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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
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 www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

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

Name of foundation
MARK AND MAUREEN MILLER FAMILY FD

Number and street (or P O box number if mail is not delivered to street address)
1520 ARTAIUS PKWY 7350

City or town, state or province, country, and ZIP or foreign postal code
LIBERTYVILLE, IL 600489998

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 13,557,187

J Accounting method

☒ Cash

☐ Accrual

☐ Other (specify) (Part I, column (d) must be on cash basis)

A Employer identification number
26-1828406

B Telephone number (see instructions)
(847) 815-6332

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

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)	1,183,641		
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments	31,303	31,303	
	4 Dividends and interest from securities	349,067	349,067	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	495,219		
	b Gross sales price for all assets on line 6a			
	7 Capital gain net income (from Part IV, line 2)		501,448	
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	2,059,230	881,818		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc			
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	3,750		3,750
	c Other professional fees (attach schedule)	136,551	136,551	
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	17,021	17,021	
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)	4,899	3,693	1,206
	24 Total operating and administrative expenses. Add lines 13 through 23	162,221	157,265	4,956
	25 Contributions, gifts, grants paid	870,146		870,146
	26 Total expenses and disbursements. Add lines 24 and 25	1,032,367	157,265	875,102
	27 Subtract line 26 from line 12			
	a Excess of revenue over expenses and disbursements	1,026,863		
	b Net investment income (if negative, enter -0-)		724,553	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,358,218	1,055,132	1,055,132
	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)	321,626	376,003	373,543
	b Investments—corporate stock (attach schedule)	9,166,480	10,576,732	11,765,218
	c Investments—corporate bonds (attach schedule)	860,667	367,620	363,294
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	11,706,991	12,375,487	13,557,187	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	11,706,991	12,375,487	
	30 Total net assets or fund balances (see instructions)	11,706,991	12,375,487	
31 Total liabilities and net assets/fund balances (see instructions) .	11,706,991	12,375,487		

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	11,706,991
2 Enter amount from Part I, line 27a	2	1,026,863
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,229
4 Add lines 1, 2, and 3	4	12,735,083
5 Decreases not included in line 2 (itemize) ▶ _____	5	359,596
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	12,375,487

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	501,448
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	-28,376

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	716,823	12,588,766	0 056941
2016	665,641	10,564,509	0 063007
2015	475,594	10,632,652	0 044730
2014	660,014	9,539,304	0 069189
2013	432,889	9,083,771	0 047655

2 Total of line 1, column (d)	2	0 281522
3 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	3	0 056304
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	13,851,956
5 Multiply line 4 by line 3	5	779,921
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	7,246
7 Add lines 5 and 6	7	787,167
8 Enter qualifying distributions from Part XII, line 4	8	875,102

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)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	7,246
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	7,246
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	7,246
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	6,460
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	6,460
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	19
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	805
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>IL</u>		
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> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>MARK C MILLER</u> Telephone no ▶ <u>(847) 815-6332</u>			

Located at ▶ 1520 ARTAIUS PKWY 7350 LIBERTYVILLE IL ZIP+4 ▶ 600489998

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

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions.	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 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 ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 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).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

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

5a	During the year did the foundation pay or incur any amount to		Yes	No
(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	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	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
MARK C MILLER 1520 ARTAIUS PKWY 7350 LIBERTYVILLE, IL 600489998	PRESIDENT /T 000 00	0	0	0
MAUREEN E MILLER 1520 ARTAIUS PKWY 7350 LIBERTYVILLE, IL 600489998	VICE PRES/SE 000 00	0	0	0
JONATHAN D MILLER 1520 ARTAIUS PKWY 7350 LIBERTYVILLE, IL 600489998	DIRECTOR 000 00	0	0	0
SEAN M MILLER 1520 ARTAIUS PKWY 7350 LIBERTYVILLE, IL 600489998	DIRECTOR 000 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.				

