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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491244010020

2019

OMB No 1545-0052

**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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20	)19 , aı	nd er	nding 12-31-	2019	
TH	IE JOHN	Indation I A MILLER FAMILY FOUNDATION				entification numbe	r
		TH AMERICAN CORPORATION OF IL			36-4233458		
		d street (or P O box number if mail is not delivered to street address) AIRE COURT	Room/suite		<b>B</b> Telephone nu	mber (see instruction	ns)
					(847) 832-4000	l .	
		n, state or province, country, and ZIP or foreign postal code IL 60025			<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> Cl	neck al	Il that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 🕨 🔲
		Final return Amended return				ganizations meeting k here and attach co	
		Address change Name change			·	indation status was t	· —
_	,	/pe of organization ✓ Section 501(c)(3) exempt private				n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust U Other taxabl					
of	year (f	ket value of all assets at end from Part II, col (c),  ▶\$ 4,557,838  J Accounting method  □ Other (specify) (Part I, column (d) must	✓ Cash	ıal		ition is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and				(d) Disbursements
		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	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	500,000	)			
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach	333,000				
	-	Sch B					
	3	Interest on savings and temporary cash investments	454		454		
Revenue	4	Dividends and interest from securities	109,679	9	109,679		
	5a b	Gross rents  Net rental income or (loss)		+			
	6a	Net gain or (loss) from sale of assets not on line 10	138,430				
	ь	Gross sales price for all assets on line 6a					
	-	624,233					
~	7	Capital gain net income (from Part IV, line 2)			138,430		
	8	Net short-term capital gain					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)	<u> </u>				
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	748,563	3	248,563		
	13	Compensation of officers, directors, trustees, etc	C	)	0		0
	14	Other employee salaries and wages					
es	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)	65		0		0
and Administrative Expenses	b	Accounting fees (attach schedule)	1,121	_	0		0
Ve	_ c	Other professional fees (attach schedule)					
rati	17	Interest					
JI St	18 19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion					
Ē							
Ad	20 21	Occupancy  Travel, conferences, and meetings		1			
n d	22	Printing and publications					
	23	Other expenses (attach schedule)	<b>%</b> 863	3	95		768
atıı	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	2,049		95		768
0	25	Contributions, gifts, grants paid	462,156	5			462,156
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	464,205	5	95		462,924
	27	Subtract line 26 from line 12			-		
	a	Excess of revenue over expenses and disbursements	284,358	3			
	ь	Net investment income (If negative, enter -0-)			248,468		
	С	Adjusted net income (If negative, enter -0-)			•		
For	Paper	work Reduction Act Notice, see instructions.	•		Cat No 11289>	For	m <b>990-PF</b> (2019)

1,894,682

2,362,388

2,362,388

2,362,388

2,362,388

2,231,931

2,646,746

2,646,746

2,646,746

2,646,746

2,362,388

2,646,746

2,646,746 Form **990-PF** (2019)

284,358

0

1

2

3

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5

4,143,023

4.557.838

Other notes and loans receivable (attach schedule) ▶

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

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶

Investments—other (attach schedule) . . . .

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) -

Net assets without donor restrictions . . . Net assets with donor restrictions . . .

Other assets (describe > .

Other liabilities (describe -

Grants payable

Less accumulated depreciation (attach schedule)

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Foundations that follow FASB ASC 958, check here ▶

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 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

