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Form **990-PF**

SCANNED FEB 0 9 2016.

2949129702010

EXTENDED TO NOVEMBER 16, 2015 **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public.

		dar year 2014 or tax year beginning	m 990-PF and its separate	nstructions is at www./c	s.aov/form990pf.	Open to Public Inspection
		foundation		, and chainy	A Employer identification	number
		HOWARD B. BERNICK FOUN	паттом		A Limployer Identification	
		BERNICK ADVISORY, LTD.	DATION		20-8042481	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	<u> </u>
4	01	N. MICHIGAN AVE	•	1818	(312) 464-	1188
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	
		CAGO, IL 60611			O II exemption application is p	asiding, crick hale
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return	ornio public onarrey		
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, emputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation	A.1	E If private foundation sta	•
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation 04	under section 507(b)(1)	
I Fa	ır ma	rket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om F		her (specify)		under section 507(b)(1)	
_	\$	2,987,913. (Part I, colu	mn (d) must be on cash	basis)		
Pa	<u>irt: l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		Contributions, gifts, grants, etc., received	695,313.	· A (A)	, N/A	, , , , ,
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary	** **	***	\\	
	3	cash investments	28.	28.		STATEMENT 1
	4	Dividends and interest from securities	69,510.	69,510.	_	STATEMENT 2
	١.	Gross rents	· · · · · · · · · · · · · · · · · · ·			,
		Net rental income or (loss)	164,278.	\(\), \(\) \(\)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ne	Da h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 489,742.		*	* * * * * * * * * * * * * * * * * * * *	
Revenue	7	assets on line 6a 403, 742. Capital gain net income (from Part IV, line 2)	•	164,278.	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
æ	_	Net short-term capital gain	* * **	198 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Income modifications	, *			
	10a	Gross sales less returns and allowances	Lijk Ak	21 31 3		
	b	Less Cost of goods sold	' 14' ' ' 14' ' ' ' ' ' ' ' ' ' ' ' ' '			ì (
-	; c	Gross profit or (loss)		, ,		
2015		Other Income EIVED	000 100	000 016		
	7-7	1.00:	929,129.	233,816.		
?? N	13	Compansation of officers officers trustees, etc Other employee salaries and wages	0.	0.		0.
_		Pension plans, employee benefits			 	
S ⊱	169	LOCEN, UT				
- Cal		Accounting fees STMT 3	10,485.	2,639.		7,846.
		Other professional fees				7,70200
		Interest		· · · · · · · · · · · · · · · · · · ·		
	18	Taxes				
is X	19	Depreciation and depletion				* ;
SCAINIS and Administrative		Occupancy				
\Ă	1	Travel, conferences, and meetings				
auc		Printing and publications				
ë		Other expenses STMT 4	15.	0.	·	15.
Operating	24	Total operating and administrative	10 500	0 600		5.055
ŏ	۱,,	expenses. Add lines 13 through 23	10,500.	2,639.		7,861. 830,300.
-		Contributions, gifts, grants paid	830,300.	4 3		830,300.
	26	Total expenses and disbursements Add lines 24 and 25	840,800.	2,639.		838,161.
	27	Subtract line 26 from line 12:	040,000.			7
	1	Excess of revenue over expenses and disbursements	88,329.			
		Net investment income (if negative, enter -0-)	A 12.80	231,177.	, ,	* * .
	C	Adjusted net income (if negative, enter -0-)		₹	N/A	\$,
4235	Λ1					- 222 25

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

1

THE HOWARD B. BERNICK FOUNDATION 20-8042481 Form 990-PF (2014) C/O BERNICK ADVISORY, LTD. Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 61,903. 2 Savings and temporary cash investments 343,424 61,903. 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations STMT 5 3,168,094. 3.195.379. 2,926,010. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 3,511,518. 3,257,282 2.987.913 instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted \triangleright X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Assets or 3,257,282 3,511,518 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 29 Retained earnings, accumulated income, endowment, or other funds 3,511,518. 3,257,282 30 Total net assets or fund balances 3,511,518. 3,257,282 31 Total liabilities and net assets/fund balances

 A l i	of Change	- i- N-4		E	Dolonoo
Anaiveie	nt L.nanne	e in Nei	455415	or Fillio	DAIADCES

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	3,511,518.
2	Enter amount from Part I, line 27a	2	88,329.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	3,599,847.
5	Decreases not included in line 2 (itemize) ► BOOK/TAX ADJUSTMENT - UNREALIZED GAIN	5	342,565.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,257,282.

Form **990-PF** (2014)

C/O BERNICK ADVISORY, LTD.