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
JP MORGAN CHASE SECURITIES	INVEST ADVISORY	136,551
227 PARK AVE		
NEW YORK, NY 10172		
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A

Summary of Direct Charitable Activities

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

	Expenses
1	
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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	12,987,649
b	Average of monthly cash balances.	1b	1,075,250
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	14,062,899
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	14,062,899
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	210,943
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	13,851,956
6	Minimum investment return. Enter 5% of line 5.	6	692,598

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

1	Minimum investment return from Part X, line 6.	1	692,598
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	7,246
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	7,246
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	685,352
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	685,352
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	685,352

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	875,102
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	875,102
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	7,246
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	867,856

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
1 Distributable amount for 2018 from Part XI, line 7				685,352
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013. 7,208				
b From 2014. 230,723				
c From 2015.				
d From 2016. 173,832				
e From 2017. 107,133				
f Total of lines 3a through e.	518,896			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 875,102				
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 required—see instructions).				
d Applied to 2018 distributable amount.				685,352
e Remaining amount distributed out of corpus	189,750			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	708,646			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
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).	7,208			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	701,438			
10 Analysis of line 9				
a Excess from 2014. 230,723				
b Excess from 2015.				
c Excess from 2016. 173,832				
d Excess from 2017. 107,133				
e Excess from 2018. 189,750				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ 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.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d 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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2018)

Part XVII

- | | | | |
|---|----|--|----|
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | 1c | | No |
|---|----|--|----|

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
-------------	---------------------	---	--

- 2d Is the foundation an entity or individual, animated (with) or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 5373? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

Print/Type preparer's name	Preparer's Signature	Date	PTIN
----------------------------	----------------------	------	------

ALFIO C TOGNOCCHI		2019-05-09	employed ▶ <input checked="" type="checkbox"/>
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Firm's name ▶	BLOCKOWICZ & TOGNOCCHI LLP	5	1	FIN 133 3125750
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Firm's address ►	2215 YORK RD STE 308
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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 US T NOTE	P	2017-11-15	2018-10-25
1 1893 ONEOK INC	P		2018-07-25
SCHEDULE ATTACHED ACCT 29407	P		
UST NOTE	P	2018-04-26	2018-12-10
13135 62 SHS PUTNAM DIVERSIFIED INC	P		2018-02-12
SCHEDULE ATTACHED ACCT 29408	P		
US T NOTE	P	2018-10-22	2018-12-10
1176 SPDR S&P ETF TR	P		2018-07-25
SCHEDULE ATTACHED ACCT 29408	P		
SCHEDULE ATTACHED ACCT 41362	P		

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
9,966		9,969	-3
133,700		96,424	37,276
162,550		124,334	38,216
19,193		19,107	86
91,156		100,455	-9,299
42,150		45,122	-2,972
4,851		4,775	76
332,565		240,290	92,275
238,277		222,119	16,158
215,298		216,678	-1,380

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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-3
			37,276
			38,216
			86
			-9,299
			-2,972
			76
			92,275
			16,158
			-1,380

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)
24458 20 STATE ST INSTL INVT TR EMER	P	2016-01-04	2018-08-17
1 1974 BAYER AKTIENGESELL	P		2018-07-20
SCHEDULE ATTACHED ACCT 9356	P		
483 VANGUARD MID-CAP EFT	P	2015-06-15	2018-07-25
CASH IN LIU	P		
SCHEDULE ATTACHED ACCT 9356	P		
SCHEDULE ATTACHED ACCT 10774	P		
165 SHS SMURFIT KAPPA GROUP	P	2017-02-16	2018-01-25
SCHEDULE ATTACHED ACCT 10774	P		
30 SHS BOC HONG KONG HLD	P	2017-04-06	2018-01-25

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
317,218		237,000	80,218
822			822
169,238		175,032	-5,794
78,256		62,090	16,166
128			128
314,034		311,376	2,658
8,279		12,358	-4,079
5,970		4,563	1,407
36,275		26,854	9,421
3,190		2,497	693

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			(I) 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	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			80,218
			822
			-5,794
			16,166
			128
			2,658
			-4,079
			1,407
			9,421
			693

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)
SCHEDULE ATTACHED ACCT 29402	P		
1 490 SHS JAPAN TOBACCO	P	2018-02-08	2018-04-11
635 SHS GE	P	2017-08-16	2018-02-14
95 SHS LLOYDS BANKING GROUP	P	2018-01-25	2018-08-09
SCHEDULE ATTACHED ACCT 29403	P		
SCHEDULE ATTACHED ACCT 03011	P		
SCHEDULE ATTACHED ACCT 29404	P		
21,087 34 SHS LORD ABBETT INV TR SHO	P	2017-10-12	2018-07-23
60 SHS COTIVITI HOLDINGS	P	2018-04-03	2018-08-27
77,477 25 SHS LORD ABBETT INV TR SHO	P		2018-07-23

