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Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491155011040

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 ending 12-31-	2019	
		indation & ROBYN FLINN FAMILY FOUNDATION		A Employer id	entification numbe	er
		ICK J FLINN		20-3949497		
		l street (or P O box number if mail is not delivered to street address) GRANDMAS LANE	Room/suite	B Telephone nu	ımber (see ınstructio	ns)
J	7 7 7 2 0 4 1	GRANDINAS LANE		(630) 584-3647	7	
		, state or province, country, and ZIP or foreign postal code 5, IL 60175		C If exemption	application is pendin	ng, check here
c C	nock al	I that apply	former public charity	D 1 Foreign or	ganizations, check h	oro
G Cr	еск аг	Final return	former public charity		ganizations, check in ganizations meeting	▶ ⊔
		Address change Name change			k here and attach co	
H C	eck tv	pe of organization Section 501(c)(3) exempt private	foundation		undation status was in 507(b)(1)(A), chec	
_			e private foundation	under section	11 307(b)(1)(A), clied	ck liefe . —
			☑ Cash ☐ Accru		ation is in a 60-mont	
	year (f e <i>16)</i>	rom Part II, col (c), ▶\$ 0	be on cash basis)	under sectio	n 507(b)(1)(B), chec	ck here 🕨 🗀
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	4,083	:		
	2	Check ► ✓ if the foundation is not required to attach	·			
	_	Sch B				
	3	Interest on savings and temporary cash investments	399			
	4	Dividends and interest from securities	4,913	4,913		
	5a	Gross rents	ļ			
	Ь	Net rental income or (loss)	176.050			
Mile	6a	Net gain or (loss) from sale of assets not on line 10	176,959			
Reverkie	ь	Gross sales price for all assets on line 6a 586,799				
~	7	Capital gain net income (from Part IV, line 2)		176,959		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	186,354			
	13	Compensation of officers, directors, trustees, etc	0	0		C
	14 15	Other employee salaries and wages				
ses	16a	Legal fees (attach schedule)				
Se .	b	Accounting fees (attach schedule)	2,490	1,245		
Expenses		Other professional fees (attach schedule)	2,150	1,213		+
Operating and Administrative	17	Interest				
rat	18	Taxes (attach schedule) (see instructions)	1,304	127		C
ri St	19	Depreciation (attach schedule) and depletion				
Ē	20	Occupancy				
Ψ	21	Travel, conferences, and meetings				
E E	22	Printing and publications				
ĎĮ.	23	Other expenses (attach schedule)	982	952		C
atıı	24	Total operating and administrative expenses.				
bec		Add lines 13 through 23	4,776	2,324		C
0	25	Contributions, gifts, grants paid	773,571			773,571
	26	Total expenses and disbursements. Add lines 24 and 25	778,347	2,324		773,571
	27	Subtract line 26 from line 12				
	а	Excess of revenue over expenses and	-591,993			
	ь	disbursements Net investment income (if negative, enter -0-)	-391,993	179,947		
	С	Adjusted net income (if negative, enter -0-)		2,3,317		
For	Daner	work Reduction Act Notice, see instructions.	<u>I</u>	Cat No. 11389		rm 000-DE (2010)

591.993

591,993

591,993

1 2

3

4

5

591,993

-591,993

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0

0

0

Foundations that follow FASB ASC 958, check here

Foundations that do not 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

Other increases not included in line 2 (itemize)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize)

Fund Balances

ا ا م

Assets

Net

24

25

27

28

29 30

Part III

2

(a) List and describe the kind(s) of property sold (e g , real estate,

2-story brick warehouse, or common stock, 200 shs MLC Co)

(mo, day, yr)

