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DLN: 93491092002021

2020

OMB No. 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

								Inspection
or	caler	ndar year 2020, or tax year be	ginning 01-01-20)20 , ar	nd end	ding 12-31-	2020	
		Indation				A Employer ide	entification numbe	er
FC	LEY FAI	MILY FOUNDATION				36-4263312		
		I street (or P.O. box number if mail is not del	ivered to street address)	Room/suite		B Telephone nu	mber (see instructio	ns)
1	418 N L	AKE SHORE DRIVE NO 17				(630) 543-3747	,	,
		, state or province, country, and ZIP or forei	gn postal code					
CHIC	CAGO, I	L 60610				C If exemption	application is pendin	ig, check here
G Cł	neck al	l that apply: 🔲 Initial return	\square Initial return of a	former public charity		D 1. Foreign org	ganizations, check h	ere
		\square Final return	Amended return				ganizations meeting k here and attach co	
		Address change	☐ Name change			·		
_	,		c)(3) exempt private				indation status was n 507(b)(1)(A), ched	
		ı 4947(a)(1) nonexempt charitable trus		e private foundation				
		rom Part II col (c)	_	☑ Cash ☐ Accru	ıal		ition is in a 60-mont n 507(b)(1)(B), chec	
		▶\$ 3.110.180 L	」 Other (specify) rt I, column (d) must	be on cash basis.)				
_				Ι				
Рa	rt I	Analysis of Revenue and Exp of amounts in columns (b), (c), and (d) ma		(a) Revenue and expenses per	(b) N		(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see insti		books		income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., rece	ived (attach					
		schedule)		0)			
	2	Check ► ✓ if the foundation is not r	equired to attach					
	3	Interest on savings and temporary ca	sh investments	21,460		21,460		
	4	Dividends and interest from securities		40,998	3	40,998		
	5a	Gross rents						
	b	Net rental income or (loss)						
ne	6a	Net gain or (loss) from sale of assets	not on line 10	-107,260				
Reverue	ь	Gross sales price for all assets on line						
Re	7	Capital gain net income (from Part IV	815,142 , line 2)			0		
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowance	es					
	ь	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule	e)					
	11	,		2,000		0		
	12			-42,802	2	62,458		
	13	Compensation of officers, directors, to	•	0		0		(
	14	Other employee salaries and wages						-
ses	15	Pension plans, employee benefits . Legal fees (attach schedule)						
ĕ	16a b	Accounting fees (attach schedule)		2,345		1,173		1,172
Operating and Administrative Expenses		Other professional fees (attach sched		9 6,135		6,135		1,1/2
<u>×</u>	17	Interest		0,133	1	0,133		
<u> </u>	18	Taxes (attach schedule) (see instructi	ions)	2,492	2	0		
<u> </u>	19	Depreciation (attach schedule) and de	•	,				
Ē	20	Occupancy						
Ą	21	Travel, conferences, and meetings .						
<u> </u>	22	Printing and publications						
5	23	Other expenses (attach schedule) .		% 25	<u> </u>	0		25
a E	24	Total operating and administrativ	e expenses.					
<u>p</u>		Add lines 13 through 23		10,997	7	7,308		1,197
)	25	Contributions, gifts, grants paid .		174,115	5		-	174,115
	26	Total expenses and disbursement	s. Add lines 24 and					
	27	Subtract line 26 from line 12:		185,112	<u>'</u>	7,308		175,312
	a a	Excess of revenue over expenses	and					
		disbursements		-227,914	1			
	b	Net investment income (if negative	•			55,150		
	C	Adjusted net income (if negative, e	::::::::::::::::::::::::::::::::::::::	l	1			I

Beginning of year

2,993,434

Page 2

276,758

2,494,002

3,110,180

2,993,434

-227,914

2,765,520

2,765,520 Form **990-PF** (2020)

End of year

249,637

2,185,963

2,765,520

1

2

3

4

5

6

0

	3	Accounts receivable ▶		
		Less: allowance for doubtful accounts ▶		
	4	Pledges receivable ▶		
		Less: allowance for doubtful accounts >		
	5	Grants receivable		
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)		
	7	Other notes and loans receivable (attach schedule) ▶		
		Less: allowance for doubtful accounts ▶		
ets	8	Inventories for sale or use		
e	_	Propaid expenses and deferred charges		