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)
164,328		75,919	88,409
6,770		7,250	-480
9,506		16,008	-6,502
306		397	-91
222,535		162,296	60,239
145,934		161,138	-15,204
177,880		138,118	39,762
88,145		90,254	-2,109
2,685		1,991	694
323,855		350,000	-26,145

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	
			88,409
			-480
			-6,502
			-91
			60,239
			-15,204
			39,762
			-2,109
			694
			-26,145

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)
75 SHS EDUCATION REALTY TR INC		P	2017-12-18	2018-09-21
1	20000 SHS LORD ABBETT INV TR FLTG RA	P	2016-09-15	2018-12-20
SCHEDULE ATTACHED ACCT 29406		P		
215 SHS GOLDMAN SACHS GROUP INC		P		2018-07-25
SCHEDULE ATTACHED ACCT 29407		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)
3,113		2,744	369
175,000		182,598	-7,598
177,217		95,234	81,983
50,655		36,436	14,219
34,668		44,339	-9,671

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			(I) 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	
			369
			-7,598
			81,983
			14,219
			-9,671

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)				
a Paid during the year				
A SAFE PLACE2710 17TH ST SUITE 100 ZION, IL 60099	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,500
ACTIONS AGAINST HUNGER USA 1 WHITEHALL ST FL 2 NEW YORK, NY 10004	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	2,000
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	100,000
Total ▶ 3a				870,146

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)				
a Paid during the year				
BOY SCOUTS OF AMERICA -NE IL 850 FOREST EDGE DRIVE VERNON HILLS, IL 600613105	NONE	501C3	SUPPORT FOR YOUTH ACTIVITIES	50,000
CASA HOGAR ORPHANAGE INC P O BOX 305 ALPINE, TX 79831	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	500
CASA LAKE COUNTY INC 700 FOREST EDGE DRIVE VERNON HILLS, IL 60061	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	2,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
CLEARBROOK1835 W CENTRAL RD ARLINGTON HEIGHTS, IL 60005	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	15,000
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	501C3	MEDICAL SUPPORT	5,000
DELTA GAMMA FOUNDATION 3250 RIVERSIDE DRIVE UPPER ARLINGTON, OH 43221	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
DOCTORS WITHOUT BOARDERS 333 SEVENTH AVENUE NEW YORK, NY 10001	NONE	501C3	MEDICAL SUPPORT	30,000
EASTER SEALS 141 W JACKSON BLVD STE 1 CHICAGO, IL 60604	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	20,000
EQUESTRIAN CONNECTION NFP 872 S MILWAUKEE AVE 273 LIBERTYVILLE, IL 60048	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,500
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR 3RD FLOOR CHICAGO, IL 60622	NONE	501C3	MEDICAL SUPPORT	10,000
EVANS SCHOLARS FDONE BRIAR ROAD GOLF, IL 60029	NONE	501C3	EDUCATIONAL SUPPORT	2,500
FIRST PRESBYTERIAN CH LIBERTYVILLE 219 W MAPLE AVE LIBERTYVILLE, IL 60048	NONE	501C3	GENERAL FUND	70,000
Total ► 3a				870,146

