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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

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE ALLYN FOUNDATION INC

A Employer identification number
23-7025589

Number and street (or P.O. box number if mail is not delivered to street address)
539 PRINCETON ROAD

Room/suite

B Telephone number (see instructions)
(978) 766-9327

City or town, state or province, country, and ZIP or foreign postal code
HINSDALE, IL 60521

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

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

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 7,536,166

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

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)	0			
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	2,468	2,468	2,468	
	4	Dividends and interest from securities	212,802	212,802	212,802	
	5a	Gross rents	0	0	0	
	b	Net rental income or (loss) 0				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		184,857		
	8	Net short-term capital gain			0	
	9	Income modifications			0	
	10a	Gross sales less returns and allowances 0				
	b	Less: Cost of goods sold 0				
	c	Gross profit or (loss) (attach schedule)	0		0	
	11	Other income (attach schedule)	0	0	0	
	12	**Total.** Add lines 1 through 11	215,270	400,127	215,270	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	0	0	0	0
	14	Other employee salaries and wages	0	0	0	0
	15	Pension plans, employee benefits	0	0	0	0
	16a	Legal fees (attach schedule)	0	0	0	0
	b	Accounting fees (attach schedule)	0	0	0	0
	c	Other professional fees (attach schedule)	756	0	0	756
	17	Interest	0	0	0	0
	18	Taxes (attach schedule) (see instructions)	5,019	194	194	0
	19	Depreciation (attach schedule) and depletion	0	0	0	
	20	Occupancy	0	0	0	0
	21	Travel, conferences, and meetings	0	0	0	0
	22	Printing and publications	0	0	0	0
	23	Other expenses (attach schedule)	549	275	275	274
	24	**Total operating and administrative expenses.** Add lines 13 through 23	6,324	469	469	1,030
	25	Contributions, gifts, grants paid	340,000			340,000
	26	**Total expenses and disbursements.** Add lines 24 and 25	346,324	469	469	341,030
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-131,054			
	b	**Net investment income** (if negative, enter -0-)		399,658		
	c	**Adjusted net income** (if negative, enter -0-)			214,801	

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	2,478	5,058	5,058
	2 Savings and temporary cash investments	29,643	127,592	127,592
	3 Accounts receivable ▶ 0			
	Less: allowance for doubtful accounts ▶ 0	0	0	0
	4 Pledges receivable ▶ 0			
	Less: allowance for doubtful accounts ▶ 0	0	0	0
	5 Grants receivable	0	0	0
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶ 0			
	Less: allowance for doubtful accounts ▶ 0	0	0	0
	8 Inventories for sale or use	0	0	0
	9 Prepaid expenses and deferred charges	0	0	0
	10a Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	936,282	889,555	5,848,616
	c Investments—corporate bonds (attach schedule)	1,249,159	1,249,159	1,554,900
	11 Investments—land, buildings, and equipment: basis ▶ 0			
	Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	12 Investments—mortgage loans	0	0	0
	13 Investments—other (attach schedule)	0	0	0
	14 Land, buildings, and equipment: basis ▶ 0			
	Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0
	15 Other assets (describe ▶)	0	0	0
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,217,562	2,271,364	7,536,166
Liabilities	17 Accounts payable and accrued expenses	0	0	
	18 Grants payable	0	0	
	19 Deferred revenue	0	0	
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶)	0	0	
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	2,217,562	2,271,364	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	0	0	
	29 **Total net assets or fund balances** (see instructions)	2,217,562	2,271,364	
	30 **Total liabilities and net assets/fund balances** (see instructions)	2,217,562	2,271,364	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	2,217,562
2	Enter amount from Part I, line 27a	2	-131,054
3	Other increases not included in line 2 (itemize) ▶	3	184,857
4	Add lines 1, 2, and 3	4	2,271,365
5	Decreases not included in line 2 (itemize) ▶	5	1
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	2,271,364

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	184,857
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	

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))
2018	330,992	6,795,163	0.048710
2017	325,950	6,683,426	0.048770
2016	305,937	6,226,737	0.049133
2015	303,126	6,090,242	0.049772
2014	298,168	6,017,555	0.049550