**Analysis of Changes in Net Assets or Fund Balances** 

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

Less allowance for doubtful accounts ▶

	5
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ets	۽ ا

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Part III

2

Liabilities

Fund Balances

ō

Assets 27

Net

	arehouse, or common stock, 200 sh		P—Purchase D—Donation	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
1 a MORGAN STANLEY (283	4)		P		2019-12-31
b MORGAN STANLEY (283			P		2019-12-31
c MORGAN STANLEY (283	<u>'</u>		Р		2019-12-31
d MORGAN STANLEY (833	•		Р		2019-12-31
e					
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or d	( <b>g)</b> other basis ense of sale	Gain o	h) r (loss) ) minus (g)
a	494		629		-135
<b>b</b> 6:	13,894		478,228		135,666
c	5,000		5,441		-441
d	4,845		1,505		3,340
e					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	,	I)
(i) F M V as of 12/31/69	(j)	Excess	( <b>k)</b> of col (ı) (յ), ıf any	Gains (Col (l col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a					-135
b					135,666
c					-441
d					3,340
e					
•	gain or (loss) as defined in sections ort I, line 8, column (c) (see instruct		}	3	138,430
Part V Qualification	Under Section 4940(e) for R	educed Tax on Net	Investment Inc	come	
(For optional use by domestic particular) (For option 4940(d)(2) applies,	private foundations subject to the se eave this part blank	ction 4940(a) tax on ne	t investment incom	e )	
If "Yes," the foundation does n	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part			es 🗹 No
	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitabl	e-use assets	( <b>d)</b> Distribution rati (col (b) divided by c	
2018	261,065		3,684,382		0 070857
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
2 Total of line 1, column (	d)		2		0 969365
number of years the fou	o for the 5-year base period—divide ndation has been in existence if less incharitable-use assets for 2019 from	than 5 years n Part X, line 5	0, or by the 3 4 5		0 193873 4,083,905 791,759
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		2,485
			7		794,244
	ions from Part XII, line 4 , eater than line 7, check the box in P		8 plete that part usin	g a 1% tax rate Se	462,924
				F.	rm 000-BE (2010

Page **6** 

æ	Statements Regard	ling Activities for Which	i Form 4/20 May Be	: <b>Requireu</b> (continuet	<i>u)</i>			
5a	During the year did the foundation p	pay or incur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes	✓ N			
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ les	<u> </u>	<b>"</b>		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes	✓ N			
	(3) Provide a grant to an individual	for travel, study, or other sım	ıılar purposes?	☑ Yes	$\prod_{N}$			
	(4) Provide a grant to an organizati	on other than a charitable, et	c , organization described			<b>"</b>		
	ın section 4945(d)(4)(A)? See ir	nstructions		· · □ Yes	<b>☑</b> N			
	(5) Provide for any purpose other the	nan religious, charitable, scier	ntific, literary, or					
	educational purposes, or for the	·		I I Yes	<b>✓</b> N	。		
b	If any answer is "Yes" to $5a(1)-(5)$ ,			ceptions described in				
	Regulations section 53 4945 or in a			_	ı	5b		No
	Organizations relying on a current n			•				
С	If the answer is "Yes" to question 5a	* **	·					
	tax because it maintained expenditu			· · 🗌 Yes	$\square$ N	0		
	If "Yes," attach the statement require	· -						
6а	Did the foundation, during the year,	• • • • •		ums on				
	a personal benefit contract?			' Yes	✓ N	0		
b	Did the foundation, during the year,	pay premiums, directly or inc	directly, on a personal be	enefit contract?	•	6b		No
_	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was			∟ res	✓ N	o		
	If "Yes", did the foundation receive				•	7b		
В	Is the foundation subject to the sect				_			
	excess parachute payment during th				<u>✓</u> N			
Pa	2	Officers, Directors, Trus	tees, Foundation Ma	anagers, Highly Paic	d Emp	oloyees,		
	and Contractors							
1	List all officers, directors, trustee		· · · · · · · · · · · · · · · · · · ·					
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		( <b>e)</b> Expen		
	(a) Name and address	devoted to position	-0-)	deferred compensation		other al	lowand	ces
ee .	Addıtıonal Data Table							
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If	fnone	, enter "	NONE.	."
	N	(b) Title, and average		(d) Contributions to				
(a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		e) Expense other all		
	3 400,000	devoted to position		compensation				
ION	E							
						· · · · · ·		
ota	I number of other employees paid over	er \$50,000						C
						F 004	- DE	/2012

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Part VIII Information About Officers, Directors, Trustees, 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 rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		<del></del>
3		
4		_
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form <b>990-PF</b> (2019)

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

За 3h

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462.924

462.924

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Amounts set aside for specific charitable projects that satisfy the

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

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

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Page 9

199,226

199,226

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Form 990-PF (20	019)
Part XIII	Uı

)-PF (20	019)		
KIII	Undistributed Income	(see instructions)	

a Enter amount for 2018 only. . . . . . Excess distributions carryover, if any, to 2019

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019

(a)

Corpus

620,615

263.698

884,313

884,313

0

56,566

336 225

145.345 82,479

56.566 336,225

145.345

82,479

263.698

(b)

Years prior to 2018

(c)

2018

- **b** Total for prior years From 2014. . . . .
- **b** From 2015. . . . c From 2016. . .

