Form 990-PF

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

9 OMB NO 20

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Open to Public Inspection

For cal	endar year 2019 or tax year beginning	, 2019	, and ending			,	*
ABBL	FOUNDATION	, , , , , , , , , , , , , , , , , , , ,	,	A	83	oyer identification num -2799840	
	EAGLE BROOK DR VA, IL 60134			В		0-207-3106	ructions)
	, 22			С	If exe	mption application is	pending, check here 🕨 🛛
G Ch	eck all that apply Initial return	Initial return of a forr	ner public charity	D	1 Foreic	gn organizations, chec	ck here
	Final return	Amended return				•	ting the 85% test, check
H Ch	Address change X Section 50	Name change (c)(3) exempt private f	oundation <i>f</i>			and attach computation	
	Section 4947(a)(1) nonexempt charitable t		orivate foundation	Ε	If priv	vate foundation status	s was terminated
	market value of all assets at end of year m Part II, column (c), line 16)	counting method XC	ash Accrual			section 507(b)(1)(A)	
(110 ► \$	· · · · · · · · · · · · · · · · · · ·	Other (specify) column (d) must be or	r cash basis)	F		foundation is in a 60 section 507(b)(1)(B)	
Part	Analysis of Revenue and	· · · · · · · · · · · · · · · · · · ·			(0)	Advisted not	(d) Disbursements
	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 investmer income	ıı	(c)	Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule)	151,006.					
	2 Check ► if the foundation is not required to attach Sch B					· -	
	3 Interest on savings and temporary cash investments. 4 Dividends and interest from securities	167. 1,226.	1,22			RECE	EIVED
	5 a Gross rents	1,220.	1,22	. 0 .		1,50	
4)	b Net rental income or (loss)	42 222				1 111	3 2020
Revenue	6 a Net gain or (loss) from sale of assets not on line 10. b Gross sales price for all 316, 964.	43,233.			<u> </u>		3 7.020 (j)
Seve	7 Capital gain net income (from Part IV, line 2)		50,93	32.		OGDE	NUT
-	8 Net short-term capital gain 9 Income modifications						
	10 a Gross sales less returns and					<u></u>	
	allowances b Less Cost of goods sold				1		
	C Gross profit or (loss) (attach schedule)						
	11 Other income (attach schedule)						
	12 Total. Add lines 1 through 11.	195,632.	52,32	25.		0.	
	13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	0.				-	
· /0	14 Other employee salaries and wages 15 Pension plans, employee benefits						
021 1ses	16a Legal fees (attach schedule) SEE ST 1	5,387.					
tper	b Accounting fees (attach sch) c Other professional fees (attach sch) SEE ST 2	819.	81	0			
e O	17 Interest	019.	01	. <i>y</i> .	<u> </u>		
≥ €	18 Taxes (attach schedule)(see instrs) SEE STM 3	263.					
Nist	19 Depreciation (attach schedule) and depletion						
	20 Occupancy 21 Travel, conferences, and meetings						
Z	22 Printing and publications						
N. SHE	23 Other expenses (attach schedule)	131.	13	1			
£30	SEE STATEMENT 4 24 Total operating and administrative	131.					
SCANNED NOV 0 1	expenses Add lines 13 through 23 25 Contributions, gifts, grants paid PART XV	6,600.	95	<u>0.</u>			122 751
Ö	26 Total expenses and disbursements	122,751.					122,751.
	Add lines 24 and 25	129,351.	95	0.		0	122,751.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses						
	and disbursements b Net investment income (if negative, enter -0-).	66,281.	51,37	5			
	C Adjusted net income (if negative, enter -0-)		31,37	<u> </u>		0.	

BAA For Paperwork Reduction Act Notice, see instructions.