2	**Total** of line 1, column (d)	2	0.245935
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	0.049187
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	7,101,181
5	Multiply line 4 by line 3	5	349,286
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	3,997
7	Add lines 5 and 6	7	353,283
8	Enter qualifying distributions from Part XII, line 4	8	341,030

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 ▶ ☐ 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 ▶ ☐ and enter 1% of Part I, line 27b	1	7,993
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	7,993
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	7,993
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 5,949		
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	5,949
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	2,044
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 2020 estimated tax** ▶ 0 **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)	1b		No
	*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.*			
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? *If "Yes," attach a detailed description of the activities.*	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? *If "Yes," attach a conformed copy of the changes*	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? *If "Yes," attach the statement required by General Instruction T.*	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? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶IL, DE			
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? *If "No," attach explanation* .	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	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?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ JOHN W ALLYN JR Telephone no. ▶ (978) 766-9327

Located at ▶ 8514 SANDY OAK LANE SARASOTA FL ZIP+4 ▶ 34238

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, 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		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):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☑ 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)?	☐ Yes	☑ 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.)	☐ Yes	☑ 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 ▶ ☐			
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 2019?	1c		No
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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?	☐ Yes	☑ 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		No
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?	☐ Yes	☑ No	
b	If "Yes," did it have excess business holdings in 2019 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 2019.)*	3b		No
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 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
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?	☐ Yes ☐ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
CYNTHIA A STUHLEY 2110 CASEY KEY ROAD NOKOMIS, FL 34275	PRESIDENT, DIR 4.00	0	0	0
JOHN W ALLYN JR 8514 SANDY OAK LANE SARASOTA, FL 34238	VICE PRES, DIR 3.00	0	0	0
SHARON A TAYLOR 539 PRINCETON ROAD HINSDALE, IL 60521	DIRECTOR 2.00	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 ▶ 0

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

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

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶ 0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	0
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	0
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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	7,089,782
b	Average of monthly cash balances	1b	119,539
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	7,209,321
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	7,209,321
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	108,140
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,101,181
6	**Minimum investment return.** Enter 5% of line 5	6	355,059

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	355,059
2a	Tax on investment income for 2019 from Part VI, line 5	2a	7,993		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	7,993
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	347,066
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	347,066
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	347,066

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	341,030
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
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	341,030
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	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	341,030

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				347,066
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___ , 20___ , 20___				
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 0				
b From 2015. 0				
c From 2016. 0				
d From 2017. 0				
e From 2018. 2,816				
f **Total** of lines 3a through e.	2,816			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 341,030				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				341,030
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019.	2,816			2,816
(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	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
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.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				3,220
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)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2015. . . . 0				
b Excess from 2016. . . . 0				
c Excess from 2017. . . . 0				
d Excess from 2018. . . . 0				
e Excess from 2019. . . . 0				

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 2019, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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).)

NONE

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.

NONE

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 Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				340,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,468	
4 Dividends and interest from securities			14	212,802	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				215,270	
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)					13 215,270

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		**Yes**	**No**
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

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

Sign Here

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

******	2020-04-07	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☐ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no.

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.)
9290 SH TELESITES SAB DE CV SER L COMMON	D	1993-12-08	2019-10-16
1149 SH AT&T COMMON	D	1993-12-08	2019-10-18
600 SH IBM COMMON	D	1993-12-08	2019-10-18
484 SH KRAFT HEINZ COMMON	D	1993-12-08	2019-10-18
365 SH PEPSICO COMMON	P	1980-07-16	2019-10-18
251 SH PHILLIPS 66 COMMON	D	1993-12-08	2019-10-18
VANGUARD LT INV GRADE BOND CAP GAIN DISTRIBUTION	P	1989-07-01	2019-12-23

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)
6,917	0	7,060	-143
43,724	0	23,927	19,797
80,044	0	8,063	71,981
13,519	0	2,124	11,395
49,794	0	2,056	47,738
27,035	0	3,497	23,538
10,551	0	0	10,551

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			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** 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	
0	0	0	-143
0	0	0	19,797
0	0	0	71,981
0	0	0	11,395
0	0	0	47,738
0	0	0	23,538
0	0	0	10,551

