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2018

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginnin	ıg 01-01-20	18 , a	nd en	iding 12-31-	2018	
		ndation Foundation Inc				A Employer Id	entification number	r
111	e Allyli	roditation inc				23-7025589		
		street (or P O box number if mail is not delivered to	street address)	Room/suite		B Telephone nu	mber (see instruction	ıs)
5	39 Princ	eton Road				(978) 766-9327	•	,
		, state or province, country, and ZIP or foreign posta	l code					
Hins	dale, IL	60521				C If exemption	application is pending	g, check here
G Ch	neck al	I that apply 🔲 Initial return 🔲 Init	ıal return of a f	former public charity		D 1. Foreign or	ganizations, check he	re \square
		☐ Final return ☐ Am	nended return				ganizations meeting	
		\square Address change \square Na	me change			test, chec	k here and attach cor	nputation 🕨 🔼
H Ch	neck ty	pe of organization Section 501(c)(3) ex	empt private f	oundation			ındatıon status was tı n 507(b)(1)(A), checl	
	Section	4947(a)(1) nonexempt charitable trust	Other taxable	private foundation			· // // //	
		et value of all assets at end J Accountil	ng method	☑ Cash ☐ Accru	ıal		ition is in a 60-month	
			er (specify) _			under section	n 507(b)(1)(B), check	chere
	·	(Part I, col	umn (d) must	be on cash basıs)				
Pa	rt I	Analysis of Revenue and Expenses	·	(a) Revenue and	(1-)	N - b b b	/->	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not no	ecessarıly	expenses per books	(6)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions,	·	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc , received (a schedule)	ttacn	C				
	2	Check ▶ ☑ If the foundation is not required	to attach					
		Sch B						
	3	Interest on savings and temporary cash inve	estments	2,695		2,695	2,695	
	4	Dividends and interest from securities		190,596		190,596	190,596	
	5a	Gross rents		C		0	0	
a)	Ь	Net rental income or (loss)	0					
Ĭ	6a	Net gain or (loss) from sale of assets not on	line 10					
Revenue	b	Gross sales price for all assets on line 6a						
ž	7	Capital gain net income (from Part IV, line 2	·			110,728		
	8	Net short-term capital gain					0	
	9	Income modifications	• • • •				0	
	10a b	Gross sales less returns and allowances Less Cost of goods sold	ე					
	ן נ	Gross profit or (loss) (attach schedule)					0	
	11	Other income (attach schedule)		**		0	0	
		Total. Add lines 1 through 11		193,291		304,019	193,291	
	12	Compensation of officers, directors, trustees		193,291	ļ	304,019	193,291	,
	13 14		´ -			0	0	(
. ^	15	Pension plans, employee benefits				0	0	
Se	16a	Legal fees (attach schedule)				0	0	(
ĕ	_	Accounting fees (attach schedule)				0	0	
and Administrative Expenses	b c	Other professional fees (attach schedule)		736	<u> </u>	0	0	736
ve Ve		·						730
rat	17	Interest		9,045		188	188	(
<u>₹</u>	18	Taxes (attach schedule) (see instructions)	. • • •					
Ē	19	Depreciation (attach schedule) and depletion			<u> </u>	0	0	
AG	20	Occupancy		0	-	0	0	(
ב	21	Travel, conferences, and meetings	ŀ	C		0	0	(
ਰ	22 23	Other expenses (attach schedule)		9 513		257	257	256
Ĭ.				313		237	237	230
Operating	24	Total operating and administrative experience Add lines 13 through 23		10,294		445	445	992
ă O	25	Contributions, gifts, grants paid		330,000	-	443	445	330,000
			lines 34 std	330,000	-			330,000
	26	Total expenses and disbursements. Add 25	iines 24 and	340,294		445	445	330,992
	27	Subtract line 26 from line 12		, .				,
	a	Excess of revenue over expenses and		=				
	ь	disbursements Net investment income (if negative, enter	0-1	-147,003		202 == :		
	C D	Adjusted net income (if negative, enter -0			-	303,574		
		Aujusted Het Income (Il riegative, enter -o	, · · ·		Щ.		192,846	000 PF (2010

940,115

1,249,159

2,253,836

0

0

0

2

3

4

5

6

936,282

1,249,159

2,217,562

0

4,935,128

1,358,940

6,326,189

2,253,836

-147,003

110,729

2,217,562

2,217,562 Form 990-PF (2018)

Less allowance for doubtful accounts ▶ 0

Investments—land, buildings, and equipment basis ▶ ___ Less accumulated depreciation (attach schedule) ▶ _____

Less accumulated depreciation (attach schedule) > 0

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) > ____

Enter amount from Part I, line 27a

Grants payable

Prepaid expenses and deferred charges

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

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

Foundations that follow SFAS 117, check here ▶ \Box

and complete lines 24 through 26 and lines 30 and 31.