			DVISORY, LTD					20-804	2481	Page 3
P			Tax on Investmen	t Income						
	(a) List and descr 2-story brick wa	ibe the kind(s) of proprehouse; or common	erty sold (e.g., real estate, stock, 200 shs. MLC Co.)		(6) Ho	ow acquired Purchase Donation	` (mo.	te acquired , day, yr.)	(d) Date (mo., da	ay, yr.)
		TOL MEYERS	SQUIBB	·-	<u> </u>			IOUS	01/1	
b	3,000 SHS PEPS	ICO INC.			ļ		VAR	IOUS	06/2	7/14
					ļ					
d			. <u> </u>		1					
_ <u>e</u>		(f) Depreciation	allowed (a) Cos	st or other basis	+		(h	Gain or (loss)	
	(e) Gross sales price	(or allowab		expense of sale				lus (f) minus		
-8				128,76			_			,679.
ь	266,301.			196,70	2.				69	,599.
_0										
d		-								
	Complete only for assets showin	d dain in column (h) a	nd owned by the foundation	0.00.12/31/69			/IX Gaine	(Col. (h) gain	minus	
_	(i) F.M.V. as of 12/31/69	(j) Adjusted to as of 12/31	asis (k) Ex	cess of col. (I)		C	ol. (k), bu	ut not less that es (from col. (n -0-) or	
				.,,,	$\overline{}$		-		94	.679.
					+			_	69	,679. ,599.
7										
_				-						
_6					_					
2	Capital gain net income or (net ca	pital loss) { If g	ain, also enter in Part I, line loss), enter -0- in Part I, line	7 : 7	}	2			164	,278.
3	Net short-term capital gain or (los If gain, also enter in Part I, line 8,	•	ns 1222(5) and (6):		}					
_	If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndon Cootion A	040/a) for Baduage	Toy on Not	1	3		N/A	<u>.</u>	
_	***/						Come	·		
(F	or optional use by domestic private	Houndations subject t	o the Section 4940(a) tax of	i net mvestinent ii	iconie.)				
if:	section 4940(d)(2) applies, leave th	nis part blank.								
W	as the foundation liable for the sec	tion 4942 tax on the d	stributable amount of any y	ear in the base pe	riod?				Yes	X No
	Yes," the foundation does not qual									
1	Enter the appropriate amount in	each column for each	year; see the instructions be	fore making any e	entries.				74	-
	(a) Base period years	Adjusted	(b) qualifying distributions	Net value of no	(C) nochari	table-use asset	re	Distril	(d) oution ratio /ided by col.	(0))
_	Calendar year (or tax year beginnii 2013	ng in) / Najabisa	824,027.			755,09		(60% (0) 00		99092
	2013		422,513.			455,37				$\frac{33032}{72077}$
	2011		474,681.			435,50				94901
_	2010		644,206.			041,90		-		15493
Ξ	2009		492,732.		1,	677,82	4.	· ,	. 2	93673
							_		1 2	75236
	Total of line 1, column (d)	E year boos pariod d	uuda tha tatal aa luga 2 by 5	or by the number	r of you	ro	2		1.4	15230
3	Average distribution ratio for the the foundation has been in existe			, or by the number	oi yea	is	3	ļ. <u> </u>	. 2	55047
4	Enter the net value of noncharitat	ole-use assets for 2014	from Part X, line 5				4		2,575	,744.
5	Multiply line 4 by line 3						5		656	,936.
	Enter 1% of net investment incon	ne (1% of Part I line 2	7h)				6		2	,312.
		10 (170 OI 1 aiti, iiii 2	· ~,							
	Add lines 5 and 6						7	- 		,248.
8	Enter qualifying distributions from						8		838	,161.
	If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box	in Part VI, line 1b, and com	plete that part usir	ng a 1%	tax rate.				

THE HOWARD B. BERNICK FOUNDATION β

orm 990-PF (2014) C/O BERNICK ADVISORY, LTD.	2001		8042481	Page 4
Part VI Excise Tax Based on Investment Income (Section 49)		or 4948 -	see instru	ictions)
1a Exempt operating foundations described in section 4940(d)(2), check here an			· .	· ,
Date of ruling or determination letter: (attach copy of letter if				<u></u>
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	■ X and enter 1%	1		2,312.
of Part I, line 27b			\$ * * **	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	4% of Part I, line 12, col. (b).			<u> </u>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	/. Others enter -0-)	2		0.
3 Add lines 1 and 2		3		2,312.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	y. Others enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		2,312.
6 Credits/Payments:			, "M '	
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a 6,14		, ,	* ***
b Exempt foreign organizations - tax withheld at source	6b		· · · · · · · · · · · · · · · · · · ·	
c Tax paid with application for extension of time to file (Form 8868)	6c			* 11
d Backup withholding erroneously withheld	6d		£ للنـــــــــــــــــــــــــــــــــــ	
7 Total credits and payments. Add lines 6a through 6d		7		6,146.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is a	attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶ 10		3,834.
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	3,834 • Refunded	▶ 11		0.
Part VII-A Statements Regarding Activities				DZ - I NI -
1a During the tax year, did the foundation attempt to influence any national, state, or local le	egislation or did it participate or intei	vene in		Yes No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur			1b	X
If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities	s and copies of any materials put	olished or		
distributed by the foundation in connection with the activities				da Libri
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during		^		, ,
(1) On the foundation. > \$ 0. (2) On foundation manage		0.	× , ,	
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	enditure tax imposed on toundation			
managers. ►\$ 0.	na IDCO		2	X .
2 Has the foundation engaged in any activities that have not previously been reported to the	ne iko			
If "Yes," attach a detailed description of the activities	ing instrument articles of incorporat	ion or	l	\$ 23 %
3 Has the foundation made any changes, not previously reported to the IRS, in its government of the provided to the IRS, in its government of the provided to the IRS, in its government of the provided to the IRS, in its government of the provided to the IRS, in its government of the provided to the IRS, in its government of the IRS, i		ion, or	ىئد 3	X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha 4a Did the foundation have unrelated business gross income of \$1,000 or more during the			4a	X
	year ·	N	/A 4b	
 b if "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year. 	par?		5	X
If "Yes," attach the statement required by General Instruction T	cai ·		{ · \$ ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ad either			
	ou citio.			1
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no manda 	atory directions that conflict with the	state law	1	1
•	atory directions that connict with the	State law	2. 21 6	X
remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	complete Part II col. (c) and Pa	rt XV	7	X
7 Did the loundation have at least \$5,000 in assets at any time during the year. If 165,	complete raitif, cor (c), and ra	, , , , , , , , , , , , , , , , , , ,	34 3	
8a Enter the states to which the foundation reports or with which it is registered (see instru	uctions)			
IL			 ; ;	•
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ne Attorney General (or designate)		'r	*
of each state as required by General Instruction G? If "No," attach explanation	no materinos cienteras (de designate)		8b	X
	, , ,			
		r calendar	**	A
9 Is the foundation claiming status as a private operating foundation within the meaning o	of section 4942(j)(3) or 4942(j)(5) fo	r calendar	Ľ.ĸ	X
	of section 4942(j)(3) or 4942(j)(5) fo s, ° complete Part XIV	r calendar STMT	9	X