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604

40,531

40,531

40,531

83,941

83,941

83,941

		see the instructions. Also, see page 1, item I)	40,531.	83,941.	
	17	Accounts payable and accrued expenses	1		
(0	18	Grants payable			
Ę.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, & other disqualified persons			_
Ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
sec		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
an	24	Unrestricted			
3al	25	Temporarily restricted			
þ	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here. And complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			_

Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 40,531. Enter amount from Part I, line 27a 2 66,281. 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 4 106,812 Decreases not included in line 2 (itemize) SEE STATEMENT 6 5 22,871 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 83,941

31

(see instructions)

(attach schedule)

(attach schedule)

12 Investments - mortgage loans 13 Investments - other (attach schedule) 14 Land, buildings, and equipment basis!

Less accumulated depreciation

Other assets (describe >

Total assets (to be completed by all filers -

29 Retained earnings, accumulated income, endowment, or other funds

30 Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances

86,895

(a) List and describe	e the kind(s) of property sold (for example warehouse, or common stock, 200 sl	ple, real estate,	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE STATEMENT 7				 	
b					
С					
d					
e		,	<u> </u>	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
a					
b					
c					
d	<u> </u>				
e					
	ng gain in column (h) and owned by the			(I) Gains (Col.	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col (k), b nan -0-) or L osses (fr	
а					
b					
С					
d					
e					
2 Capital gain net income or (n	et capital loss). If gain, alsoIf (loss), en	enter in Part I, line 7 tree role in Part I, line 7	. 2		50,932.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5	5) and (6)			
If gain, also enter in Part I, lii in Part I, line 8	ne 8, column (c) See instructions If	f (loss), enter -0-	. 3		0.
	er Section 4940(e) for Reduce	ed Tax on Net Investm	ent Income		
	foundations subject to the section 4940			N/A	
•	·	(-,	,	21/ 22	
If section 4940(d)(2) applies, leave	this part blank				
Was the foundation liable for the se	ection 4942 tax on the distributable a	amount of any year in the b	ase period?	Yes	□No
	lify under section 4940(e) Do not co		·		
1 Enter the appropriate amount in	each column for each year, see the in	structions 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 as:	sets	(d) Distribution (col (b) divided	
2018		`		-	
2017					
2016					
2015					
2014					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for the number of years the foundation	e 5-year base period – divide the total on has been in existence if less than	on line 2 by 5 0, or by the	3		
4 Enter the net value of noncha	ritable-use assets for 2018 from Par	t X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	scome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions f	rom Part XII, line 4		8		
	an line 7, check the box in Part VI, line	1b, and complete that part u	ısıng a 1% tax r	ate See the	

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10 Did any persons become substantial contributors during the tax year? If 'Yes,' attained addresses	ch a schedule listing their names SEE STATEMENT	8	10	х	
9 Is the foundation claiming status as a private operating foundation within the for calendar year 2019 or the tax year beginning in 2019? See the instruction	e meaning of section 4942(j)(3) o ons for Part XIV If 'Yes,' complet	r 4942(j)(5) e Part XIV	9		<u>X</u>
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8 b	X	
IL b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	v Coneral				
8 a Enter the states to which the foundation reports or with which it is registered. See	instructions •				
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Po	art II, col (c), and Part XV		7	X	
with the state law remain in the governing instrument?	manuatory directions that conflict		6	X	
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no research 	mandatory directions that conflict				
6 Are the requirements of section 508(e) (relating to sections 4941 through 494	45) satisfied either]]		
If 'Yes,' attach the statement required by General Instruction T	AES - 1 () - 11				
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b	N	/A
4 a Did the foundation have unrelated business gross income of \$1,000 or more			4 a		X
3 Has the foundation made any changes, not previously reported to the IRS, in its goof incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a comparation of the instruments of the instruments of the instruments.	onformed copy of the changes		3		X
If 'Yes,' attach a detailed description of the activities 3. Has the foundation made any changes, not provide by reported to the IRS, in its or	overning instrument, ediales				
2 Has the foundation engaged in any activities that have not previously been r	eported to the IRS?		2		X
e Enter the reimbursement (if any) paid by the foundation during the year for political foundation managers \$ 0.					
d Enter the amount (if any) of tax on political expenditures (section 4955) imp (1) On the foundation ►\$ 0. (2) On foundation		0.			
c Did the foundation file Form 1120-POL for this year?	and disease the		1 c		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and co or distributed by the foundation in connection with the activities	opies of any materials published			<u> </u>	
See the instructions for the definition			1 b		X
b Did it spend more than \$100 during the year (either directly or indirectly) for politic	cal purposes?		ı a		X
1 a During the tax year, did the foundation attempt to influence any national, sta participate or intervene in any political campaign?	ate, or local legislation or did it		1 a	Yes	No
Part VII-A Statements Regarding Activities		<u> </u>			
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	Refunded •	11			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		<u> </u>	. ,
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	<u></u> = 13 GRADIIO	9		1 (070.
	rm 2220 is attached	8			42.
d Backup withholding erroneously withheld7 Total credits and payments Add lines 6a through 6d	_ ou	 -			
c Tax paid with application for extension of time to file (Form 8868).	6 c 6 d	{			
b Exempt foreign organizations — tax withheld at source	6 b	1			
a 2019 estimated tax pmts and 2018 overpayment credited to 2019	6 a				
6 Credits/Payments	1				Ì
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less	s, enter -0-	5		1,(028.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found	ndations only, others, enter -0-)	4			0.
3 Add lines 1 and 2		3		1,0	028.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		2			0.
	,,,,				
check here. ►and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of P	art I. line 12. col. (b)				
b Domestic foundations that meet the section 4940(e) requirements in Part V,		1		1,	028.
Date of ruling or determination letter (attach copy of letter if necess					
	enter 'N/A' on line 1				
Part VI Excise Tax Based on Investment Income (Section 4940(a		instruction	15)		
FORM 990-RF (2019) ABBL FOUNDATION		<u>2799840</u>		<u>_</u> _	age 4