	5
	6
	7
2	8
Assets	9
As	10a
	b
	ı

C 11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

Liabilities

Balances

Fund 26

ō

Assets

Net

2

3

```
27
         2.253.836
                                                                                                   2.217.562
   28
         Paid-in or capital surplus, or land, bldg, and equipment fund
                                                                                       0
   29
         Retained earnings, accumulated income, endowment, or other funds
                                                                                 2,253,836
                                                                                                   2,217,562
   30
         Total net assets or fund balances (see instructions) . . . . .
                                                                                 2,253,836
                                                                                                   2,217,562
   31
         Total liabilities and net assets/fund balances (see instructions) .
Part III
          Analysis of Changes in Net Assets or Fund Balances
     Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-
```

	the kınd(s) of property sold (e g , ehouse, or common stock, 200 shs			(b) How acqui P—Purcha D—Donat	ase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 800 shs Time Warner Inc	common stock			D		1993-12-08	2018-06-15
b 0 6 shs AT&T Inc common		1993-12-08	2018-06-18				
c 1500 shs Pfizer Inc commo	on stock			Р		1986-05-09	2018-10-19
d Vanguard Brokerage Servi	ces cap gain distrib			D		1993-12-08	2018-04-12
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		Cost or	(g) other basis ense of sale			r (loss) minus (g)
a 43	,000	0	рішэ схрі	silve of sale	0	(c) pid5 (i)	43,000
b	19	0			12		7
	,950	0			3,821		63,129
	,592	0			n		4,592
e	,002	-					1,002
	showing gain in column (h) and ow	ned by	the foundation	on 12/31/60			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	ned by	Excess	(k) of col (ı) (j), ıf any			n) gain minus less than -0-) or
a	0	0	0701 001	()), 11 4119	0		43,000
b	0	0			0		7
С	0	0			0		63,129
d	0	0			0		4,592
							.,,,,,,
If gain, also enter in Part in Part I, line 8 Part V Qualification U	nin or (loss) as defined in sections in a sections in a section in a s	ons) If	(loss), enter -0	Investme			
	ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do			ın the base p	period?	☐ Ye	es 🗸 No
	ount in each column for each year,		•	making any	entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) llue of noncharitabl	e-use assets		(d) Distribution rati (col (b) divided by co	ol (c))
2017	325,950			6,683,426			0 048770
2016	305,937			6,226,737			0 049133
2015	303,126			6,090,242			0 049772
2014	298,168			6,017,555			0 049550
2013	273,141			5,529,996			0 049393
2 Total of line 1, column (d)					2		0 246618
number of years the found	for the 5-year base period—divide (lation has been in existence if less charitable-use assets for 2018 fron	than 5	years . '.	0, or by the	3 4		0 049324 6,795,163
					5		335,165
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)				6		3,036
7 Add lines 5 and 6					7		338,201
	ns from Part XII, line 4 , Iter than line 7, check the box in Pa				8 rt using	g a 1% tax rate Sec	330,992 e the Part VI

Form	990-PF (2018)						F	Page 6		
Pai	rt VIII-B Statements R	egarding	Activities for Which	Form 4720 May Be	Required (continued)					
5a	During the year did the found	lation pay oi	r incur any amount to				Yes	No		
	(1) Carry on propaganda, or	otherwise a	tempt to influence legislation (section 4945(e))?							
	(2) Influence the outcome of	any specific	public election (see sect	NO						
	on, directly or indirectly,	any voter re	gistration drive?		· · 🗌 Yes 🗸	No				
	(3) Provide a grant to an indi	ıvıdual for tr	avel, study, or other sım	ılar purposes?	☐ Yes ☑	No				
	(4) Provide a grant to an org	anızatıon ot	her than a charitable, etc	: , organization described						
	ın section 4945(d)(4)(A)?				· · □ Yes 🗸	No				
	(5) Provide for any purpose of		- '							
	educational purposes, or	-	· ·		∟ Yes 🖭	No				
b	If any answer is "Yes" to 5a(1		=							
	Regulations section 53 4945					5b				
	Organizations relying on a cui				· · · · · • 📗					
С	If the answer is "Yes" to ques			•						
	tax because it maintained exp				·· Yes 📙	No				
_	If "Yes," attach the statement		_							
6a	Did the foundation, during the	•			<u> </u>					
	a personal benefit contract?.				I I Yes I▼I	No Ch		N.		
b	Did the foundation, during the If "Yes" to 6b, file Form 8870		premiums, directly or inc	irectiy, on a personal be	nent contract?	6b		No		
7a	At any time during the tax ye		foundation a party to a r	robibited tay shelter tra	ncaction? \square					
	If yes, did the foundation rece				∟ Yes 🖭	No 7b				
8	Is the foundation subject to the		•			75		_		
•	excess parachute payment du		. , , ,							
						No L				
Pa	rt VIIII and Contractor		ers, Directors, Trust	ees, roundation Ma	anagers, Highly Paid En	npioyees	,			
_					Can in at mustic ma					
1	List all officers, directors, t		b) Title, and average	(c) Compensation (If						
	(a) Name and address	`	hours per week	not paid, enter	employee benefit plans and	(e) Expe	nse acc Illowan			
			devoted to position	-0-)	deferred compensation		inowant			
	na A Stuhley	Presid 4 00	dent, Dır	0	0			0		
	Casey Key Road nis, FL 34275									
John	W Allyn Jr		Pres , Dır	0	0			0		
	Sandy Oak Lane	3 00								
	ota, FL 34238	D	L							
	n A Taylor rinceton Road	Direct 2 00	tor	0	0			0		
	ale, IL 60521									
2	Compensation of five highe	est-paid en	ployees (other than t	nose included on line	1—see instructions). If no	ne, enter '	NONE.	."		
, ,	N		(b) Title, and average		(d) Contributions to					
(a)	Name and address of each emp more than \$50,000	oloyee paid	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Exper				
			devoted to position		compensation					
NON	E									
				1	i l					
Tota	l number of other employees p	oald over \$5	0,000			Form 99		0		

