

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation RICHARD JAMES MCCANN FOUNDATION		A Employer identification number 20-3962872	
Number and street (or P O box number if mail is not delivered to street address) 138 SHELLEY LANE		Room/suite	B Telephone number (see instructions) (630) 653-8395
City or town, state or province, country, and ZIP or foreign postal code WHEATON, IL 60189		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <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"/>	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 2,057,005		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )			

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)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	35,112	35,112		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	119,350			
	b Gross sales price for all assets on line 6a 650,396				
	7 Capital gain net income (from Part IV, line 2) . . .		119,350		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	218	218		
	12 Total. Add lines 1 through 11 . . . . .	154,680	154,680		
	13 Compensation of officers, directors, trustees, etc	4,320	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	3,500	0		0
	c Other professional fees (attach schedule) . . . . .	9,164	9,164		0
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . .	411	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	93	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	17,488	9,164		0
	25 Contributions, gifts, grants paid . . . . .	109,963			109,963
	26 Total expenses and disbursements. Add lines 24 and 25	127,451	9,164		109,963
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	27,229			
	b Net investment income (if negative, enter -0-)		145,516		
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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	17,122	57,890	57,890
	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)	66,000	65,419	65,150
	b	Investments—corporate stock (attach schedule) . . . . .	812,943	824,965	1,267,860
	c	Investments—corporate bonds (attach schedule) . . . . .	649,527	655,378	666,105
	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	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,545,592	1,603,652	2,057,005	
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	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 funds	1,545,592	1,603,652	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	1,545,592	1,603,652		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	1,545,592	1,603,652		

**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	1,545,592
2	Enter amount from Part I, line 27a . . . . .	2	27,229
3	Other increases not included in line 2 (itemize) ▶ _____	3	30,831
4	Add lines 1, 2, and 3 . . . . .	4	1,603,652
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,603,652

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

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

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

  

<b>2</b> Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	<b>2</b>	119,350
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		<b>3</b>	

**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

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(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))
2017	110,113	1,982,772	0 055535
2016	96,709	1,804,175	0 053603
2015	92,996	1,889,760	0 049210
2014	102,500	1,935,652	0 052954
2013	79,000	1,808,509	0 043682
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 254984
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 050997
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			<b>4</b> 1,989,137
<b>5</b> Multiply line 4 by line 3			<b>5</b> 101,440
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 1,455
<b>7</b> Add lines 5 and 6			<b>7</b> 102,895
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 109,963

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

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

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	1,455
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	1,455
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	1,455
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	2,560
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	2,560
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	1,105
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> 1,105 <b>Refunded</b> <b>▶</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for 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>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ 0 <b>(2)</b> On foundation managers <b>▶</b> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ 0		
<b>2</b> 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>	<b>2</b>	No
<b>3</b> 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> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> 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> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> IL		
<b>b</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? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> KATHLEAN HELLER Telephone no <b>►</b> (630) 653-8395			

Located at **►** 138 SHELLEY LANE WHEATON IL ZIP+4 **►** 60189

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2018, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</b>			

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/>	<b>1b</b>		
<b>c</b>	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 2018? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2018 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 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.		<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. <span style="float: right;">▶ <input type="checkbox"/></span>			
<b>c</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes" to 6b, file Form 8870			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
KATHLEAN HELLER 138 SHELLEY LANE WHEATON, IL 60189	TRUSTEE 1 00	4,320	0	0
JAMES J MCCANN 138 SHELLEY LANE WHEATON, IL 60189	TRUSTEE 1 00	0	0	0

**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. <span style="float: right;">▶</span>	0
--	---

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		0

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

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

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

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	1,995,597
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	23,831
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	2,019,428
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	2,019,428
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	30,291
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	1,989,137
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	99,457

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	99,457
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	1,455
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	1,455
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	98,002
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	98,002
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	98,002

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	109,963
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	109,963
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	1,455
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	108,508