	·····		,—	
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	Yes	No X
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		
13		13	X	X
13	Website address			l
14	20	12-4	584	
17	Located at > 1754 FACIE BROOK DR CENEVA TI 7/P + 4 > 60134	. <u>+ 4 - 4</u>	204	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N/A		\Box
,,,	and enter the amount of tax-exempt interest received or accrued during the year	יר ניי	•	∐ N/A
	· · · · · · · · · · · · · · · · · · ·		Yes	No
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	103	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Par	t 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.		Yes	No
1 a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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 X 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 X No			
b	olf 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	1 b	N	/A
	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.			
	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?	1 c		X
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?			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20			
þ	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.)	2 b		 /A
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- 3	11/	Λ.
	► 20 , 20 , 20			
3 -		1		
34	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
b	olf '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			
	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)	3ь	N	/A
11 ~	Did the foundation invest during the year any amount in a manner that would jeopardize its			
→ a	charitable purposes?	4 a		Х
_				
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?	4 b		Х
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Form 990-RF (2019) ABBL FOUNDATION	· · · · · · · · · · · · · · · · · · ·	. 4700 W	83-27	99840	Page 6
Part VII-B Statements Regarding Activit		n 4/20 May Be Req	uirea (continuea)		Two late
5 a During the year, did the foundation pay or incur a (1) Carry on propaganda, or otherwise attem	=	on (section 4945(e))?	Yes X] No	Yes No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registry		No			
(3) Provide a grant to an individual for travel,	∐ Yes X	No			
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	Yes X] No			
(5) Provide for any purpose other than religion educational purposes, or for the prevention] No	*		
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a See instructions	ptions 	5b	N/A		
Organizations relying on a current notice rega	irding disaster assistan	ce, check here	▶ _	}	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi	sibility for the grant?		N/A Yes] No	
6 a Did the foundation, during the year, receive as on a personal benefit contract?			∐Yes X]No	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
7 a At any time during the tax year, was the found	dation a party to a proh	iibited tax shelter transa	action? Yes X	No	
b If 'Yes,' did-the foundation receive any proces8 Is the foundation subject to the section 4960 tax of	•		-	N/A 7b	
or excess parachute payment(s) during the ye	, , , ,	an \$1,000,000 in remaile		No	
Part VIII Information About Officers, D		Foundation Manage	gers, Highly Paid I	Employee	S,
and Contractors 1 List all officers, directors, trustees, and found					
(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		se account, allowances
J. BRIAN HILL	PRESIDENT, DI	0.	compensation		0.
1754 EAGLE BROOK DR GENEVA, IL 60134	1.00	0.	0.		
CATHY J. HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	TREASURER, DI 0.10	0.	0.		0.
BAILEY J. HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	SECRETARY, DI 0.10	0.	0.		0.
2 Compensation of five highest-paid employees (of		on line 1 – see instructio	ns). If none, enter 'NONE (d)Contributions to	<u>'</u>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expens other a	se account, illowances
NONE					
		3			
Total number of other employees paid over \$50,000			>		0