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, ent	er "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	> 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 num organizations and other beneficiaries served, conferences convened, research papers produced, etc	ber of Expenses
1 None	0
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	0
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	. • 0
	Form 990-PF (2018)

1b

2

3a 3h

4

5

330.992

330.992

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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

2018

Page 9

333,687

328,176

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5,511

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Pa	rt XIII	

90-PF	(2	01	8)	

b Total for prior years

a From 2013. **b** From 2014. . . . c From 2015. .

d From 2016.

e From 2017.

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, 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

0-PF (20	018)			
XIII	Undistributed Income	(see	instructions)	,

- Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.
 - Excess distributions carryover, if any, to 2018

5,511

2.816

(a)

Corpus

5.511

2,816 5.511

2,816

2,816

(b)

Years prior to 2017

(c)

2017



Enter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	ership dues and assessments					
	st on savings and temporary cash					
ınvestr	nents			14	2,695	
4 Divider	nds and interest from securities			14	190,596	
5 Net rer	ntal income or (loss) from real estate					
a Debt	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property					
	nvestment income					
8 Gain or inventor	r (loss) from sales of assets other than					
	,					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
	evenue a					
		1				
d						
d e					193 291	
d e 2 Subtot	al Add columns (b), (d), and (e).			1	193,291 3	193,291
d e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			193,291 3	193,291
d e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th	lations) ie Accomplish	ment of Exem	pt Purposes	3	193,291
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
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d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291
d e 2 Subtot 3 Total. (See w Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	193,291

Form	990-PF	(2018)											Pa	ge 13
Pai	t XVI	Information Re Exempt Organi		rans	fers To a	and Transact	tior	ns and Rel	atio	nships With Nor	ncharit	able		
		rganization directly or in r than section 501(c)(3)									on 501		Yes	No
•		from the reporting foun	-	•		-	•	_		-				
		h									.	1a(1)		No
	-	er assets									1	1a(2)		No
b 0	ther tra	nsactions									l			
(:	L) Sale	es of assets to a nonchar	ıtable exemp	t orga	inization.							1b(1)		No
(2	2) Purc	chases of assets from a r	noncharitable	exem	npt organiz	ation					[1b(2)		No
(3	3) Ren	tal of facilities, equipmer	nt, or other a	ssets.								1b(3)		No
(4	l) Reir	nbursement arrangemen	its								.	1b(4)		No
•	•	ns or loan guarantees.									1	1b(5)		No
•	-	ormance of services or m			-						.	1b(6)		No
	_	of facilities, equipment, n			-						١ . ا	1c		No
of In	the go any tra	swer to any of the above ods, other assets, or ser ansaction or sharing arra	vices given b ingement, sh	y the ow in	reporting f column (d	foundation If t i) the value of t	he f	oundation re goods, other	ceive	d less than fair mar ts, or services recei	ket valu ved	9		
(a) Li	ne No	(b) Amount involved	(c) Name of	nonch	arıtable exer	mpt organization	<u> </u>	(d) Descripti	ion of	transfers, transactions,	, and shar	ıng arra	ngemer	its
							T							
							-							
							-							
							1							
							+							
2a Is	the for	undation directly or indire	ectly affiliate	d with	or related	d to one or mo	re t	av-evemnt o	raani	zations				
de	escribed	in section 501(c) (other complete the following so (a) Name of organization	r than section chedule		(c)(3)) or ı	•			_			No nship		
Sig	of i	der penalties of perjury, my knowledge and belief ich preparer has any kno	, it is true, c								ased on		matioi	n of
Her		*****				2019-03-27			**		return	e prepa		
		Signature of officer or t	rustee			Date		' Title			(see ın	str)? [Yes	□ _{No}
Paid	d	Print/Type preparer's	s name	Prep	arer's Sıgn	nature		Date		Check if self- employed ▶ □	PTIN			
	pare Only	i ii iii o ii aiii e r		1							Fırm's El	N ►		
	· · ·	Firm's address ▶									Phone no)		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
American Cancer SocietyPO Box 22478 Oklahoma City, OK 73123	Exempt	Medical research	10,000
American Heart Association	Evemnt	Medical research	10.000

