Form	990
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COPY FOR PUBLIC DISCLOSURE Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2022 calendar year, or tax year beginning and	ending			
	Check if applicable	C Name of organization		D Employer ident	tification number	
	Addres change Name	THE ROSS & MACNEILL FOUNDATION		46 2022	276	
	change Initial return Final return/	 Doing business as Number and street (or P.0. box if mail is not delivered to street address) PO BOX 333 	Room/suite	46-3822 E Telephone num (773) 7		
	termin- ated Ameno return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group	678,0 p return	081.
	Applica tion pendin			for subordinat H(b) Are all subordinate	tes? Yes 2 es included? Yes 2	K No
	Tax-exe Websit	e: WWW.R33M.ORG	or 527	If "No," attach H(c) Group exemp	n a list. See instruction tion number	าร
	Form of art I	organization: X Corporation Trust Association Other	L Year	of formation: 2013	M State of legal domic	cile: IL
وم	1	Briefly describe the organization's mission or most significant activities: <u>END</u>			CANCER BY DIAGNOSIS.	
Governance	2	Check this box if the organization discontinued its operations or dispose		than 25% of its net a		
		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			3 4	<u>4</u> 3
ties &	י_ וי	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	3
12		Tatal number of valuateers (actimate if necessary)			6	60

/itie	6	Total number of volunteers (estimate if necessary)		60
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
•	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
6	8	Contributions and grants (Part VIII, line 1h)	619,919.	584,747.
nue	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6.	-272.
Я	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-251,074.	-252,234.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	368,851.	332,241.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	75,000.	50,125.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,420.	129,217.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 15,116.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	140,196.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	319,616.	359,872.
	19	Revenue less expenses. Subtract line 18 from line 12	49,235.	-27,631.
or			Beginning of Current Year	End of Year
sets alano	20	Total assets (Part X, line 16)	204,217.	258,695.
t AS: d Bé	21	Total liabilities (Part X, line 26)	0.	53,263.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	204,217.	205,432.

Part II Signature Block

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

Sign	Signature of officer			Date	
Here	KIMBERLY MACNEILL, PRESID	ENT			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid				self-employed	
Preparer	Firm's name			Firm's EIN	
Use Only	Firm's address				
				Phone no.	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			Yes No
232001 12-1	3-22 I HA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

rar	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
2	Did the organization undertake any significant program services during the year which were not listed on the
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 304,939. including grants of \$ 50,125.) (Revenue \$
	BRAIN CANCER. OUR METHOD TO THAT END IS TO RAISE AWARENESS FOR THE
	DIAGNOSIS OF PEDIATRIC BRAIN CANCER TO INSPIRE DONATIONS THAT CAN
	SUPPORT RESEARCH. WE FUND RESEARCH FOR INNOVATIVE, NON-TOXIC THERAPIES
	TO TREAT A CHILD'S TUMOR SO THAT THEY CAN CONTINUE TO LEAD HEALTHY,
	FULL AND PRODUCTIVE LIVES. TODAY A CHILD WITH A BRAIN TUMOR WILL
	LIKELY NOT SURVIVE TO SEE MIDDLE SCHOOL. 50% OF CHILDREN WITH A BRAIN
	RESEARCH WITH <4% OF THEIR BUDGET. FUNDING RECEIVED FOR PEDIATRIC
	BRAIN CANCER RESEARCH IS <1% OF THAT 4%. THIS HAS NEVER BEEN NOR WILL
	EVER BE ENOUGH TO FUND THE CRITICAL RESEARCH NEEDED. ADDITIONALLY, IN
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 304,939.
4e	(Expenses \$ including grants of \$) (Revenue \$)

Form 990 (FOUNDATION
Part IV	Checklist of	Require	d Scheo	dule	es	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	┝───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		x
h	Part VI	11a		
b		11b		x
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	L
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	·		V.	
00	Did the experimetion we set than $f = 0.00$ of month or other expirators to a few demontio individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dor	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00005	(gambling) winnings to prize winners?		990	(2022)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				<u> </u>
Uu			6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution		0a		
U			6h		
7			. <u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).				x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser				
			7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-			v
	to file Form 8282?		. 7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C	? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		. 9 a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	!		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
		· ·	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	income?			
17		tivities			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activation of an avoire tax under section 4951, 4952 or 49532		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			900	(2022)
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THE ROSS K MACNEILL FOUNDATION