423531 11-24-14

THE HOWARD B. BERNICK FOUNDATION

Form	990-PF(2014) C/O BERNICK ADVISORY, LTD.	20-8042	2481		Page 5
	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		I^{-I}		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rivileges?	1 1		
	If "Yes," attach statement (see instructions)		12		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				
14	The books are in care of DEBRA REITER Telephone no.	► <u>(312)</u>	464	<u>-11</u>	<u>88</u>
	Located at > 401 N. MICHIGAN AVE., SUITE 1818, CHICAGO, IL	ZIP+4 ▶6 () 6 T T		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			, ,▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year	15		/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name	of the	****) -
	foreign country		. , , , ,	<u> </u>	,
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1 7	Yes	No
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			162	NO
18	a During the year did the foundation (either directly or indirectly):	es X No	,,,,		3,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	13 [22] 110		Commit	
	a disqualified person?	es X No		20	100
	<u></u>	es X No		1	
		es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			· ·	j.
	for the benefit or use of a disqualified person)?	es X No		, A	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			à.	
	if the foundation agreed to make a grant to or to employ the official for a period after		1		<u> </u>
	termination of government service, if terminating within 90 days.)	es 🗶 No			
1	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1 1		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		,	12	, [
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		.ji	á.	1) 1, , esse.,
	before the first day of the tax year beginning in 2014?		10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			***	
	defined in section 4942(j)(3) or 4942(j)(5)):		- 1		, 3
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginnin	g [च् र]	, s	t	1 3
		es X No	-		
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	•			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				3.41
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	N/A	2b	² -	*****
	statement - see instructions.)	14/12	20	`.	6 5 7
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			,	
•	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		*	1	823
3	during the year?	es X No	,		* 1/
	b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons af		,	8 Ž	} 14
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to 0		,		
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C			 	
	Form 4720, to determine if the foundation had excess business holdings in 2014)	N/A	3b ~		aden aua
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	•	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that			Ī
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?		4b		X
		F	orm 99 ()-PF	(2014)

THE HOWARD B. BERNICK FOUNDATION 20-8042481 C/O BERNICK ADVISORY, LTD. Page 6 Form 990-PF (2014)

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	lequired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:			T	. * 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)) ?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			
any voter registration drive?		Ye	s 🔀 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		X Ye	s L No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or		***
the prevention of cruelty to children or animals?		Y6	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	_	* ***
section 53.4945 or in a current notice regarding disaster assistance (see instru			L	5b X
Organizations relying on a current notice regarding disaster assistance check hi				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		
expenditure responsibility for the grant?		X Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.4945				*
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	r	▼	
a personal benefit contract?		Ye	es 🗶 No 📙	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870	holter transports - 0		es 🗶 No	₹ <u>*</u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		7b
b if "Yes," did the foundation receive any proceeds or have any net income attributed and the foundation About Officers, Directors, Trusto		nagere Highly		70
Paid Employees, and Contractors	ees, i oundation in	nagers, riiging	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.	.		-
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowances
HOWARD B. BERNICK	TRUSTEE/MEMBE	R OF DIST	COM	
C/O BERNICK ADVISORY, LTD. 401 N. MIC				
CHICAGO, IL 60611	1.00	0.	0.	0.
	MEMBER OF DIS	T COMMITT	EE	
C/O BERNICK ADVISORY, LTD. 401 N. MIC		_	_	_
CHICAGO, IL 60611	1.00	0.	0.	0.
	MEMBER OF DIS	T COMMITT	EE	
C/O BERNICK ADVISORY, LTD. 401 N. MIC	1 00			
CHICAGO, IL 60611	1.00	0.	0.	0.
	MEMBER OF DIS	L COMMITT	FE	
C/O BERNICK ADVISORY, LTD. 401 N. MIC	1 00		0.	
CHICAGO, IL 60611 2 Compensation of five highest-paid employees (other than those inc	1.00	O.	<u> </u>	0.
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	dovoted to position		compensation	4
NOND		1		
	1			
_				
	<u> </u>	L	L	<u> </u>
Total number of other employees paid over \$50,000				