249,381 Investments—U.S. and state government obligations (attach schedule) Investments—corporate stock (attach schedule) . Investments—corporate bonds (attach schedule) Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶ Investments—mortgage loans . . . 2,579,319 Investments—other (attach schedule) Land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶ _ Other assets (describe > . **∞** 108,226 Total assets (to be completed by all filers—see the

Attached schedules and amounts in the description column

Form 990-PF (2020)

10a

h

C

11

12

13

14

15

16

17

18

19

20

21

22

23

Part III

2

Liabilities

instructions. Also, see page 1, item I)

Other liabilities (describe ▶_

Grants payable

Accounts payable and accrued expenses .

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Analysis of Changes in Net Assets or Fund Balances

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

24	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	2,993,434	2,765,520
27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0
26 27 28	Retained earnings, accumulated income, endowment, or other funds	0	0
29	Total net assets or fund balances (see instructions)	2,993,434	2,765,520
30	Total liabilities and net assets/fund balances (see instructions) .	2,993,434	2,765,520

Page **3**

	oe the kind(s) of proper arehouse; or common s			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY TRADED SECU	JRITIES			Р		2020-12-31
b CAPITAL GAINS DIVIDE				Р		
C						
d						
e						
(e) Gross sales price		(f) tion allowed llowable)	Cost or	(g) other basis ense of sale	Gain ò	h) r (loss)) minus (g)
a 8:	15,060			922,402		-107,342
b	82					82
c						
d						
e						
			·			
Complete only for asset	s showing gain in colun	n (h) and owned l	ov the foundation	on 12/31/69		I)
• •	gant in colum	(i)	<u> </u>	(k)		h) gain minus
(i) F.M.V. as of 12/31/69		ted basis		of col. (i)	col. (k), but not	less than -0-) or
F.M.V. as of 12/31/05	as of	12/31/69	over col	l. (j), if any	Losses (fr	om col.(h))
a						-107,34
b						83
c						
d						
e						
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7						
_	Under Section 494				come	
ECTION 4940(e) REPEA	LED ON DECEMBE	R 20, 2019 - D	O NOT COMPL	ETE		
1 Reserved						
(a) Reserved	(b) Reserved		(c) Reserved		(d) Reserved	
Reserved	Reserved		Reserved		Reserved	
						-
						_
2 Reserved				2		
3 Reserved				<u> </u>		
4 Reserved				<u> </u>	<u> </u>	
				<u> </u>	<u> </u>	
5 Reserved				5		
6 Reserved				6	<u></u>	
7 Reserved				7		
8 Reserved ,				8		
· 						