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Partivill Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)	d Employees,
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
PartilX:AT 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 N/A	
<u> </u>	
2	
3	
4	
Part IX:BI Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
. NCV	
2	
All other program-related investments See instructions.	
3	
Total. Add lines 1 through 3	<u>▶</u> <u>0.</u>
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Part X Minimum Investment Return (All domestic foundations must complete this passee instructions.)	art. Foreign found	ations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	1 a	02 005
a Average monthly fair market value of securities	1 b	23,995.
b Average of monthly cash balances	16	19,453.
c Fair market value of all other assets (see instructions)	1 d	42 440
d Total (add lines 1a, b, and c)	10	43,448.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation) 1e	0. 2	0
2 Acquisition indebtedness applicable to line 1 assets3 Subtract line 2 from line 1d	3	0.
3 Subtract line 2 from line 1d	3	43,448.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	652.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	42,796.
6 Minimum investment return. Enter 5% of line 5	6	2,140.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations, check here ☐ and do not complete this p		tions
1 Minimum investment return from Part X, line 6	1	2,140.
2 a Tax on investment income for 2019 from Part VI, line 5	028.	
b Income tax for 2019 (This does not include the tax from Part VI).		
c Add lines 2a and 2b.	2 c	1,028.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,112.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	1,112.
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	1,112.
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	1 a	100 751
b Program-related investments — total from Part IX-B.	1 b	122,751.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<u> </u>	
	° 4	
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	3 a 3 b	
b Cash distribution test (attach the required schedule).		100 751
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line	* * · · · · · · · · · · · · · · · ·	122,751.
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	·-·
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	122,751.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	the foundation	
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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,				1,112.
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		0.		
Excess distributions carryover, if any, to 2019				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e.	0.			
4 Qualifying distributions for 2019 from Part				
XII, line 4 ► \$ 122,751.				
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				1,112.
e Remaining amount distributed out of corpus	121,639.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the	0.			0.
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	121,639.			
' ' '	121,639.			
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions).	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
applied on line 5 or line 7 (see instructions)	0.			. <u> </u>
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	121,639.			
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016		-		
c Excess from 2017				
d Excess from 2018				
e Excess from 2019 121, 639.				Form 900 PF (2019)

Form 990-PF (2019) ABBL FOUNDATION	 		\/(I A = -11	83-2/9984	
Part XIV Private Operating Foundat					Ń/A
1 a If the foundation has received a ruling or determined is effective for 2019, enter the date of the interest of the second se	rmination letter that i ruling	t is a private operati	ng foundation, and the	ruling	
b Check box to indicate whether the foundati		rating foundation d	escribed in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for each year listed .	(2) 2010	(5) ==			
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					
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	<u> </u>	tructions.)			
Information Regarding Foundation Manag a List any managers of the foundation who have close of any tax year (but only if they have SEE STATEMENT 9	contributed more that	an 2% of the total co nan \$5,000) (See s	ontributions received b section 507(d)(2))	y the foundation befo	ore the
b List any managers of the foundation who own	10% or more of the s	tock of a cornoration	o (or an equally large	nortion of the owner	ship of
a partnership or other entity) of which the f NONE	oundation has a 10	% or greater intere	est		,
2 Information Regarding Contribution, Grant, G	ift, Loan, Scholarshi	p. etc Programs:			
Check here X if the foundation only makes requests for funds. If the foundation makes 2a, b, c, and d See instructions	es contributions to p	reselected charitable			
a The name, address, and telephone number or	email address of the	person to whom app	plications should be a	ddressed	
b The form in which applications should be si	ubmitted and inform	nation and material	ls they should includ	e	
c Any submission deadlines					
d Any restrictions or limitations on awards, si	ich ac hu accara-t	ical areas short-b	ole fields binds of :-	etitutions or other	factors
warus restrictions of infiltations off awards, st	ист аз ву уводгарп	icai aieas, cilaillac	ле пеius, кinus of ID	stitutions, or other	iactors.

