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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

		ndar year 2018, or tax year beginning 01-01-20	)18 , ar	nd en	ding 12-31-		
TH	E JOHN	indation I A MILLER FAMILY FOUNDATION TH AMERICAN CORPORATION OF IL			A Employer ide 36-4233458	entification numbe	r
Num	ber and	d street (or P O box number if mail is not delivered to street address)	Room/suite		D Talanhana nu	mbar (asa matrustra	
2:	101 CLA	AIRE COURT			(847) 832-4000	mber (see instructio I	115)
		n, state or province, country, and ZIP or foreign postal code IL 60025			, ,	application is pendin	g, check here
							▶ ∟
G Ch	neck al		former public charity			ganizations, check h	▶ ∟
		☐ Final return ☐ Amended return ☐ Address change ☐ Name change				ganizations meeting k here and attach co	
H Ch	neck tv	rpe of organization ✓ Section 501(c)(3) exempt private	foundation			indation status was	
			e private foundation		under section	n 507(b)(1)(A), ched	ck nere
			☑ Cash ☐ Accru	ıal	F If the founda	ition is in a 60-mont	h termination
		from Part II, col (c),  ▶\$ 3,578,973  ☐ Other (specify) (Part I, column (d) must	be on cash basis )		under sectioi	n 507(b)(1)(B), ched	k here
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	700,000				
	2	Check ► ☐ if the foundation is <b>not</b> required to attach	, 55,555				
	3	Sch B Interest on savings and temporary cash investments	1,378		1,378		
	4	Dividends and interest from securities	75,678		75,678		
	5a	Gross rents	·		,		
	ь	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	204,672				
Revenue	b	Gross sales price for all assets on line 6a					
Re	7	Capital gain net income (from Part IV, line 2)			204,672		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold	<u> </u>				
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	981,728		281,728		
	13	Compensation of officers, directors, trustees, etc	0		0		
	14	Other employee salaries and wages					
Ş	15	Pension plans, employee benefits					
nse	16a	Legal fees (attach schedule)	3,427		0		(
<u>8</u>	ь	Accounting fees (attach schedule)	3,350		0		(
es es	С	Other professional fees (attach schedule)					
Administrative Expenses	17	Interest					
stra	18	Taxes (attach schedule) (see instructions)	179		0		(
≣	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
פֿ	21	Travel, conferences, and meetings					
<u>=</u>	22	Printing and publications	<b>M.1</b>		95		
ği.	23	Other expenses (attach schedule)	910	!	95		815
Operating and	24	Total operating and administrative expenses.  Add lines 13 through 23	7,866		95		815
ď	25	Contributions, gifts, grants paid	260,250		33		260,250
	26	Total expenses and disbursements. Add lines 24 and					200,200
		25	268,116		95		261,065
	27 a	Subtract line 26 from line 12  Excess of revenue over expenses and					
	ª	disbursements	713,612				
	ь	Net investment income (if negative, enter -0-)			281,633		
	С	Adjusted net income (If negative, enter -0-)					

1,530,918

1,648,776

1,648,776

1,648,776

1.648.776

1,894,682

2,362,388

2,362,388

2,362,388 2,362,388

2

3

4

5

6

1,648,776

2,362,388

2.362.388 Form **990-PF** (2018)

0

713,612

3,111,267

3,578,973

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (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) . . . . . . . . . . . . .

Prepaid expenses and deferred charges . . . . . .

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

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Grants payable

Deferred revenue .

Other liabilities (describe -

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) .