Page 3

,	,	•	D—Donation	(mo	o, day, yr)	(mo, day, yr)
1 a PUBLICLY TRADED SECURITI	ES					
b PUBLICLY TRADED SECURITI	ES					
c PUBLICLY TRADED SECURITI	ES					
d CAPITAL GAINS DIVIDENDS			Р			
e						
()	(f)		(g)		(1	1)
(e) Gross sales price	Depreciation allowed		other basis			r (loss)
<u> </u>	(or allowable)	plus exp	ense of sale		(e) plus (f)	
a 149,86	2		145,21	1		4,65:
b 203,98	5		182,16	7		21,818
c 232,93	2		82,46	2		150,470
d 2	0					20
e						
Complete only for assets sho	wing gain in column (h) and ow	ned by the foundation	on 12/31/69		(1)
	(i)	<u> </u>	(k)		Gains (Col (H	n) gain minus
(i) F M V as of 12/31/69	Adjusted basis	Excess	of col (i)	col		less than -0-) or
	as of 12/31/69	over col	(j), if any		Losses (fro	om col (h))
a						4,65
b						21,818
С						150,470
d						20
e						
2 Capital gain net income or (, ,	If gain, also enter in P If (loss), enter -0- in F		2		176,959
• =	or (loss) as defined in sections : line 8, column (c) (see instructi)-	3		
Part V Qualification Unde	er Section 4940(e) for Re	educed Tax on Net	Investment In	icome		
For optional use by domestic privat	e foundations subject to the sec	ction 4940(a) tax on ne	et investment inco	ne)		
f section 4940(d)(2) applies, leave	this part blank					
Vas the foundation liable for the sec f "Yes," the foundation does not qu	ction 4942 tax on the distributa		· ·	J ?	☐ Ye	es 🔽 No
1 Enter the appropriate amoun	t in each column for each year,	see instructions before	making any entri	25		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets		(d) Distribution ration (b) divided by co	
2018	694,822		1,355,970	,,,,,,	. ,	0 512417
2017	901,896		1,961,043			0 459906
2016	1,400,699		2,645,828			0 529399
2015	700,001		3,700,770			0 189150
2014	234,000		1,864,581			0 125497
				T		1 816369
3 Average distribution ratio for			—	+		1 010303
	on has been in existence if less					0 363274
4 Enter the net value of noncha			4			509,022
5 Multiply line 4 by line 3 .			5			184,914
6 Enter 1% of net investment in			6			1,799
			7			186,713
8 Enter qualifying distributions				+		773,571
If line 8 is equal to or greater	than line 7, check the box in Pa			ng a 1%	tax rate See	
instructions					Fo	rm 990-PF (2019

(b)

How acquired

P—Purchase

(c)

Date acquired

(mo , day, yr)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Fotal number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
ust the foundation's four largest direct charitable activities during the tax year. Include rele	evant statistical information such as the number	er of _
organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
<u> </u>		
		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the		Amount
1	The tax year on miles I and E	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	 	Form 990-PF (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

1a

1b

2

3a 3h

4

5

773,571

773.571

1.799

771.772

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

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

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

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

(b)

Years prior to 2018

Corpus

3.368.014

749.919

4,117,933

142,607

3,975,326

(c)

2018

Page 9

23,652

23,652

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0

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Part XIII	U

b Total for prior years

a From 2014.

e From 2018.

b From 2015. . . . c From 2016. . .

d From 2017. . . .

)-PF	(20	019)

PF (20	019)		
* * *	Undistributed Income (see instruc	tions)	_
		(a)	_

142.607 515,960

1.269.010

809.058 631,379

515.960 1,269,010

809.058

631.379

749.919

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e.

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

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

Subtract lines 7 and 8 from line 6a

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. . . .

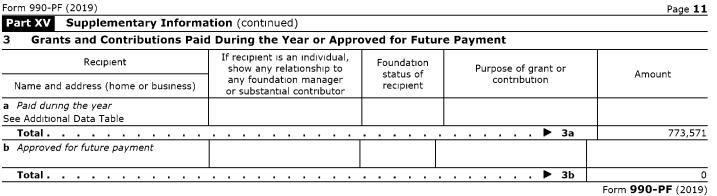
(If an amount appears in column (d), the

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

indicated below:

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).



Enter gros	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	<u> </u>					
	and contracts from government agencies					
	ership dues and assessments					
3 Intere	st on savings and temporary cash ments					
	nds and interest from securities			14	399 4,913	
	ntal income or (loss) from real estate				.,,,,,	
	-financed property.					
	debt-financed property					
7 Other	investment income					
8 Gain o	r (loss) from sales of assets other than ory				176.050	
	come or (loss) from special events			18	176,959	
10 Gross	profit or (loss) from sales of inventory					
	revenue a					
d						
е						
е			0	1	182,271	
e L2 Subto L3 Total. (See w	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	182,271 3	182,271
e L2 Subto .3 Total. (See w	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calcular to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the found	lations) IE Accomplish Income is report		pt Purposes F Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which	lations) IE Accomplish Income is report		pt Purposes F Part XVI-A contribu	ted importantly to	
e 12 Subto 13 Total. (See w Part XV Line No.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Torksheet in line 13 instructions to verify calcular to the second of the second of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the found	lations) IE Accomplish Income is report		pt Purposes F Part XVI-A contribu	ted importantly to	
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•	,		
	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