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)				
a <i>Paid during the year</i>				
FJC - TED MULLEN FUND 520 EIGHTH AVE 20TH FLOOR NEW YORK, NY 10018	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	500
FOOD BANK OF THE ROCKIES 10700 E 45TH AVENUE DENVER, CO 80239	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	25,000
ILLINOIS SPINA BIFIDA ASSOCIATION 2211 N OAK PARK AVE CHICAGO, IL 60707	NONE	501C3	MEDICAL RESEARCH	1,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
JDRF JUVENILE DIABETES 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	501C3	MEDICAL RESEARCH	500
JOURNEYCARE FOUNDATION 2050 CLAIRE COURT GLENVIEW, IL 60025	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	5,000
KKIS INCORPORATED11436 ELIOT CT WESTMINSTER, CO 80234	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
LAKE COUNTY CARES400 E ILLINOIS RD LAKE FOREST, IL 60045	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
LAKE COUNTY HAVENPO BOX 127 LIBERTYVILLE, IL 60048	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	27,000
LAKE CTY CTR FOR INDEPENDENT LIVING 377 N SEYMOUR AVE MUNDELEIN, IL 60060	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
LIONS OF ILLINOIS FD 2254 OAKLAND DRIVE SYCAMORE, IL 60178	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	16,000
LURIE CHILDRENS HOSPITAL OF CHICAGO 225 E CHICAGO AVENUE BOX 4 CHICAGO, IL 60611	NONE	501C3	MEDICAL RESEARCH	2,500
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	NONE	501C3	MEDICAL SUPPORT	20,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 55905	NONE	501C3	MEDICAL SUPPORT	5,000
MD ANDERSON CANCER CENTER PO BOX 4464 HOUSTON, TX 77210	NONE	501C3	MEDICAL SUPPORT	5,000
MEALS ON WHEELS OF NORTHERN ILLINOI 3239 GROVE AVE STE 202 BERWYN, IL 60402	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	2,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
MEMORIAL SLOAN KETTERING CANCER CT 1275 YORK AVE NEW YORK, NY 10065	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	5,000
NAVY SEAL FOUNDATION 1619 D STREET VIRGINIA BEACH, VA 23459	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	2,000
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	25,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
NORTHSHORE FOUNDATION 1301 CENTRAL ST EVANSTON, IL 60201	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	2,000
NW LF HOSPITAL 660 N WESTMORELAND RD LAKE FOREST, IL 60045	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	11,000
OPPORTUNITY INTERNATIONAL 550 WEST VAN BUREN ST SUITE 200 CHICAGO, IL 60607	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	10,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
ORPHANS OF THE STORM 2200 RIVERWOODS ROAD PO BOX 31 RIVERWOODS, IL 60015	NONE	501C3	SUPPORT OF ANIMALS	1,000
PADS LAKE COUNTY 1800 GRAND AVENUE WAUKEGAN, IL 60085	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	3,000
PARKINSON'S FOUNDATION INC 1359 BROADWAY ROOM 1509 NEW YORK, NY 10018	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
Total ▶ 3a				870,146


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)				
a <i>Paid during the year</i>				
PHI BETA KAPPA ASSN OF THE CHICAGO AREAPO BOX 64-1121 CHICAGO, IL 60664	NONE	501C3	EDUCATIONAL SUPPORT	500
PRAGER UNIVERSITY FOUNDATION 1747 PENNSYLVANIA AVE NW SUITE 1000 WASHINGTON, DC 20006	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
PURDUE RESEARCH FOUNDATION 1281 WIN HENSCHAE L BLVD W LAFAYETTE, IN 47906	NONE	501C3	EDUCATIONAL SUPPORT	250,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON ST SUITE 364 CHICAGO, IL 60612	NONE	501C3	MEDICAL RESEARCH	25,000
SALVATION ARMY 1424 NORTHEAST EXPRESSWAY BROOKHAVEN, GA 30329	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	20,000
SAVE A PET FOUNDATION 31664 N FAIRFIELD RD GRAYSLAKE, IL 60093	NONE	501C3	SUPPORT OF ANIMALS	2,500
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
SHIRLEY RYAN ABILITY LAB 355 E ERIE ST STE 10-219 CHICAGO, IL 60611	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
ST ANDREW PRESBYTERIAN CHURCH OF BO 3700 BASELINE RD BOULDER, CO 80803	NONE	501C3	GENERAL FUND	12,000
STRINGS MUSIC FESTIVAL PO BOX 774627 STEAMBOAT SPRINGS, CO 80477	NONE	501C3	CULTURAL SUPPORT	5,000
Total ▶ 3a				870,146

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)				
a Paid during the year				
TVAS - ARMENIAN SAINTS APOSTOLIC CH 1701 GREENWOOD RD GLENVIEW, IL 60026	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	500
UNIVERSITY OF CHICAGO 5235 S HARPER COURT SUITE 450 CHICAGO, IL 60615	NONE	5013C	MEDICAL RESEARCH	5,000
WILD FOUNDATION 717 POPLAR AVENUE BOULDER, CO 80304	NONE	501C3	SUPPORT OF ANIMALS	30,000
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
YAMPA VALLEY COMMUNITY FD PO BOX 881869 STEAMBOAT SPRINGS, CO 80488	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	1,000
YAMPA VALLEY MEDICAL CENTER FD 1100 CENTRAL PARK DR STEAMBOAT SPRINGS, CO 80487	NONE	501C3	MEDICAL SUPPORT	5,000
YOUNG MENS CHRISTIAN ASSOC METROPOL 2625 COLORADO BLVD DENVER, CO 802225910	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	23,146
Total ▶ 3a				870,146