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				98,002
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . . 10,050				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . . 8,607				
<b>e</b> From 2017. . . . . 13,505				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	32,162			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 109,963				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				98,002
<b>e</b> Remaining amount distributed out of corpus	11,961			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	44,123			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	44,123			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . . 10,050				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . . 8,607				
<b>d</b> Excess from 2017. . . . . 13,505				
<b>e</b> Excess from 2018. . . . . 11,961				

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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.)**

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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) ) See Additional Data Table	
<b>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
<b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed	
<b>b</b> The form in which applications should be submitted and information and materials they should include	
<b>c</b> Any submission deadlines	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	

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

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

Enter gross amounts unless otherwise indicated

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

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) (See instructions )
---------------	--

[illegible]

## Part XVII

	Yes	No
--	-----	----

--	--	--

<b>1a(1)</b>	<b>No</b>
--------------	-----------

<b>1a(2)</b>		<b>No</b>
--------------	--	-----------

--	--	--

<b>1b(1)</b>	<b>No</b>
--------------	-----------

<b>1b(2)</b>	<b>No</b>
--------------	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>	<b>No</b>
--------------	-----------

<b>1b(6)</b>		<b>No</b>
--------------	--	-----------

<b>1c</b>		<b>No</b>
-----------	--	-----------

value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (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

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.

Sign Here
\*\*\*\*\*
2019-05-09
\*\*\*\*\*
May the IRS discuss this return with the preparer shown

Signature of officer or trustee \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	GEORGE A TRIMARCO JR		2019-05-06		
	Firm's name ▶ TRIMARCO RADENCICH LLC				Firm's EIN ▶ 20-1672117

<b>Paid</b>	GEORGE A TRIMARCO JR		2019-05-06		
-------------	----------------------	--	------------	--	--

<b>Preparer Use Only</b>	Firm's name ▶ TRIMARCO RADENCICH LLC	Firm's EIN ▶ 20-1672117

Firm's address ▶ 1775 LEGACY CIRCLE NAPERVILLE, IL 60563	Phone no (630) 505-0051
---	-------------------------

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e g , real estate, (a) 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 )
1 PUBLICLY TRADED SECURITIES	P		
1 PUBLICLY TRADED SECURITIES	P		
PUBLICLY TRADED SECURITIES	P		
PUBLICLY TRADED SECURITIES	P		
THE BLACKSTONE GROUP LP	P		
THE BLACKSTONE GROUP LP	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
185,952		198,562	-12,610
425,282		317,651	107,631
327			327
38,494		14,833	23,661
189			189
152			152

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-12,610
			107,631
			327
			23,661
			189
			152

**Form 990PF Part XV Line 1a - 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).**

KATHLEAN HELLER
JAMES J MCCANN

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVENUE 17TH FL CHICAGO, IL 60601	NONE	501(C)(3)	ALOIS SOCIETY	7,000
AMERICAN CANCER SOCIETY PO BOX 7561 CHICAGO, IL 60680	NONE	501(C)(3)	GENERAL OPERATIONS	2,000
AMERICAN HEART ASSOCIATION 208 S LASALLE ST STE 1500 CHICAGO, IL 60604	NONE	501(C)(3)	GENERAL OPERATIONS	2,100
<b>Total . . . . . ▶ 3a</b>				109,963