Form	990-PF (2020)						F	Page 6
Pa	rt VII-B Statements Regar	ding	Activities for Which	Form 4720 May Be	Required (continued)			
5a	During the year did the foundation	pay o	r incur any amount to:				Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes 🗸	No		
	(2) Influence the outcome of any	specifi	c public election (see sect	tion 4955); or to carry	□ Tes ⊡	NO		
	on, directly or indirectly, any v	oter re	egistration drive?		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individua	l for t	ravel, study, or other sim	ilar purposes?	☐ Yes ☑	No.		
	(4) Provide a grant to an organiza in section 4945(d)(4)(A)? See		·	•				
	(5) Provide for any purpose other				··	No		
	educational purposes, or for th	e prev	ention of cruelty to childr	en or animals?	· · 🗌 Yes 🔽	N-		
b	If any answer is "Yes" to 5a(1)-(5	, did a	any of the transactions fa	il to qualify under the ex	ceptions described in	NO		
	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions							
	Organizations relying on a current	notice	regarding disaster assist	ance check here	▶ □			
С	If the answer is "Yes" to question !	ā(4),	does the foundation clain	n exemption from the				
	tax because it maintained expendi	ure re	sponsibility for the grant?	?	· · □ Yes □	No		
	If "Yes," attach the statement requ	ired b	y Regulations section 53.	4945-5(d).		'''		
6a	Did the foundation, during the yea	r, rece	ive any funds, directly or	indirectly, to pay premiu	ıms on			
	a personal benefit contract?				· 🗌 Yes 🗸	No		
b	Did the foundation, during the yea If "Yes" to 6b, file Form 8870.	r, pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	6b		No
7a	At any time during the tax year, w	as the	foundation a party to a p	orohibited tax shelter tran	nsaction?			
b	If "Yes", did the foundation receive				I I YAS IVI	No 7b		
8	Is the foundation subject to the se							
	excess parachute payment during	the ye	ar?		· · 🗌 Yes 🗸	N.		
	Information About	Offic	ers. Directors. Trust	ees. Foundation Ma	nagers, Highly Paid Er			
Pa	and Contractors		,,	,	age.e,g, . a.a		,	
1	List all officers, directors, truste	es. fo	oundation managers ar	nd their compensation	See instructions			
	and an officer of an octor of crust	$\overline{}$	b) Title, and average	(c) Compensation (If	(d) Contributions to	(-) [
	(a) Name and address	`	hours per week	not paid, enter	employee benefit plans and	(e) Exper		
			devoted to position	-0-)	deferred compensation			
	S F FOLEY	0.50	IDENT	0	C)		0
	N LAKE SHORE DRIVE 17 AGO, IL 60610							
JEAN	I FOLEY		CTOR	0	C			0
	N LAKE SHORE DRIVE 17	0.50						
	AGO, IL 60610							
	RYN FITCH	0.50	CTOR	0	C)		0
	N LAKE SHORE DRIVE 17 AGO, IL 60610							
J JUS	TIN FOLEY	DIRE	CTOR	0	C			0
	N LAKE SHORE DRIVE 17	0.50						
	AGO, IL 60610 Compensation of five highest-p		/	:	:		NONE	"
	Compensation of five nignest-p	aid en	nployees (other than ti	lose included on line 1	(d) Contributions to	ne, enter	NONE	
(a)	Name and address of each employed	paid	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expen	se acco	ount,
	more than \$50,000		devoted to position	(c) Compensation	plans and deferred	other al	lowanc	es
NON.			'		compensation			
NON	<u> </u>							
Tata	I number of other employees paid o	vor #F	0.000					
rota	n number of other employees paid o	vei \$5	0,000			г. 00	0 5-	0
						Form 99	U-PF	(2020)

Form 990-PF (2020)		Page 7
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	tees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "No	ONE".
(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. Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	0
List the foundation's four largest direct charitable activities during the tax year. Inclu	ude relevant statistical information such as the number of	_
organizations and other beneficiaries served, conferences convened, research paper	s produced, etc.	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation d		Amount
1 N/A		0
2		
All the second s		
All other program-related investments. See instructions. 3		
<u> </u>		
		1
Total. Add lines 1 through 3		0
		Form 990-PF (2020)

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

1a

1b

2

За 3h

4

5

175,312

175.312

175,312

Form 990-PF (2020)

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Amounts set aside for specific charitable projects that satisfy the:

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

b

2

3

4

5

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

income. Enter 1% of Part I, line 27b. See instructions.

From 2015.

b From 2016. . . .

e From 2019.

c From 2017. . . d From 2018. 2020

Page 9

143,734

143,734

Form 990-PF (2020)

Form	990	-PF	(20)2
Pa	rt X	411		

9	0-	PF	(2	020
	1	Н		-

-PF (20)20)	
Ш	Undistributed Income (see instruc	ctions)

Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only. Excess distributions carryover, if any, to 2020:

f Total of lines 3a through e.

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

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

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016.

b Excess from 2017. .

c Excess from 2018. .

d Excess from 2019. .

e Excess from 2020. .

Subtract lines 7 and 8 from line 6a

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 —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. 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 2015 not

indicated below:

4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, 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).