Page 11

3 Grants and Contributions Paid During the	If recipient is an individual			T
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 10				
•				
	J	1		J
		<u> </u>		
			•	
		1		
	<u> </u>	<u> </u>		
Total		1 1		122,751.
b Approved for future payment				
		!		ĺ
		li		
		[
]]		
				•
Total			► 3b	

Page 12

Part XVI-A Analysis of Income-Producing			15.111	510 510 514	
Enter gross amounts unless otherwise indicated		business income		section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue.			code		
a					
b	 	-	 		
c			<u> </u>		
d	1				
e	1				
f					
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	1 <u>67.</u>	_ _
4 Dividends and interest from securities			14	1,226.	
5 Net rental income or (loss) from real estate		5.4		• •	
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			18	51,503.	8,270.
9 Net income or (loss) from special events	•				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	1				
a					
b					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		-		52,896.	-8,270.
13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>		13	44,626.
See worksheet in line 13 instructions to verify calculati	ons)			•	
Part XVI-B Relationship of Activities to the	e Accomplis	shment of Exem	pt Purpose	es	
Line No. Explain below how each activity for which is accomplishment of the foundation's exemp	ncome is repoi	rted in column (e) of	f Part XVI-A c	ontributed importantl	y to the
▼ accomplishment of the foundation's exemp	t purposes (oth	ner than by providing	g funds for suc	ch purposes) (See in	istructions)
N/A					

	-		 _		
		-			
					· · · · · · · · · · · · · · · · · · ·
					
					

Form 990:PF (2019) ABBL FOUNDATION 83-2799840 Part;XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

	Exempt Organiz	zations								,
describ	organization directly ed in section 501(c) to political organiza	(other than sec	ngage in any of th tion 501(c)(3) orga	e following wi anizations) or	th any o	other organization 527,	on		Yes	No
-	ers from the reporting		a noncharitable ex	kempt organiz	ation o	f				
(1) Cash							1 a	(1)	Х	
(2) Oth	ner assets							1 a	(2)	X
b Other t	ransactions									
(1) Sal	es of assets to a nor	ncharitable exe	mpt organization					1 b	(1)	X
(2) Pur	rchases of assets from	m a noncharita	ble exempt organı	zation				1 b	(2)	X
(3) Rer	ntal of facilities, equip	pment, or other	assets					1 b	(3)	X
(4) Rei	mbursement arrange	ements						_1 b	(4)	X
(5) Loa	ans or loan guarantee	es.						1 b	(5)	<u>X</u>
(6) Per	formance of services	or membershi	p or fundraising so	olicitations				1 b	_ +	X
c Sharing	g of facilities, equipm	ent, mailing lis	ts, other assets, o	r paid employ	ees			10	:	<u> </u>
d If the a the good any train	nswer to any of the a ds, other assets, or ser nsaction or sharing a	above is 'Yes,' rvices given by t irrangement, sh	complete the follow he reporting foundation now in column (d)	wing schedule ition If the four the value of the	Colun ndation ne good	nn (b) should alv received less tha ds, other assets,	vays show the n fair market or services	he fair market value in received	value of	
(a) Line no	(b) Amount involved	(c) Name o	f noncharitable exempt	organization	(0) Description of trai	nsfers, transacti	ions, and sharing a	arrangemer	ıts
N/A							·			
					ļ. <u>.</u>					
	<u></u>				 					
2 a Is the fo describ	oundation directly or inc ed in section 501(c) (directly affiliated (other than sec	with, or related to, tion 501(c)(3)) or i	one or more ta In section 527	x-exem	pt organizations		Π,	Yes X	No
b If 'Yes,'	complete the follow	ng schedule		<u> </u>						·
(a	a) Name of organizati	on	(b) Type o	f organization		(0) Description	n of relationsh	ip	
N/A									.,.	
						<u> </u>				
Under	penalties of perjury, I declar i, and complete Declaration	e that I have examinated of preparer (other the	ned this return, including han taxpayer) is based o	i accompanying sc on all information o	hedules a if which p	nd statements, and to reparer has any know	the best of my ledge	knowledge and beli	ef, it is true	1.
Sign	1 0	1,		1 - 1				May	the IRS disc	cuss
Here	12h	N_	10	117/20	· •	PRESIDENT		prepa	eturn with the	below?
Sign	ature of officer or trustee		Da	ite		Title		See	X Yes	∏n₀
	Print/Type preparer's nar	ne	Preparer's sign	nature)		Date	Check	If PTIN		
Paid	REBECCA T. M	MAQUET, CP	A Bleca	.T. Magnet,	CPA	6/10/2020	self-emplo	∟	85728	
Preparer		IGIOVINE,	HNILO, JOR	DAN, JOHN	SON		Firm's EIN	36-302966		
Use Only	_	84 SHUMAN						20 302300		
Joe Jiny	_	APERVILLE				······································	Phone no	(630) 420	0-1360)
BAA				- 			· · · · · · · · · · · · · · · · · · ·		990-PF (
									·	•

