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Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation**2014**

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax year beginning

, 2014, and ending

, 20

Name of foundation TRUSTMARK FOUNDATION		A Employer identification number 36-3330631
Number and street (or P.O. box number if mail is not delivered to street address) 400 FIELD DRIVE		B Telephone number (see instructions) 847-615-1500
City or town, state or province, country, and ZIP or foreign postal code LAKE FOREST, IL 60045		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 583,272		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	902,402 Stmt 1			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	291	291		
	5a Gross rents			0	
	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				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	312 Stmt 2				
12 Total. Add lines 1 through 11	903,005	291	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	15 Stmt 2			15
	24 Total operating and administrative expenses. Add lines 13 through 23	15			15
	25 Contributions, gifts, grants paid	1,082,257			1,082,257
26 Total expenses and disbursements. Add lines 24 and 25	1,082,272			1,082,272	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-179,267				
b Net investment income (if negative, enter -0-)		291			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing		52,888	86,330	86,330
	2	Savings and temporary cash investments		709,651	496,942	496,942
	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 (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		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 (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule) ▶					
12	Investments—mortgage loans					
13	Investments—other (attach schedule)					
14	Land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation (attach schedule) ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)			762,539	583,272	583,272
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)			0	0
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)				
	31	Total liabilities and net assets/fund balances (see instructions)			762,539	583,272

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	762,539
2	Enter amount from Part I, line 27a	2	-179,267
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	583,272
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	583,272

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div> </div>		2	NONE
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	NONE

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	1,075,779	1,156,185	0.9305
2012	1,104,498	946,886	1.1664
2011	1,183,022	710,217	1.6657
2010	1,220,016	982,185	1.2421
2009	1,207,446	1,659,411	0.7276
2 Total of line 1, column (d)			2 5.7323
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 1.1465
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			4 1,008,691
5 Multiply line 4 by line 3			5 1,156,464
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 3
7 Add lines 5 and 6			7 1,156,467
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 1,082,272

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1		6
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		6
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		6
6	Credits/Payments:			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a		39
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		39
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		33
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax 33 Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		✓
c Did the foundation file Form 1120-POL for this year?		✓
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
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? <i>If "Yes," attach a conformed copy of the changes.</i>		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
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 the state law remain in the governing instrument?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	✓	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ Illinois		
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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	✓	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		✓
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		✓

Part VII-A Statements Regarding Activities (continued)

11	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)	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► NOT APPLICABLE	13	✓	
14	The books are in care of ► KENDRA FUSON Telephone no. ► 847-615-1500 Located at ► 400 FIELD DRIVE LAKE FOREST, IL ZIP+4 ► 60045			
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 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	Yes	No
				✓

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

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

	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1b	
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 2014?	1c	✓
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ► 20____, 20____, 20____, 20____		
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 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.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2014 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 2014.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b 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 jeopardy before the first day of the tax year beginning in 2014?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**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))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐ ☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☒ Yes ☐ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHED SCHEDULE Stmt 3				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

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

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 Grants to Other Charitable Organizations	
2	
3	
4	

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

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

	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	1,024,052
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,024,052
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,024,052
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	15,361
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,008,691
6	Minimum investment return. Enter 5% of line 5	6	50,435

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

1	Minimum investment return from Part X, line 6	1	50,435
2a	Tax on investment income for 2014 from Part VI, line 5	2a	6
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	0
c	Add lines 2a and 2b	2c	6
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50429
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	50429
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	50429

Part 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	1,082,272
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	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,082,272
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	3
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,082,269

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				50,429
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014:				
a From 2009	1,124,835			
b From 2010	1,170,993			
c From 2011	1,147,521			
d From 2012	1,067,162			
e From 2013	1,017,973			
f Total of lines 3a through e	5,528,484			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ <u>1,082,272</u>				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2014 distributable amount				50,429
e Remaining amount distributed out of corpus	1,031,843			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,560,327			
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	1,124,835			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	5,435,492			
10 Analysis of line 9:				
a Excess from 2010	1,170,993			
b Excess from 2011	1,147,521			
c Excess from 2012	1,067,162			
d Excess from 2013	1,017,973			
e Excess from 2014	1,031,843			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling	N/A				
b	Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)	<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2014	Prior 3 years (b) 2013 (c) 2012 (d) 2011			(e) Total
b	85% of line 2a		N/A			
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					
3	Complete 3a, b, or c for the alternative test relied upon:					
a	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