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?			[6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	0		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)	<u></u>			
		venue	0000.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			ſ	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				100		
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			r	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		e ming the form		11a		
					12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			I	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				120	<u></u>	
C		,			40-	х	
40	on Schedule O how this was done			ſ	12c	X	
13	Did the organization have a written whistleblower policy?			···· 1	13	X	
14 45	Did the organization have a written document retention and destruction policy?				14	<u>^</u>	
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official				15a	X X	
b	Other officers or key employees of the organization				15b	~	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	i'S				
	exempt status with respect to such arrangements?				16b		
sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501	(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest polic	y, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	KIMBERLY MACNEILL - (773) 766-3033						
	PO BOX 333, WHEATON, IL 60187						
	TO BOX 355, WHEATON, THE OUTO?					990	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) KIMBERLY MACNEILL	40.00		-			1 0	4			
PRESIDENT		х		x				92,610.	0.	14,923.
(2) MEGAN MATHIAS	10.00									
TREASURER		х		x				0.	0.	0.
(3) RACHEL MACNEILL	7.00									
SECRETARY		х		x				0.	0.	0.
(4) ANN WANZENBERG	7.00									
DIRECTOR		Х						0.	0.	0.
						-				
		1								
		1								
		1								
		1								
		1								
232007 12-13-22		_	_	_	_	_	_			Form 990 (2022)

8

Form 990 (2022)

Part VII Section A. Officers, Direct		ploye	es, a			nest (, ,			
(A) Name and title	(B) Average hours per week (list any	rage P (do not che box, unless officer and		s pers	tion nore that son is b	ooth an	compensation	(E) Reportable compensation from related organizations	Esti amo o	(F) mated ount of ther ensation	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee Hinhest compensated	employee Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	orga and	m the nization related nizations	
		Ē	Ë	of	THE KE	6	2				
		-									
					_						
1b Subtotal	·····						92,610.	0.		,923.	
c Total from continuation sheets t d Total (add lines 1b and 1c)							0.92,610.	0.		0. 14,923.	
 2 Total number of individuals (includ compensation from the organization) 										0	
									<u> </u>	Yes No	
3 Did the organization list any forme line 1a? If "Yes," complete Schedu			•	•	•		• · ·	•	3	x	
4 For any individual listed on line 1a and related organizations greater			-				-	-	4	X	
5 Did any person listed on line 1a re rendered to the organization? <i>If</i> "	ceive or accrue comper	nsatic	on fro	om a	iny ui	nrela	ted organization or indivi	dual for services	5	x	
Section B. Independent Contractors	res, complete Schedul	e <u>J 10</u>	n suc	<u>JII p</u> e	ersor	1					
1 Complete this table for your five h the organization. Report compens									ation fror	n	
Name and	(A) business address	NO	NE				(B) Description of s	services	(C) Compens	sation	
2 Total number of independent cont \$100,000 of compensation from the	· •	ot lim	nited	to th	nose 0	listeo	d above) who received m	ore than		00	

Form **990** (2022)

232008 12-13-22

Form				MA	CNEILL FO	OUNDATION		46-3822	276 Page 9
Pa	rt \	/111	Statement of Revenue						
			Check if Schedule O contains a respo	nse o	or note to any lin			(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
									sections 512 - 514
ts t	1	а	Federated campaigns 1a						
our		b	Membership dues 1b						
S, G		С	Fundraising events 1c		358,013.				
ar Gitt			Related organizations 1d						
s, s			Government grants (contributions) 1e						
ero		f	All other contributions, gifts, grants, and		006 504				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f		226,734.				
ont		-	Noncash contributions included in lines 1a-1f			584,747.			
n O		n	Total. Add lines 1a-1f		Business Code	584,747.			
~	2	a			Dusiness Code				
VIC6	2	b		—					
Ser nue		с							
eve		d							
Program Service Revenue		е							
r L		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, ir	ntere	st, and				
			other similar amounts)						
	4		Income from investment of tax-exempt bo						
	5		Royalties		(ii) Personal				
	~	_			(II) Personal				
	0	b	Gross rents 6a Less: rental expenses 6b						
		c	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		Gross amount from sales of (i) Securit	ies	(ii) Other				
		-	assets other than inventory 7a						
		b	Less: cost or other basis						
ne				72.					
evenue		с	Gain or (loss) 7c2	72.					
Ě		d	Net gain or (loss)	·		-272.	-272.		
Other	8	а	Gross income from fundraising events (not						
ð			including \$ 358,013. of						
			contributions reported on line 1c). See		40 500				
			Part IV, line 18	8a	49,509. 324,211.				
			Less: direct expenses	8b	524,211.	-274,702.			-274,702.
	٩		Net income or (loss) from fundraising even Gross income from gaming activities. See			2,1,,,02.			2,1,,,02.
	3	a	Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns						
			and allowances	10a	4,841.				
		b	Less: cost of goods sold	10b	21,357.				
		с	Net income or (loss) from sales of inventor	у		-16,516.			-16,516.
s					Business Code				
Miscellaneous Revenue	11	а	OTHER		900099	38,984.			38,984.
scellaneo <u>Revenue</u>		b							
sce Be		C d		_					
Ξ			All other revenue			38,984.			
	12		Total revenue. See instructions			332,241.	-272.	0.	-252,234.
232009						,			Form 990 (2022)