Part	XVII	Exempt Organiz		ransı	rers 10 a	ina iransac	tioi	ns and	Relatio	nsnips With Nor	ıcnarıt	abie		
		ganization directly or in than section 501(c)(3)	dırectly enga								on 501		Yes	No
a Trai	nsfers	from the reporting foun	dation to a n	oncha	ırıtable exe	empt organizat	ion (of						
(1) Cash										1a(1)		No		
(2) Other assets										1a(2)		No		
b Oth	er tran	sactions												
		of assets to a nonchar		_								1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization										1b(2)		No		
(3) Rental of facilities, equipment, or other assets										1b(3)		No		
		bursement arrangemen										1b(4)		No
		s or loan guarantees.									•	1b(5)		No
		mance of services or m										1b(6)		No
		facilities, equipment, n										1c		No
		ver to any of the above ds, other assets, or ser												
ın a	ny trai	nsaction or sharing arra	ngement, sh	ow in	column (d	l) the value of	the	goods,	other asse	ts, or services receiv	ved			
(=)	Na I	(b) Amount involved	. (a) Nama at					(d) D-						
(a) Line	INO	(b) Amount involved	(C) Name of	ПОПСП	aritable exel	mpt organization	+	(u) De	escription of	transfers, transactions,	and Shai	ing arra	ngemei	its
	-						+							
							-							
							-							
	_						+							
		ndation directly or indire	•		•	·					_	_		
des	cribed	ın section 501(c) (other	than section	า 501(c)(3)) or ı	n section 527?				⊔Y€	es 🛂	∠ No		
b If "	res," c	omplete the following so			•									
		(a) Name of organization	n		(E	y) Type of organiz	zatioi	n	_	(c) Description	of relatio	inship		
									-					
									+					
									+					
	of m	er penalties of perjury, y knowledge and belief	, it is true, co											
Sign		h preparer has any kno *****	wieage		2020-05-19				May th	ne IRS di	scuss th	าเร		
Here								— b			with th	ne prepa	rer show	vn
	" ;	Signature of officer or ti	rustee			Date		7	Tıtle		below	nstr) 🔽	<i>7</i> 1., г	٦., I
										 	(see in	istr) 🗷	_ Yes □	- NO
		Print/Type preparer's	name	Prep	arer's Sıgr	nature		Date		Check if self-	PTIN			
												P01045	5120	
D-:-		FRED M BRODY								employed ▶ ☐				
Paid														
Prep			RISON & MO	RRISC	ON LTD					T	Fırm's El	 IN ▶36	-31431	.86
Use (UNIY		2 S RIVERSI	DE DI	A7A CTF ~	7720								
		Firm's address ► 22	Z D KIVEKDI	DE PL	MAN DIE 2	./30					Dhav-	- (242	1 240	7141
		CH	IICAGO, IL 6	50606						1	Phone n	0 (312	346-	214 1
		1												

	Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the tot
	contributions received by the foundation before the close of any tax year (but only if they have contributed more
1	than \$5,000).

ROBYN FLINN

PATRICK J FLINN

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

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

or substantial contributor

Name and address (home or business)

BOCA GRANDE EL 33921

Total .

	or substantial contributor			
a Paid during the year				
BARRIER ISLAND PARKS SOCIETY PO BOX 637	NONE	PUBLIC	CHARITABLE	5,000

50 G/ G/G//152/12 55321		1		
BOCA GRANDE CHARITIESPO BOX 1407 BOCA GRANDE, FL 33921	NONE	PUBLIC	CHARITABLE	1,000
BOCA GRANDE HEALTH CLINIC	NONE	PUBLIC	MEDICAL	10,000

BOCK GRANIBE, 12 33321				
BOCA GRANDE HEALTH CLINIC FOUNDATION 280 PARK AVENUE BOCA GRANDE, FL 33921	NONE	PUBLIC	MEDICAL	10,00

773,571

·				
BOCA GRANDE HEALTH CLINIC FOUNDATION 280 PARK AVENUE BOCA GRANDE, FL 33921	NONE	PUBLIC	MEDICAL	10

Recipient

Recipient

Name and address (home or business)