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

	•
	5
	6
	7
S	8
Assets	9
As	10a
	b

C 11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a MORGAN STANLEY (2834	1)		Р		2018-12-31
b MORGAN STANLEY (2834	•		Р		2018-12-31
c MORGAN STANLEY (8336	•		Р		2018-12-31
d					
e					
	(f)		(g)	(	h)
<b>(e)</b> Gross sales price	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f	) mınus (g)
a 55	9,081		500,071		59,010
<b>b</b> 56	8,328		424,708		143,620
С	9,362		7,320		2,042
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
(i)	(j) Adjusted basis	Ì	( <b>k)</b> s of col (ı)	Gains (Col (	h) gain minus less than -0-) <b>or</b>
F M V as of 12/31/69	as of 12/31/69	over col	l (j), if any	Losses (fr	om col (h))
а					59,010
b					143,620
c					2,042
d					
e					
•	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction	ons) If (loss), enter -0	)- }	3	204,672
Part V Qualification	Jnder Section 4940(e) for Re	duced Tax on Net	Investment In	come	
(For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	et investment incom	ie)	
If section 4940(d)(2) applies, le	eave this part blank				
, , , , , , ,	e section 4942 tax on the distributat	ole amount of any year	r in the base period?	)   Y	es 🔽 No
If "Yes," the foundation does no	ot qualify under section 4940(e) Do	not complete this part			
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	5	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitab	ole-use assets	( <b>d)</b> Distribution rati (col (b) divided by c	
2017	269,480		2,516,414	. , ,	0 107089
2016	411,345		1,864,941		0 220567
2015	120,982		1,351,415		0 089522
2014	482,737		1,002,923		0 481330
2013	62,982		1,111,156		0 056682
2 Total of line 1, column (	· · ·		2		0 955190
· · · · · · · · · · · · · · · · · · ·	o for the 5-year base period—divide t	the total on line 2 by 5			
	ndation has been in existence if less t		3		0 191038
	4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5				
<b>5</b> Multiply line 4 by line 3			5		703,857
	ent income (1% of Part I, line 27b)		6		2,816
<b>7</b> Add lines 5 and 6			7		706,673
	ions from Part XII, line 4 ,		8		261,065
	eater than line 7, check the box in Pa			g a 1% tax rate Se	

Page **6** 

oa	During the year did the foundation pa	ay or	incur any amount to							Yes	No
	(1) Carry on propaganda, or otherwi	ise atl	tempt to influence legisl	ation (section 4945(e))?		☐ Yes	<b>~</b>	No			
	(2) Influence the outcome of any spe	ecific	public election (see sect	tion 4955), or to carry			ت	140			
	on, directly or indirectly, any vot	ter reg	gistration drive?			☐ Yes	<b>✓</b>	No			
	(3) Provide a grant to an individual f	for tra	evel, study, or other sım	ılar purposes?		✓ Yes		No			
	(4) Provide a grant to an organization in section 4945(d)(4)(A)? See in:		•								
	(5) Provide for any purpose other th					∐ Yes	✓	No			
	educational purposes, or for the	•	•			Yes	✓	No			
b	If any answer is "Yes" to $5a(1)-(5)$ ,		-			ribed in					
	Regulations section 53 4945 or in a c						•		5b		No
	Organizations relying on a current no	otice r	egarding disaster assist	ance check here		▶					
C	If the answer is "Yes" to question 5a	(4), d	oes the foundation clain	n exemption from the							
	tax because it maintained expenditur	re res	ponsibility for the grant?	<sup>?</sup>		☐ Yes		No			
	If "Yes," attach the statement require	red by	Regulations section 53	4945-5(d)							
5a	Did the foundation, during the year,	receiv	ve any funds, directly or	indirectly, to pay premit	ums on						
	a personal benefit contract?					☐ Yes	J	No			
b	Did the foundation, during the year,	рау р	remiums, directly or ind	lirectly, on a personal be	nefit contract?	$\sim$ . Tes		NO	6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, was	s the f	oundation a party to a p	orohibited tax shelter tra	nsaction?	☐ Yes		No			
b	If yes, did the foundation receive any	y proc	eeds or have any net in	come attributable to the	transaction?			NO	7b		
3	Is the foundation subject to the secti	ion 49	960 tax on payment(s) o	of more than \$1,000,000	ın remunerati	ion or					
	excess parachute payment during the						<b>~</b>				
	Information About O	Office	re Directore Trust	tees Foundation Ma	nagere Hi	<u>L Yes</u>		110	VAAC		
Pai	and Contractors	,,,,,	, Directors, Trust	ices, roundation ric	inagers, in	giiiyi u		пріо	, ,		
1	List all officers, directors, trustee	es, fou	undation managers ar	nd their compensation	. See instruc	tions					
	(-) N d d d	(Ь	Title, and average	(c) Compensation (If	(d) Conti			(e)	Expen	se acc	ount,
	(a) Name and address	, ا	hours per week devoted to position	not paid, enter -0-)	employee be deferred co				ther al		
ee .	Additional Data Table		actored to position	, ,	ucicircu c	ompensa.		+			
	tadicional Bata Table										
								+			
								+			
								-			
2	Compensation of five highest-paid	d em	ployees (other than th	hose included on line :				ne, e	nter "	NONE.	•
'a \	Name and address of each employee p	bald	(b) Title, and average		(d) Cont	ributions ee benefi		(0)	Expens	. 3000	unt
u	more than \$50,000	Paid	hours per week	(c) Compensation		id deferre			her all		
	·		devoted to position		comp	ensation					
ON	E										
		$\neg \uparrow$									
		-+									
		-									
		-+			+						
	Lavorence of allege		000								
ota	I number of other employees paid ove	er \$50	,000			<u>. ▶</u>					
								For	m 991	I-PF (	2018