THE HOWARD B. BERNICK FOUNDATION

Form 990-PF (2014) C/O BERNICK ADVISORY, LTD.		3042481 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc	al information such as the led, etc.	Expenses
1 N/A		
2		
3		
4		· ·
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Tabel Add In a 4 Abraneb C		0

Form **990-PF** (2014)

P	Minimum Investment Return (All domestic foundations	must complete this	part Foreign foui	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc., purposes:			
	Average monthly fair market value of securities	,, ,,		1a	2,351,413.
	Average of monthly cash balances			1b	2,351,413. 263,556.
	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1d	2,614,969.
	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.	1:	
2	Acquisition indebtedness applicable to line 1 assets	\!		2	0.
3	Subtract line 2 from line 1d			3	2,614,969.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt, see instructions)		4	39,225.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	2,575,744.
6	Minimum investment return. Enter 5% of line 5	,		6	128,787.
P	Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here and do not complete this pai		rating foundations ar	nd certain	
1	Minimum investment return from Part X, line 6		*	1	128,787.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	2,312.	· 🔏 ,	
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	2,312.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	126,475.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	126,475.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	126,475.
P	Qualifying Distributions (see Instructions)			•	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pi	urposes:		3 .	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	838,161
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charif	table, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			<i>></i> ,	
a	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8,	and Part XIII, line 4		4	838,161
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	-			
	income. Enter 1% of Part I, line 27b			5	2,312
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	2,312. 835,849.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.	when calculating who	ether the foundation	qualifies for	

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7			, ,	126,475.
2 Undistributed income, if any, as of the end of 2014	· · · · · · · · · · · · · · · · · · ·	\$	<	
a Enter amount for 2013 only	<u> </u>	;	0.	× 4, ,-
b Total for prior years:	<i>y</i> ,			· · · · · · · · · · · · · · · · · · ·
	i 4	0.		
3 Excess distributions carryover, if any, to 2014:	* 3,		,	
a From 2009 413,621.	,			
b From 2010 548, 439.			, ′	, , ,
c From 2011 364,654.			*	
dFrom 2012 307,349.	.,			, *
eFrom 2013 689,190.	1		,	
f Total of lines 3a through e	2,323,253.		*	<u> </u>
4 Qualifying distributions for 2014 from	! **	·		
Part XII, line 4: ►\$ 838,161.	, , ,	*		₩ *
a Applied to 2013, but not more than line 2a	**		0.	
b Applied to undistributed income of prior	·* · · · · · · · · · · · · · · · · · ·	_		· · · · · · · · · · · · · · · · · · ·
years (Election required - see instructions)	<u> </u>	0.	<u> </u>	, ,
c Treated as distributions out of corpus (Election required - see instructions)	0.	,	8	,
d Applied to 2014 distributable amount	·· · · · · · · · · · · · · · · · · · ·	* *	,	
e Remaining amount distributed out of corpus	711,686.	* **	*	126,475.
5 Excess distributions carryover applied to 2014	711,000.	, , , ,	* , \\$	
(If an amount appears in column (d), the same amount must be shown in column (a))	· * .			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,034,939.		* "	, p >
b Prior years' undistributed income. Subtract				(4) · · · ·
line 4b from line 2b	``,	0.		¾ ¾. ≀
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	, , (0.	\$ 4 · ·	g v
d Subtract line 6c from line 6b. Taxable	*		, , , , , ,	*
amount - see instructions	× *	0.	* > }	*
e Undistributed income for 2013. Subtract line		*)
4a from line 2a. Taxable amount - see instr.	*, `		0.	* (),) .
f Undistributed income for 2014. Subtract	*	`%, <u>*</u> * .	* *	
lines 4d and 5 from line 1. This amount must		3 «	, /	
be distributed in 2015	2.4	€ ₹	* *	0.
7 Amounts treated as distributions out of		`	3	· · ·
corpus to satisfy requirements imposed by			\$	* '
section 170(b)(1)(F) or 4942(g)(3) (Election			e transfer of the second secon	°4.
may be required - see instructions)	0.			* *
8 Excess distributions carryover from 2009	-	, , , , , ,	· · ·	1 1 1, . /
not applied on line 5 or line 7	413,621.	*	,	ž (* .
9 Excess distributions carryover to 2015.		*	.	
Subtract lines 7 and 8 from line 6a	2,621,318.	****	, ,	.
O Analysis of line 9:	; , »,	4 . F \$	٠ ,	**
a Excess from 2010 548, 439.	* * * *	^	is g	· · ·
b Excess from 2011 364,654.	** / 1/2 /	· .		
c Excess from 2012 307, 349.			, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	,
d Excess from 2013 689, 190. e Excess from 2014 711, 686.	* * *	** *	, 77 ° 38	* 1
e Excess from 2014 711,686.	I ," '	*	· `	

C/O	BERNICK	ADVISORY.	LTD.