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FAITHS FOOD BANK 8171 BLAIKIE COURT SARASOTA, FL 34240		EXEMPT	COMMUNITY SERVICES	1,000
AMERICAN CANCER SOCIETY PO BOX 22478 OKLAHOMA CITY, OK 73123		EXEMPT	MEDICAL RESEARCH	10,000
AMERICAN HEART ASSOCIATION 300 S RIVERSIDE PLAZA SUITE 1200 CHICAGO, IL 60606		EXEMPT	MEDICAL RESEARCH	10,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601		EXEMPT	MEDICAL RESEARCH	5,000
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037		EXEMPT	FAMILY SERVICES	10,000
AMERICARES88 HAMILTON AVENUE STAMFORD, CT 06902		EXEMPT	FAMILY SERVICES	5,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE SUITE 2 BOSTON, MA 02129		EXEMPT	ENVIRONMENTAL PROGRAMS	1,000
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVENUE CHICAGO, IL 60603		EXEMPT	MUSEUM PROGRAMS	5,000
ASSOCIATED COLLEGES OF ILLINOIS 70 E LAKE STREET SUITE 1418 CHICAGO, IL 60601		EXEMPT	EDUCATION PROGRAMS	3,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOC FOR PREVENTION OF FAMILY VIOLENCE 735 N WISCONSIN STREET SUITE 101 ELKHORN, WI 53121		EXEMPT	FAMILY SERVICES	1,000
AURORA LAKELAND MEDICAL CENTER W3985 COUNTY ROAD NN ELKHORN, WI 53121		EXEMPT	MEDICAL SERVICES	5,000
AURORA UNIVERSITY 347 S GLADSTONE AVENUE AURORA, IL 60506		EXEMPT	EDUCATION PROGRAMS	5,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CHICAGO 560 W LAKE STREET CHICAGO, IL 60661		EXEMPT	YOUTH PROGRAMS	3,000
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY STREET BOSTON, MA 02118		EXEMPT	MEDICAL SERVICES	1,000
BOYS AND GIRLS CLUBS OF CHICAGO 550 W VAN BUREN ST SUITE 350 CHICAGO, IL 60607		EXEMPT	YOUTH PROGRAMS	3,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SARASOTA COUNTY 3130 FRUITVILLE ROAD SARASOTA, FL 34237		EXEMPT	YOUTH PROGRAMS	1,000
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116		EXEMPT	MEDICAL SERVICES	1,000
BROOKFIELD ZO3300 GOLF ROAD BROOKFIELD, IL 60513		EXEMPT	ZOO PROGRAMS	2,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022		EXEMPT	ENVIRONMENTAL PROGRAMS	10,000
CHICAGO HISTORY MUSEUM 1601 N CLARK STREET CHICAGO, IL 60614		EXEMPT	MUSEUM PROGRAMS	3,000
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 60604		EXEMPT	MUSIC PROGRAMS	3,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN'S HOME AND AID SOCIETY 125 S WACKER DRIVE 14TH FLOOR CHICAGO, IL 60606		EXEMPT	YOUTH SERVICES	5,000
CITIZENS FOR ADEQUATE HOUSING 81 MAIN STREET PEABODY, MA 01960		EXEMPT	FAMILY SERVICES	1,000
COMMUNITY FOUNDATION OF SARASOTA COUNTY 2635 FRUITVILLE ROAD SARASOTA, FL 34237		EXEMPT	FAMILY SERVICES	1,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY GIVING TREE 572B MAIN STREET BOXFORD, MA 01921		EXEMPT	FAMILY SERVICES	3,000
CONSERVATION FOUNDATION OF THE GULF COAST 400 PALMETTO AVENUE BOX 902 OSPREY, FL 34229		EXEMPT	ENVIRONMENTAL PROGRAMS	5,000
DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON ST SUITE 700 CHICAGO, IL 60606		EXEMPT	SCHOLARSHIPS	1,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741		EXEMPT	MEDICAL SERVICES	2,000
EMMAUS INCPO BOX 568 HAVERHILL, MA 01831		EXEMPT	INDIVIDUAL SERVICES	2,000
EVANS SCHOLARS FOUNDATION 1 BRIAR ROAD GOLF, IL 60029		EXEMPT	SCHOLARSHIPS	1,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KISHWAUKETOE PO BOX 580 WILLIAMS BAY, WI 53191		EXEMPT	ENVIRONMENTAL PROGRAMS	1,000