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THE ROSS K MACNEILL FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts repo	dule O contains a respons	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part V	III.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	e to domestic organizations	50 105	F0 10F		
and domestic governments	· · · · · ·	50,125.	50,125.		
2 Grants and other assista					
individuals. See Part IV,					
3 Grants and other assista	° I				
0 / 0 0	overnments, and foreign				
individuals. See Part IV,					
4 Benefits paid to or for m					
5 Compensation of currer		02 610	70 /01	6 901	7 225
trustees, and key emplo		92,610.	78,481.	6,804.	7,325
6 Compensation not included					
persons (as defined under					
persons described in section		13,227.	6,189.	3,780.	3,258
7 Other salaries and wage		13,227.	0,109.	5,700.	5,250
8 Pension plan accruals and section 401(k) and 403(b)	`				
9 Other employee benefits		14,923.	11,939.	1,492.	1 492
Payroll taxes		8,457.	6,765.	846.	<u>1,492</u> 846
 Fees for services (noner 		0,10,1			010
a Management					
b Legal		20,182.	8,841.	11,341.	
c Accounting		38,716.	36,521.	,•	2,195
d Lobbying			,		
e Professional fundraising se					
f Investment managemen	· · ·				
g Other. (If line 11g amount					
	e 11g expenses on Sch 0.)				
Advertising and promoti		2,464.	2,464.		
I3 Office expenses		2,772.	2,772.		
4 Information technology		3,463.	462.	3,001.	
5 Royalties					
6 Occupancy		26,282.	23,654.	2,628.	
7 Travel		13,934.	13,934.		
8 Payments of travel or er	tertainment expenses				
for any federal, state, or	local public officials				
9 Conferences, conventio	ns, and meetings				
0 Interest					
Payments to affiliates	L				
2 Depreciation, depletion,	and amortization				
		2,100.		2,100.	
24 Other expenses. Itemize ex	penses not covered				
above. (List miscellaneous line 24e amount exceeds 1					
amount, list line 24e expen	ses on Schedule O.)				
a FOOD AND BEV		57,030.	57,030.		
b OTHER EXPENS	ES	4,276.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4,276.	
c POSTAGE		3,119.	3,119.	100	
d REPAIRS AND	MAINTENANCE	1,762.	1,586.	176.	
e All other expenses		4,430.	1,057.	3,373.	1 - 442
5 Total functional expenses.		359,872.	304,939.	39,817.	15,116
G Joint costs. Complete this					
reported in column (B) join					
educational campaign and	-				
Check here if following	SOP 98-2 (ASC 958-720)				Form 990 (202

14550906 144198 211173N

THE ROSS K MACNEILL FOUNDATION

Form	n 990 (NEILL FOUNDATION		46-	3822276 Page 11
Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		204,217.	1	218,304.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	911.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	39,480.
	16	Total assets. Add lines 1 through 15 (must equ		204,217.	16	258,695.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18	10.674	
	19	Deferred revenue		0.	19	12,674.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
lab.		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines		0.	05	40,589.
	00		·····	0.	25 26	53,263.
	26	Total liabilities. Add lines 17 through 25	ck here X	• •	20	55,205.
S		and complete lines 27, 28, 32, and 33.				
nce	27	Net assets without donor restrictions		204,217.	27	205,432.
ala	27			204,217.	28	205,452.
ЦE	20	Organizations that do not follow FASB ASC 9	58 check here		20	
Fun		and complete lines 29 through 33.				
ъ	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or ec			30	
A ss	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	Let a let	204,217.	32	205,432.
Z	33	Total liabilities and net assets/fund balances		204,217.	33	258,695.
				ž		

Form 990 (2022)

_	1 990 (2022) THE ROSS K MACNEILL FOUNDATION	46-382	2276	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	332				
2	Total expenses (must equal Part IX, column (A), line 25)	2			72.		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>31.</u> 17.		
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	28	3,8	<u>46.</u>		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	205	5,4	32.		
Ра	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····		X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L		
				uun.	(0000)		