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

1	Information Regarding Foundation Managers:
a	List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
N/A	
b	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
N/A	
2	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
	Check here <input checked="" type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
a	The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
N/A	
b	The form in which applications should be submitted and information and materials they should include:
N/A	
c	Any submission deadlines:
N/A	
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
N/A	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
SEE ATTACHED STATEMENT Stmt 4				
Total			▶ 3a	1,082,257
b <i>Approved for future payment</i>				
Not Applicable				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | | |
|--|-------|-----|----|
| <p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p> <p>(1) Cash</p> <p>(2) Other assets</p> <p>b Other transactions:</p> <p>(1) Sales of assets to a noncharitable exempt organization</p> <p>(2) Purchases of assets from a noncharitable exempt organization</p> <p>(3) Rental of facilities, equipment, or other assets</p> <p>(4) Reimbursement arrangements</p> <p>(5) Loans or loan guarantees</p> <p>(6) Performance of services or membership or fundraising solicitations</p> <p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p> <p>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 assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p> | | Yes | No |
| | | | |
| | 1a(1) | | ✓ |
| | 1a(2) | | ✓ |
| | | | |
| | 1b(1) | | ✓ |
| | 1b(2) | | ✓ |
| | 1b(3) | | ✓ |
| | 1b(4) | | ✓ |
| | 1b(5) | | ✓ |
| | 1b(6) | | ✓ |
| | 1c | | ✓ |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Karin E Lowery
Signature of officer or trustee

8-6-15

TRUSTEE

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date _____

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ►

Firm's address ►

Phone no

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

OMB No. 1545-0047

2014

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

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

Name of the organization

TRUSTMARK FOUNDATION

Employer identification number

36-3330631

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

Employer identification number

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	TRUSTMARK INSURANCE COMPANY 400 FIELD DRIVE LAKE FOREST, IL 60045	\$ 902,402	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

Employer identification number

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

TRUSTMARK FOUNDATION, LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF, PART 1, LINE 1, CONTRIBUTIONS, GIFTS, GRANTS, ETC.

Cash donation	902,402
	<hr/>
Total	<u><u>\$ 902,402</u></u>

TRUSTMARK FOUNDATION, LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF

PART 1, LINE 11, OTHER INCOME

Other income Return of Prior year Donation (Cancelled Event)	\$ 312
	<u>-</u>
Other income	<u>\$ 312</u>

PART 1, LINE 23, OTHER EXPENSES

State filing fee	15
	<u> </u>
Total other expenses	<u>\$ 15</u>

TRUSTMARK FOUNDATION, LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-P, PART VIII, LINE 1, LIST OF ALL OFFICERS, DIRECTORS, TRUSTEES

Name and address	Title	Compensation	Contributions	Expenses
Karrn Lowry 400 Field Drive, Lake Forest, IL 60045	Chairperson Trustee/Nominee	-0-	-0-	-0-
Kim Croisant 400 Field Drive, Lake Forest, IL 60045	Trustee/Nominee	-0-	-0-	-0-
Kendra Fuson 400 Field Drive, Lake Forest, IL 60045	Trustee/Nominee	-0-	-0-	-0-
Kelly Marsh 400 Field Drive, Lake Forest, IL 60045	Trustee/Nominee	-0-	-0-	-0-
Liz O'Brien 400 Field Drive, Lake Forest, IL 60045	Trustee/Nominee	-0-	-0-	-0-
Lloyd Sarrel 400 Field Drive, Lake Forest, IL 60045	Trustee/Nominee	-0-	-0-	-0-
J. Grover Thomas, JR. 400 Field Drive, Lake Forest, IL 60045	Trustee/Nominee	-0-	-0-	-0-

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a)
GRANTS AND CONTRIBUTIONS PAID DURING YEAR