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	501(C)(3)	GENERAL OPERATIONS	135
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	NONE	501(C)(3)	GENERAL OPERATIONS	500
BOY SCOUTS OF AMERICA THREE FIRES COUNCIL 415 NORTH 2ND STREET ST CHARLES, IL 60174	NONE	501(C)(3)	FRIENDS OF SCOUTING	5,000
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
BOY SCOUTS OF AMERICA THREE FIRES COUNCIL 415 NORTH 2ND STREET ST CHARLES, IL 60174	NONE	501(C)(3)	CAMP FREELAND LESLIE OPERATIONS	1,000
BRAIN & BEHAVIOR RESEARCH FOUNDATION 90 PARK AVE NEW YORK, NY 10016	NONE	501(C)(3)	GENERAL OPERATIONS	350
CARING NETWORK OF ILLINOIS 1200 ROOSEVELT ROAD SUITE 114 GLEN ELLYN, IL 60137	NONE	501(C)(3)	GENERAL OPERATIONS	1,325
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
CASA OF DUPAGE INC 505 N COUNTY FARM RD WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	2,500
CASA OF DUPAGE INC 505 N COUNTY FARM RD WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	5,000
CHRISTMAS SHARING OF WHEATON WARRENVILLE 224 N MAIN STREET WHEATON, IL 60187	NONE	501(C)(3)	JOHNSON ELEMENTARY SCHOOL	1,000
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CONSERVATION FOUNDATION 10S404 KNOCH KNOLLS ROAD NAPERVILLE, IL 60565	NONE	501(C)(3)	GENERAL OPERATIONS	1,000
COPENHAGEN CONSENSUS CENTER USA 1215 MAIN ST PMB SE132 TEWKSBURY, MA 01876	NONE	501(C)(3)	MOST NEED	3,228
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100N BETHESDA, MD 20814	NONE	501(C)(3)	SENSING	500
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DUPAGE FOUNDATION 3000 WOODCREEK DR SUITE 310 DOWNERS GROVE, IL 60515	NONE	501(C)(3)	GENERAL OPERATIONS	5,000
DUPAGE PADS601 WEST LIBERTY WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	1,000
EDISON MIDDLE SCHOOL PTA 1125 S WHEATON AVE WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	500
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDISON MIDDLE SCHOOL PTA 1125 S WHEATON AVE WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	600
EPILEPSY FOUNDATION 17 N STATE STREET SUITE 650 CHICAGO, IL 60602	NONE	501(C)(3)	ERIN'S EXPLORERS	5,000
FAMILY SHELTER SERVICES 605 EAST ROOSEVELT ROAD WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	1,500
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	NONE	501(C)(3)	GENERAL OPERATIONS	500
FIRST PRESBYTERIAN CHURCH OF WHEATON 715 NORTH CARLTON AVENUE WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	2,000
FIRST PRESBYTERIAN CHURCH OF WHEATON 715 NORTH CARLTON AVENUE WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	2,500
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY SUITE 410 ROCKVILLE, MD 20852	NONE	501(C)(3)	GENERAL OPERATIONS	250
FOREST PRESERVE DISTRICT OF DUPAGE COUNTY 3S580 NAPERVILLE ROAD WHEATON, IL 60189	NONE	501(C)(3)	WILLOWBROOK WILDLIFE CENTER	1,000
GETTING REAL MINISTRIES PO BOX 5094 NAPERVILLE, IL 60567	NONE	501(C)(3)	GENERAL FUND	1,500
<b>Total . . . . . ▶ 3a</b>				109,963