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)				
a <i>Paid during the year</i>				
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVE GURNEE, IL 60031	NONE	501C3	SUPPORT FOR SOCIAL SERVICES	5,000
Total  3a				870,146

TY 2018 Accounting Fees Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	3,750			3,750

TY 2018 Contractor Compensation Explanation

Name: MARK AND MAUREEN MILLER FAMILY FD
EIN: 26-1828406

Contractor	Explanation
JP MORGAN CHASE SECURITIES	INVESTMENT ADVISOR

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: MARK AND MAUREEN MILLER FAMILY FD

EIN: 26-1828406

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
1535 SHS PROSIEBENSAT 1 MEDIA	2018-02	PURCHASE	2018-11		7,659	13,888			-6,229	

TY 2018 Investments Corporate Bonds Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ACCT 41362	367,620	363,294
ACCT 49356		

TY 2018 Investments Corporate Stock Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ACCT 03011	1,233,303	1,135,271
ACCT 10774	325,705	302,273
ACCT 29402	1,431,530	1,979,762
ACCT 29403	1,412,453	1,804,713
ACCT 29404	691,789	927,886
ACCT 29406	740,110	804,299
ACCT 29407	1,124,748	1,205,671
ACCT 29408		
ARBITRAGE FDS	649,673	650,512
DOUBLELINE FDS TOTAL RETURN	500,000	463,928
LORD ABBETT SHORT DURATION	409,746	397,301
LORD ABBETT INVT TR	1,189,403	1,129,012
MATTHEWS INTERNATIONAL FD	314,022	295,012
PUTNAM DIVERSIFIED INCOME TR		
SPDR S&P 500 EFT TR	154,250	281,410
PIMCO INCOME FD	400,000	388,168

TY 2018 Investments Government Obligations Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406**US Government Securities - End
of Year Book Value:**

376,003

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

373,543

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

TY 2018 Other Decreases Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406

Description	Amount
ADJUST CONTRIBUTION TO COST BASIS	357,151
RETURN OF CAPITAL TIMING DIFFERENCE	2,445

TY 2018 Other Expenses Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
STOCK PROCESSING FEES	3,693	3,693		
WIRE TRANSFER FEES	560			560
STATE FILING FEES	30			30
LEGAL FEES	616			616

TY 2018 Other Increases Schedule

Name: MARK AND MAUREEN MILLER FAMILY FD

EIN: 26-1828406

Description	Amount
PRIOR PERIOD ADJUSTMENTS	1,229

TY 2018 Other Professional Fees Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	136,551	136,551		

TY 2018 Taxes Schedule**Name:** MARK AND MAUREEN MILLER FAMILY FD**EIN:** 26-1828406

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	17,021	17,021		

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047 2018
	Name of the organization MARK AND MAUREEN MILLER FAMILY FD	Employer identification number 26-1828406

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization MARK AND MAUREEN MILLER FAMILY FD	Employer identification number 26-1828406
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK C MILLER 1520 ARTAIUS PKWY 7350 LIBERTYVILLE, IL 600489998	 \$ 1,183,641	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization MARK AND MAUREEN MILLER FAMILY FD	Employer identification number 26-1828406
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Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—	See Additional Data Table	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—		\$ _____	_____

Name of organization

MARK AND MAUREEN MILLER FAMILY FD

Employer identification number

26-1828406

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

Software ID:
Software Version:
EIN: 26-1828406
Name: MARK AND MAUREEN MILLER FAMILY FD

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	483 SHS VANGUARD MID-CAP EFT	<u>\$ 78,323</u>	<u>2018-07-20</u>
<u>1</u>	1126 SHS SPDR S&P 500 ETF TR	<u>\$ 270,206</u>	<u>2018-12-26</u>
<u>1</u>	700 SHS SPDR S&P 500 ETF TR	<u>\$ 195,993</u>	<u>2018-07-20</u>
<u>1</u>	476 SHS SPDR S&P 500 ETF TR	<u>\$ 133,275</u>	<u>2018-07-20</u>
<u>1</u>	215 GOLDMAN SACHS GROUP	<u>\$ 49,541</u>	<u>2018-07-20</u>
<u>1</u>	1893 SHS ONEOK INC	<u>\$ 132,965</u>	<u>2018-07-20</u>
<u>1</u>	24458 2 ST ST EMERGING MKTS ETF	<u>\$ 323,338</u>	<u>2018-08-13</u>