F (2	020)	
П	Undistributed Income (see instructions)	

28.362 29,020

31 622

35.255 43,341

29.020 31,622

35.255

43.341

31.578

IC	tions)	
٦	(a)	(b)
١	Corpus	Years prior to 2019

167,600

31.578

199,178

28.362

170,816

(c)

2019

For	m 990-PF (2020)					Page 10
F	Part XIV Private Operating Found	ations (see instr	uctions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20					
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	scribed in section $ {\sf L} $	☐ 4942(j)(3) or ☐] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(5)
b	85% of line 2a					
С	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					
е	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:					
а	"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					
С						
	(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					
Рa	Supplementary Information			foundation had	\$5,000 or more	in
	assets at any time during th		ructions.)			
1 a	List any managers of the foundation Man- before the close of any tax year (but only if JAMES F FOLEY	e contributed more				n
b	List any managers of the foundation who own ownership of a partnership or other entity) of	n 10% or more of th of which the foundat	e stock of a corpora ion has a 10% or gr	ation (or an equally l reater interest.	arge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Scl	holarship, etc., Pro	ograms:		
	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					
а	The name, address, and telephone number of	or email address of t	he person to whom	applications should	be addressed:	
b	The form in which applications should be sul	omitted and informa	tion and materials t	hey should include:		
c	Any submission deadlines:					
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable	fields, kinds of instit	utions, or other	

Form 990-PF (2020)				Page 11
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	174,115
b Approved for future payment				
Total		<u> </u>	▶ 3b	0

ter gross amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exem	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.	
a						
b						
d						
e						
f						
g Fees and contracts from government agencies Membership dues and assessments						
Interest on savings and temporary cash investments			14	21,460		
Dividends and interest from securities			14	40,998		
Net rental income or (loss) from real estate:						
a Debt-financed property.						
b Not debt-financed property						
Other investment income.						
Gain or (loss) from sales of assets other than						
inventory			18	-107,260		
Net income or (loss) from special events: Gross profit or (loss) from sales of inventory						
Other revenue:						
a 2019 GRANTS NOT CASHED					2,0	
b						
c d						
e						
		0		-44,802	2,00	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated).	ılations.)			-44,802 3		
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second s	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second s	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second activities to the second activity for which the accomplishment of the foundation's expressions.)	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second activities to the second activity for which the accomplishment of the foundation's explain structions.)	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second activities to the second activity for which the accomplishment of the foundation's explain second.)	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcurt XVI-B Relationship of Activities to the second sec	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second activities to the second activity for which the accomplishment of the foundation's explain second.)	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second activities to the second activity for which the accomplishment of the foundation's explain structions.)	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second activities to the second activity for which the accomplishment of the foundation's expressions.)	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculated and the second activities to the second activity for which the accomplishment of the foundation's expressions.)	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second s	ne Accomplish income is report	ment of Exemp	pt Purposes F Part XVI-A contribu	3	-42,80	

orm 9	90-PF (2						_						Pa	ge 13
	XVII	Exempt Organi	zations							nships With Nor		able		
		janization directly or in than section 501(c)(3)									on 501		Yes	No
	•	rom the reporting foundation to a noncharitable exempt organization of:							ŀ					
(1) Cash.										.	1a(1)		No
(2) Other	assets									. [1a(2)		No
b Ot	her trans	sactions:												
(1) Sales	of assets to a nonchari	itable exempt	orga	nization.							1 b(1)		No
(2) Purch	ases of assets from a n	oncharitable e	exem	pt organiz	ation					H	1b(2)		No
-	-	l of facilities, equipmer	•								h	1 b(3)		No
•	•	oursement arrangemen									h	1b(4)		No
•	•	or loan guarantees.									h	1b(5)		No
•	•	nance of services or m facilities, equipment, n			-						- t	1b(6) 1c		No No
	-	racilities, equipment, neer to any of the above	-		•									NO
of in	the good any tran	ds, other assets, or ser saction or sharing arra	vices given by ngement, sho	the w in	reporting f column (d	foundation. If I) the value of	the fo	oundati goods,	on receive other asse	d less than fair mar ts, or services recei	ket value ved.	9		.+-
(a) Lin	e No.	(b) Amount involved	(c) Name of n	oncna	aritable exer	mpt organization	<u> </u>	(a) De	escription of	transfers, transactions,	, and snar	ing arra	ngemen	its
							_							
							-							
							+							
							_							
							+							
							+							
2a Is	the foun	dation directly or indire	ectly affiliated	with,	, or related	d to, one or m	ore t	ax-exer	npt organ	izations				
de	scribed i	n section 501(c) (other	r than section	501(c)(3)) or i	n section 527	?			🗆 Ye	es 🔽	No No		
b If	'Yes," co	mplete the following s												
		(a) Name of organization	on		(b) Type of organ	ization	1		(c) Description	of relatio	nship		
	of my	er penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, cor											
Sign Here	· *	*****				2021-03-08		_ \	*****		return	e IRS di e prepa		
	S	Signature of officer or t	rustee			Date			Title		below (see in	str.) 🛂	Yes [□ _{No}
		Print/Type preparer's	name	Prepa	arer's Sign	ature		Date		Check if self-	PTIN			
Paid		CATHERINE M KAN	IE					202:	1-03-08	employed ▶ □	l	P00404	366	
	oarer Only	Firm's name ▶ CLIF	TONLARSONA	LLEN	LLP		· · · · · ·			·	Firm's EI	N ▶41	-07467	749
		Firm's address ▶ 13	01 WEST 22N	D ST	REET SUIT	ΓE 1100								
		OA	AK BROOK, IL	605	23						Phone no	. (630	573-	8600