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HUNDRED CLUB OF DUPAGE COUNTY 589 S YORK STREET ELMHURST, IL 60126	NONE	501(C)(3)	GENERAL OPERATIONS	500
LES TURNER ALS FOUNDATION 5550 W TOUHY AVENUE SUITE 302 SKOKIE, IL 60077	NONE	501(C)(3)	MEMORIAL-TOM WASCIEWICZ	250
LONG BEACH COMMUNITY ALLIANCE PO BOX 167 MICHIGAN CITY, IN 46361	NONE	501(C)(3)	GENERAL OPERATIONS	1,500
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MAKE-A-WISH 1702 EAST HIGHLAND AVE SUITE 400 PHOENIX, AZ 85016	NONE	501(C)(3)	ILLINOIS FUND	2,500
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	NONE	501(C)(3)	GENERAL OPERATIONS	250
MARIANJOY REHABILITATION HOSPITAL 26W171 ROOSEVELT ROAD WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	500
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
MISERICORDIA6300 NORTH RIDGE CHICAGO, IL 60660	NONE	501(C)(3)	GENERAL OPERATIONS	250
NATIONAL KIDNEY FOUNDATION OF ILLINOIS 215 WEST ILLINOIS STREET SUITE 1C CHICAGO, IL 60654	NONE	501(C)(3)	GENERAL OPERATIONS	2,000
NATIONAL KIDNEY FOUNDATION 215 WEST ILLINOIS STREET SUITE 1C CHICAGO, IL 60654	NONE	501(C)(3)	GENERAL OPERATIONS	1,000
<b>Total . . . . .</b> ► <b>3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
NPR-CHICAGO PUBLIC MEDIA 848 EAST GRAND AVE CHICAGO, IL 60611	NONE	501(C)(3)	WBEZ	1,500
NETWORK FOR GOOD 1140 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036	NONE	501(C)(3)	PLAYGROUND FOR KIDS OF ALL ABILITIES	1,250
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	501(C)(3)	GREATEST NEED	1,000
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	501(C)(3)	GREATEST NEED	500
NORTHWESTERN MEMORIAL FOUNDATION 541 NORTH FAIRBANKS COURT SUITE 800 CHICAGO, IL 60611	NONE	501(C)(3)	CANCER CENTER PROGRAMS	2,500
OREAD CENTER3312 CALVIN DR LAWRENCE, KS 66049	NONE	501(C)(3)	KELLY CLARK	400
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PARKINSON'S FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	501(C)(3)	ELIZABETH BURGESS	500
PEACE LUTHERAN CHURCH 21 WEST 500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	WGO-HONDURAS MISSION TRIP (RANCH)	1,475
PEACE LUTHERAN CHURCH 21 WEST 500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	MILITARY BIBLE STICKS	1,000
<b>Total . . . . .</b> ► <b>3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PEACE LUTHERAN CHURCH 21 WEST 500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	WGO-HONDURAS MISSION TRIP (MEDICAL)	2,000
PEACE LUTHERAN CHURCH 21 WEST 500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	WGO-SUPPLIES	1,500
PEACE LUTHERAN CHURCH 21 WEST 500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	WGO-HONDURAS MISSION TRIP (RANCH)	600
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PEACE LUTHERAN CHURCH 21 WEST 500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	GENERAL FUND	5,000
PEACE LUTHERAN CHURCH 21 WEST 500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	GENERAL FUND	1,000
PLAY FOR ALL PLAYGROUND & GARDEN FOUNDATION 855 W PRAIRIE AVENUE WHEATON, IL 60187	NONE	501(C)(3)	SENSORY GARDEN PLAYGROUND	2,000
<b>Total . . . . . ▶ 3a</b>				109,963