<u>RECIPIENT</u>	<u>AMOUNT</u>	<u>Type of Entity</u>	
UNITED WAY:			
United Way of Youngstown			
Lake County United Way	118,262 00	501(c)(3)	
	<u>118,262 00</u>		
HEALTH/SAFETY:			
A Safe Place	28,500 00	501(c)(3)	
Alexian Brothers-The Harbor	28,500 00	501(c)(3)	
Beacon Place	10,000 00	501(c)(3)	
CASA	28,500 00	501(c)(3)	
Catholic Charities/Lake Co	14,000 00	501(c)(3)	
Community Health	25,000 00	501(c)(3)	
Erie Family Health Center	60,000 00	501(c)(3)	
Family Network, Inc	8,500 00	501(c)(3)	
Family Service Prevention, Education & Counseling NPO	4,000 00	501(c)(3)	
Great Lakes Adaptive Sports Association	8,000 00	501(c)(3)	
Health Reach	0 00	501(c)(3)	
Interfaith House	28,500 00	501(c)(3)	
Juvenile Diabetes Research Foundation	0 00	501(c)(3)	
Lake County Haven	10,000 00	501(c)(3)	
Lake County Partners	0 00	501(c)(3)	
Lamba Farm	3,000 00	501(c)(3)	
Midwest Palliative Care Center & Hospice of North Shore	7,500 00	501(c)(3)	
Mother's Trust	28,500 00	501(c)(3)	
NICASA	20,000 00	501(c)(3)	
Northern Illinois Food Bank	7,500 00	501(c)(3)	
Northwestern Lake Forest Hospital	3,000 00	501(c)(3)	
Omni Youth Services	20,000 00	501(c)(3)	
WBL of the US Health Care Industry Foundation	9,000 00	501(c)(3)	
Willow House	28,500 00	501(c)(3)	
Youth & Family Counseling	25,825 00	501(c)(3)	
Zacharias Sexual Abuse Center Formerly (LACASA)	28,500 00	501(c)(3)	
	<u>Subtotal</u>		
	428,825 00		
EDUCATION:			
Actuarial Foundation (2007)	9,500	501(c)(3)	
Allendale Association	4,000	501(c)(3)	
Bemles Book Bank	3,000	501(c)(3)	
College of Lake County (C)	2,000	501(c)(3)	
Lake Forest Graduate School of Management (C)	10,900	501(c)(3)	
Lake Forest Graduate School of Management (Speaker)	25,000	501(c)(3)	
San Miguel Febres Cordero School Inc	0	501(c)(3)	
Ralph J Eckert Scholarship Foundation (C)	88,420	501(c)(3)	
	<u>Subtotal</u>		
	140,820		
URBANCITY:			
Big Brothers/Big Sisters of Lake Co	9,000	501(c)(3)	
Boys & Girls Club of Lake County	4,000	501(c)(3)	
Lake County Center for Independent Living	8,500	501(c)(3)	
The SEDOL Foundation	7,000	501(c)(3)	
YWCA of Metropolitan Chicago	0	501(c)(3)	
	<u>Subtotal</u>		
	28,500		
CULTURE:			
Ravinia Festival Assn	4,500	501(c)(3)	
	<u>Subtotal</u>		
	4,500		
SPECIAL PROJECTS:			
Favorite Charities Program	50,160	501(c)(3)	Statement 5
IMPACT Project (LF Hospital)	47,791	501(c)(3)	
Voluntary Benefit Solutions Producer Award-VBS	0	501(c)(3)	
Branch Office Program	261,000	501(c)(3)	Statement 6
Group Sales Producer Award	0	501(c)(3)	
Undesignated		501(c)(3)	
Volunteer Grant	8,400	501(c)(3)	Statement 7
	<u>Subtotal</u>		
	365,350		
TOTAL DONATION DISBURSEMENTS			
	<u>1,082,257</u>		