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ACADEMY FOR URBAN SCHOOL N/A PC **EDUCATION** 80,000 LEADERSHIP 3400 N AUSTIN AVENUE

CHICAGO, IL 60634				
AEROSPACE MEDICAL ASSOCIATION 320 S HENRY STREET ALEXANDRIA, VA 22314	N/A	PC	HEALTHCARE	•
AMERICAN LIVER FOUNDATION	N/A	PC	HEALTHCARE	

Total .

ALEXANDRIA, VA 22314				
AMERICAN LIVER FOUNDATION (BILIARY ATRESIA FUND FOR THE CURE) 67 E MADISON STREET CHICAGO, IL 60603	N/A	PC	HEALTHCARE	2,000

3,500

174,115

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

10 RICHARDS ROAD KANSAS CITY, MO 64116	N/A	PC	COMMUNITY	1,000
CHICAGO FOUNDATION FOR EDUCATION	N/A	PC	EDUCATION	10,000

KANSAS CITY, MO 64116				
CHICAGO FOUNDATION FOR EDUCATION ONE N LASALLE SUITE 1675 CHICAGO, IL 60602	N/A	PC	EDUCATION	10,000
CHICAGO FOUNDATION FOR WOMEN	N/A	PC	COMMUNITY	2,000

ONE N LASALLE SUITE 1675 CHICAGO, IL 60602				
CHICAGO FOUNDATION FOR WOMEN 140 S DEARBORN ST SUITE 400 CHICAGO, IL 60603	N/A	PC	COMMUNITY	2,000

Total .

174,115

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHICAGO HISTORICAL SOCIETY N/A PC COMMUNITY 500

1601 N CLARK ST CHICAGO, IL 60614				
CHRIST THE KING JESUIT COLLEGE PREP HIGH SCHOOL 5088 WEST JACKSON BOULEVARD	N/A	PC	EDUCATION	10,000

PREP HIGH SCHOOL 5088 WEST JACKSON BOULEVARD CHICAGO, IL 60644	1970		ESSCATION	10,000
COMMON HOPE 1400 ENERGY PARK DRIVE SUITE 23	N/A	PC	COMMUNITY	200

174,115

CHICAGO, IL 60644				
COMMON HOPE 1400 ENERGY PARK DRIVE SUITE 23 ST PAUL. MN 55108	N/A	PC	COMMUNITY	2

Total .

CHICAGO, IL 60644				
COMMON HOPE 1400 ENERGY PARK DRIVE SUITE 23	N/A	PC	COMMUNITY	20
CT DALII MNI EE100				1

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year				
COMMUNITY HEALTH 2611 W CHICAGO AVE CHICAGO IL 60622	N/A	PC	COMMUNITY	1,000

EASTER SEALS	N/A	PC	COMMUNITY	
1939 W 13TH STREET SUITE 300				
CHICAGO, IL 60608				

EASTER SEALS 1939 W 13TH STREET SUITE 300 CHICAGO, IL 60608	N/A	PC	COMMUNITY	2,000
ENCORE MUSIC ACADEMY	N/A	PC	COMMUNITY	1,250