Schedule·B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization		Employer identification number
ABBL FOUNDATION		83-2799840
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiza	ation
	4947(a)(1) nonexempt charitable trust i	not treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
1 01111 330-1 1	4947(a)(1) nonexempt charitable trust t	treated as a private foundation
		treated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered b	by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8)	, or (10) organization can check boxes for both the Gene	eral Rule and a Special Rule See instructions
General Rule		
X For an organization filing Form property) from any one contribution	990, 990-EZ, or 990-PF that received, during the year, outor. Complete Parts I and II See instructions for determinations	contributions totaling \$5,000 or more (in money or nining a contributor's total contributions
Special Rules		
under sections 509(a)(1) and 170 received from any one contribu	n section 501(c)(3) filing Form 990 or 990-EZ that met th (b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), itor, during the year, total contributions of the greater of (ii) Form 990-EZ, line 1 Complete Parts I and II.). Part II. line 13, 16a, or 16b, and that
For an organization described in during the year, total contribution purposes, or for the prevention contributor name and address),	n section 501(c)(7), (8), or (10) filing Form 990 or 990-E ons of more than \$1,000 <i>exclusively</i> for religious, charita of cruelty to children or animals Complete Parts I (ente , II, and III.	Z that received from any one contributor, able, scientific, literary, or educational ering 'N/A' in column (b) instead of the
during the year, contributions e \$1,000 If this box is checked, on charitable, etc., purpose Don't	n section 501(c)(7), (8), or (10) filing Form 990 or 990-Exclusively for religious, charitable, etc., purposes, but no enter here the total contributions that were received during complete any of the parts unless the General Rule appliance, charitable, etc., contributions totaling \$5,000 or more	o such contributions totaled more than ng the year for an <i>exclusively</i> religious, lies to this organization because
990-PF), but it must answer 'No' or	covered by the General Rule and/or the Special Rules don Part IV, line 2, of its Form 990, or check the box on ling the the filing requirements of Schedule B (Form 990).	ne H of its Form 990-EZ or on its Form 990-PF,

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2	Page	2

Schedule B	.(Form 990.	990-FZ.	or 990-PF)	(2019)

Name of organization

Employer identification number

ARRT.	FOUNI	דידאכ	ON

83-2799840

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES BRIAN HILL & CATH J HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	\$ <u>6,537.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAMES BRIAN HILL & CATHY J HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	\$ <u>76,977.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JAMES BRIAN HILL & CATHY J HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	\$ <u>8,587.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JAMES BRIAN HILL & CATHY J HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	\$ <u>8,630.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JAMES BRIAN HILL & CATHY J HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	\$ <u>8,330</u> .	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JAMES BRIAN & CATHY J HILL 1754 EAGLE BROOK DR GENEVA, IL 60134	\$ <u>6,717.</u>	Person Payroll Moncash X (Complete Part II for noncash contributions)