Form **990** (2022)

SCHEDULE	A	Dublic Cho	rity Status on	d Dubli	o Support		OMB No. 1545-0047		
(Form 990)	0		rity Status an				2022		
	0	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
Department of the Tre Internal Revenue Serv			ttach to Form 990 or Fo		ant information		Open to Public Inspection		
Name of the or		Go to www.irs.gov/	Form990 for instructior	is and the lat	est mormation.	Employer	identification number		
	-	ROSS K MAC	NEILL FOUNDA	TION			6-3822276		
Part I R			(All organizations must c		part.) See instructior		0000000		
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
			Attach Schedule E (Form						
3 📃 A ho	spital or a cooperative	hospital service orga	anization described in se	ection 170(b)((1)(A)(iii).				
4 🔄 A me	edical research organiz	zation operated in co	njunction with a hospital	described in	section 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
	and state:								
	•		llege or university owned	or operated t	by a governmental u	nit describe	ed in		
	tion 170(b)(1)(A)(iv). (aantal unit daaarihad in	andian 170/h	V 4 V A V. J				
	· · · · ·	-	nental unit described in a ntial part of its support fr	-		no general r	whic described in		
	ion 170(b)(1)(A)(vi). (C	•		om a governi		ie general p			
			(1)(A)(vi). (Complete Par	t II.)					
	•		in section 170(b)(1)(A)(-	n conjunction with a	land-grant	college		
or ur	niversity or a non-land-	grant college of agric	ulture (see instructions).	Enter the nam	ne, city, and state of	the college	or		
unive	ersity:								
			than 33 1/3% of its supp						
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment								
			(less section 511 tax) fro	m businesses	s acquired by the org	ganization a	fter June 30, 1975.		
	section 509(a)(2). (Co				tion 500(a)(4)				
		-	ively to test for public sat ively for the benefit of, to	-		rn out the	ourposes of one or		
		-	id in section 509(a)(1) o	-		•	-		
			f supporting organization						
	-		upervised, or controlled	-		-	giving		
-			gularly appoint or elect a	•					
org	ganization. You must	complete Part IV, Se	ections A and B.						
ь 🗌 Ту	pe II. A supporting org	ganization supervised	l or controlled in connect	ion with its su	upported organizatio	n(s), by hav	ing		
со	ntrol or management o	of the supporting orga	anization vested in the sa	ame persons t	that control or mana	ge the supp	orted		
or	ganization(s). You mus	st complete Part IV,	Sections A and C.						
	. ,	•	g organization operated		<i>'</i>	lly integrate	d with,		
		.,.). You must complete I	-					
	•		orting organization oper			Ū	()		
			ation generally must sat			an alleniiv	eness		
		-	written determination from			II. Type III			
			nally integrated supporti			n, rype m			
	number of supported		, , , , , , , , , , , , , , , , , , , ,						
	ne following informatio								
	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organizati in your governing do	cument?		(vi) Amount of other		
Or	ganization		above (see instructions))	Yes	No support (see in	nstructions)	support (see instructions)		
		1							

Schedule A (Form 990) 2022

Part II

THE ROSS K MACNEILL FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	247,853.	475,445.	270,584.	619,919.	584,747.	2198548.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0.45.050		000 504	61.0 01.0		0100540
4	Total. Add lines 1 through 3	247,853.	475,445.	270,584.	619,919.	584,747.	2198548.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						018 155
	column (f)						217,155.
	Public support. Subtract line 5 from line 4.						1981393.
	ction B. Total Support	() == (=	(1) 00 (0)	()	()) 000 (() 2222	
	ndar year (or fiscal year beginning in)	(a) 2018 247,853.	(b) 2019 475,445.	(c) 2020 270,584.	(d) 2021 619,919.	(e) 2022 584,747.	(f) Total 2198548.
	Amounts from line 4	247,055.	4/5,445.	270,504.	019,919.	504,747.	2190340.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	5.		2.	6.		13.
•	and income from similar sources	<u> </u>		۷.	0.		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2198561.
	Total support. Add lines 7 through 10		````			40	18,141.
	Gross receipts from related activities,		,				10,141.
13	First 5 years. If the Form 990 is for th	-					
Sec	organization, check this box and stor ction C. Computation of Publi	o nere Ic Support Per	centage				······
	Public support percentage for 2022 (I		-	olumn (f))		14	90.12 %
	Public support percentage from 2022 (i Public support percentage from 2021					15	90.92 %
	33 1/3% support test - 2022. If the c						
104	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the o		-		lino 15 is 33 1/304		
N							
170	and stop here. The organization qual				12 160 or 16b o		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
Ŀ	meets the facts-and-circumstances te	•	• •	,	•	7a and line 15 is 1	
D D	10% -facts-and-circumstances test	0					1070 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation. If the organization		-		• •		
10	Finale foundation. If the organizatio	T GIU HOL CHECK A		a, 100, 17a, 01 170	, ONEON THIS DOX A		(Form 990) 2022
						Solicule A	