	VICK ADVISO		A ====================================		742481 Page
Part XIV Private Operating Fo			-A, question 9)	N/A	
1 a If the foundation has received a ruling or			[]		
foundation, and the ruling is effective for				4040(1)(2) or 4	942(j)(5)
b Check box to indicate whether the foundation		g toundation described i	Prior 3 years	4942(j)(3) or4	T ====================================
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	(c) 2012	(d)2011	(e) Total
income from Part I or the minimum	(2)2017	(8)2010	(0)2012	(4)2011	(5) . 5.2.
investment return from Part X for			ľ		Į ,
each year listed		····	<u></u> _	-	
b 85% of line 2a					
c Qualifying distributions from Part XII,			1		
line 4 for each year listed					 -′
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:			1	·	
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter		_	/		
2/3 of minimum investment return shown in Part X, line 6 for each year		/			
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt		1			
organizations as provided in	<i>y</i> "				
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization				_	-
(4) Gross investment income		A . Al	 	h - d 65 000	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on nad \$5,000 or m	nore in assets
		<u></u>			
 Information Regarding Foundatio List any managers of the foundation who 		than 2% of the total cont	ributions received by t	he foundation before the cl	ose of any tay
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)	industria received by t	ne realitation before the or	osc or any ac
HOWARD B. BERNICK	, , , ,	. , , , ,			
b List any managers of the foundation who			(or an equally large po	rtion of the ownership of a	partnership or
other entity) of which the foundation has	a 10% or greater interes	šL.			
NONE	en Crant Cift I con	Cabalaratin etc. D	rograms:		-
2 Information Regarding Contributi Check here ► In the foundation o				e not accent uncollected re-	nuests for funde if
the foundation makes gifts, grants, etc. (iny makes communitions isee instructions) to indiv	io preselecteu chantable iduals or organizations i	inder other conditions.	. complete items 2a. b. c. ai	nd d.
a The name, address, and telephone number					
HOWARD B. BERNICK, 3			ications should be aud	16556u.	
401 N. MICHIGAN AVE.			TT. 60611		
b The form in which applications should b					
LETTER STATING ORGAN				DETERMINATIO	N
c Any submission deadlines:		-			
MONE d Any restrictions or limitations on awards	such as hy geographic	al areas, charitable fields	kinds of institutions of	or other factors:	
OUALIFIED CHARITIES				or other meters,	
*			•		
400004 41 04 14					Form 990-PF (20)

Page 11 Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year GENERAL SUPPORT PC ACWIS NONE 633 3RD AVE 10,000. NEW YORK, NY 10017 ALZHEIMER'S ASSOCIATION NONE ÞС GENERAL SUPPORT 225 N MICHIGAN AVE 5,000. CHICAGO, IL 60601 GENERAL SUPPORT AMERICAN ENTERPRISE INSTITUTE NONE ÞC 1150 17TH ST, NW WASHINGTON, DC 20036 5,000. BOYS & GIRLS CLUB CHICAGO NONE ÞС GENERAL SUPPORT 550 W VAN BUREN ST 5,000. CHICAGO, IL 60607 GENERAL SUPPORT BRAIN RESEARCH FOUNDATION NONE 111 W WASHINGTON ST 2,500. CHICAGO, IL 60602 SEE CONTINUATION SHEET(S) ► 3a 830,300. b Approved for future payment UPPER CANADA EDUCATIONAL FOUNDATION NONE ÞС GENERAL SUPPORT 530 WEST END AVE 800,000. NEW YORK, NY 10024 NONE PС GENERAL SUPPORT JDRF ILLINOIS 11 S LASALLE ST 300,000. CHICAGO, IL 60603 CHILDREN'S HOSPITAL OF CHICAGO NONE ÞС GENERAL SUPPORT 225 E CHICAGO AVE 700,000. CHICAGO, IL 60611 SEE CONTINUATION SHEET(S) 1,985,000. Total

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor status of contribution Amount Name and address (home or business) recipient CHILDREN'S HOSPITAL OF CHICAGO NONE ÞС GENERAL SUPPORT 225 E CHICAGO AVE CHICAGO, IL 60611 100,000. GARY COMER YOUTH CENTER NONE ÞС GENERAL SUPPORT 7200 S INGLESIDE AVE CHICAGO, IL 60619 1,000. HOSPICE OF PALM BEACH COUNTY NONE ÞС GENERAL SUPPORT POUNDATION 5300 EAST AVE 1,000. WEST PALM BEACH, FL 33407 ILLINOIS HOLOCAUST MUSEUM NONE ÞС GENERAL SUPPORT 9603 WOODS DRIVE SKOKIE, IL 60077 10,000. INVEST FOR KIDS CHICAGO NONE GENERAL SUPPORT 875 N MICHIGAN AVE CHICAGO, IL 60611 1,000. JDRF ILLINOIS NONE ÞС GENERAL SUPPORT 11 S LASALLE ST CHICAGO, IL 60603 100,000. NONE MARINE CORPS SCHOLARSHIP FOUNDATION ÞС GENERAL SUPPORT 909 N WASHINGTON ST ALEXANDRIA, VA 22314 10,000. OAK PARK TEMPLE NONE ÞС GENERAL SUPPORT 1235 HARLEM AVE 19,000. OAK PARK, IL 60302 PALM BEACH COUNTRY CLUB FOUNDATION NONE GENERAL SUPPORT ÞС 760 N OCEAN BLVD PALM BEACH, FL 33480 1,000. PARKINSON SOCIETY CANADA NONE GENERAL SUPPORT 4211 YONGE ST TORONTO, CANADA M2P 2A9 1,000. 802,800. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient GENERAL SUPPORT NONE PRESERVATION FOUNDATION 311 PERUVIAN AVE 15,000. PALM BEACH, FL 33480 ÞС GENERAL SUPPORT NONE RONALD MCDONALD HOUSE 211 E GRAND AVE 4,000. CHICAGO, IL 60611 NONE GENERAL SUPPORT SUSAN G. KOMEN FOR THE CURE 8765 W HIGGINS RD 110,000. CHICAGO, IL 60631 NONE ÞС GENERAL SUPPORT TEACHING TOLERANCE 400 WASHINGTON AVE 27,500. MONTGOMERY, AL 36104 THE FAMILY INSTITUTE NONE ÞС GENERAL SUPPORT 8 S MICHIGAN AVE 25,000. CHICAGO, IL 60603 GENERAL SUPPORT NONE ÞС THE FIELD MUSEUM 1400 S LAKE SHORE DR 47,500. CHICAGO, IL 60605 NONE ÞС GENERAL SUPPORT THE PRINCE OF WALES FOUNDATION 888 17TH STREET, NW WASHINGTON, DC 20006 5,000. ÞС GENERAL SUPPORT UNIVERSITY OF CHICAGO NONE 5801 S ELLIS AVE 12,000. CHICAGO, IL 60637 NONE so-I GENERAL SUPPORT UPPER CANADA EDUCATIONAL FOUNDATION 530 WEST END AVE 100,000. NEW YORK, NY 10024 BIG SHOULDERS FUND NONE ₽C GENERAL SUPPORT 212 W. VAN BUREN ST #900 10,000. CHICAGO, IL 60607 Total from continuation sheets