Oklanoma City, Ok /3123			
American Heart Association 208 S LaSalle Street Suite 1500 Chicago, IL 60604	Exempt	Medical research	10,000
American Lung Association	Exempt	Medical research	5.000

Chicago, IL 60604			
American Lung Association 55 W Wacker Drive Suite 1150	Exempt	Medical research	5,000

American Lung Association	Exempt	Medical research	5,000
55 W Wacker Drive Suite 1150 Chicago, IL 60601			

55 W Wacker Drive Suite 1150 Chicago, IL 60601		
Total	 ▶ 3a	330,000

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year			
American Red CrossPO Box 37839 Boone, IA 50037	Exempt	Family services	10,000

5,000

330,000

Americares88 Hamilton Avenue Stamford, CT 06902	Exempt	Family services
Appalachian Mountain Club	Exempt	Environmental programs

Total . .

or substantial contributor

Stamford, CT 06902			
Appalachian Mountain Club 10 City Square	Exempt	Environmental programs	1,000
Boston, MA 02129			

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or husiness)

735 N Wisconsin Street Suite 101

Total . . .

Traine and dadress (nome or business)	or substantial contributor			
a Paid during the year				
Art Institute of Chicago 111 S Michigan Avenue Chicago, IL 60603		Exempt	Museum programs	5,000
Associated Colleges of Illinois 70 E Lake Street Suite 1418 Chicago, IL 60601		Exempt	Education programs	3,000
Assoc for Prevention of Family Violence		Exempt	Family services	1,000

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
Aurora Lakeland Medical Center W3985 County Road NN Elkhorn, WI 53121		Exempt	Medical services	5,000
Aurora University 347 S Gladstone Avenue Aurora, IL 60506		Exempt	Education programs	5,000
Big Brothers Big Sisters of Chicago 560 W Lake Street Chicago, IL 60661		Exempt	Youth programs	3,000
Total			▶ 3a	330,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

Name and address (home or business)

Boston, MA 02116 Total .

Traine and dadress (nome or business)	or substantial contributor			
a Paid during the year				
Boston Health Care for the Homeless 780 Albany Street Boston, MA 02118		Exempt	Medical services	1,000
Boys & Girls Clubs of Chicago 550 W Van Buren Street Suite 350 Chicago, IL 60607		Exempt	Youth programs	3,000

recipient

BOSCOTI, MA 02110			
Boys & Girls Clubs of Chicago 550 W Van Buren Street Suite 350 Chicago, IL 60607	Exempt	Youth programs	3,000
Brigham & Women's Hospital 116 Huntington Avenue 3rd Floor	Exempt	Medical services	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
Brookfield Zoo3300 Golf Road Brookfield, IL 60513	Exempt	Zoo programs	2,000

DIOOKIICIA, IL GOSIS			
Chicago Botanic Garden 1000 Lake Cook Road Glencoe, IL 60022	Exempt	Environmental programs	

Chicago Botanic Garden 1000 Lake Cook Road Glencoe, IL 60022	Exempt	Environmental programs	5,000
Chicago History Museum	Exempt	Museum programs	3,000

Glericoe, IL 60022			
Chicago History Museum 1601 N Clark Street	Exempt	Museum programs	3,000
Chicago, IL 60614			

1601 N Clark Street Chicago, IL 60614	Chicago History Museum	Exempt	Museum programs	3,000
Chicago, IL 60614	1601 N Clark Street			
	Chicago, IL 60614			

Chicago, IL 60614		
TOUT IN Clark Street		

Chicago, IL 60614		
Total	 ▶ 3a	330,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
Chicago Symphony Orchestra 220 S Michigan Avenue Chicago, IL 60604		Exempt	Music programs	3,000
1	I		· · · · · · · · · · · · · · · · · · ·	

recipient

Chicago, IL 60604			
Children's Home & Aid Society 125 S Wacker Drive 14th Floor Chicago, IL 60606	Exempt	Youth services	5,000
Citizens for Adequate Housing	Exempt	Family services	1,000

125 S Wacker Drive 14th Floor Chicago, IL 60606			5,505
Citizens for Adequate Housing 40 Washington Street Peabody, MA 01960	Exempt	Family services	1,000

Chicago, IL 60606			
Citizens for Adequate Housing 40 Washington Street Peabody, MA 01960	Exempt	Family services	1

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
Community Giving TreePO Box 508 West Boxford, MA 01885	Exempt	Family services	3,000
Conservation Foundation of the Gulf Coast	Exempt	Environmental programs	5,000

recipient

П	Coast 400 Palmetto Avenue PO Box 902 Osprey, FL 34229			
П	Daniel Murphy Scholarship Fund	Exempt	Scholarships	