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THE ROSS K MACNEILL FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regulated appendix						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		· · · · · · · · · · · · · · · · · · ·
-	check this box and stop here	- 0					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	•					47	
	Investment income percentage for 20					17	%
	Investment income percentage from 33 1/3% support tests - 2022. If the			on line 14 and line		18	line 17 is not
195							
F	more than 33 1/3%, check this box ar						
r.	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22	T dia not oneon a	557 OF INC 14, 19	a, or rob, oneok li	10 DON AND SEE 1115		dule A (Form 990) 2022
2020			16			Genet	

THE ROSS K MACNEILL FOUNDATION

Yes No

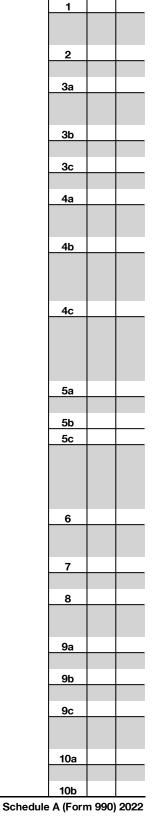
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022 THE ROSS K MACNEILL FOUNDATION

2

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	<i>in</i> Part VI.	11c		
Sec	ction I	3. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i>	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Dart \	I how providing such bapafit carried out the surpasses of the supported ergenization(a) that exercised			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

supervised	i. or controllea tr	ne supporting of	ganization.
Section C. T	ype II Suppo	rting Organi	zations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization control or managed

 the supported organization(s).
 Image: Control organization(s)
 Image: Control organization(s)

Section D. All Type III Supporting Organizations	

		Yes	No No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>
---	--	---	--	------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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Schedule A (Form 990) 2022

THE ROSS K MACNEILL FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

THE ROSS K MACNEILL FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Current Year				
1	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	Form 990) 2022				FOUNDATION	r <u>4</u>	6-3822276	Page
Part VI	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 30 tion D, lines 2 an	c, 4b, 4c, 5a, 6 id 3; Part IV, 5	6, 9a, 9b, 9c, 11a Section E, lines 1	i, 11b, and 11c; Part c, 2a, 2b, 3a, and 3b;	D; Part II, line 17a or 17b V, Section B, lines 1 and Part V, line 1; Part V, Se part for any additional ir	2; Part IV, Section ction B, line 1e; Pa	C, rt V,
	(See instructions.)							
2028 12-09-2	2			21		S	chedule A (Form 9	90) 20

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

T	HE ROSS K MACNEILL FOUNDATION	46-3822276
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered 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 General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

14550906 144198 211173N

THE ROSS K MACNEILL FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 25,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 2 X Person Payroll 42,443. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 31,410. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 28,495. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 17,695. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 21,890. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

Employer identification number

<u>46-3</u>822276

Name of organization

THE ROSS K MACNEILL FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 14,008. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 28,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 15,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 14,395. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 X Person Payroll 18,583. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

14550906 144198 211173N

Employer identification number

46-3822276

Page 2

THE ROSS K MACNEILL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,841.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

14550906 144198 211173N

Employer identification number

46-3822276

(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
		\$	
(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
		\$	
223453 11-15-22			Schedule B (Form 990) (2022)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2022)

THE ROSS K MACNEILL FOUNDATION

Name of organization

Part II

(a)

Employer identification number

46-3822276

14550906 144198 211173N

Schedule	B (Form 990) (2022)				Page 4	
Name of c	organization				Employer identification number	
THE R	OSS K MACNEILL FOUNDATIO	л			46-3822276	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations descr				
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of	51,000 or less for th	e year. (Enter this info. o	once.) \$	
(a) No.	Use duplicate copies of Part III if additional s	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
	Transferacia nome address a		fer of gift	olationabia of tra	nofever to transferra	
	Transferee's name, address, a				ansferor to transferee	
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, a	R	elationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Dese	cription of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		R	elationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held	
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee	
223454 11-1	5-22				Schedule B (Form 990) (2022)	