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Equadation	Durnose of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor			
BOYS & GIRLS CLUB OF PALM BEACH CTY,	NONE	₽C	GENERAL SUPPORT	
INC				
300 NORTH POINT PARKWAY SUITE 204				
WEST PALM BEACH, FL 33407				5,000.
BRIGHAM & WOMEN'S HOSPITAL	NONE	PC	GENERAL SUPPORT	
75 FRANCIS ST	NONE	FC	GENERAL SUFFORT	
BOSTON, MA 02115				5,000.
BOSTON, FAR VZ113				
JEWISH UNITED FUND OF METROPOLITAN	NONE	₽C	GENERAL SUPPORT	
CHICAGO				
30 S WELLS ST				
CHICAGO, IL 60606				22,000.
-				
MCHENRY COUNTY ADULT PROGRAM	NONE	PC	GENERAL SUPPORT	
PO BOX 1823				F 000
WOODSTOCK, IL 60098	<u> </u>			5,000.
MORSELIFE	NONE	PC	GENERAL SUPPORT	
4847 FRED GLADSTONE DRIVE				
WEST PALM BEACH, FL 33417		1		55,000.
			_	
NEW ALTERNATIVES FOR CHILDREN	NONE	₽C	GENERAL SUPPORT	
37 WEST 26TH STREET				2,500.
NEW YORK, NY 10010			<u> </u>	2,300.
RUSH UNIVERSITY MEDICAL CENTER	NONE	₽C	GENERAL SUPPORT	
1653 W CONGRESS PKWY				
CHICAGO, IL 60612				5,000.
		Ì		
TEMPLE EMANU-EL OF PALM BEACH	NONE	₽C	GENERAL SUPPORT	
190 N COUNTY ROAD				10.000
PALM BEACH, FL 33480			<u> </u>	10,000.
THE ART INSTITUTE OF CHICAGO	NONE	₽C	GENERAL SUPPORT	
111 S MICHIGAN AVE				
CHICAGO, IL 60603				7,000.
THE AUXILIARY OF NORTHSHORE	NONE	₽C	GENERAL SUPPORT	1
1033 UNIVERSITY PLACE, SUITE 450				1 000
EVANSTON, IL 60201 Total from continuation sheets	<u> </u>	1		1,000.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient THE BIRTHRIGHT ISRAEL FOUNDATION NONE ÞС GENERAL SUPPORT 33 E. 33RD STREET 7TH FLOOR 9,000. NEW YORK, NY 10016 NONE ÞС GENERAL SUPPORT THE PALM BEACH POLICE FOUNDATION PARAMOUNT BUILDING 139 N COUNTY RD 10,000. #20C PALM BEACH, FL 33480 GENERAL SUPPORT NONE THE ROCK SCHOOL 1101 SOUTH BROAD STREET 2,000. PHILADELPHIA, PA 19147 GENERAL SUPPORT THE SOCIETY OF THE FOUR ARTS NONE ÞС 2 4 ARTS PLAZA PALM BEACH, FL 33480 10,000. TOWN OF PALM BEACH UNITED WAY NONE GENERAL SUPPORT PALM BEACH TOWERS, 44 COCOANUT ROW 15,000. PALM BEACH, FL 33480 GENERAL SUPPORT UNIVERSITY OF CHICAGO CANCER RESEARCH NONE ÞС FOUNDATION 5841 S MARYLAND AVE 5,000. CHICAGO, IL 60637 GENERAL SUPPORT PB FELLOWSHIP OF CHRISTIANS AND JEWS NONE ÞС 139 NORTH COUNTY RD, SUITE 282 PALM BEACH, FL 33480 2,500. PC GENERAL SUPPORT PRINCESS MARGARET HOSPITAL FOUNDATION NONE 610 UNIVERSITY AVENUE 1,000. TORONTO M5G 2N9 MCGILL UNIVERSITY NONE PC GENERAL SUPPORT 845 RUE SHERBROOKE O MONTREAL, QUEBEC, CANADA H3A 0G4 5,000. SIMON WIESENTHAL CENTER NONE PC GENERAL SUPPORT 1399 ROXBURY DR LOS ANGELES, CA 90035 5,000. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor status of Amount Name and address (home or business) recipient BETH TZEDEC CONGREGATION NONE ÞС GENERAL SUPPORT 1700 BATHURST STREET TORONTO, ONTARIO, CANADA M5P 3K3 18,000. THE ALS ASSOCIATION NONE ÞС GENERAL SUPPORT 1275 K STREET NW, SUITE 250 WASHINGTON, DC 20005 1,000. THE DR. JAY CHARITABLE FOUNDATION NONE ÞС GENERAL SUPPORT 85 SKYMARK DRIVE, SUITE 2603 TORONTO, ONTARIO, CANADA M2H 3P2 1,800. Total from continuation sheets