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2019

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

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

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. .

**b** Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. . .

c Excess from 2017. . . .

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

indicated below:

d From 2017. . . . . e From 2018. . . . . f Total of lines 3a through e. . . . . . . .

before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

JOHN A MILLER

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2

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest 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 e-mail address of the person to whom applications should be addressed

THE MILLER FAMILY SCHOLARSHIP PROGR ONE SCHOLARSHIP WAY

SAINT PETER, MN 56082

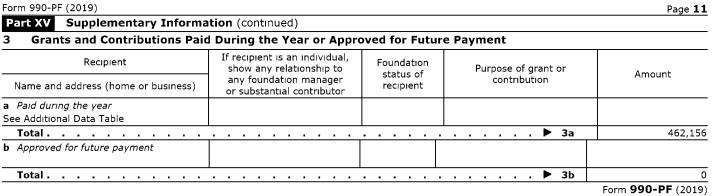
(847) 832-4000 b The form in which applications should be submitted and information and materials they should include PLEASE VISIT HTTP //WWW NA COM FOR DETAILS

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

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inter gross	s amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Progran	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
2 Membe	and contracts from government agencies ership dues and assessments it on savings and temporary cash					
ınvestr				14	454	
4 Divider	nds and interest from securities			14	109,679	
<b>5</b> Net rer	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	nvestment income					
	r (loss) from sales of assets other than					
invento	ory			18	138,430	
9 Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
	al Add columns (b), (d), and (e)		0		248,563	(
	Add line 12, columns (b), (d), and (e)				B	248,563
See w Part XV	orksheet in line 13 instructions to verify calcused Relationship of Activities to the		mant of Evans	at Durmosos		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's expressions (	ıncome ıs reporte	d ın column (e) of	Part XVI-A contribut		

	/
(VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XV	/11	Exempt Organi	zations						•				
		anization directly or in nan section 501(c)(3)	directly enga							ion 501		Yes	No
a Transfe	ers fr	om the reporting foun	dation to a n	oncha	ırıtable exe	empt organization	of						
(1) Cash											.a(1)		No
(2) Other assets										1	.a(2)		No
<b>b</b> Other transactions													
(1) Sales of assets to a noncharitable exempt organization											.b(1)		No
(2) Purchases of assets from a noncharitable exempt organization											b(2)		No
(3) Rental of facilities, equipment, or other assets.											.b(3)		No
` '		ursement arrangemen	•								.b(4)		No
		or loan guarantees.									.b(5)		No
		nance of services or m								<b>—</b>	b(6)		No
		acılıtıes, equipment, n	•		-					.	1c		No
	-	er to any of the above								□ market va	ue		
of the o	good:	s, other assets, or ser	vices given b	y the	reporting t	foundation If the	foundation	receive	d less than fair mai	rket value			
in any	trans	action or sharing arra	ngement, sh	ow in	column (d	<b>l)</b> the value of the	goods, othe	er asse	ts, or services rece	ıved			
(a) Line No	1	(b) Amount involved	(c) Name of	noncha	arıtahle ever	mpt organization	(d) Descri	intion of	transfers, transactions	and sharir	n arra	naemen	ts
Ca) Ellie Ho		(b) / infount involved	(c) Hame of	Horierie	arreable exer	Tipe organization	(a) Deseri	ipcion or	cransiers, transactions	o, una snam	garra	ngemen	
	+												
	+												
	+												
2a Is the f	founc	lation directly or indire	ctly affiliate	d with	or relate	d to one or more	tax-exempt	t organi	zations				
		section 501(c) (other	•		•	•		-		es 🗸	Nο		
		nplete the following s		1 301(	(0)(0)) 01 1	III Section 527		• •		C3 <u></u>	110		
D II 165,	, со	(a) Name of organization			l (E	) Type of organization	n I		(c) Description	n of relation	ship		
		<b>(-,</b>				, ,,,			(-)				
\	Jnder	penalties of perjury, knowledge and belief	I declare tha	t I ha	ve examin	ed this return, inc	uding accor	mpanyıı	ng schedules and s	tatements	, and	to the	best
		preparer has any kno		orrect,	, and comp	piete Declaration	or preparer	(otner	tnan taxpayer) is b	ased on a	Intor	matior	1 от
Sign		pp a				1				May the	IRS dı	scuss th	nis
lere L	**	****				2020-07-31	**	****		return			
	_						— <b>)</b> —			with the below	prepai	rer snov	vn
	Sı	gnature of officer or t	rustee			Date	' Titl	le		(see ins	ar) 🗹	Yes [	] No
	I												
		Print/Type preparer's	name	Prep	arer's Sıgr	nature	Date		Check if self-	PTIN			
											00546	491	
Paid		KIMBERLY A HAUM	IANN				2020-07-31		employed ▶ ☐				
Prepar	ا م												
Jse On		Firm's name ► PLAN	ITE & MORAN	N PLLC	-					Firm's EIN	1 ▶38	-13579	51
Jac Oli	- 1	Firm's address ▶ 10	S RIVERSID	E PLA	ZA 9TH FL	.OOR							
						===::•				Phone no	(317	) 207-	1040
		CHICAGO, IL 60606								Phone no (312) 207-1040			

