of monthly cash balances	1b	0. 320,934.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	320,934.
e	Reduction claimed for blockage or other factors reported on lines 1a and		3 - 1, 3 3 - 1
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	320,934.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,814.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	316,120.
6	Minimum investment return Enter 5% of line 5	6	15,806.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	15,806.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	14.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,792.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	15,792.
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	15,792.
P	art XII Qualifying Distributions (see instructions)		
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	213,021.
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	213,021.
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	14.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	213,007.
	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

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				<u>. </u>
line 7				15,792.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	:
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				•
b From 2008				•
c From 2009				
d From 2010 8,952.				
e From 2011 241,424.				
f Total of lines 3a through e	250,376.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ►\$ 213,021.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount		White		15,792.
e Remaining amount distributed out of corpus	197,229.			
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	447,605.			
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		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		<u> </u>		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012 Subtract			•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				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 2007	-			147
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013				
Subtract lines 7 and 8 from line 6a	447,605.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010 8,952.				
d Excess from 2011 241,424.				
e Excess from 2012 197,229.				
				Form 990-PF (2012)

Part XIV Private Operating For	Oundations (see ins	structions and Part VII-	A. question 9)	N/A	30933 rage 10
1 a If the foundation has received a ruling or			1	N/A	-
foundation, and the ruling is effective for					
b Check box to indicate whether the found	•		n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1012())(0) 01 1 1	1
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for				, ,	
each year listed					
b 85% of line 2a				· · · · · · · · · · · · · · · · · · ·	
c Qualifying distributions from Part XII,					-
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				 	·
for active conduct of exempt activities.					
Subtract line 2d from line 2c	İ				
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 Info			f the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ibutions received by the	foundation before the clo	se of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(a)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	on of the ownership of a p	artnership or
• •	Sa 10 % Of greater filteres	o.,			
NONE					
2 Information Regarding Contribute					
Check here X if the foundation of the foundation makes gifts, grants, etc.					
	<u> </u>			omplete nema za, b, e, an	
a The name, address, and telephone num	ber or e-mail of the perso	ы то wnom аррисацонs s	noulu de addresseu,		
b The form in which applications should b	no cubmitted and informa	tion and materials they sh	only include.		
b The form in which applications should be	76 Submitted and imornia	non and materials they sh	iouia moiaac.		
c Any submission deadlines:				· · · · · · · · · · · · · · · · · · ·	•
,					
d Any restrictions or limitations on awards	s, such as by geographic:	al areas, charitable fields,	kınds of institutions, or	other factors:	
		<u> </u>			
223601 12-05-12					Form 990-PF (2012)

3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
AMERICAN CANCER SOCIETY		N/A	FINANCIAL SUPPORT	
4234 NORTH KNOXVILLE AVE				
PEORIA, IL 61614		_		50
ARCHBISHOP FULTON J. SHEEN FOUNDATION P.O. BOX 728		N/A	FINANCIAL SUPPORT	
PEORIA IL 61652				6,00
100011				3,00
ARCHDIOCESE FOR THE MILITARY		N/A	FINANCIAL SUPPORT	
PO BOX 96168				
WASHINGTON, DC 20077				2,000
BLESSED SACRAMENT PARISH		N/A	FINANCIAL SUPPORT	
225 EAST GREENWOOD				
MORTON, IL 61550				42,850
CATHOLIC DIOCESE OF PEORIA		N/A	FINANCIAL SUPPORT	
512 E KANSAS ST				
PEORIA IL 61603	 TINUATION SHEE	m / C \	> 22	500
Total SEE CON b Approved for future payment	TINOATION SHEE	1 (5)	▶ 3a	213,02
NONE				
		<u>,</u>		
Total			▶ 3b	(

Form **990-PF** (2012)

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code		Tanonon moomo	
a						
b			-			
C	_			,		
d					<u> </u>	
e	-	···-				
	-			-		
g Fees and contracts from government agencies			-			
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments					1,378.	
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events		121				
O Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a						
b						
C	1 }					
d						
e						
2 Subtotal. Add columns (b), (d), and (e)		().	0.	1,378.	
3 Total. Add line 12, columns (b), (d), and (e)				13	1,378.	
See worksheet in line 13 instructions to verify calculations.)					