400 Palmetto Avenue PO Box 902 Osprey, FL 34229			
Daniel Murphy Scholarship Fund 309 West Washington Street Suite 70 Chicago, II, 60606	Exempt	Scholarships	1,0

Osprey, FL 34229			
Daniel Murphy Scholarship Fund 309 West Washington Street Suite 70	Exempt	Scholarships	1

Osprey, FL 34229			
Daniel Murphy Scholarship Fund 309 West Washington Street Suite 70	Exempt	Scholarships	1,00
Clause at COCOC			1

Daniel Murphy Scholarship Fund	Exempt	Scholarships	1,000
309 West Washington Street Suite 70			
Chicago, IL 60606			

Chicago, IL 60606		
•		

Recipient Purpose of grant or If recipient is an individual, Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
Doctors Without BordersPO Box 5030 Hagerstown, MD 21741	Exempt	Medical services	2,000

nagerstown, MD 21/41			
Emmaus IncPO Box 568 Haverhill, MA 01831	Exempt	Individual services	2,000

Haverhill, MA 01831	'		,
Evans Scholars Foundation1 Briar Road	Exempt	Scholarships	1,000

vans Scholars Foundation1 Briar Road	Exempt	Scholarships	1,00
Golf, IL 60029			

vans Scholars Foundation1 Briar Road	Exempt	Scholarships	1,0
Golf, IL 60029			

Golf, IL 60029		·	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

· ·	or substantial contributor			
a Paid during the year				
Friends of KishwauketoePO Box 580		Exempt	Environmental programs	1,000

Williams Bay, WI 53191			-,
Fund for Johns Hopkins Medicine 500 N Broadway Suite 731	Exempt	Medical research	3,

Cirl Secrete of Chicago	Evenent	Valith programs	3 000
Fund for Johns Hopkins Medicine 500 N Broadway Suite 731 Baltimore, MD 21205	Exempt	Medical research	3,000

500 N Broadway Suite 731 Baltimore, MD 21205			
Gırl Scouts of Chicago 20 S Clark Street Suite 200	Exempt	Youth programs	3,000

Girl Scouts of Chicago 20 S Clark Street Suite 200 Chicago, IL 60603	Exempt	Youth programs	3,000

20 S Clark Street Suite 200 Chicago, IL 60603		
Total	 ▶ 3a	330,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Girls Inc of the Seaport Area 2 Harris Street		Exempt	Youth services	1,000

recipient

Newburyport, MA 01950			
Greater Boston Food Bank 70 South Bay Avenue Boston, MA 02118	Exempt	Community services	1,000

Greater Boston Food Bank 70 South Bay Avenue Boston, MA 02118	Exempt	Community services	1,000
Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago, IL 60632	Exempt	Community services	5,000

70 South Bay Avenue Boston, MA 02118	·	·	
Greater Chicago Food Depository 4100 W Ann Lurie Place Chicago, IL 60632	Exempt	Community services	5,000
Total	 	▶ 3a	330,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
Hadley Institute for the Blind	Exempt	Programs for the blind	8,000

00 Elm Street Vinnetka, IL 60093			
larborCOVPO Box 505754	Exempt	Social services	

Winnetka, IL 60093			
HarborCOVPO Box 505754 Chelsea, MA 02150	Exempt	Social services	1

HarborCOVPO Box 505754 Chelsea, MA 02150	Exempt	Social services	1,000
Heartland Alliance 208 S LaSalle Street Suite 1300	Exempt	Social services	5,000

Heartland Alliance	Exempt	Social services	5,000
208 S LaSalle Street Suite 1300			
Chicago, IL 60604			

208 S LaSalle Street Suite 1300 Chicago, IL 60604			
Total	 	▶ 3a	330,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
Hermitage Artist Retreat 6660 Manasota Key Road Englewood, FL 34223	Exempt	Performing arts programs	8,500

nglewood, FL 34223			
insdale Hospital FoundationPO Box 130 insdale, IL 60522	Exempt	Medical services	2,0

Hinsdale Hospital FoundationPO Box 130 Hinsdale, IL 60522	Exempt	Medical services	2,000
Illinois Institute of Technology 10 W 35th Street Suite 1700	Exempt	Education programs	3,000

Hinsdale, IL 60522			
Illinois Institute of Technology 10 W 35th Street Suite 1700	Exempt	Education programs	3,000
Chicago, IL 60616			

Illinois Institute of Technology	Exempt	Education programs	3,000
10 W 35th Street Suite 1700			
Chicago, IL 60616			

10 W 35th Street Suite 1700 Chicago, IL 60616		
Total	 ▶ 3a	330,000

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or husiness)

2 Harris Street Newburyport, MA 01950

Total .