Part XV | Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient Foundation status of Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount contribution Name and address (home or business) recipient THE FAMILY INSTITUTE NONE GENERAL SUPPORT 8 S MICHIGAN AVE 125,000. CHICAGO, IL 60603 NONE GENERAL SUPPORT OAK PARK TEMPLE 1235 HARLEM AVE 60,000. OAK PARK, IL 60302 185,000. Total from continuation sheets

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelat	Unrelated business income		by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
	Couc					
a	-	·	+			
0	-	 				
<u> </u>	-					
						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	28.	-	
4 Dividends and interest from securities			14	69,510.		
5 Net rental income or (loss) from real estate:				()		
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property					-	
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	164,278.	·	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a	_					
b						
c						
d						
e		<u> </u>				
12 Subtotal. Add columns (b), (d), and (e)			0.	233,816.	0.	
13 Total Add line 12, columns (b), (d), and (e)				13	233,816.	
(See worksheet in line 13 instructions to verify calculations.)						

Relationship of Activities to the Accomplishment of Exempt Purposes

V	the foundation's exempt purposes (other than by providing funds for such purposes).
-+	
	
-+	
	· · · · · · · · · · · · · · · · · · ·
1 14	Form 990-PF

Form 990-		BERNICK AD)1 4	20-	-8042481	P:	ige 13
Part X					s and Re	lationships With No		_	ige 10
(Cart X	Exempt Orga		siers ro arr	u mansaction.	o ana ne	iddonompo viidi iv	5.1011a11ta51	•	
1 Did t	he organization directly or in		of the following v	with any other organiz	ration describ	ed in section 501(c) of	1	Yes	No
	code (other than section 501					ou in booken oo i(o) or	\$	 • • •	
	`		•	= :	yanızanınısı				
	sfers from the reporting foul	ndation to a noncharita	Die exempt organ	iization oi.			10/1		X
• •	Cash						1a(1)	-	$\frac{\Lambda}{X}$
	Other assets						1a(2)		<u> </u>
	r transactions:						<u> </u>	<u></u>	37
	Sales of assets to a nonchar						1b(1)		X
(2)	Purchases of assets from a	noncharitable exempt o	rganization				1b(2)	+	X
(3)	Rental of facilities, equipmer	nt, or other assets					1b(3)	<u> </u>	X
(4)	Reimbursement arrangemer	nts					1b(4)		X
(5)	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or	membership or fundrais	sing solicitations				1b(6)		X
c Shar	ing of facilities, equipment,	mailing lists, other asse	ts, or paid emplo	oyees			10		X
					d always show	w the fair market value of the	goods, other as	sets,	
						ransaction or sharing arrang			
	mn (d) the value of the good	-							
(a)Line no	(b) Amount involved	(c) Name of	noncharitable ex	xempt organization	(d)	Description of transfers, transact	tions, and sharing a	тапдет	ents
	 - `` -	- · · · · · · · · · · · · · · · · · · ·	N/A	· · ·					
				_				-	
		-	 -			•			
							· · · · · · · · · · · · · · · · · · ·	-	
		 			_				
						.=			
	-					<u> </u>	•=		
						· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·	* ***						
	-								
						******		-	
	- -								
2a le th	e foundation directly or indi	rectly affiliated with or i	related to one or	more tax-exempt or	nanizations de	escribed			
	ection 501(c) of the Code (of	•			3211124110110 41	550.1554	Yes	X	No
	es," complete the following s	, ,)(0/) or in section	11021					
	(a) Name of			(b) Type of organization	on	(c) Description of	relationship		
	N/Z			(-, ,,,	_	, , , , , , , , , , , , , , , , , , ,			
		<u> </u>							
	·····	·							
									
	Under penalties of perjury, I decl	lare that I have examined the	is return, including a	accompanying schedules	and statements	s, and to the best of my knowledg	је	, 	
						hich preparer has any knowledge	return with t	he prepa	rer
Here	D H K K	10./		110/14/1	5	Trustee	shown below		No No
	Signature of officer or trus	stee		Date	Title		— L		10
	Print/Type preparer's		Preparer's sign		Date	Check if	PTIN		
	EDWIN J.		11	1411)		self- employed	1		
Paid	JR.		1/4/	AVULV-	10/7/2	2015	P01361	807	,
Prepa		SLOITTE TAX	LLP			Firm's FIN	86-10657		
Use O		LUCTION IAM				I IIII 3 LIN			
	- I								

Phone no (312) 486-1000 Form **990-PF** (2014)

Firm's address ► 111 SOUTH WACKER DRIVE CHICAGO, IL 60606

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Name of the organization

THE HOWARD B. BERNICK FOUNDATION C/O BERNICK ADVISORY, LTD.