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include releving and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	
Describe the two largest program-related investments made by the foundation during the	<u>'</u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>P</b> 0
		Form <b>990-PF</b> (2018)

2

3a 3h

4

5

261.065

261.065

Form 990-PF (2018)

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

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

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

2

3

4

5

Amounts set aside for specific charitable projects that satisfy the

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

(d)

2018

Page 9

178,586

178.586

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0

Form 990-PF (20	018)
Part XIII	Undi

m 990-PF (20	018)	
Part XIII	Undistributed Income	(see instructions)

**b** Total for prior years

d From 2016. . . .

e From 2017. . . . .

XII, line 4 🕨 \$

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

5 Excess distributions carryover applied to 2018

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

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

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

**b** Excess from 2015. .

Subtract lines 7 and 8 from line 6a . . . .

indicated below:

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

same amount must be shown in column (a) )

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

- 1 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

(a)

Corpus

538.136

82.479

620,615

620,615

56,566

336.225

145.345

82.479

(b)

Years prior to 2017

(c)

2017

- 56 566
- 336.225
- 145,345
- f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part a Applied to 2017, but not more than line 2a

- (847) 832-4000 b The form in which applications should be submitted and information and materials they should include
- PLEASE VISIT HTTP //WWW NA COM FOR DETAILS c Any submission deadlines
- THE FIRST OF MAY
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors PLEASE VISIT HTTP //WWW NA COM FOR DETAILS