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- FAVORITE CHARITIES PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
A Child's Place 601 East 5th Street, Suite 230 Charlotte, NC 28202	94
A Safe Place 2710 17th Street Zion, IL 60099	181
Allendale Association Inc. P.O. Box 1088 Lake Villa, IL 60046	610
American Cancer Society 225 N. Michigan Ave., Suite 1210 Chicago, IL 60614	692
American Red Cross of Greater Chicago 2200 West Harrison Street Chicago, IL 60612	855
Anti-Cruelty Society 157 West Grand Avenue Chicago, IL 60610-9980	230
Appalachian State University Foundation ASU PO Box 32014 Boone, NC 28608-2014	169
Big Brothers and Sisters of Lancaster County 520 E. Oregon Rd. #103 Lititz, PA 17543	47
Blood Center of Wisconsin 5960 W Brown Deer Rd Brown Deer WI 53223-2310	96
Boy Scouts of Lancaster County 630 Janet Avenue Lancaster, PA 17601	85
Boys/Girls Club of Harford County 100 E. Bel Air Ave. Aberdeen, MD 21001	431
Boys/Girls Club of Kenosha 1330 52nd Street Kenosha, WI 53140	905
Camdem County United Way 196 Newton Avenue Camdem, NJ 08103	208
Carroll Hospice Inc. 292 Stoner Ave.	104

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- FAVORITE CHARITIES PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
Westminster, MD 21157	
Carthage College 2001 Alford Park Drive Kenosha, WI 53140	547
Catholic Charities of Lake County 671 S Lewis Ave Waukegan, IL 60085	1,489
Catholic Charities of Chicago SW Region 7000 W 111th Street, Suite 101 Worth, IL 60482	1,512
Chicago Waldorf School Development Department 1300 W. Loyola Ave. Chicago, IL 60626	514
Childhelp 15757 N 78th Street, Suite B Scottsdale, AZ 85260	1,047
Children's Hospital Foundation MS 3050 P.O. Box 1997 Milwaukee, WI 53201	157
Christ Lutheran Church 4519 Providence Rd. Charlotte, NC 28226	924
Clearbrook-Fairfax House 1835 West Central Road Arlington Heights, IL 60005	166
Club Pet Adoption 20 Schaller Road Transfer, PA 16154	165
Deerfield Montessori School 3140 Riverwoods Road Riverwoods, IL 60015	200
Douglas Food Pantry 23 Manchaug Street Douglas, MA 01516	338
Easter Seals of Metropolitan Chicago 1939 W. 13th Street, Suite 300 Chicago, IL 60608	1,129

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- FAVORITE CHARITIES PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
Focus on the Family 8605 Explorer Drive Colorado Springs, CO 80922	176
Food Bank of Iowa 2220 E. 17th Street Des Moines, IA 50316-2114	300
Fox Valley Helping Paws 2500 Harding Lane Woodstock, IL 60098	78
Gads Hill Center 1919 West Cullerton St. Chicago, IL 60608-2618	381
Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago, IL 60632	243
Greater Twin Cities United Way 404 S. 8th Street Minneapolis, MN 55404	118
Harrison United Methodist Church 15008 Lancaster Way Pineville, NC 28134	885
Have Dreams 515 Busse Highway, Suite 515 Park Ridge, IL 60068	463
Humane League of Lancaster Co. 2195 Lincoln Highway East Lancaster, PA 17601	61
Kansas State School for the Deaf 450 E. Park St. Olathe, KS 66061	44
Karen Dove Cabral Foundation 2521 Hartzell Street Evanston, IL 60201	538
Lake County Haven PO Box 127 Libertyville, IL 60048	565
Lancaster Shelter of Abused Women PO Box 359 Lancaster, PA 17608	24
Lupus Foundation of America - Illinois Chapter 525 W. Monroe, Suite 900 Chicago, IL 60661	32