CHICAGO, IL 60608				
ENCORE MUSIC ACADEMY 800 MCHENRY AVENUE SUITE G CRYSTAL LAKE. IL 60014	N/A	PC	COMMUNITY	1,25

174,115

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EVANGELICAL FREE CHURCH OF N/A PC COMMUNITY 1,250

CRYSTAL LAKE (CELEBRATE RECOVERY) 575 E CRYSTAL LAKE AVE CRYSTAL LAKE, IL 60014				
GI RESEARCH FOUNDATION 130 E RANDOLPH ST 25TH FLOOR CHICAGO II 60601	N/A	PC	HEALTHCARE	600

GI RESEARCH FOUNDATION 130 E RANDOLPH ST 25TH FLOOR CHICAGO, IL 60601	N/A	PC	HEALTHCARE	600
GRANT PARK MUSIC FESTIVAL 205 E RANDOLPH ST CHICAGO, IL 60601	N/A	PC	COMMUNITY	100

174,115

Total .

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

a Paid during the year

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

Amount contribution

Purpose of grant or contribution

recipient

Purpose of grant or contribution

GREATER CHICAGO FOOD DEPOSITORY IN/A

N/A

LEWY BODY DEMENTIA

LIBUR.GA 30047

Total . .

912 KILLIAN HILL ROAD SW

4100 W ANN LURIE PLACE CHICAGO, IL 60632				ŕ
JOURNEY CARE2050 CLAIRE COURT GLENVIEW, IL 60025	N/A	PC	HEALTHCARE	2,500

PC

PC

I COMMUNITY

COMMUNITY

За

8,000

1,000

174,115

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
LINCOLN PARK ZOO	N/A	PC	COMMUNITY	500

CHICAGO, IL 60614				
LOUIS J AGASSIZ SCHOOL 2851 N SEMINARY AVE CHICAGO. IL 60657	N/A	PC	EDUCATION	2,500

LOUIS J AGASSIZ SCHOOL 2851 N SEMINARY AVE CHICAGO, IL 60657	N/A	PC	EDUCATION	2,500
LOYOLA ACADEMY 1100 LARAMIE AVENUE	N/A	PC	EDUCATION	1,000

CHICAGO, IL 60657				
LOYOLA ACADEMY 1100 LARAMIE AVENUE WILMETTE, IL 60091	N/A	PC	EDUCATION	1,000

LOYOLA ACADEMY 1100 LARAMIE AVENUE WILMETTE, IL 60091	N/A	PC	EDUCATION	1,000
Total			▶ 3a	174,115

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

LOYOLA UNIVERSITY 82 N MICHIGAN AVE CHICAGO, IL 60611	N/A	PC	EDUCATION	1,000
LUBEZNIK CENTER FOR THE ARTS	N/A	PC	ARTS	500

LUBEZNIK CENTER FOR THE ARTS 101 W SECOND ST MICHIGAN CITY, IN 46360	N/A	PC	ARTS	500
CHICAGO, IL 60611				

101 W SECOND ST MICHIGAN CITY, IN 46360	N/A	Ŷ.	ARTS	500
MISERECORDIA6300 N RIDGE	N/A	PC	COMMUNITY	2,000

MICHIGAN CITY, IN 46360				
MISERECORDIA6300 N RIDGE CHICAGO, IL 60660	N/A	PC	COMMUNITY	2,000

MISERECORDIA6300 N RIDGE	N/A	PC	COMMUNITY	2,0
CHICAGO, IL 60660				

CHICAGO, IL 00000		
Total	 ▶ 3a	174,115

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

NEWTON COUNTRY DAY SCHOOL 758 CENTRE STREET NEWTON, MA 02458	N/A	PC	EDUCATION	500
NORTH STAR FUND	N/A	PC	COMMUNITY	1,700

NORTH STAR FUND	N/A	PC	COMMUNITY	1,700
520 EIGHTH AVENUE SUITE 1800 NEY YORK, NY 10018	,			,
NORTHWEST BRONX COMMUNITY & CLERGY COALITION 103 EAST 196TH STREET	N/A	PC	COMMUNITY	4,000

174,115

NORTH STAR FUND 520 EIGHTH AVENUE SUITE 1800 NEY YORK, NY 10018	N/A	PC	COMMUNITY	1,70
NORTHWEST BRONX COMMUNITY & CLERGY COALITION 103 EAST 196TH STREET BRONX NEW YORK, NY 10468	N/A	PC	COMMUNITY	4,00