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
3	N/A

223621 12-05-12

Form **990-PF** (2012)

Pa	IIVX II	Information R		nsters to a	and Transactions a	and Relations	nips With Nonchai	itable	•	
	D.d tha			e of the following	a with any other accompany	an department in anoti-	on F01(a) of		Yes	No
		-			ng with any other organization		on 501(c) of		162	INO
			· · · · · · · · · · · · · · · · · · ·		27, relating to political organ	nizations?				
		rs from the reporting found	lation to a noncharita	able exempt or	ganization of:					
	(1) Cas							1a(1)		<u>X</u>
	(2) Oth	er assets						1a(2)		<u>X</u>
b	Other tra	ansactions [*]								
	(1) Sale	es of assets to a noncharita	able exempt organiza	ation				1b(1)		_X_
	(2) Pur	chases of assets from a no	oncharitable exempt	organization				1b(2)		_X_
	(3) Rer	ntal of facilities, equipment,	, or other assets					1b(3)		_X_
	(4) Rei	mbursement arrangements	S					1b(4)		_X_
	(5) Loa	ns or loan guarantees						1b(5)		<u> </u>
(6) Performance of services or membership or fundraising solicitations							1b(6)		X	
C	Sharing	of facilities, equipment, ma	ailing lists, other ass	ets, or paid em	ployees			1c		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other as						ther ass	ets,			
	or servi	ces given by the reporting t	foundation. If the for	indation receiv	ed less than fair market valu	ue in any transaction	or sharing arrangement, sl	now in		
	column	(d) the value of the goods,	, other assets, or ser	vices received.						
(a) Li	ne no	(b) Amount involved	(c) Name c	of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angeme	nts
				N/A						
				•						

							···			
										
			*							
										
•		·	-							
										
	 -		-							
			-							
			+							
	-+									
									-	
		•	•	•	or more tax-exempt organi	izations described	_	٦.,	77	٦
		on 501(c) of the Code (other	=	c)(3)) or in sec	tion 5277		L.	Yes	LX	No
<u> </u>	If "Yes,"	complete the following sch			(A) T (Γ .	D			
		(a) Name of or	ganization		(b) Type of organization		c) Description of relationsh	пр		
		N/A			 .					
					<u> </u>				_	
					ng accompanying schedules and n taxpayer) is based on all inforn		han any knowledge May	the IRS o		
Siç	gn 👢		16 11	rope or (our or una	- 1		sho	n with the	(see ins	
He		· /‹	1/6	-	28/13	PRESII	ENT L	Yes		J No
	Sı	gnature of officer of traste	<u> </u>		Date	Title	L			
		Print/Type preparer's n	iame	Preparer's s	ignature	Date /	Check if PTIN			
_		"		1 1.1	blate	6/2 /12	self- employed			
Pa		LINDA MART		Xh	-Mar	8/22/13		255		
	epare	1 11 11 0 Hallio 0 ====	[FTONLARS	ONALLEN	LLP	,	Firm's EIN ► 41-07	467	49	
Us	e Onl	·								
					900, BOX 183	55				
		PI	EORIA, IL	<u>61656-</u>	1835		Phone no. (309)			
		·					For	m 990	-PF (2012)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

	MARY'S_FOUNDATION	26-3730953
Organization type (chec		
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 X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule See instructions
General Rule		
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (mplete Parts I and II	(in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cons of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is ch purpose Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclust complete any of the parts unless the General Rule applies to this organization becausable, etc., contributions of \$5,000 or more during the year	ot total to more than \$1,000 <i>usively</i> religious, charitable, etc ,
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Sched on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on neet the filing requirements of Schedule B (Form 990, 990-EZ, 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) (2012)

Name of organization

Employer identification number

MARY'S FOUNDATION

26-3730953

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	JEROME GREEN 1455 NE WINDERMERE DRIVE TREMONT, IL 61568	\$175,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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 contributions	(d) 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 contributions	(d) 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 contributions	(d) 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 contributions	(d) Type of contribution
223452 12-2		\$Schedule 8 (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

MARY'S FOUNDATION

26-3730953

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
		\$	
(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. 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 C7 or 000 PF) (0010)

lame of orga	nization		Employer identification number				
<u>(ARY ' S</u> Part III	FOUNDATION Exclusively religious, charitable, etc., indiv	vidual contributions to section 501(c)(7).	26-3730953 (8), or (10) organizations that total more than \$1,000 for th				
	year Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	ne following line entry. For organizations c c., contributions of \$1,000 or less for the	omoleting Part III. enter				
(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, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-	(e) Transfer of gift						
	Transferee's name, address, a	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 gift						
	Transferee's name, address, a	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 gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