Recipient

Recipient

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

Recipient

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

Recipient

Foundation status of recipient

recipient

Recipient

Foundation status of recipient

Recipient

Foundation status of recipient

Recipient

Status of recipient

Recipient

Recipient

Recipient or contribution

FOX VALLEY FOOD FOR HEALTH PO BOX 532 GENEVA, IL 60134	NONE	PUBLIC	CHARITABLE	15,000
GICIA131 FIRST STREET ROOM 8	NONE	PUBLIC	CHARITABLE	15,000

773,571

▶ 3a

GICIA131 FIRST STREET ROOM 8 BOCA GRANDE, FL 33921	NONE	PUBLIC	CHARITABLE	15,000
GLENWOOD ACADEMY 500 WEST 187TH STREET GLENWOOD, IL 60425	NONE	PUBLIC	EDUCATIONAL	333,000

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	recipient		
a Paid during the year				
HENRY CHAPIN FOOD BANK	NONE	PUBLIC	CHARITABLE	44

3940 PROSPECT AVE NAPLES, FL 34104		, obere	GI JIII CE TO	
JPMORGAN CHARITABLE GIVING FUND PROGRAM 270 PARK AVENUE	NONE	PUBLIC	CHARITABLE	386

	1			
JPMORGAN CHARITABLE GIVING FUND PROGRAM 270 PARK AVENUE NEW YORK, NY 10017	NONE	PUBLIC	CHARITABLE	386
LAZABUS HOUSESTA WALNUT STREET	NONE	DUDLIC	CHARITARIE	142 500

PROGRAM 270 PARK AVENUE NEW YORK, NY 10017				
LAZARUS HOUSE214 WALNUT STREET	NONE	PUBLIC	CHARITABLE	142,500

NEW YORK, NY 10017				
LAZARUS HOUSE214 WALNUT STREET	NONE	PUBLIC	CHARITABLE	14

NEW YORK, NY 10017				
LAZARUS HOUSE214 WALNUT STREET ST CHARLES, IL 60174	NONE	PUBLIC	CHARITABLE	142,5

ST CHARLES, IL 60174		
Total	 ▶ 3a	773,571

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 NORTHWESTERN MEMORIAL NONE **PUBLIC** MEDICAL 224.141

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

FOUNDATION

541 NORTH FAIRBANKS COURT SUITE 800 CHICAGO, IL 60611				
THE ISLAND SCHOOL FOUNDATION INC PO BOX 1090	NONE	PUBLIC	CHARITABLE	15

THE ISLAND SCHOOL FOUNDATION INC PO BOX 1090 FLORIDA, FL 33921	NONE	PUBLIC	CHARITABLE	15,000
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET	NONE	PUBLIC	CHARITABLE	12,500

FLORIDA, FL 33921				
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET ST CHARLES, IL 60174	NONE	PUBLIC	CHARITABLE	12,500
Total			▶ 3a	773,571

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491155011040 TY 2019 Accounting Fees Schedule							
Lolo / totaliting i das sandane							
Name: PATRICK & ROBYN FLINN FAMILY FOUNDATION							
C/O PATRICK J FLINN							
EIN: 20-3949497							
Category	Amo	ount No	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

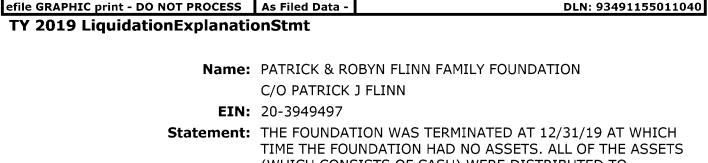
2,490

1,245

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN	l: 93491155011040		
TY 2019 DissolutionStmt					
Name	PATRICK & ROBYN FLINN FAMILY FOUNDATION				
	C/O PATRICK J FLIN	C/O PATRICK J FLINN			
EIN	: 20-3949497				
Dissolution Name	Dissolution Address	Explanation	Dissolution Amount		

Dissolution Name	Dissolution Address	Explanation	Dissolution Amount
JPMORGAN CHARITABLE GIVING FUND PROGRAM	270 PARK AVENUE NEW YORK, NY 10017	THE FOUNDATION WAS TERMINATED AT 12/31/2019 AT WHICH TIME THE FOUNDATION HAD NO ASSETS ALL ASSETS WHICH CONSISTED OF CASH WERE DISTRIBUTED TO ORGANIZATIONS DESCRIBED IN SECTION 170(B)(1)(A) ALL RECIPIENTS ARE LISTED IN PART XV	773,571