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1900 GRANT STREET SUITE 400 DENVER, CO 80203	N/A	PC	HEALIHCARE	1,000
PART OF THE SOLUTION 2759 WEBSTER AVENUE BRONX NEW YORK, NY 10458	N/A	PC	COMMUNITY	2,900
PERUVIAN AMERICAN MEDICAL	N/A	PC	HEALTHCARE	1,000

2759 WEBSTER AVENUE BRONX NEW YORK, NY 10458	N/A	PC	COMMONITY	2,900
PERUVIAN AMERICAN MEDICAL SOCIETY C/O DR ANIBAL PETTER PO BOX 32 FRANKFORT, MI 49635	N/A	PC	HEALTHCARE	1,000
Total			▶ 3a	174,115

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				
PLYMOUTH PUBLIC LIBRARY	N/A	PC	COMMUNITY	

200

PLYMOUTH, IN 46563				
PRAIRIE RIDGE FINE ARTS BOOSTERS 6000 DVORAK DRIVE	N/A	PC	COMMUNITY	
CRYSTALLAKE IL 60012				1

PRAIRIE RIDGE FINE ARTS BOOSTERS 6000 DVORAK DRIVE CRYSTAL LAKE, IL 60012	N/A	PC	COMMUNITY	1,500
RENAISSANCE SOCIAL SERVICES	N/A	PC	COMMUNITY	1,000

6000 DVORAK DRIVE CRYSTAL LAKE, IL 60012	,			ŕ
RENAISSANCE SOCIAL SERVICES 333 N OAKLEY BLVD SUITE 101 CHICAGO IL 60612	N/A	PC	COMMUNITY	1,000

RENAISSANCE SOCIAL SERVICES 333 N OAKLEY BLVD SUITE 101 CHICAGO, IL 60612	N/A	PC	COMMUNITY	1,000
CRYSTAL LAKE, IL 60012				

Total		174 115
333 N OAKLEY BLVD SUITE 101 CHICAGO, IL 60612		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
RESCU FOUNDATION 2206 N MAIN ST 223	N/A	PC	COMMUNITY	1,000

WHEATON, IL 60187				
SAINT LOUIS UNIVERSITY 221 N GRAND BLVD	N/A	PC	EDUCATION	1,000
ST LOUIS, MO 63103				

SAINT LOUIS UNIVERSITY 221 N GRAND BLVD ST LOUIS, MO 63103	N/A	PC	EDUCATION	1,000
ST ANASTASIA CATHOLIC PARISH 629 GLEN FLORA AVE	N/A	PC	EDUCATION	500

221 N GRAND BLVD ST LOUIS, MO 63103				
ST ANASTASIA CATHOLIC PARISH 629 GLEN FLORA AVE WAUKEGAN, IL 60085	N/A	PC	EDUCATION	500

- · - · - · · · · · · · · · · · · · · ·				
ST ANASTASIA CATHOLIC PARISH 629 GLEN FLORA AVE WAUKEGAN, IL 60085	N/A	PC	EDUCATION	500
Total			▶ 3a	174,115

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 (home or business)

or substantial contributor a Paid during the year ST IGNATIUS COLLEGE PREP N/A PC. **FDUCATION** 10,000

1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608 TRUST FOR PUBLIC LAND N/A PC COMMUNITY 101 MONTGOMERY ST SUITE 900

Total .

▶ 3a

1,800

174,115

SAN FRANCISCO, CA 94104

UC SANTA CRUZ FOUNDATION	N/A	PC	EDUCATION	5,000
1156 HIGH ST				
SANTA CRUZ, CA 95064				

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
UNIVERSITY OF CHICAGO HOSPITALS 5801 S ELLIS AVE CHICAGO, IL 60637	N/A	PC	HEALTHCARE	5,000

CHICAGO, IL 60637				
WBEZ848 EAST GRAND AVE CHICAGO, IL 60611	N/A	PC	COMMUNITY	365
1				

CHICAGO, IL 60611	N/A	PC	COMMUNITY	365
A SAFE HAVEN2750 W ROOSEVLT ROAD	N/A	PC	COMMUNITY	500

CHICAGO, IL 60611				
A SAFE HAVEN2750 W ROOSEVLT ROAD CHICAGO, IL 60608	N/A	PC	COMMUNITY	500

174,115

A SAFE HAVEN2750 W ROOSEVLT ROAD	N/A	PC	COMMUNITY	5
CHICAGO, IL 60608				

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

SMALL BUSINESS ADVISORY COUNCIL 120 W MADISON ST STE 520 CHICAGO, IL 60602	N/A	PC	COMMUNITY	500
WOMEN'S BOARD OF NORTHWESTERN	N/A	PC	HEALTHCARE	250