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 DIDECTOR ۸l ηl

0.1110101111111111111111111111111111111	DIRECTOR	1	١	· · · · · · · · · · · · · · · · · · ·
1235 WESTMOOR TRAIL WINNETKA, IL 60093	0 00			
JASON MILLER	DIRECTOR	0	0	0
1235 WESTMOOR TRAIL WINNETKA, IL 60093	0 00			

0

0

DIRECTOR

DIRECTOR 0.00

0 00

THOMAS MILLER

1235 WESTMOOR TRAIL WINNETKA, IL 60093 ALEXANDRA MILLER

1235 WESTMOOR TRAIL WINNETKA, IL 60093

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

any foundation manager

Name and address (home or business)

Total .

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
AM SHALOM840 VERNON AVENUE GLENCOE, IL 60022	NONE	PUBLIC	CHARITABLE	1,031
AMERICAN FRIENDS OF THE HEBREW	NONE	PUBLIC	CHARITABLE	5,000

recipient

AMERICAN FRIENDS OF THE HEBREW UNIVERSITY 20 N UPPER WACKER DR 2020 CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	5,00
CANCER WELLNESS CENTER	NONE	PUBLIC	CHARITABLE	50

20 N UPPER WACKER DR 2020 CHICAGO, IL 60606				
CANCER WELLNESS CENTER 215 REVERE DRIVE NORTHBROOK, IL 60062	NONE	PUBLIC	CHARITABLE	500

CHICAGO, IL 60606				
CANCER WELLNESS CENTER 215 REVERE DRIVE NORTHBROOK, IL 60062	NONE	PUBLIC	CHARITABLE	5

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				
CARLIE LANCASTER2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,000

GLENVIEW, IL 60025			RECIPIENT	
CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES 1616 RHODE ISLAND AVE NW WASHINGTON, DC 20036	NONE	PUBLIC	CHARITABLE	10,000

INTERNATIONAL STUDIES 1616 RHODE ISLAND AVE NW WASHINGTON, DC 20036	NONE	FOBLIC	CHARTABLE	10,000
CHICAGO BLACKHAWKS FOUNDATION 1901 W MADISON STREET	NONE	PUBLIC	CHARITABLE	25,000

WASHINGTON, DC 20036				
CHICAGO BLACKHAWKS FOUNDATION 1901 W MADISON STREET CHICAGO, IL 60612	NONE	PUBLIC	CHARITABLE	25,000

CHICAGO BLACKHAWKS FOUNDATION 1901 W MADISON STREET CHICAGO, IL 60612	NONE	PUBLIC	CHARITABLE	25,00
Total			▶ 3a	462,156

Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Purpose of grant or contribution | Purpose of grant or contribution | Amount | Amount | Purpose of grant or contribution | Purpose of grant o

CHRISTINA GAGGIANO 2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	4,000
EMBRACE MENTAL HEALTH 900 SKOKIE BLVD SUITE 120	NONE	PUBLIC	CHARITABLE	107

900 SKOKIE BLVD SUITE 120 NORTHBROOK, IL 60062	NONE	FOBLIC	CHANTABLE	107
FRIENDS OF THE ROBERT CROWN CENTER PO BOX 8064 EVANSTON, IL 60204	NONE	PUBLIC	CHARITABLE	2,000
Total			▶ 3a	462,156

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GENEVA LAKE WATER SAFETY PATROL NONE PUBLIC CHARITABLE 750 451 OUTING STREET PO BOX 548 WILLIAMS BAY, WI 53191

GOFUNDME855 JEFFERSON AVE REDWOOD CITY, CA 94063	NONE	PUBLIC	CHARITABLE	50
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO, IL 60632	NONE	PUBLIC	CHARITABLE	100

Total . .