223454 12-21-12

Part XV Supplementary Information	(0-4)	· · · · · · · · · · · · · · · · · · ·		1
3 Grants and Contributions Paid During the Ye		, 	1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (name of business)	or substantial contributor	recipient		
HILDREN'S CENTER OF TAZEWELL COUNTY		N/A	FINANCIAL SUPPORT	
23 CREVE COUER AVE				
REVE COUER, IL 61610				21,29
CHRISTIAN FOUNDATION FOR CHILDREN AND		N/A	FINANCIAL SUPPORT	
PO BOX 219114				2:
CANSAS CITY, MO 64121				35
EASTER SEALS		N/A	FINANCIAL SUPPORT	
507 E. ARMSTRONG AVE. PEORIA, IL 61603				1,00
FEORIA, 1E 01003				1,00
FATHER BEITING APPALACHIAN MISSION		N/A	FINANCIAL SUPPORT	
CENTER				
332 RIVERBEND ROAD				_
LOUISA, KY 41230				5,47
K OF C CHARITIES - NEW HAVEN, CT		N/A	FINANCIAL SUPPORT	
l COLUMBUS PLAZA, PO BOX 1966				
NEW HAVEN , CT 06509	•			1,50
FAMILY RESOURCE CENTER		N/A	FINANCIAL SUPPORT	
5828 NORTH CLARK ST.				
CHICAGO, IL 60660				50
FATHER ROHO COUNCIL (K OF C CHARITIES		N/A	FINANCIAL SUPPORT	
- MORTON)		N/A	THANCIAL SUFFORT	
125 CHESTNUT DR				
MORTON, IL 61550				2,00
HARVEST BIBLE CHURCH		N/A	FINANCIAL SUPPORT	
401 CIMMARON DRIVE				
EAST PEORIA, IL 61611				4,00
NIGHTS OF COLUMBUS - MORTON		N/A	FINANCIAL SUPPORT	
516 W. DAVID				
MORTON, IL 61550		-		23,55
LIFE LEGAL DEFENSE FOUNDATION		N/A	FINANCIAL SUPPORT	
P.O. BOX 2105		, 6	I IMMOIND OUFFORT	
NAPA, CA 94558				10,00
Total from continuation sheets				161 17

3 Grants and Contributions Paid During the Y		1		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (name of business)	or substantial contributor	recipient		
LUTHERAN HILLSIDE VILLAGE		N/A	FINANCIAL SUPPORT	
5901 GALENA ROAD				•
PEORIA, IL 61614			-	50
MUSCULAR DYSTROPHY ASSOCIATION		N/A	FINANCIAL SUPPORT	
3300 E. SUNRISE DRIVE		[.,		
rucson, AZ 85718				2,00
POPULATION RESEARCH INSTITUTE		N/A	FINANCIAL SUPPORT	
109 EAST MAIN STREET				
FRONT ROYAL, VA 22630				5,00
PRIESTS FOR LIFE		N/A	FINANCIAL SUPPORT	
PO BOX 141172		,,,,	I IMMOTAL BOLLOW	
STATEN ISLAND, NY 10314				5,00
PRO-LIFE ACTION LEAGUE		N/A	FINANCIAL SUPPORT	
6160 N. CICERO AVE				
CHICAGO, IL 60646				19,00
CTOMPRO OF OM FRANCIS		N/A	FINANCIAL SUPPORT	
SISTERS OF ST. FRANCIS 2408 W. HEADING		W/A	FINANCIAL SUFFORI	
PEORIA, IL 61604				10,00
ST. JUDE RUNS		N/A	FINANCIAL SUPPORT	
4722 N. SHERIDAN ROAD PEORIA, IL 61614				4,00
ST. JUDE'S CHILDREN'S HOSPITAL		N/A	FINANCIAL SUPPORT	
530 NORTHEAST GLEN OAK AVE				
PEORIA, IL 61603				60
ST. VINCENT DE PAUL SOCIETY		N/A	FINANCIAL SUPPORT	
225 EAST GREENWOOD		.,	I IMMOIAU GOLFORI	•
MORTON, IL 61550				16,00
STUDENTS FOR LIFE OF ILLINOIS		N/A	FINANCIAL SUPPORT	
CHAMPAIGN IL 61825				6,00
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye	ear (Continuation)			Γ.
Recipient	If recipient is an individual.	T		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
SURVIVORS		N/A	FINANCIAL SUPPORT	
P.O. BOX 52708				7
RIVERSIDE, CA 92517				7,000
THOMAS MARE SOCIETY 29 S. LASALLE STREET STE 440		N/A	FINANCIAL SUPPORT	
CHICAGO, IL 60603				7,000
TRINITY PRESBYTERIAN CHURCH		N/A	FINANCIAL SUPPORT	
4707 WILLOW SPRINGS ROAD			I IMAKOINE BOITOKI	
LA GRANGE, IL 60525				1,200
JUDICIAL WATCH		N/A	FINANCIAL SUPPORT	
PO BOX 96234				
WASHINGTON, DC 20077		•		8,200
-				
Total from continuation sheets	<u> </u>	<u> </u>		