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
Illinois Masonic Medical Center 3075 Highland Parkway Suite 600 Downers Grove, IL 60515		Exempt	Medical services	3,000
Infant Welfare Society of Evanston 2200 Main Street Evanston, IL 60202		Exempt	Youth services	5,000
Jeanne Geiger Crisis Center		Exempt	Adult services	1,000

recipient

Recipient If recipient is an individual, show any relationship to status of contribution Paid During the Year or Approved for Future Payment

| Purpose of grant or show any relationship to status of contribution | Purpose of grant or contribution | Purpose of g

recipient

any foundation manager

or substantial contributor

Name and address (home or business)

Juvenile Diabetes Research Foundation

1 N La Salle Street Suite 1200

Total . . .

a Paid during the year			
JourneyCare Foundation 405 Lake Zurich Road Barrington, IL 60010	Exempt	Elderly services	3,000
Junior Achievement of Chicago 651 W Washington Street Suite 404 Chicago, IL 60661	Exempt	Youth programs	3,000

Exempt

Medical research

3,000

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year			
Lincoln Park Zoo2001 N Clark Street	Exempt	Zoo programs	3,000

hicago, IL 60614			
ucy's Love BusPO Box 464 mesbury, MA 01913	Exempt	Cancer services	

Lucy's Love BusPO Box 464 Amesbury, MA 01913	Exempt	Cancer services	1,000
Lurie Children's Hospital 225 E Chicago Avenue Box 4	Exempt	Medical services	5,000

, , ,			<u> </u>
Lurie Children's Hospital 225 E Chicago Avenue Box 4 Chicago, IL 60611	Exempt	Medical services	5,000

Lurie Children's Hospital 225 E Chicago Avenue Box 4 Chicago, IL 60611	Exempt	Medical services	5,000
Total	 	▶ 3a	330,000

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
MSPCA - Nevins Farm400 Broadway		Exempt	Animal protection	3,000

Methuen, MA 01844	Exempt	74 minut proceedon	3,000
MSPCC3815 Washington Street Suite 2 Boston, MA 02130	Exempt	Youth services	1,000
Make A Wish Southern Florida	Evemnt	Family programs	1 000

MSPCC3815 Washington Street Suite 2 Boston, MA 02130	Exempt	Youth services	1,000
Make A Wish Southern Florida 3430 Magic Oak Lane Sarasota, FL 34232	Exempt	Family programs	1,000

Boston, MA 02130			
Make A Wish Southern Florida 3430 Magic Oak Lane Sarasota, FL 34232	Exempt	Family programs	1,000
Total	 	▶ 3a	330,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Make A Wish Farmdation	F	F	1 000
Make A Wish Foundation 640 N LaSalle Drive Suite 280 Chicago, IL 60654	Exempt	Family programs	1,000
a Paid during the year			

recipient

Make A Wish Foundation 131 Federal Street 2nd Floor Boston, MA 02110	Exempt	Family programs	1,000
Merrimack Valley Habitat for Humanity	Exempt	Community services	2,000

131 Federal Street 2nd Floor Boston, MA 02110	·		
Merrimack Valley Habitat for Humanity 60 Island Street 2nd Floor East Lawrence, MA 01840	Exempt	Community services	2,000
Total	 	▶ 3a	330,000

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

a Paid during the year			
Misericordia Home6300 N Ridge Avenue	Exempt	Disability services	2,000

nicago, IL 60660			
orton Arboretum4100 Illinois 53 sle, IL 60532	Exempt	Environmental programs	

or substantial contributor

Morton Arboretum4100 Illinois 53 Lisle, IL 60532	Exempt	Environmental programs	2,000
Museum of Science and Industry	Exempt	Museum programs	3,000

Lisle, IL 60532			
Museum of Science and Industry 5700 S Lake Shore Drive	Exempt	Museum programs	3,00

Museum of Science and Industry 5700 S Lake Shore Drive	Exempt	Museum programs	3,000
Chicago, IL 60637			

5700 S Lake Shore Drive Chicago, IL 60637			
Total	 	▶ 3a	330,000

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)

PO Box 4527 New York, NY 10163

Total .

·	or substantial contributor			
a Paid during the year				
Music Institute of Chicago 300 Green Bay Road Winnetka, IL 60093		Exempt	Music programs	1,000
National Forest Foundation 27 Fort Missoula Road Suite 3 Missoula, MT 59804		Exempt	Environmental programs	8,500
National Multiple Sclerosis Society		Exempt	Medical research	3,000

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

Name and address (home or business)

Chicago, IL 60642 Total .