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- FAVORITE CHARITIES PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
Make a Wish Foundation Philadelphia & Susquehanna Valley 1054 New Holland Pike Lancaster, PA 17601	47
Make a Wish Foundation of Illinois 640 N. LaSalle Drive, Suite 280 Chicago, IL 60654	405
Mater Dei High School 9th & Plums St Breese, IL 62230	989
National Multiple Sclerosis Society -Wisconsin Chapter 1120 James Drive Hartland, WI 53029	184
National Urea Cycle Disorder Foundation 75 S. Grand Avenue Pasadena, CA 91105	538
Newman Catholic Schools 619 Stark Street Wausau, WI 54403	500
North Park University 3225 W Foster Chicago, IL 60625	1,500
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134	469
Northwest Suburban United Way PO Box 294 Mt Prospect, IL 60056	243
Orphans of the Storm 2200 N Riverwoods Rd. Deerfield, IL 60015	1,588
Orphans of the Storm 2200 N. Riverwoods Rd. Riverwoods, IL 60015	230
PADS Lake County 3001 Green Bay Rd., Bldg. 5 North Chicago, IL 60064	175
Pathways Home Health & Hospice 585 North Mary Avenue Sunnyvale, CA 94085	64
Planned Parenthood Federation of America, Inc 434 West 33rd Street New York, NY 10001	63
Planned Parenthood of Illinois 18 S. Michigan Ave., 6th Floor Chicago, IL 60603	110

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- FAVORITE CHARITIES PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
Safe Harbor Humane Society 7811 60th Ave. Kenosa, WI 53142	630
Saint Peter School 900 St. Peter Street Antioch, IL 60002	575
Samaritan's Purse PO Box 3000 Boone, NC 28607	196
Save-A-Pet 31664 N Fairfield Rd Grayslake, IL 60030	2,069
Snow City Arts Foundation 630 S Hermitage Ave, Ste 103K Chicago, IL 60612	600
St Baldrick's Foundation 1333 S mayflower Ave, Ste 400 Monrovia, CA 91016	96
St. John's Lutheran School 300 Jefferson Street Algonquin, IL 60102	582
St. Jude Children's Hospital 332 N Lauderdale Memphis, TN 38101	300
St. Jude Children's Hospital 501 St Jude Place Memphis, TN 38105	203
Susan G Komen Breast Cancer Foundation 5005 LBJ Freeway, Ste 250 Dallas, TX 75244	600
The Acturial Foundation 475 North Martingale Road, Suite 600 Schaumburg, IL 60173	384
Threshold Choir PO Box 8496 Santa Rosa, CA 95407	870
United Way of Beaumont & North Jefferson County PO Box 1430 Beaumont, TX 77704	90
United Way of Central Carolinas 301 S Brevard St Charlotte, NC 28202	114
United Way of Dane County 2059 Atwood Ave.	482

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- FAVORITE CHARITIES PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
Madison, WI 53704	
United Way of DuPage West Cook County PO Box 5317 Oakbrook, IL 60522	510
United Way of DuPage/West Cook County PO Box 5317 Oakbrook, IL 60522	338
United Way of Greater Atlanta 100 Edgewood Ave NE Atlanta, GA 30303	78
United Way of GRTR Kansas City 801 W 47th Street, Suite 500 Kansas City, MO 64112	158
United Way of Greater McHenry County 4508 Prime Parkway McHenry, IL 60050	193
United Way of Kenosha 3601 30th Ave., Suite 202 Kenosha, WI 53141	575
United Way of Kenosha County 5500 6th Ave, Suite 210 Kenosha, WI 53140	437
United Way of Lake County 330 S. Greenleaf Gurnee, IL 60031	11,141
United Way of Lancaster County 630 Janet Avenue Lancaster, PA 17601	139
United Way of Lawrence County 223 N. Mercer Street New Castle, PA 16101	366
United Way of Racine County 2000 Domanik Drive Racine, WI 53404	169
United Way of Waukesha County PO Box 1041 Waukesha, WI 53186	23
United Way Suncoast 5201 W Kennedy Blvd, Suite 600 Tampa, FL 33609	93 21
Wabash College P.O. Box 352 Crawfordsville, IN 47933	1,107
Warren Family Mission	132

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 36-3330631
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- FAVORITE CHARITIES PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
2671 Youngstown Rd SE Warren, OH 44484	
Willow House 300 Saunders Rd, Ste 300 Riverwoods, IL 60015	469
Winona State University 175 West Mark Street Winona, MN 55987	171
Women's and Children's Horizon 2525 63rd St Kenosha, WI 53143	361
Youngstown/Mahoning United Way 255 Watt St Youngstown, OH 44505	362
Youth & Family Counseling 1113 S. Milwaukee Avenue, #104 Libertyville, IL 60048	469
Youth Emergency Services & Shelter 918 SE 11th St Des Moines, IA 50309	195
Sub Total	<hr/> 49,182 <hr/>
Reissue of previous year's checks	<hr/> 979 <hr/>
TOTAL disbursements to FAVORITE CHARITIES	<hr/> 50,160 <hr/>