-	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Progra	m service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
е						
	<del></del>					
_	and contracts from government agencies ership dues and assessments.					
3 Intere	st on savings and temporary cash					
	ments			14	1,378	
	nds and interest from securities			14	75,678	
	:-financed property.					
<b>b</b> Not	debt-financed property					
	ntal income or (loss) from personal property					
	Investment Income					
invent	. ( )			18	204,672	
	come or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
	revenue <b>a</b>					
d						
	tal Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)		0	1:	281,728 <b>3</b>	281,728
	vorksheet in line 13 instructions to verify calcu	lations )			-	
	vorksheet in line 13 instructions to verify calcu <b>1-B Relationship of Activities to th</b>	lations ) ie Accomplish	ment of Exem	pt Purposes		
	vorksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
Part XV	Vorksheet in line 13 instructions to verify calcumants of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the foundation.	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
Part XV	Vorksheet in line 13 instructions to verify calcumants of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the foundation.	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
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Part XV	Vorksheet in line 13 instructions to verify calcumants of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the foundation.	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
Part XV	Vorksheet in line 13 instructions to verify calcumants of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the foundation.	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
Part XV	Vorksheet in line 13 instructions to verify calcumants of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the foundation.	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
Part XV	Vorksheet in line 13 instructions to verify calcumants of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the foundation.	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
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Part XV	Vorksheet in line 13 instructions to verify calcumants of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain to the soundation of the foundation.	lations )  le Accomplish  income is report	nment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable		· /
Exempt Organizations	Ή	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII	Exempt Organia	zations				•			
	rganization directly or in- than section 501(c)(3)						501	Yes	No
a Transfers	from the reporting foun	dation to a nonch	naritable exe	empt organization	of				
(1) Cash									No
(2) Other assets									No
<b>b</b> Other trai	nsactions								
<b>(1)</b> Sale	s of assets to a nonchari	table exempt org	janization.				.  1b(1)		No
(2) Purc	(2) Purchases of assets from a noncharitable exempt organization								No
<b>(3)</b> Rent	al of facilities, equipmen	it, or other asset	s				. 1b(3)		No
<b>(4)</b> Reim	nbursement arrangemen	ts					1b(4)		No
<b>(5)</b> Loan	s or loan guarantees.						1b(5)		No
(6) Perfo	rmance of services or m	embership or fur	idraising sol	icitations			1b(6)		No
_	f facilities, equipment, n	-	-				1c		No
of the god	wer to any of the above ods, other assets, or serv nsaction or sharing arra	vices given by th	e reporting	foundation If the f	oundation receive	d less than fair market	: value		
(a) Line No	(b) Amount involved	(c) Name of nonc	haritable exe	mpt organization	(d) Description of	transfers, transactions, an	d sharing arra	ngemen	ıts
2 7 11 6									
	ndation directly or indire	•	•	•			<b>☑</b> No		
	in section 501(c) (other		1(c)(3)) or i	in section 52/7.		∐ Yes	<b>₩</b> No		
<b>b</b> If "Yes," o	complete the following so		1 4	) Type of organizatio	" I	(c) Description of	ralationship		
	(a) Name of organization	<u>n</u>	(1	) Type or organizatio	n	(c) Description or	relationship		
of n whi	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, correc	ave examın ct, and com	ed this return, incl plete Declaration o	uding accompany of preparer (other	ng schedules and state than taxpayer) is base	ements, and d on all info	to the rmation	best 1 of
Sign Here	*****			2019-11-08	*****		May the IRS d return with the prepa		
	Signature of officer or ti	rustee		Date	Title		below (see instr )?	✓ Yes I	□ No
	Print/Type preparer's	name Pre	parer's Sigr	nature	Date	Check if self-		5491	
Paid	KIMBERLY A HAUM	ANN			2019-11-08	9-11-08 employed ▶ □		P00546491	
Prepare: Jse Only	Third Hairie F 1 D 11	ITE & MORAN PLI	LC .			Fire	m's EIN ►38	-13579	 951
JJC OIII)		S RIVERSIDE PL	AZA 9TH FL	_OOR					
		ICAGO, IL 6060				Pho	Phone no (312) 207-1040		
	1								

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN A MILLER PRESIDENT 0 00 1235 WESTMOOR TRAIL WINNETKA, IL 60093 SANDRA MILLER DIRECTOR 0 0 0 00

WINNETKA, IL 60093				
JASON MILLER	DIRECTOR	0	0	0
1235 WESTMOOR TRAIL WINNETKA, IL 60093	0 00			
THOMAS MILLER	DIRECTOR	0	0	0

JASON MILLER	DIRECTOR 0 00	0	0	(
1235 WESTMOOR TRAIL WINNETKA, IL 60093	0 00			
THOMAS MILLER	DIRECTOR	0	0	1

1235 WESTMOOR TRAIL WINNETKA, IL 60093				
THOMAS MILLER	DIRECTOR	0	0	0
1235 WESTMOOR TRAIL	0 00			

THOMAS MILLER	DIRECTOR	0	0	0
1235 WESTMOOR TRAIL WINNETKA, IL 60093	0 00			

1235 WESTMOOR TRAIL WINNETKA, IL 60093	0 00	·	
ALEVANDRA MILLER	DIDECTOR		·

WINNETKA, IL 60093				
ALEXANDRA MILLER	DIRECTOR	0	0	

WINNETKA, IL 60093

WINNETHON, IE 00033				
ALEXANDRA MILLER	DIRECTOR	0	0	
1235 WESTMOOR TRAIL	0 00			

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1				
AM SHALOM840 VERNON AVENUE GLENCOE, IL 60022	NONE	PUBLIC	CHARITABLE	5,000
CANCER WELLNESS CENTER	NONE	PUBLIC	CHARITABLE	500

CANCER WELLNESS CENTER 215 REVERE DRIVE NORTHBROOK, IL 60062	NONE	PUBLIC	CHARITABLE	500
FRIENDS OF THE PHILHARMONIC 401 S LASALLE ST STE 1600-J	NONE	PUBLIC	CHARITABLE	2,000