· ·	or substantial contributor			
a Paid during the year				
North Shore Senior Center 161 Northfield Road Northfield, IL 60093		Exempt	Elderly services	1,000
NorthShore University HealthSystem 1033 University Place Suite 450 Evanston, IL 60201		Exempt	Medical services	10,000

recipient

.000

NorthShore University HealthSystem 1033 University Place Suite 450 Evanston, IL 60201	Exempt	Medical services	10,
Northwestern Settlement 1400 W Augustana Boulevard	Exempt	Family services	4,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

330,000

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuator			
a Paid during the year				
Open Arms Free Clinic 205 E Commerce Court Suite A Elkhorn, WI 53121		Exempt	Family services	3,000
Parkinson's Disease Foundation 1359 Broadway Avenue Suite 1509		Exempt	Medical research	3,000

EIKHOITI, WI 33121			
Parkinson's Disease Foundation 1359 Broadway Avenue Suite 1509 New York, NY 10018	Exempt	Medical research	3,
Pettengill House	Exempt	Family services	1,

Parkinson's Disease Foundation 1359 Broadway Avenue Suite 1509 New York, NY 10018	Exempt	Medical research	3,0
Pettengill House	Exempt	Family services	1,0

1359 Broadway Avenue Suite 1509 New York, NY 10018	·		
Pettengill House 13 Lafayette Road PO Box 5551	Exempt	Family services	1,000

New York, NY 10018			
Pettengill House 13 Lafayette Road PO Box 5551 Salisbury, MA 01952	Exempt	Family services	1,000

Salisbury, MA 01952		
13 Lafayette Road PO Box 5551		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
Pillars Community Services 333 N LaGrange Road	Exempt	Family services	!

LaGrange Park, IL 60526			
Pine Street Inn444 Harrison Avenue Boston, MA 02118	Exempt	Individual services	1,000

5,000

Pine Street Inn444 Harrison Avenue Boston, MA 02118	Exempt	Individual services	1,000
Planned Parenthood Fed'n of America PO Box 97166	Exempt	Family services	2,000

Boston, MA 02118				
Planned Parenthood Fed'n of America PO Box 97166 Washington, DC 20090		Exempt	Family services	2,000
Total				330,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year			
Project Bread145 Border Street East Boston, MA 02128	Exempt	Community services	1,000

East Boston, MA U2128			
Purdue Foundation 625 Harrison Street Room 1177 West Lafayette, IN 47907	Exempt	Animal services	2

West Lafayette, IN 47907			
Ravinia Festival Association 200 Ravinia Park Road	Exempt	Music programs	5,000

Ravinia Festival Association 200 Ravinia Park Road Highland Park, IL 60035	Exempt	Music programs	5,000

200 Ravinia Park Road Highland Park, IL 60035		

Highland Park, IL 60035		
Total	 ▶ 3a	330,000

Recipient If recipient is an individual, show any relationship to status of recontribution Paid During the Year or Approved for Future Payment

| Purpose of grant or show any relationship to status of contribution | Purpose of grant or contribution | Purpose of

recipient

330,000

any foundation manager

Name and address (home or husiness)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
Ray Graham Association 901 Warrensville Road Suite 500 Lisle, IL 60532		Exempt	Disability services	5,000
Reading Is Fundamental 750 First Street NE Suite 920 Washington, DC 20002		Exempt	Education programs	2,000
Ringling College of Art and Design 2700 North Tamiami Trail Sarasota, Fl. 34234		Exempt	Educational services	5,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

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

	or substantial contributor			
a Paid during the year				
Rodman Celebration For Kids 10 Lincoln Road		Exempt	Youth services	6,000

10 Lincoln Road Foxborough, MA 02035	Exempt	Touch services	0,000
Rosie's Place889 Harrison Avenue Boston, MA 02118	Exempt	Individual services	1,000

· · · · · · · · · · · · · · · · · · ·			
Rosie's Place889 Harrison Avenue Boston, MA 02118	Exempt	Individual services	1,000
Rush University Medical Center 1201 W Harrison Street Suite 300	Exempt	Medical services	8,000

Boston, MA 02118	,		,
Rush University Medical Center 1201 W Harrison Street Suite 300 Chicago, IL 60607	Exempt	Medical services	8,000

Rush University Medical Center	Exempt	Medical services	8,00
1201 W Harrison Street Suite 300			
Chicago, IL 60607			

Total .

Chicago, IL 60607		
		(

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
Save The Children 501 Kings Highway East Suite 400 Fairfield, CT 06825		Exempt	Child poverty programs	5,000

recipient

Tallificia, et 00025			
Shirley Ryan Ability Lab 355 E Erie Street Chicago, IL 60611	Exempt	Medical services	6,000

355 E Erie Street Chicago, IL 60611	·		,
Sierra Club Foundation 2101 Webster Street Suite 1250 Oakland CA 94612	Exempt	Environmental programs	10,000

Chicago, IL 60611			
Sierra Club Foundation 2101 Webster Street Suite 1250 Oakland, CA 94612	Exempt	Environmental programs	10,000

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Talk About Curing Autism 2222 Martin Suite 140 Irvine, CA 92612		Exempt	Family services	10,000
Teach For America 25 Broadway 12th Floor New York, NY 10004		Exempt	Education programs	5,000
The Boston Foundation 75 Arlington Street 3rd Floor Boston, MA 02116		Exempt	Community services	3,000

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
The Community House - Charlie's Gift		Exempt	Community services	5,000