FUND FOR JOHNS HOPKINS MEDICINE 550 N BROADWAY SUITE 731 BALTIMORE, MD 21205		EXEMPT	MEDICAL RESEARCH	3,000
GIRL SCOUTS OF CHICAGO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603		EXEMPT	YOUTH PROGRAMS	3,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INC OF SARASOTA COUNTY 201 S TUTTLE AVENUE SARASOTA, FL 34237		EXEMPT	YOUTH SERVICES	1,000
GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118		EXEMPT	COMMUNITY SERVICES	1,000
GREATER CHICAGO FOOD DEPOSITORY PO BOX 74008557 CHICAGO, IL 60674		EXEMPT	COMMUNITY SERVICES	5,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HADLEY INSTITUTE FOR THE BLIND 700 ELM STREET WINNETKA, IL 60093		EXEMPT	PROGRAMS FOR THE BLIND	8,000
HARBORCOVPO BOX 505754 CHELSEA, MA 02150		EXEMPT	SOCIAL SERVICES	1,000
HEARTLAND ALLIANCE 208 S LA SALLE ST 1300 CHICAGO, IL 60604		EXEMPT	SOCIAL SERVICES	5,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERMITAGE ARTIST RETREAT 6660 MANASOTA KEY ROAD ENGLEWOOD, FL 34223		EXEMPT	PERFORMING ARTS PROGRAMS	8,500
HINSDALE HOSPITAL FOUNDATION PO BOX 130 HINSDALE, IL 60522		EXEMPT	MEDICAL SERVICES	2,000
HUMANE SOCIETY OF SARASOTA COUNTY 2331 15TH STREET SARASOTA, FL 34237		EXEMPT	ANIMAL PROTECTION	1,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS INSTITUTE OF TECHNOLOGY 10 W 35TH STREET SUITE 1700 CHICAGO, IL 60616		EXEMPT	EDUCATION PROGRAMS	3,000
ILLINOIS MASONIC MEDICAL CENTER 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515		EXEMPT	MEDICAL SERVICES	3,000
INFANT WELFARE SOCIETY OF EVANSTON 2200 MAIN STREET EVANSTON, IL 60202		EXEMPT	YOUTH SERVICES	5,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEYCARE FOUNDATION 405 LAKE ZURICH ROAD BARRINGTON, IL 60010		EXEMPT	ELDERLY SERVICES	3,000
JUNIOR ACHIEVEMENT OF ILLINOIS 651 W WASHINGTON STREET SUITE 404 CHICAGO, IL 60661		EXEMPT	YOUTH PROGRAMS	3,000
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004		EXEMPT	MEDICAL RESEARCH	3,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PARK ZOO 2001 N CLARK STREET CHICAGO, IL 60614		EXEMPT	ZOO PROGRAMS	3,000
LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVENUE BOX 4 CHICAGO, IL 60611		EXEMPT	MEDICAL SERVICES	5,000
MSPCA - NEVIN'S FARM400 BROADWAY METHUEN, MA 01844		EXEMPT	ANIMAL PROTECTION	3,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH SOUTHERN FLORIDA 3430 MAGIC OAK LANE SARASOTA, FL 34232		EXEMPT	FAMILY PROGRAMS	1,000
MAKE-A-WISH FOUNDATION 640 N LA SALLE DRIVE SUITE 280 CHICAGO, IL 60654		EXEMPT	FAMILY PROGRAMS	1,000
MAKE-A-WISH MASSACHUSETTS 133 FEDERAL STREET 2ND FLOOR BOSTON, MA 02110		EXEMPT	FAMILY PROGRAMS	1,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERRIMACK VALLEY HABITAT FOR HUMANITY 60 ISLAND STREET 2ND FLOOR EAST LAWRENCE, MA 01840		EXEMPT	COMMUNITY SERVICES	2,000
MISERICORDIA HOME 6300 N RIDGE AVENUE CHICAGO, IL 60660		EXEMPT	DISABILITY SERVICES	2,000
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532		EXEMPT	ENVIRONMENTAL PROGRAMS	2,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DRIVE CHICAGO, IL 60637		EXEMPT	MUSEUM PROGRAMS	3,000
MUSIC INSTITUTE OF CHICAGO 300 GREEN BAY ROAD WINNETKA, IL 60093		EXEMPT	MUSIC PROGRAMS	1,000
NATIONAL FOREST FOUNDATION 27 FORT MISSOULA ROAD SUITE 3 MISSOULA, MT 59804		EXEMPT	ENVIRONMENTAL PROGRAMS	8,500