14550906 144198 211173N

SCH	EDU	LE D

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Department of the Treasury

Internal Revenue Service

THE ROSS & MACNETLI, FOIINDATTON

Employer identification number 46 - 3822276

Par	t I Organizations Maintaining Donor Advised Funds		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a)	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	are the organization's property, subject to the organization's exclusive le		
6	Did the organization inform all grantees, donors, and donor advisors in w		
	for charitable purposes and not for the benefit of the donor or donor adv		
Par	impermissible private benefit? t II Conservation Easements. Complete if the organization a		
			rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al		historically important land area
	Preservation of land for public use (for example, recreation or educ		historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of	a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
b			
	Number of conservation easements on a certified historic structure inclu-		
	Number of conservation easements included in (c) acquired after July 25		
		, ,	2d
3	Number of conservation easements modified, transferred, released, extir		
	year		
4	Number of states where property subject to conservation easement is lo	cated	
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservatior	n easements during the year
-			
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easement		
	balance sheet, and include, if applicable, the text of the footnote to the c	organization's financial statements	s that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Hist	orical Treasures. or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV		
1a	If the organization elected, as permitted under FASB ASC 958, not to rep		halance sheet works
	of art, historical treasures, or other similar assets held for public exhibitio		
	service, provide in Part XIII the text of the footnote to its financial statem		
b	If the organization elected, as permitted under FASB ASC 958, to report		ance sheet works of
	art, historical treasures, or other similar assets held for public exhibition,		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures, or o		
	the following amounts required to be reported under FASB ASC 958 rela	ting to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form S	990.	Schedule D (Form 990) 2022
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	29		

Sche		S K MACNEIL						46-38			age 2
Par	t III Organizations Maintaining C	ollections of Art,	Hist	torical Tre	easures, or	Other	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records,	chec	k any of the	following that	make sig	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	m					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain I	how t	hey further th	ne organizatio	n's exemp	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran							. Part IV.			
	reported an amount on Form 990, Pa			3				,,			
1a	Is the organization an agent, trustee, custodi	an or other intermedia	rv for	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII									L	
			, wing	10010.					Amount		
с	Beginning balance						1c				
							1d				
	Additions during the year						1e				
-	Distributions during the year						1f				
f	Ending balance Did the organization include an amount on F								Yes		No
	-							∟			
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						<u></u>				
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	vears	hack
4	Designing of year balance		(6)	Thorycal						yours	buok
	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	(line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizati	on th	at are held ar	nd administer	ed for the			-		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required	d on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990,	Part I	V, line 11a. S	See Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or oth	ner	(b) Cost	t or other	(c) Aco	cumulate	ed	(d) Bool	k valu	е
		basis (investme	ent)	basis	(other)	depr	reciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		colu	mn (R) line 1	0c)						0.
		quai i Unii 330, Fall A,	Colu	ישויינש, וווופ ד	<u>vv</u> ./			Schedule	D (Form	9901	-
									- (

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	-	•	
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	(a) Description	, ,	(b) Book value
(1) RIGHT OF US ASSET	,		39,480.
(2)			
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			39 480
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) (b)	'ine 15.)		39,480.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) i Part X Other Liabilities.			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (B) (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990,			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) I Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes	s" on Form 990, Part IV, line		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) // Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT	s" on Form 990, Part IV, line IES		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) // Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT	s" on Form 990, Part IV, line IES		(b) Book value 21,829.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) // Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT	s" on Form 990, Part IV, line IES		(b) Book value
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) II Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT (5)	s" on Form 990, Part IV, line IES		(b) Book value 21,829.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (b) I Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT (5) (6)	s" on Form 990, Part IV, line IES		(b) Book value 21,829.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT (5) (6) (7)	s" on Form 990, Part IV, line IES		(b) Book value 21,829.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT (5) (6) (7) (8)	s" on Form 990, Part IV, line IES		(b) Book value 21,829.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT (5) (6) (7) (8) (9)	s" on Form 990, Part IV, line IES IES –	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 21,829. 18,760.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) // Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) //	s" on Form 990, Part IV, line IES IES –	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 21,829. 18,760. 40,589.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities. Complete if the organization answered "Ye 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILIT (3) OPERATING LEASE LIABILIT (4) NON-CURRENT (5) (6) (7) (8) (9)	s" on Form 990, Part IV, line IES IES – line 25.)	11e or 11f. See Form 990, Part X, line 25.	(b) Book value 21,829. 18,760. 40,589. nat reports the