The Community House - Charlie's Gift 415 W 8th Street Hinsdale, IL 60521	Exempt	Community services	5,000
The Field Museum 1400 S Lake Shore Drive	Exempt	Museum programs	3,000

The Field Museum 1400 S Lake Shore Drive Chicago, IL 60605	Exempt	Museum programs	3,000
The Wetlands Initiative 53 W Jackson Boulevard Suite 1015	Exempt	Environmental programs	1,000

1400 S Lake Shore Drive Chicago, IL 60605			
The Wetlands Initiative 53 W Jackson Boulevard Suite 1015 Chicago, IL 60604	Exempt	Environmental programs	1,000

Chicago, IL 60605			
The Wetlands Initiative 53 W Jackson Boulevard Suite 1015 Chicago, IL 60604	Exempt	Environmental programs	1,000
Total	 	▶ 3a	330,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
UCP Seguin3100 S Central Avenue Cicero, IL 60804		Exempt	Medical research	2,000

Cicero, IL 00004			
University of Michigan Trauma Burn Center 1500 E Medical Center Drive Room UH Ann Arbor, MI 48109	Exempt	Medical services	2,000

1500 E Medical Center Drive Room UH Ann Arbor, MI 48109			
Urban Gateways 100 S State Street 4th Floor Chicago, IL 60603	Exempt	Education programs	3,000

Ann Arbor, MI 48109			
Urban Gateways 100 S State Street 4th Floor Chicago, IL 60603	Exempt	Education programs	3,000
Total		▶ 3a	330,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year			
Volunteer Center of the New Trier Township 520 Glendale Ave Suite 211 Winnetka, IL 60093	Exempt	Community services	1,000

520 Glendale Ave Suite 211 Winnetka, IL 60093			
Wellness House131 N County Line Road Hinsdale, IL 60521	Exempt	Individual services	10,000

Wellness House131 N County Line Road Hinsdale, IL 60521	Exempt	Individual services	10,000
Year Up45 Milk Street 9th Floor Boston, MA 02109	Exempt	Youth services	1,000

330,000

▶ 3a

Tillisdale, IL 00321			
Year Up45 Milk Street 9th Floor Boston, MA 02109	Exempt	Youth services	1,00

Total .

TY 2018 Investments Corporate Bonds Schedule

DLN: 93491086004069

Name of Band	Fuel of Wassi Basis	
Investments Corporate Bonds Schedule		
EIN: 23-7025589		

Name: The Allyn Foundation Inc

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Name of Bond	End of Year Book Value	End of Year Fair Market Value
142000 shs Vanguard Long-Term Investment Grade Bond Fund	1 249 159	1 358 940

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 934910860040

TY 2018 Investments Corporate Stock Schedule

Name: The Allyn Foundation Inc

FTN: 23-7025589

EIN: 23-7025389 Investments Corporation Stock Schedule			
Name of Stock	End of Year Book Value	End of Year Fair Market Value	
2100 shs Altria Group common	9,146	103,719	
9290 shs America Movil SAB common	23,836	132,383	
1149 shs AT&T common	23,927	32,792	
4460 shs BP PLC common	15,772	169,123	
1800 shs Bank of New York Mellon Corp common	15,712	84,726	
502 shs ConocoPhillips common	11,768	31,300	
600 shs International Business Machines common	8,063	68,202	
484 shs Kraft Heinz common	2,124	20,831	
365 shs Pepsico common	2,056	40,325	
7500 shs Pfizer Inc common	26,367	327,375	
2100 shs Philip Morris International common	20,842	140,196	
251 shs Phillips 66 common	3,497	21,624	
9290 Telesites SAB DE CV Series L common	7,060	5,574	
15500 shs Vanguard 500 Index Fund	576,112	3,587,320	
1543.925 shs Vanguard Total Stock Market Index Fund	100,000	95,862	
2908.016 shs Vanguard Total International Stock Fund	90,000	73,776	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491086004069				
TY 2018 Other Expenses Schedule								
Name:	Name: The Allyn Foundation Inc							
EIN: 23-7025589								
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

Mail

Office supplies

Investment fees

Filing fees

TY 2018 Other Income Schedule					
Name:	The Allyn Foundation Inc				
EIN:	23-7025589				

DLN: 93491086004069

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Other Income Schedule Description Revenue And Expenses Per Books Net Investment Income Adjusted Net Income None 0 0 0 0

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TY 2018 Other Increases Schedule						
Name:	The Allyn Foundation Inc					
EIN:	23-7025589					
Description		Amount				
Security sale gain		110,728				
Rounding		1				

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DLI	N: 93491086004069
TY 2018 Taxes Schedule				
	ne: The Allyn Fo N: 23-7025589			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2018 Form 990-PF estimated tax	7,220	0	0	0
2018 Delaware franchise tax	25	0	0	0
2018 Foreign taxes withheld	188	188	188	0
2017 Form 990-PF final payment	1,612	0	0	0