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
REFUGE FOR WOMEN CHICAGO 180 SOUTH WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	501(C)(3)	GENERAL OPERATIONS	750
RONALD MCDONALD HOUSE CHARITIES 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	501(C)(3)	RONALD MCDONALD HOUSE	2,000
SALAM CHRISTIAN FELLOWSHIP 21W500 BUTTERFIELD ROAD LOMBARD, IL 60148	NONE	501(C)(3)	MOST NEED	1,000
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	501(C)(3)	GENERAL OPERATIONS	2,750
TRAINING LEADERS INTERNATIONAL 10 S 5TH ST SUITE 900 MINNEAPOLIS, MN 55402	NONE	501(C)(3)	JON & ANDREA HOLLAND (GLOBAL PARTNERS)	1,000
VETERANS OF FOREIGN WARS 406 W 54TH STREET KANSAS CITY, MO 64111	NONE	501(C)(3)	GENERAL OPERATIONS	250
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
VICTORY JUNCTION4500 ADAMS WAY RANDELMAN, NC 27317	NONE	501(C)(3)	GENERAL OPERATIONS	2,500
OUTREACH COMMUNITY MINISTRIES 373 S SCHMALE RD SUITE 102 CAROL STREAM, IL 60188	NONE	501(C)(3)	WARRENVILLE YOUTH & FAMILY SERVICES	1,000
WELLSPRING ALLIANCE CHURCH 1766 S BLANCHARD ROAD WHEATON, IL 60187	NONE	501(C)(3)	GENERAL OPERATIONS	100
<b>Total . . . . .</b> ▶ <b>3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WHEATON BIBLE CHURCH 27W500 NORTH AVENUE WEST CHICAGO, IL 60185	NONE	501(C)(3)	HIGH SCHOOL MISSIONS	400
WHITTIER PTA218 PARK AVE WHEATON, IL 60189	NONE	501(C)(3)	ROMP & ROAR	750
WHITTIER PTA218 PARK AVE WHEATON, IL 60189	NONE	501(C)(3)	ROMP & ROAR	2,000
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WORLD GOSPEL OUTREACH PMB 250 6068 US HIGHWAY 98 STE 1 HATTIESBURG, MS 39402	NONE	501(C)(3)	CHILDREN SERVICES DUPAGE/AURORA	1,500
WORLD GOSPEL OUTREACH PMB 250 6068 US HIGHWAY 98 SUITE 1 HATTIESBURG, MS 39402	NONE	501(C)(3)	MOST NEED	5,500
WORLD RELIEF 7 E BALTIMORE STREET BALTIMORE, MD 21202	NONE	501(C)(3)	DUPAGE/AURORA US REGIONAL OFFICE	1,000
<b>Total . . . . . ▶ 3a</b>				109,963

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WOUNDED WARRIOR 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	NONE	501(C)(3)	GENERAL OPERATIONS	1,000
WTTW5400 NORTH ST LOUIS AVENUE CHICAGO, IL 60625	NONE	501(C)(3)	GENERAL OPERATIONS	1,500
<b>Total . . . . . ▶ 3a</b>				109,963

**TY 2018 Accounting Fees Schedule****Name:** RICHARD JAMES MCCANN FOUNDATION**EIN:** 20-3962872

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,500	0		0

# TY 2018 Investments Corporate Bonds Schedule

**Name:** RICHARD JAMES MCCANN FOUNDATION

**EIN:** 20-3962872

## Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
KOVITZ SECURITIES	655,378	666,105



**TY 2018 Investments Corporate Stock Schedule****Name:** RICHARD JAMES MCCANN FOUNDATION**EIN:** 20-3962872**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
KOVITZ SECURITIES	824,965	1,267,860

**TY 2018 Investments Government Obligations Schedule****Name:** RICHARD JAMES MCCANN FOUNDATION**EIN:** 20-3962872**US Government Securities - End  
of Year Book Value:**

0

**US Government Securities - End  
of Year Fair Market Value:**

0

**State & Local Government  
Securities - End of Year Book  
Value:**

65,419

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

65,150

**TY 2018 Other Expenses Schedule****Name:** RICHARD JAMES MCCANN FOUNDATION**EIN:** 20-3962872**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ILLINOIS CHARITY BUREAU FUND ANNUAL FEE	15	0		0
PROCESSING FEES	38	0		0
CHECK ORDER	40	0		0

**TY 2018 Other Income Schedule****Name:** RICHARD JAMES MCCANN FOUNDATION**EIN:** 20-3962872**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
THE BLACKSTONE GROUP LP	211	211	211
THE BLACKSTONE GROUP LP	7	7	7

**TY 2018 Other Increases Schedule**

**Name:** RICHARD JAMES MCCANN FOUNDATION  
**EIN:** 20-3962872

Description	Amount
NET ASSET ADJUSTMENT	30,831

**TY 2018 Other Professional Fees Schedule****Name:** RICHARD JAMES MCCANN FOUNDATION**EIN:** 20-3962872

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	9,164	9,164		0

**TY 2018 Taxes Schedule****Name:** RICHARD JAMES MCCANN FOUNDATION**EIN:** 20-3962872

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	411	0		0