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
INTEREST ON SAVINGS			•	1,378.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A		1,378.
FORM 990-PF	TAX	ES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
FEDERAL TAXES	35.	0	•	0.
TO FORM 990-PF, PG 1, LN 18	35.	0	•	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
PROFESSIONAL FEES FILING FEES	4,027. 15.	0		0.
TO FORM 990-PF, PG 1, LN 23	4,042.	0	•	0.

	SUBSTANTIAL CONTRIE ART VII-A, LINE 10	UTORS	STAT	EMENT 4
NAME OF CONTRIBUTOR	ADDRESS			
JEROME GREEN	1455 NE WINDE TREMONT, IL 6			
	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	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.

0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

6

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT

ACTIVITY ONE

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

EXPENSES

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

213,021.

•					
Form 8868 (Rev. 1-2013)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Ext	-	•		•	X
Note. Only complete Part II if you have already been granted an a			led Form	8868	
 If you are filing for an Automatic 3-Month Extension, complet Part II Additional (Not Automatic) 3-Month Extension 			al /na a	aniaa naadad\	
Part II Additional (Not Automatic) 3-Month Ex	xtensio				
Name of support and a state of the state of	_4	Enter filer's		ng number, see ins	
Type or Name of exempt organization or other filer, see instruc	ctions		Employe	r identification num	ber (EIN) or
print File by the MARY'S FOUNDATION				26-37309	53
due date for Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions	Social so	ecurity number (SSI	_
return See 1455 NE WINDERMERE DRIVE	ee manac	lions .	Oociai se	curity number (55)	v)
instructions City, town or post office, state, and ZIP code For a fo	reign add	ress see instructions			
TREMONT, IL 61568	,, o.g., aca				
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	ed Form 8868.	
JEROME GREEN	(DDD 1		T (1F	C 0	
• The books are in the care of \triangleright 1455 NE WINDERN	MEKE I			08	
Telephone No ► 309-925-3154	41 1 1	FAX No ► 309-671-96	Τ0		
 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit 0 			f this is fo	r the whole group	obook this
		ch a list with the names and EINs of			
		BER 15, 2013	all Mellib	ers the extension is	3 101
5 For calendar year 2012, or other tax year beginning		, and endin	α		
6 If the tax year entered in line 5 is for less than 12 months, cl			Final r	return	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY	ro gar	THER THE INFORMATI	ON RE	QUIRED IN	
ORDER TO PREPARE A COMPLETE AN	ND AC	CURATE TAX RETURN.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
nonrefundable credits See instructions			8a	\$	14.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax payments made Include any prior year overpayment alle	owed as a	credit and any amount paid			_
previously with Form 8868			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your pa	-	h this form, if required, by using			4.4
EFTPS (Electronic Federal Tax Payment System). See instru		t he completed for Death	8c	\$	14.
•		et be completed for Part II o	_	of muclimous landage and the	n alsof
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp irm.	ranying scriedules and statements, and to	o ire best 0	n my knowledge and I	Jellel,
	PRESI	TENT.	Date		-
Signature ► Title ► E	TI Citi	A 12 14 1	Dale		

Form 8868 (Rev 1-2013)