Schedule D (Form 990) 2022

232053 09-01-22

14550906 144198 211173N

Schedule D (Form 990) 2022 THE ROSS K MACNEILL FOUNDATION

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

(b) Book value (c) Method of valuation: Cost or end-of-year market value

Sche	dule D (Form 990) 2022 THE ROSS K MACNEILL FOUNDA	ATION		46-3	3822276	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	677	,809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	345,568.			
е	Add lines 2a through 2d			2e		<u>,568.</u>
3	Subtract line 2e from line 1			3	332	,241.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	332	,241.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per H	eturr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	705	,440.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2 a				
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)		345,568.			
е	Add lines 2a through 2d			2e		,568.
3	Subtract line 2e from line 1			3	359	,872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				-
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	359	,872.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN
EVALUATING UNCERTAIN TAX POSITIONS. THE GUIDANCE PRESCRIBES RECOGNITION
THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX
POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT
CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE FOUNDATION
FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 AND 2021. THE
FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL
AND STATE AUTHORITIES.

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PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

232054 09-01-22

324,211.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 THE ROSS K MACNEILL FOUNDATION Part XIII Supplemental Information (continued)	46-3822276 Page 5
COST OF GOODS SOLD	21,357.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	345,568.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	324,211.
COST OF GOODS SOLD	21,357.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	345,568.
	Schedule D (Form 990) 2022
232055 09-01-22 3 3	

14550906 144198 211173N

SCHEDULE G	Suppleme	ntal Information Regarding	, Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19, or if the	2022
Department of the Treasury		Attach to Form 990					Open to Public
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ictions	and th	ne latest information		Inspection identification number
Name of the organization	THE ROS	22276					
	ing Activities.	Complete if the organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followi e Solicit: f Solicit: g Specia or oral agreement with any individua art VII) or entity in connection with priduals or entities (fundraisers) pursue	ation of ation of Il fundra Il (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes No
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)
			Yes	No			
Total							
	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt fron	registration

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Schedule G (Form 990) 2022

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THE ROSS K MACNEILL FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					C	(add col. (a) through
			GALA (event type)	GOLF (event type)	(total number)	col. (c))
			(((
	1	Gross receipts	301,699.	86,315.	19,508.	407,522
	2	Less: Contributions	259,790.	78,715.	19,508.	358,013
	3	Gross income (line 1 minus line 2)	41,909.	7,600.		49,509
	4	Cash prizes				
	5	Noncash prizes	128,374.			128,374
	6	Rent/facility costs	19,640.			19,640
הוובהו באהמוזמים	7	Food and beverages	41,909.			41,909
	8	Entertainment			11 500	7,000
L	9	Other direct expenses		80,460.	11,500.	127,288
L	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				324,211 -274,702
Γ		II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
		-	(1)	bingo/progressive bingo	(-) 33	col. (a) through col. (a
	2	Gross revenue Cash prizes				
		• • • • • • • • • • • • • • • • • • • •				
	3	Noncash prizes				
		Noncash prizes Rent/facility costs				
	4	Rent/facility costs				
	4 5		└── Yes% └── No	☐ Yes %	Yes % No	
	4 5 6	Rent/facility costs	└── Yes % └── No		No	
	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	Yes% No	No	N₀	
	4 5 7 8	Rent/facility costs	Yes % No % 1h 5 in column (d)	□ No	No	
a	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No No for column (d) from line 1, column (d) ucts gaming activities:activities in each of these s	No	No	Yes N
	4 5 6 7 8 Ent	Rent/facility costs	Yes% No No for column (d) from line 1, column (d) ucts gaming activities:activities in each of these s	No	No	Yes N
	4 5 6 7 Ent Is ti If "I 	Rent/facility costs	Yes% No		<u>No</u> 	

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (Form 99	0) 2022	THE R	OSS B	к ма	CNEI	LL F	OUNDA	ATION			46-3	8222	276	Page 3
11 Does the organi	zation conduct ga	ming activit	ies with r	nonmer	mbers?							_ `	Yes	No
12 Is the organizati														
	aritable gaming?												Yes	No No
13 Indicate the per														
a The organization												13a 13b		<u>%</u>
b An outside facili14 Enter the name												130		
		e person wi	io propui	00 110	organize	ation o ge	armig/op				0.			
Name														
Address														
15a Does the organi	zation have a con	tract with a	third part	ty from	whom t	he organ	ization re	eceives gar	ning reve	nue?		. 🗆 '	Yes	🗌 No
b If "Yes," enter th	ne amount of gam	ing revenue	received	l by the	e organiz	ation	\$		ar	nd the amo	ount			
	ue retained by the													
c If "Yes," enter n	ame and address	of the third												
Name														
Address														
Address														
16 Gaming manage	er information:													
Name														
0		¢												
Gaming manage	er compensation	\$												
Description of s	ervices provided													
	-													
					┌┐.									
Director/	officer	Emplo	byee			naepena	ent contr	ractor						
17 Mandatory distr	ibutions:													
a Is the organizati		state law to	o make cł	haritabl	le distrib	outions fr	om the g	aming pro	ceeds to					
retain the state	gaming license?											<u> </u>	Yes	No No
b Enter the amour		•				ibuted to	other ex	empt orga	nizations	or spent ir	n the			
	wn exempt activit emental Infor				\$ t:			L line Oh		::) and (.).	and Day	+ 111 - 11-a -		
	c, 16, and 17b, as									ii) and (v);	and Par	t III, IIne	95 9, 9	D, TUD,
100, 10	c, ro, and rrb, as			viac ai	Ty addition				20013.					
232083 10-27-22						26					Schedu	ule G (F	orm	990) 2022
						36								