NONTH BROOK, 12 GOOD				
FRIENDS OF THE PHILHARMONIC 401 S LASALLE ST STE 1600-J CHICAGO, IL 60605	NONE	PUBLIC	CHARITABLE	2,000
Total			▶ 3a	260,250

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

Total .

a Paid during the year				
FRIENDS OF THE ROBERT CROWN CENTER PO BOX 8064 EVANSTON IL 60204	NONE	PUBLIC	CHARITABLE	2,000

EVANSTON, IL 60204				
HAILEY E HILL2101 CLAIRE COURT GLENVIEW, IL 60025	NONE		SCHOLARSHIP PROGRAM RECIPIENT	5,000
JOHN G SHEDD AQUARIUM	NONE	PUBLIC	CHARITABLE	5,000

260,250

HAILEY E HILL2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,00
JOHN G SHEDD AQUARIUM 1200 S LAKE SHORE DRIVE CHICAGO, IL 60605	NONE	PUBLIC	CHARITABLE	5,00

JOHN G SHEDD AQUARIUM 1200 S LAKE SHORE DRIVE CHICAGO, IL 60605  NONE PUBLIC CHARITABLE 5,0	GLENVIEW, IL 60025	110112		RECIPIENT	3,0
	1200 S LAKE SHORE DRIVE	NONE	PUBLIC	CHARITABLE	5,0

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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

KERRI OLZEWSKIDAGA CLAIRE COURT	NONE	CCUOL A DCUTD	CCUCI ADCUTD DD CCD AM	F 000
KARMA FOR CARA FOUNDATION 401 N MICHIGAN AVE SUITE 3300 CHICAGO, IL 60611	NONE	PUBLIC	CHARITABLE	1,500
a raid during the year				

0.110,100,11				
KERRI OLZEWSKI2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,000
MADELYN KRUMENAC 2101 CLAIRE COURT	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,000

MADELYN KRUMENAC 2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,000
Total			▶ 3a	260,250

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 recipient Name and address (home or business) or substantial contributor a Paid during the year MATTHEW T BARRETT NONE I SCHOLARSHIP I SCHOLARSHIP PROGRAM 5 000

2101 CLAIRE COURT GLENVIEW, IL 60025	HONE	3C110L7 (K31111	RECIPIENT	3,000
MOFFITT CANCER CENTER FOUNDATION	NONE	PUBLIC	CHARITABLE	250

10920 MCKINLEY DRIVE TAMPA, FL 33612				
SHANNON N TAUCHER 2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,000

260,250

SHANNON N TAUCHER 2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,00

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or 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 THE AUXILARY BOARD OF THE ART NONE **PUBLIC** CHARITABLE 9,000 INSTITUTE

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

111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603				
THE LAWRENCEVILLE SCHOOL 2500 MAIN STREET LAWRENCEVILLE, NJ 08648	NONE	PUBLIC	CHARITABLE	2,500

2500 MAIN STREET LAWRENCEVILLE, NJ 08648	NONE	POBLIC	CHARITABLE	2,500
UNIVERSITY OF DENVER 2201 E ASBURY AVE DENVER, CO 80208	NONE	PUBLIC	CHARITABLE	207,500

Total .

260,250

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DI	.N: 93491316010649		
TY 2018 Accounting Fees Schedule							
	Name:	THE JOHN A	MILLER FAMILY	FOUNDATION			
		C/O NORTH	AMERICAN COR	RPORATION OF IL			
<b>EIN:</b> 36-4233458							
Category	Amo	ount No	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