Name of org	anization	<u> </u>	Employe	r identification number
ABBL I	FOUNDATION		83-27	799840
Rart∥∎	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
7	JAMES BRIAN & CATHY J HILL	-		Person Payroll
	1754 EAGLE BROOK DR	\$8,	012.	Noncash X
	GENEVA, IL 60134			(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
8	JAMES BRIAN & CATHY J HILL			Person
	1754 EAGLE BROOK DR	\$ <u>9</u> ,	846.	Noncash \overline{X}
	GENEVA, IL 60134			(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
		\$		Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
		\$		Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
 -		\$		Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions)

Schedule B.(Form 990, 990-EZ, or 990-PF) (2019)

2 Page **2**

.

Employer identification number

Name of organization

ABBL FOUNDATION

83-2799840

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		6/18/19		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
MFS GLOBAL EQUITY FD A				
		6/18/19		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	\$8,587.	10/30/19		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		10/30/19		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
FRANKLIN GROWTH OPPORTUNITY FUND CL A		···		
	\$8,330.	10/30/19		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
FRANKLIN MUTUAL FIN SERV FD A				
	Description of noncash property given FRANKLIN RISING DIV FD CL A Description of noncash property given MFS GLOBAL EQUITY FD A Description of noncash property given FRANKLIN DYNATECH FD CL A Description of noncash property given FRANKLIN GROWTH FUND CL A Description of noncash property given FRANKLIN GROWTH OPPORTUNITY FUND CL A FRANKLIN GROWTH OPPORTUNITY FUND CL A	Description of noncash property given FMV (or estimate) (See instructions.) FRANKLIN RISING DIV FD CL A \$ 5,537. (c) (See instructions.) FMV (or estimate) (See instructions.) MFS GLORAL EQUITY FD A (c) (FMV (or estimate) (See instructions.) MFS GLORAL EQUITY FD A (d) Description of noncash property given (f) FMV (or estimate) (See instructions.) FRANKLIN DYNATECH FD CL A (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) FRANKLIN GROWTH OPPORTUNITY FUND CL A (c) FMV (or estimate) (See instructions.)		

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Employer identification number

Name of organization

ABBL FOUNDATION

83-2799840

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FRANKLIN RISING DIV FD CL A	-	
		\$8,012.	10/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	MFS MID CAP GROWTH CL A		
		\$9 <u>,846</u> .	10/30/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		[
		\$	- -
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
BAA	Sche		, or 990-PF) (2019

	3 (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 4
Name of organ	nization OUNDATION		Employer Identification number 83-2799840
		year from any one contributor. pleting Part III, enter the total of enter this information once. See ins	ions described in section 501(c)(7), (8), Complete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I		(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e)
Transfer of gift
Transferee's name, address, and ZIP + 4
Relationship of transferor to transferee

2019	FEDERAL STATEMENTS	PAGE 1
	ABBL FOUNDATION	83-2799840
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
GRIFFIN & WILLIAMS	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 5,387. TOTAL \$ 5,387. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT ADVISOR FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 819. \$ 819. \$ 819. \$ 819. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
DEPARTMENT OF TREASURY ILL OFFICE OF ATTORNEY GENE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 148. RAL 115. TOTAL \$ 263. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
BANK CHARGES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 131. \$ 131. TOTAL \$ 131. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.

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2019

FEDERAL STATEMENTS

PAGE 2

ABBL FOUNDATION

83-2799840

STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MFS GROWTH FUND A CROWDSTRIKE HLDGS INC LUCKIN COFFEE INC MEDALLIA INC OWENS & MINOR INC PELOTON INTERACTIVE INC SMILEDIRECT CLUB INC TALOS ENERGY TELEPHONE & DATA SYSTEMS FRANKLIN DYNATECH FD CL A FRANKLIN GROWTH FUND CL A FRANKLIN GROWTH OPPORTUNITY FUND CL A FRANKLIN MUTUAL FIN SERV FD A FRANKLIN RISING DIV FD CL A FRANKLIN SMALL MID CAP GWTH FD CL A MFS MID CAP GROWTH CL A	MKT VAL	\$ 0. 5,188. 3,403. 7,576. 1,047. 1,337. 836. 3,904. 7,914. 609. 989. 1,694. 2,852. 1,251. 2,167. 4,268.	
			