Recipient

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient

Foundation status of recipient

recipient

Purpose of grant or contribution

Purpose of grant or contribution

HAILEY HILL2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	5,000
HELPING HANDS 4008 S PRAIRIE AVE 201	NONE	PUBLIC	CHARITABLE	500

4008 S PRAIRIE AVE 201 CHICAGO, IL 60653	NONE	POBLIC	CHARTABLE	300
HORTICULTURAL HALL PO BOX 71 330 BROAD STREET LAKE GENEVA, WI 53147	NONE	PUBLIC	CHARITABLE	250

Total . .

462,156

▶ 3a

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

JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S WELLS STREET CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	50,000
JEWICH LINITED FLIND	NONE	DUBLIC	CHADITABLE	50,000

CHICAGO, IL 60606				
JEWISH UNITED FUND 30 S WELLS STREET CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	50,000
JOHN G SHEDD AQUARIUM	NONE	PUBLIC	CHARITABLE	5,000

30 S WELLS STREET CHICAGO, IL 60606				
JOHN G SHEDD AQUARIUM 1200 S LAKE SHORE DRIVE CHICAGO, IL 60605	NONE	PUBLIC	CHARITABLE	5,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MATTHEW BARRETT NONE **SCHOLARSHIP** SCHOLARSHIP PROGRAM 5,000

2101 CLAIRE COURT

Total .

GLENVIEW, IL 60025				
MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVENUE NORWALK CT 06851	NONE	PUBLIC	CHARITABLE	510

RECIPIENT

FOUNDATION 383 MAIN AVENUE NORWALK, CT 06851				
NETWORK FOR GOOD 1140 CONNECTICUT AVE NW 700	NONE	PUBLIC	CHARITABLE	258

NORWALK, CT 06851				
NETWORK FOR GOOD 1140 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036	NONE	PUBLIC	CHARITABLE	25

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 NORTHSHORE UNIVERSITY NONE **PUBLIC** CHARITABLE 1.000 HEALTHSYSTEM

1033 UNIVERSITY PLACE SUITE 450 EVANSTON, IL 60201				
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	NONE	PUBLIC	CHARITABLE	2,900

633 CLARK STREET EVANSTON, IL 60208	NONE	POBLIC	CHARITABLE	2,900
ROCKFORD PARK DISTRICT FOUNDATION 401 SOUTH MAIN STREET ROCKFORD, IL 61101	NONE	PUBLIC	CHARITABLE	6,450

EVANSTON, IL 60208				
ROCKFORD PARK DISTRICT FOUNDATION 401 SOUTH MAIN STREET ROCKFORD, IL 61101	NONE	PUBLIC	CHARITABLE	6,450
Total				462 156

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

	or substantial contributor			
a Paid during the year				
SHIRLEY RYAN ABILITYLAB	NONE	PUBLIC	CHARITABLE	250

HICAGO, IL 60611			
YDNEY KOSTOGLANIS	NONE	SCHOLARSHIP PROGRAM	

Name and address (home or business)

nicago, il 60611				
YDNEY KOSTOGLANIS 101 CLAIRE COURT :LENVIEW, IL 60025	NONE	SCHOLARSHIP	SCHOLARSHIP PROGRAM RECIPIENT	

2101 CLAIRE COURT GLENVIEW, IL 60025	NONE	SCHOLARSHIP	RECIPIENT	4,000
THE LAWRENCEVILLE SCHOOL 2500 MAIN STREET	NONE	PUBLIC	CHARITABLE	2,500