3,350

ACCOUNTING FEES

TY 2018 Investments Corporate Stock Schedule
--

Name: THE JOHN A MILLER FAMILY FOUNDATION

C/O NORTH AMERICAN CORPORATION OF IL

DLN: 93491316010649

3,111,267

1,894,682

**EIN:** 36-4233458

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

**EQUITIES AND MUTUAL FUNDS - BROKERAGE ACCOUNTS** 

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-		DLN: 93491316010649
TY 2018 Legal Fees Schedule	}			
Name	: THE JOHN A	MILLER FAMILY F	OUNDATION	
	C/O NORTH	AMERICAN CORPO	RATION OF IL	
EIN	: 36-4233458			
Catagomi	Amanumb	Not Tourselment	A diversal New	h Diahuwaawaanta
Category	Amount	Net Investment Income	Adjusted Net	t Disbursements for Charitable Purposes
LEGAL FEES	3,427	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491316010649
TY 2018 Other Expenses Schedule				
Name:	THE JOHN A MI	LLER FAMILY FOU	JNDATION	
C/O NORTH AMERICAN CORPORATION OF IL				
<b>EIN</b> : 36-4233458				
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
STATE FILING FEES	115	0		115
SCHOLARSHIP AMERICA FEES	700	0		700

BANK CHARGES

efile GRAPHIC print - DO NOT PRO	OCESS	As Filed Data	-	DL	N: 93491316010649
TY 2018 Taxes Schedule					
,	Name:	THE JOHN A	MILLER FAMILY F	OUNDATION	
		C/O NORTH	AMERICAN CORPO	RATION OF IL	
	EIN:	36-4233458			
Catagonia		mount	Net Investment	Adinoted Not	Disbursements
Category	A	mount	Income	Adjusted Net Income	for Charitable Purposes
FEDERAL TAXES		179	0		0

efile GRAPHIC print - D	O NOT PROCESS As Filed I	Data -		DLN: 93491316010649		
Schedule B	Sc	chedule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		ttach to Form 990, 990-EZ, or 990 <u>w <i>ır</i>s <i>gov/Form</i>990</u> for the latest ı		2018		
Name of the organization THE JOHN A MILLER FAMI C/O NORTH AMERICAN CO	_Y FOUNDATION		Employer i 36-4233458	dentification number		
Organization type (che			101.001			
Filers of:	Section:					
Form 990 or 990-EZ	orm 990 or 990-EZ					
	☐ 4947(a)(1) nonexem	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organiza	☐ 527 political organization				
Form 990-PF	✓ 501(c)(3) exempt priv	vate foundation				
	4947(a)(1) nonexem	nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation						
		or 990-PF that received, during to outor Complete Parts I and II S				
Special Rules						
under sections 50 received from an	09(a)(1) and 170(b)(1)(A)(vi), th	(3) filing Form 990 or 990-EZ th nat checked Schedule A (Form ear, total contributions of the gre 1 Complete Parts I and II	990 or 990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, t	otal contributions of more than	(7), (8), or (10) filing Form 990 o \$1,000 <i>exclusively</i> for religious dren or animals Complete Part	s, charitable, scientific, literary,			
during the year, of If this box is check purpose Don't co	contributions exclusively for religions, ked, enter here the total contributions and early and early unless	(7), (8), or (10) filing Form 990 or gious, charitable, etc., purposes butions that were received during the <b>General Rule</b> applies to the \$5,000 or more during the year	s, but no such contributions tot ng the year for an <i>exclusively</i> rous nis organization because it rece	aled more than \$1,000 eligious, charitable, etc, eved <i>nonexclusively</i>		
990-EZ, or 990-PF), but	it <b>must</b> answer "No" on Part IV	eral Rule and/or the Special Ru /, line 2, of its Form 990, or chec rtify that it doesn't meet the filing	ck the box on line H of its			
For Paperwork Reduction A for Form 990, 990-EZ, or 990	ct Notice, see the Instructions I-PF	Cat No 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		

Name of organization THE JOHN A MILLER FAMILY FOUNDATION C/O NORTH AMERICAN CORPORATION OF IL		Employer identification 36-4233458	Employer identification number 36-4233458		
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	itional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	JOHN A MILLER 1235 WESTMOOR TRAIL WINNETKA, IL 60093	\$ 700,000	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		s	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person  Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions)		

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		Page <b>3</b>
Name of organization THE JOHN A MILLER FAMILY FOUNDATION C/O NORTH AMERICAN CORPORATION OF IL			ification number
Part II		36-42	233458
Part II	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)		Page 4
	ion FAMILY FOUNDATION AN CORPORATION OF IL		Employer identification number 36-4233458
than \$1, organiza the year	000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, charit ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			chedule B (Form 990, 990-EZ, or 990-PF) (2018)