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 4527 NEW YORK, NY 10163		EXEMPT	MEDICAL RESEARCH	3,000
NORTH SHORE SENIOR CENTER 161 NORTHFIELD ROAD NORTHFIELD, IL 60093		EXEMPT	ELDERLY SERVICES	1,000
NORTHSHORE UNIVERSITY HEALTH SYSTEM 1033 UNIVERSITY PLAC SUITE 450 EVANSTON, IL 60201		EXEMPT	MEDICAL SERVICES	10,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN SETTLEMENT 1400 W AUGUSTA BLVD CHICAGO, IL 60642		EXEMPT	FAMILY SERVICES	4,000
OPEN ARMS FREE CLINIC 205 E COMMERCE COURT SUITE A ELKHORN, WI 53121		EXEMPT	FAMILY SERVICES	8,000
PARKINSON'S FOUNDATION 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018		EXEMPT	MEDICAL RESEARCH	3,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETTENGILL HOUSE 21 WATER STREET SUITE 4A AMESBURY, MA 01913		EXEMPT	FAMILY SERVICES	1,000
PILLARS COMMUNITY HEALTH 23 CALENDAR AVENUE LA GRANGE, IL 60525		EXEMPT	FAMILY SERVICES	5,000
PINE STREET INN 444 HARRISON AVENUE BOSTON, MA 02118		EXEMPT	INDIVIDUAL SERVICES	1,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FED'N OF AMERICA PO BOX 97166 WASHINGTON, DC 20090		EXEMPT	FAMILY SERVICES	3,000
PROJECT BREAD145 BORDER STRET EAST BOSTON, MA 02128		EXEMPT	COMMUNITY SERVICES	1,000
PURDUE FOUNDATION 625 HARRISON STREET WEST LAFAYETTE, IN 47907		EXEMPT	ANIMAL SERVICES	2,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN ROAD HIGHLAND PARK, IL 60035		EXEMPT	MUSIC PROGRAMS	5,000
RAY GRAHAM ASSOCIATION 901 WARRENSVILLE ROAD SUITE 500 LISLE, IL 60532		EXEMPT	DISABILITY SERVICES	5,000
READING IS FUNDAMENTAL 750 FIRST STREET NE SUITE 920 WASHINGTON, DC 20002		EXEMPT	EDUCATION PROGRAMS	2,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RINGLING COLLEGE OF ART AND DESIGN 2700 N TAMIAMI TRAIL SARASOTA, FL 34234		EXEMPT	EDUCATIONAL SERVICES	5,000
RODMAN CELEBRATION FOR KIDS 10 LINCOLN ROAD SUITE 208 FOXBOROUGH, MA 02035		EXEMPT	YOUTH SERVICES	6,000
ROSIE'S PLACE889 HARRISON AVENUE BOSTON, MA 02118		EXEMPT	INDIVIDUAL SERVICES	1,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607		EXEMPT	MEDICAL SERVICES	8,000
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825		EXEMPT	CHILD POVERTY SERVICES	5,000
SHIRLEY RYAN ABILITY LAB 355 E ERIE STREET CHICAGO, IL 60611		EXEMPT	MEDICAL SERVICES	6,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CLUB FOUNDATION 2101 WEBSTER ST SUITE 1250 OAKLAND, CA 94612		EXEMPT	ENVIRONMENTAL PROGRAMS	10,000
TALK ABOUT CURING AUTISM 2222 MARTIN STREET SUITE 140 IRVINE, CA 92612		EXEMPT	FAMILY SERVICES	10,000
TEACH FOR AMERICAPO BOX 398305 SAN FRANCISCO, CA 94139		EXEMPT	EDUCATION PROGRAMS	5,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY HOUSE - CHARLIE'S GIFT 415 W 8TH STREET HINSDALE, IL 60521		EXEMPT	COMMUNITY SERVICES	5,000
THE FIELD MUSEUM 1400 S LAKE SHORE DRIVE CHICAGO, IL 60605		EXEMPT	MUSEUM PROGRAMS	3,000
THE WETLANDS INITIATIVE 53 W JACKSON BLVD SUITE 1015 CHICAGO, IL 60604		EXEMPT	ENVIRONMENTAL PROGRAMS	2,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UCP SEGUIN3100 S CENTRAL AVENUE CICERO, IL 60804		EXEMPT	MEDICAL RESEARCH	2,000
UNITED WAY SUNCOAST 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609		EXEMPT	FAMILY SERVICES	1,000
UNIVERSITY OF MICHIGAN TRAUMA BURN CENTER 1500 E MEDICAL CENTER DR ROOM UH-1C ANN ARBOR, MI 48109		EXEMPT	MEDICAL SERVICES	2,000
Total . . . . . ▶ **3a**				340,000