Schedule G	i (Form 990)

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)
	, , , , , , , , , , , , , , , , , , ,

232084 04-01-22

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-	0047		
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		202	2		
Department of the Treasury		Compl	ete il the organization	Attach to Form		t IV, III 2 I 01 22.		Open to Pu	ublic		
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organizati	ion							Employer identification n	number		
			L FOUNDATION	N				46-3822	276		
	nformation on Grants a										
	zation maintain records t								X No		
	award the grants or assis IV the organization's pro							Yes			
Part II Grants an	d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	nt		
CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION - PO BOX 781352 - PHILADELPHIA, PA 19178		23-2237932	501(C)(3)	50,000.	0.			RESEARCH GRANT			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

232102 10-31-22

Schedule I (Form 990) 2022

THE ROSS K MACNEILL FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE ROSS K MACNEILL FOUNDATION

Employer identification number 46-3822276

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR RESEARCH INVESTMENTS FOCUS ON INNOVATIVE NON-TOXIC THERAPY

DEVELOPMENT FOR CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE RECENT 20+ YEARS, THERE HAS NEVER BEEN A DRUG DEVELOPED FOR

CHILDREN WITH BRAIN CANCER. THE TREATMENT CHILDREN, INCLUDING ROSS,

RECEIVE IS DEVELOPED FOR ADULTS AND FOR DIAGNOSES OTHER THAN BRAIN

CANCER. TO UNDERSTAND THIS PRECISELY, A CHILD WITH BRAIN CANCER IS

GIVEN TREATMENTS NOT MADE FOR CHILDREN AND NOT MADE FOR BRAIN CANCER.

R33M'S DEVOTION TO FUNDING RESEARCH IS CRITICAL TO SAVING LIVES OF

CHILDREN. WE WORK FULL-TIME TO ESTABLISH RELATIONSHIPS WITH THE

LEADING INSTITUTIONS WORLD-WIDE ALONG WITH THE LEADING SCIENTISTS IN

THIS WORK TO ASSURE THAT OUR INVESTMENTS ARE WITH THE MOST PROMISING,

INNOVATIVE WORK. TREMENDOUS PROGRESS HAS BEEN MADE ON BEHALF OF

CHILDREN AND THE MISSION OF R33M IS OBTAINABLE. WE ARE PRIVILEGED TO

DO THIS WORK.

FORM 990, PART VI, SECTION A, LINE 2:

THE PRESIDENT AND ONE OF THE BOARD MEMBERS ARE RELATED.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR WHO DISSEMINATES TO THE

BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
THE ROSS K MACNEILL FOUNDATION	46-3822276
THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY WHICH REQ	UIRES THE MEMBERS
OF THE BOARD TO DISCLOSE ANY INTEREST. THIS POLICY IS REV	IEWED ON AN
ANNUAL BASIS AND BOARD MEMBERS ARE REQUIRED TO SIGN POLICY	STATEMENTS ON AN
ANNUAL BASIS.	

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT IS AN EMPLOYEE OF THE FOUNDATION AND IS ACTING EXECUTIVE

DIRECTOR. COMPENSATION IS COMMENSORATE WITH SIMILARLY SIZED ORGANIZATIONS

AND ROLE DESCRIPTIONS. THE BOARD HAS REVIEWED COMPARABLE DATA FROM

SIMILARILY SIZED ORGANIZATIONS AND HAS APPROVED COMPENSATION INDEPENDENTLY

OF THE PRESIDENT'S INPUT.

FORM 990, PART VI, SECTION C, LINE 19:

A COPY FOR PUBLIC DISCLOSURE IS AVAILABLE TO THE PUBLIC. FORMATION

DOCUMENT ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS NOR

SELECTION PROCESS DURING THE TAX YEAR.

232212 10-28-22