CHICAGO, IL 60611			▶ 3a	174,115
WOMEN'S BOARD OF NORTHWESTERN HOSPITAL 541 N FAIRBANKS CT STE 800	N/A	PC	HEALTHCARE	250

efile GRAPHIC print - DO NOT PROCESS	As Filed D	ata -		DLN: 93491092002021			
TY 2020 Accounting Fees Schedule							
Name: FOLEY FAMILY FOUNDATION							
FIN	EIN: 36-4263312						
		-	 				
Category An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEE	2,345	1,173		1,172			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491092002021
TY 2020 Investments Governments	nent Obligat	ions Schedule	
Name:	FOLEY FAMILY	' FOUNDATION	
EIN:	36-4263312		
US Government Securities - End of Year Book Value:		0	
US Government Securities - End of Year Fair Market Value:		0	
State & Local Government Securities - End of Year Book Value:		249,637	
State & Local Government Securities - End of Year Fair Market Value:		276,758	

erile GRAPHIC	print - DC	ION	PROCESS	AS	riieu Dai	la -		DLN: 93	491092	002021	
	_	_									

TY 2020 Investments - Other Schedule

Name: FOLEY FAMILY FOUNDATION

FTN: 36-4263312

EIN: 30-4	203312		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
DFA EMERGING MARKETS	AT COST	205,062	253,842
DFA INTL SMALL CAP VALUE	AT COST	204,547	244,219
BRIDGEWAY OMNI SM CAP	AT COST	421,615	571,964
VANGUARD FTSE ALL WORLD	AT COST	183,559	241,609
STONE RIDGE ALT LENDING	AT COST	265,730	279,217
STONE RIDGE REINSURANCE	AT COST	263,741	228,646
DISCOVER BANK CD	AT COST	151,833	158,463
GOLDMAN SACHS BANK CD	AT COST	141,812	144,128
CAPITAL ONE BANK 1.7% CD	AT COST	32,808	33,394
SYNCHRONY BANK 3.3% CD	AT COST	101,527	109,840
AMERICAN EXPRESS	AT COST	92,883	93,550
DFA DIVERSIFIED FIXED INCOME	AT COST	92,846	91,865
DFA INTERNATIONAL SMALL COMPANY	AT COST	28,000	43,265

Description

CASH FROM TIMING DIFFERENCE ON SALE OF VAISALA

As Filed Data -

Name: FOLEY FAMILY FOUNDATION

Other Assets Schedule

EIN: 36-4263312

108,226

Beginning of Year -

Book Value

DLN: 93491092002021

End of Year - Book Value

End of Year - Fair Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491092002021				
TY 2020 Other Expenses Schedule								
Name:	Name: FOLEY FAMILY FOUNDATION							
EIN:	36-4263312							
Other Expenses Schedule				1				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

15

10

SECRETARY OF STATE

FILING FEE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: FOLEY FAMILY FOUNDATION

Other Income Schedule

2019 GRANTS NOT CASHED

EIN: 36-4263312

DLN: 93491092002021

Description

Revenue And **Expenses Per Books**

2,000

Net Investment Income

Adjusted Net Income

2,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491092002021			
TY 2020 Other Professional Fees Schedule							
Name: FOLEY FAMILY FOUNDATION							
EIN	I: 36-4263312						
	1						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable			

6,135

Purposes

THEOHIG Tucome

6,135

INVESTMENT ADVISORY

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLN: 93491092002021		
TY 2020 Taxes Schedule				
Name	e: FOLEY FAMI	LY FOUNDATION		
EIN	N: 36-4263312	2		
Taxes Schedule				4
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2020 ESTIMATED PAYMENTS	1,520	0		0
INTEREST AND PENALTY	828	0		0
FEDERAL TAXES PAYMENTS	144	0		0