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN GATEWAYS 100 S STATE ST 4TH FLOOR CHICAGO, IL 60603		EXEMPT	EDUCATION PROGRAMS	3,000
VOLUNTEER CENTER OF NEW TRIER TOWNSHIP 520 GLENDALE AVENUE SUITE 211 WINNETKA, IL 60093		EXEMPT	COMMUNITY SERVICES	1,000
WELLNESS HOUSE 131 N COUNTY LINE ROAD HINSDALE, IL 60521		EXEMPT	INDIVIDUAL SERVICES	10,000
Total . . . . . ▶ **3a**				340,000

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TY 2019 Investments Corporate Bonds Schedule

Name: THE ALLYN FOUNDATION INC

EIN: 23-7025589

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
142000 SH VANGUARD LONG-TERM INVESTMENT GRADE BOND FUND	1,249,159	1,554,900

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TY 2019 Investments Corporate Stock Schedule

Name: THE ALLYN FOUNDATION INC

EIN: 23-7025589

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
2100 SH ALTRIA GROUP COMMON	9,146	104,811
9290 SH AMERICA MOVIL SAB COMMON	23,836	148,640
4460 SH BP PLC COMMON	15,772	168,320
1800 SH BANK OF NEW YORK MELLON COMMON	15,712	90,594
502 SH CONOCO PHILLIPS COMMOM	11,768	32,645
7500 SH PFIZER INC COMMON	26,367	293,850
2100 SH PHILIP MORRIS INTERNATIONAL COMMON	20,842	178,689
15500 SH VANGUARD 500 INDEX FUND	576,112	4,621,170
1543.925 SH VANGUARD TOTAL STOCK MARKET INDEX FUND	100,000	123,035
2908.016 SH VANGUARD TOTAL INTERNATIONAL STOCK MARKET INDEX FUND	90,000	86,862

TY 2019 Other Decreases Schedule

Name: THE ALLYN FOUNDATION INC

EIN: 23-7025589

Description	Amount
ROUNDING	1

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TY 2019 Other Expenses Schedule

Name: THE ALLYN FOUNDATION INC

EIN: 23-7025589

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MAIL	278	139	139	139
OFFICE SUPPLIES	157	79	79	78
INVESTMENT FEES	89	45	44	44
FILING FEES	25	12	13	13
Amortization	0	0	0	0

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TY 2019 Other Income Schedule

Name: THE ALLYN FOUNDATION INC

EIN: 23-7025589

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NONE	0	0	0

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TY 2019 Other Increases Schedule

Name: THE ALLYN FOUNDATION INC

EIN: 23-7025589

Description	Amount
SECURITY SALE GAIN	184,857

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TY 2019 Taxes Schedule

Name: THE ALLYN FOUNDATION INC

EIN: 23-7025589

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2019 FORM 990-PF ESTIMATED TAX	4,800	0	0	0
2019 DELAWARE FRANCHISE TAX	25	0	0	0
2019 FOREIGN TAXES WITHHELD	194	194	194	0