Statement: THE FOUNDATION WAS TERMINATED AT 12/31/19 AT WHICH TIME THE FOUNDATION HAD NO ASSETS. ALL OF THE ASSETS (WHICH CONSISTS OF CASH) WERE DISTRIBUTED TO ORGANIZATIONS DESCRIBED IN SECTION 170(B)(1)(A). ALL RECIPIENTS ARE LISTED IN PART XV.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491155011040
TY 2019 Other Assets Schedule	2	
Name: F	PATRICK & ROBYN	N FLINN FAMILY FOUNDATION

Other Assets Schedule

DIVIDEND RECEIVABLE

EIN: 20-3949497

914

End of Year - Book

End of Year - Fair

Beginning of Year -

Value

Market Value

C/O PATRICK J FLINN

Book Value

Description

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491155011040			
TY 2019 Other Expenses Schedule							
Name:	PATRICK & ROE	BYN FLINN FAMIL	Y FOUNDATION				
	C/O PATRICK J FLINN						
EIN:	: 20-3949497						
Other Expenses Schedule				·			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
INVESTMENT MANAGEMENT FEES	952	952		0			

30

ILLINOIS CHARITY BUREAU FUND

efile GRAPHIC print - DO NOT PROCESS		As Filed Data	-	DLI	N: 93491155011040			
TY 2019 Taxes Schedule								
Name: PATRICK & ROBYN FLINN FAMILY FOUNDATION								
		C/O PATRICI	K J FLINN					
	EIN:	20-3949497						
Category	Ar	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FOREIGN TAX		127	127		0			
FEDERAL TAX		1,177	0		0			

efile GRAPHIC print - Do	NOT PROCESS As	Filed Data -				DLN: 93491155011040
Schedule B		Schedule	of Contributor	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www irs gov/Form990</u> for the latest information					
Name of the organization PATRICK & ROBYN FLINN I	AMILY FOUNDATION					entification number
C/O PATRICK J FLINN Organization type (chec	k one)				20-3949497	
Filers of:	Section:					
THE SOL	oconon.					
Form 990 or 990-EZ	☐ 501(c)() (en	ter number) orga	anization			
	☐ 4947(a)(1) no	nexempt charital	ble trust not treated as	a private foundat	tion	
	☐ 527 political o	rganization				
Form 990-PF	✓ 501(c)(3) exe	mpt private found	dation			
	☐ 4947(a)(1) no	nexempt charita	ble trust treated as a pi	rivate foundation		
	☐ 501(c)(3) taxa	able private found	dation			
	cion filing Form 990, 990 property) from any one					
Special Rules						
under sections 50 received from any	on described in section 9(a)(1) and 170(b)(1)(A one contributor, during 11h, or (ii) Form 990-Ez	()(vı), that checke the year, total c	ed Schedule A (Form 9 contributions of the grea	90 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year, to	on described in section otal contributions of moi ne prevention of cruelty	re than \$1,000 <i>e.</i>	xclusively for religious,	charitable, scient		
during the year, o If this box is chec purpose Don't co	on described in section contributions exclusively ked, enter here the tota mplete any of the parts le, etc, contributions to	for religious, cha I contributions th unless the Gene	aritable, etc , purposes at were received during eral Rule applies to this	, but no such con g the year for an e s organization be	tributions tota e <i>xclusively</i> rel cause it receiv	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>
Caution: An organization 990-EZ, or 990-PF), but i or on its Form 990PF, Pa 990-EZ, or 990-PF)	t must answer "No" on	Part IV, line 2, o	f its Form 990, or checl	k the box on line I	H of its Form 9	
For Paperwork Reduction Ad for Form 990, 990-EZ, or 990		ons	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 2 Name of organization **Employer identification number** PATRICK & ROBYN FLINN FAMILY FOUNDATION 20-3949497 C/O PATRICK J FLINN Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed Contributors (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person PATRICK AND ROBYN FLINN 1 37W204 GRANDMAS LANE Payroll \$ 4,083 Noncash ST CHARLES, IL 60175 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (c) (d) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) (a) (b) (C) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

\$

Person Payroll

Noncash

(Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
PATRICK 8	rganization k ROBYN FLINN FAMILY FOUNDATION CK J FLINN			Employer identification number 20-3949497
Part III	Exclusively religious, charitable, etc., co	ntributor. Complete he total of exclusion ee instructions.)	te columns <mark>(a) thr</mark> o <i>vely</i> religious, chari	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For itable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	` '	Fransfer of gift Rela	ationship 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		Transfer of gift Rela	ationship 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		Transfer of gift Rela	ationship 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		Transfer of gift Rela	ationship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)