Employer identification number

20-8042481

Organization type (check o	ne)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions					
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, 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, line 1 Complete Parts I and II					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III					
year, contributions is checked, enter h purpose Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

THE HOWARD B. BERNICK FOUNDATION

C/O BERNICK ADVISORY, LTD.

Employer identification number 20-8042481

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOWARD BERNICK 401 N. MICHIGAN AVE., SUITE 1818 CHICAGO, IL 60611	\$695,313. 	Person X Payroll Noncash X (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
423452 11-		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

THE HOWARD B. BERNICK FOUNDATION

C/O BERNICK ADVISORY, LTD.

20-8042481

Employer identification number

Part II	Noncash Property (see instructions) Use duplicate copies of Part	Il if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	,250 SHARES OF APPLE, INC. STOCK	_	
<u> </u>		 	11/13/14
(a) No. rom	(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
			990, 990-EZ, or 990-PF)

	(Form 990, 990-EZ, or 990-PF) (2014)		Page 4						
Name of org			Employer identification number						
	WARD B. BERNICK FOUNDA	TION	00 0040404						
	ERNICK ADVISORY, LTD.	ributions to organizations described	20-8042481						
Part III	the year from any one contributor. Complete of	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for vine entry. For organizations						
	completing Part ill, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once)						
(a) No.	Use duplicate copies of Part III if addition:	al space is needed							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
									
		· 							
-		(e) Transfer of gift							
		(6) 112110101 01 9111	•						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
1									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(2) 1 2. pose 5. g	(0, 200 c. g.m	(a) becaution of not give to held						
-	(a) Transfer of sife								
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
<u> </u>									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(4): 4:5-1-1-3:	(1, 01111 3.11	(c) 2 conspiculting grant man						
— i									
}	(e) Transfer of gift								
1		(0) 112.10101 01 31.1	•						
1	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
Ī									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		-							
-		(e) Transfer of gif							
	(e) Transier Or york								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
T									
]									

423454 11-05-14

The Howard B. Bernick Foundation Expenditure Responsibility Statement Attachment to 2014 Form 990-PF EIN: 20-8042481

Page 5, Part VII-B, Line 5c

The following information is provided in accordance with IRC Sec. 4945(h)(3) and Reg. 53.4945-5(d) to demonstrate that the foundation exercised expenditure responsibility in regard to this grant.

Name and Address of Grantee:

Princess Margaret Hospital Foundation

610 University Avenue Toronto, ON M5G 2M9

Amount and Date of Grant:

\$1,000; June 26, 2014

Purpose:

For charitable, religious, scientific literary of educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue

Code 1986.

Date of Report(s) Received

From the Grantee:

July 18, 2014

Amount Expended by

Grantee:

\$1,000

Diversion:

To the knowledge of the grantor, no funds have been diverted to any activity other than the activity for which the grant was

originally made.

Verification:

The grantor has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

The Howard B. Bernick Foundation Expenditure Responsibility Statement Attachment to 2014 Form 990-PF EIN: 20-8042481

Page 5, Part VII-B, Line 5c

The following information is provided in accordance with IRC Sec. 4945(h)(3) and Reg. 53.4945-5(d) to demonstrate that the foundation exercised expenditure responsibility in regard to this grant.

Name and Address of Grantee: The Dr. Jay Charitable Foundation

85 Skymark Drive, Suite 2603 Toronto, Ontario M2H 3P2

Amount and Date of Grant: \$1,800; December 31, 2014

Purpose: For charitable, religious, scientific literary of

educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue

Code 1986.

Date of Report(s) Received

From the Grantee: October 2, 2015

Amount Expended by

Grantee: \$1,800

Diversion: To the knowledge of the grantor, no funds

have been diverted to any activity other than the activity for which the grant was

originally made.

Verification: The grantor has no reason to doubt the

accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH I	NVESTMENTS S	STATEMENT	1
SOURCE		(A) REVEI PER BO	WE NET I	(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	3
JP MORGAN			28.	28.		
TOTAL TO PART I, LI	NE 3		28.	28.	-	
FORM 990-PF	DIVIDEND	S AND INTERI	ST FROM SECU	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST MENT INCOM		
JP MORGAN	69,510	. (69,510	69,510	•	
TO PART I, LINE 4	69,510	. (69,510	69,510		
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING FEES	_	10,485.	2,639.		7,84	46.
TO FORM 990-PF, PG	1, LN 16B	10,485.	2,639.		7,84	46.
FORM 990-PF		OTHER E	XPENSES		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITAI PURPOSI	
FILING FEES		15.	0.	,	-	15.

FORM 990-PF	CORPORATE STOCK		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE	r
MARKETABLE SECURITIES		3,195,379.	2,926,0	10.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	3,195,379.	2,926,03	10.
	SUBSTANTIAL CONTRI ART VII-A, LINE 10	BUTORS	STATEMENT	6
NAME OF CONTRIBUTOR	ADDRESS			
HOWARD B. BERNICK	401 N. MICHIO CHICAGO, IL O	GAN AVE., SUITE	1818	
CANABER HOLDINGS, LLC	401 N. MICHIO CHICAGO. IL O	GAN AVE., SUITE	1818	