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS
FEIN: 38-3330831
YEAR ENDED DECEMBER 31, 2014
FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS
SUBSET OF GRANTS & CONTRIBUTIONS- BRANCH OFFICE PROGRAM

<u>ORGANIZATION</u>	<u>AMOUNT</u>
A Child's Place	7,500
All About Animals Rescue	6,000
Animal Rescue League of Iowa	3,000
Baxter County Regional Hospital Foundation	2,750
Bolder Options	5,000
The Buckeye Ranch	5,750
CASA of Lancaster County	1,500
Children's Center for the Visually Impaired	2,500
Children's Dyslexia Center of Youngstown	5,000
Conway Regional Health Foundation	3,000
Family Advocate Program	4,000
The First Tee of Greater Kansas City	2,000
Folds of Honor	3,000
Food Bank of Iowa	2,500
Juvenile Diabetes Research Foundation	6,500
Kennedy Krieger Institute	13,000
Forgotten Harvest	7,000
Girls	10,000
Honor Flight Southern Arizona	4,000
Junior League of Minneapolis	10,000
Perspectives "Kid Café"	10,000
Together We Cope	7,000
It's a Pittle Rescue	1,500
Johnson County Regional Hospital	2,750
The Marrow Foundation	5,500
Wigs 4 Kids	6,000
Midwest Foster Care & Adoption Association	2,500
Milagro House	10,000
MOKA	3,500
OCCHA, Inc.	3,000
Operation Break Through	5,000
Ozaukee Family Services	11,500
PA College of Health Science	10,000
Potential Development Program Inc	5,000
Real Life 101 Scholarship Fund	5,000
Recreation Unlimited Foundation	5,750
Rose Brooks Center	7,500
Truman Medical Center Charitable Foundation	5,000
United Auxiliaries to the Lancaster General Hospital	10,000
Veterans, Inc.	3,000
White River Health System Foundation	3,000
Youth Emergency Service & Shelter of Iowa	3,000
Dreams for Kids	2,500
Friends for Health	2,500
GADS Hill Center	2,500
Greater Chicago Food Depository	2,500
Have Dreams	2,500
Kenosha County 4-H	1,500
Leukemia & Lymphoma Society	2,500
Lupus Foundation of IL	2,500
Mainstay Therapeutic Riding Program	2,500
North Shore University Health System	2,500
Snow City Arts	2,500
Society of St Vincent De Paul St Bede Conference	2,500
The Salvation Army Promis Program, Anne's House	2,500
	281,000

TRUSTMARK FOUNDATION - LAKE FOREST, ILLINOIS

FEIN: 36-3330631

YEAR ENDED DECEMBER 31, 2014

FORM 990-PF PART XV - LINE 3(a) GRANTS AND CONTRIBUTIONS

SUBSET OF GRANTS & CONTRIBUTIONS- VOLUNTEER AND UNDESIGNATED PROGRAM

VOLUNTEER ORGANIZATION

AMOUNT

St Vincent De Paul Food Pantry	350
Worcester State Foundation	750
Fishing Has No Boundries	250
A Child's Place pf Charlotte Inc	1,900
Kansas City Sheltie Rescue Inc	600
Michigan Abolitionist Project	550
Save-A-Pet	500
National Alliance for the Mentally	750
Golden Retriever Rescue of Wisconsin	750

Total Volunteer

6,400

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **►**
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Trustmark Foundation	36-3330631
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	500 Field Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Lake Forest, IL 60045	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

- The books are in the care of ► Daniel Mandarino

Telephone No. ► 847-283-4131 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2014 or

► ☐ tax year beginning, 20, and ending, 20

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	None
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	None
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	None

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☐ Telephone No. ☐ Fax No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until _____, 20 ____.
- 5 For calendar year _____, or other tax year beginning _____, 20 _____, and ending _____, 20 ____.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐Title ☐ Executive DirectorDate ☐