STATEMENT 6 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 22,871.

STATEMENT 7 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		(B) HOW	(C) DATE	(D) DATE
ITEN	(A) DESCRIPTION	ACOUIRED	_ACQUIRED_	SOLD
1	THROUGH SCHWAB	DONATED	1/01/2019	10/15/2019
2	THROUGH SCHWAB	DONATED	1/01/2015	10/15/2019
3	105.6 MFS GROWTH FUND A	DONATED	1/01/2015	10/15/2019
4	75.259 MFS GROWTH FUND A	DONATED	1/01/2015	10/15/2019
5	CROWDSTRIKE HOLDINGS	PURCHASED	1/01/2019	12/31/2019
6	WASH SALE			

<u>ITEM</u> 1 2 3 4 5	(E) GROSS SALES 138,077. 146,609. \$10,000. 8,000. 14,278.	(F) DEPREC. ALLOWED	(G) COST BASIS 125,721. 111,596. 8,096. 5,770. 22,548.	(H) GAIN (LOSS) 12,356. 35,013. 1,904. 2,230. -8,270.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I)-(J)	(L) GAIN (LOSS) \$ 12,356. 35,013. 1,904. 2,230. -8,270.
6	,		-, -	,			TOTAL	7,699.

2019

FEDERAL STATEMENTS

PAGE 3

ABBL FOUNDATION

83-2799840

STATEMENT 8 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

BRIAN & CATHY HILL

1754 EAGLE BROOK DR GENEVA, IL 60134

STATEMENT 9 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

J. BRIAN HILL CATHY J. HILL

STATEMENT 10 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
NEW LIFE ASSEMBLY OF GOD; SANCTUARY 1S340 WENMOTH ROAD BATAVIA IL 60510	N/A	PC	CHARITABLE CONTRIBUTION	\$ 94,147.
BEZEUGENMIN PO BOX 117822 CAROLTON TX 75006	N/A	PC	CONTRIBUTION	100.
CHRISTIAN MOTORCYCLISTS ASSOCIATION PO BOX 9 HATFIELD AR 71945	N/A	PC	CONTRIBUTION	1,000.
COMPASSION INTERIONAL 12290 VOYAGER PARKWAY COLORADO SPRINGS CO 80921	N/A	PC	CONTRIBUTION	468.
EMMANUEL LUTHERAN 950 HART RD BATAVIA IL	N/A	PC	CONTRIBUTION	50.
NETWORK FOR GOOD/ SUCIDE PREVENTION SERV 528 S BATAVIA AVE # 1 BATAVIA IL 60510	N/A	PC	CONTRIBUTION	50.

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FEDERAL STATEMENTS

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ABBL FOUNDATION

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STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
PASTOR KURT HERMES 17857 HARTER ROAD MAPLE PARK IL 60151	N/A	I	CONTRIBUTION	\$ 15,000.
PREEMPTIVE LOVE COALITION 1300 DARBYTON DRIVE HEWITT TX 76643		PC	CONTRIBUTION	335.
ST JUDE 262 DANNY THOMAS PLACE MEMPHIS TN 38105	N/A	PC	CHARITABLE CONTRIBUTION	100.
THE A21 CAMPAIGN 2781 W MACARTHUR BLVD STE B #605 SANTA ANA CA 92704	N/A	PC	CONTRIBUTION	200.
THEOPHANY SCHOOL 3245 AVE KASNGULU QUATIER GAMBELA II HAUAT KATANGA LUBUMBASHI CONGO (KINSHASA)	N/A	NC	CONTRIBUTION	3,145.
WHEATON ACADEMY 900 PRINCE CROSSING ROAD WEST CHICAGO IL 60185	N/A	PC	CONTRIBUTION	7,135.
WILLIAMS FAMILY IN BAHAMAS DUNDAS TOWN ABACO BAHAMAS	N/A	I	CONTRIBUTION	1,021.
			TOTAL	\$ 122,751.