GLENVIEW, IL 60025				
THE LAWRENCEVILLE SCHOOL 2500 MAIN STREET LAWRENCEVILLE, NJ 08648	NONE	PUBLIC	CHARITABLE	2,500

Total			▶ 3a	462,156
2500 MAIN STREET LAWRENCEVILLE, NJ 08648				_,-
THE LAWRENCEVILLE SCHOOL	INONE	I PUBLIC	I CHARITABLE	2,5

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

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
UNIVERSITY OF DENVER	NONE	PUBLIC	CHARITABLE	275.000

UNIVERSITY OF DENVER	NONE	PUBLIC	CHARITABLE	
2201 E ASBURY AVE DENVER, CO 80208				
·				

Name and address (home or business)

2201 E ASBURY AVE DENVER, CO 80208	INONE	FOBLIC	CHANTABLE	273,000
Total			▶ 3a	462,156

14010020							
TY 2019 Accounting Fees Schedule							
C/O NORTH AMERICAN CORPORATION OF IL							
ritable							
Category Amount Net Investment Adjusted Net Disbursements Income Income Purposes							

1,121

ACCOUNTING FEES

Name: THE JOHN A MILLER FAMILY FOUNDATION

C/O NORTH AMERICAN CORPORATION OF IL

EIN: 36-4233458

DLN: 93491244010020

Investments Corporation Stock Schedule

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES AND MUTUAL FUNDS - BROKERAGE ACCOUNTS	2,231,931	4,143,023

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491244010020			
TY 2019 Legal Fees Schedu	TY 2019 Legal Fees Schedule						
Name: THE JOHN A MILLER FAMILY FOUNDATION							
C/O NORTH AMERICAN CORPORATION OF IL							
E	<b>IN:</b> 36-4233458	•					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
LEGAL FEES	65	0		0			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491244010020				
TY 2019 Other Expenses Schedule								
Name: THE JOHN A MILLER FAMILY FOUNDATION								
	C/O NORTH AMERICAN CORPORATION OF IL							
EIN:	: 36-4233458							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
STATE FILING FEES	18	0		18				
SCHOLARSHIP AMERICA FEES	750	0		750				

BANK CHARGES

efile GRAPHIC print - I	DO NOT PROCESS	As Filed Data -				DLN: 93491244010020		
Schedule B		Schedu	le of Contributors	<u> </u>		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	1		Form 990, 990-EZ, or 990-PF 			2019		
Name of the organization THE JOHN A MILLER FAM					Employer id	entification number		
C/O NORTH AMERICAN C	CORPORATION OF IL				36-4233458			
Organization type (che	eck one)							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) org	ganization					
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	☐ 527 politie	☐ 527 political organization						
Form 990-PF	<b>✓</b> 501(c)(3)	<b>✓</b> 501(c)(3) exempt private foundation						
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3)	taxable private foundation						
			F that received, during the mplete Parts I and II See					
Special Rules								
under sections a received from a	509(a)(1) and 170(b)	(1)(A)(vı), that chec urıng the year, total	Form 990 or 990-EZ that ked Schedule A (Form 99 contributions of the great lete Parts I and II	0 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III								
during the year, If this box is che purpose Don't o	contributions exclusions exclusions ecked, enter here the complete any of the p	ovely for religious, cl total contributions to parts unless the <b>Gei</b>	or (10) filing Form 990 or 9 haritable, etc , purposes, b that were received during neral Rule applies to this r more during the year .	but no such cont the year for an e organization bed	ributions tota exclusively re cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	t it <b>must</b> answer "No	on Part IV, line 2,	e and/or the Special Rules of its Form 990, or check t the filing requirements o	the box on line h	of its Form			
For Paperwork Reduction for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	le B (Form 990,	990-EZ, or 990-PF) (2019)		

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>		
THE JOHN	rganization A MILLER FAMILY FOUNDATION H AMERICAN CORPORATION OF IL		Employer identification number  36-4233458			
Part III	than \$1,000 for the year from any one cont	ributor. Complete colutotal of exclusively results instructions.) > \$	ımns (a) throug	in section 501(c)(7), (8), or (10) that total more the property of the propert		
(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 2	onship of transferor to transferee				
	Transieree's flame, address, and 2		Neiath	orising 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 2	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and z	<u>IIP 4</u>	Relation	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee					
		<u>_</u>	Sc	hedule B (Form 990, 990-EZ, or 990-PF) (2019)		