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Form **990-PF**

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. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

Department of the Treasury Internal ⊋evenue Service For calendar year 2014 or tax year beginning , and ending

N	lam	e of	foundation			A Employ	er identificatio	n number
	Αl	NI	AND ROBERT H. LURIE FO	OUNDATION		36-	3486274	4
	_		nd street (or P O box number if mail is not delivered to stree		Room/suite	B Telepho	one number	
	2	N	. RIVERSIDE PLAZA		1240	312	2-466-32	222
			own, state or province, country, and ZIP or foreign CAGO, IL 60606	postal code		C If exempt	ion application is i	pending, check here
			all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Fore	ign organization	ns, check here
			Final return	Amended return		1 2 -		
			Address change	Name change		Z. Foreig	in organizations m here and attach c	neeting the 85% test, computation
H	Çŀ	ieck	type of organization: X Section 501(c)(3)	xempt private foundation		E If privat	e foundation st	atus was terminated
Ĺ		Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under s	ection 507(b)(1	I)(A), check here
			·	ting method: X Cash	Accrual			60-month termination
			Part II, col. (c), line 16)	Other (specify)		- under s	ection 507(b)(1	1)(B), check here
	<u> </u>		5,390,503. (Part I, coll					(4)
<u> </u>	'aı	t I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	, ,	djusted net ncome	(d) Disbursements for charitable purposes (cash basis only)
	-	1	Contributions, gifts, grants, etc., received	5,101,150.		N	I/A	
			Check If the foundation is not required to attach Sch. B					(ma minaration 4
	-	3	Interest on savings and temporary cash investments	6.	66.201			STATEMENT 1
	-		Dividends and interest from securities	66,381.	66,381	•		STATEMENT 2
	-		Gross rents			_		
	-		Net rental income or (loss)	1,428,139.				
9	<u> </u>	6 a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 5 , 016 , 645 .	1,420,133.				
9	Hevenue				1,428,139		2F0FIV	Ten I
Č	<u>آڇ</u>		Capital gain net income (from Part IV, line 2) Net short-term capital gain		1,420,133	1	(FPEI)	1-10
	-	8 9	Income modifications					
	-	-	Gross sales less returns and allowances			1121	SEP 0 1	2015 3
	-	_	Less Cost of goods sold			- ∞ -	OLI V -	1 121
	-		Gross profit or (loss)			11	- ODC	117
	-		Other income				ושעטכ	1,01
	-	12	Total. Add lines 1 through 11	6,595,676.	1,494,526			
	Т	13	Compensation of officers, directors, trustees, etc	0.	(0.
-1	-	14	Other employee salaries and wages					
 	اي	15	Pension plans, employee benefits					
5	xpenses	16a	Legal fees					
1-7			Accounting fees STMT 3	5,350.	C	'• <u> </u>	N	0.
າຄາ ⊔	ш		Other professional fees		•	 		
ا لي	[≝		Interest					
טבם	₽		Taxes					
ָ ס	<u> </u>		Depreciation and depletion Occupancy					
> {	5		Travel, conferences, and meetings					
5 3	9		Printing and publications					
	ā		Other expenses STMT 4	613.	83			0.
3 .	= 1		Total operating and administrative					
ì	ĕ		expenses. Add lines 13 through 23	5,963.	83			0.
Ċ	วี	25	Contributions, gifts, grants paid	5,220,603.				5,220,603.
			Total expenses and disbursements.					
_			Add lines 24 and 25	5,226,566.	83			5,220,603.
	T	27	Subtract line 26 from line 12:					
		a	Excess of revenue over expenses and disbursements	1,369,110.	4 404			
			Net investment income (if negative, enter -0-)		1,494,443		7/7	
	250	C	Adjusted net income (if negative, enter -0-)			N	1/A	<u></u>

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

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_		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
Р	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	571,224.	674,253.	674,253.
		Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less; allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	۰	disqualified persons	•		
	7				
	′	Other notes and loans receivable Less: allowance for doubtful accounts			
	_				
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			<u>. </u>
1	ľ	Investments - U.S. and state government obligations	2 006 405	2 022 010	4 712 625
		Investments - corporate stock STMT 6	3,986,425.	3,033,819.	4,713,625.
	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 ► STATEMENT 7)	249,188.	2,625.	2,625.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	4,806,837.	3,710,697.	5,390,503.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue		•	1
iţie	20	Loans from officers, directors, trustees, and other disqualified persons			1
Liabilities		Mortgages and other notes payable		···········	1
Ë		Other liabilities (describe)			
		7			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			İ
es	24	Unrestricted			
ances	25	Temporarily restricted		· · · · · · · · · · · · · · · · · · ·	1
		Permanently restricted			1
Ď	20	Foundations that do not follow SFAS 117, check here			-
F		·			
5	07	and complete lines 27 through 31.	0.	0.	
əts		Capital stock, trust principal, or current funds	0.	0.	1
Net Assets or Fund Ba	28	Paid-in or capital surplus, or land, bldg., and equipment fund	4,806,837.	3,710,697.	-
μ	29	Retained earnings, accumulated income, endowment, or other funds			-
ž	30	Total net assets or fund balances	4,806,837.	3,710,697.	
	١		4 006 027	2 710 607	
_	31	Total liabilities and net assets/fund balances	4,806,837.	3,710,697.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
$\frac{-}{1}$	Tota	net assets or fund balances at beginning of year - Part II, column (a), line (30		<u> </u>
		st agree with end-of-year figure reported on prior year's return)		1	4,806,837.
	•	r amount from Part I, line 27a		2	1,369,110.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	6,175,947.
		eases not included in line 2 (itemize)	SEE STA	TEMENT 5 5	2,465,250.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	3,710,697.

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Part I	/ Capital Gains an	d Losses for Tax on In	vestment	Income					
•		the kind(s) of property sold (e.g. ouse; or common stock, 200 shs			(b) Hov P - P D - C	w acquired Purchase Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a									
b	SEE ATTACHED S	STATEMENT		-			_		
С									
d									
e					<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale				ain or (loss) s (f) minus (
<u>a</u>		.4.0.1.4117							
b									
d	5 016 645			2 500 50	_				1 400 100
<u>e</u>	5,016,645.			3,588,50	6.				1,428,139.
Comp	olete only for assets showing g	ain in column (h) and owned by t				()) Gains (C	iol. (h) gain not less thar	minus
(i) F	.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (յ), ıf any			Losses	(from col. (h))
a									
b									
С						_			
d									
<u>e</u>	<u>l</u> _	<u> </u>							1,428,139.
2 Capita	gain net income or (net capita	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	$\left \cdot \right $	2			1,428,139.
3 Notch	ort-term capital gain or (loss)	as defined in sections 1222(5) an							
	, also enter in Part I, line 8, coli		u (0).		J				
If (loss	s), enter -0- in Part I, line 8				: ال	3		N/A	
Part V	Qualification Und	ler Section 4940(e) for	Reduced	Tax on Net	Inves	stment Inc	come		
(For optio	nal use by domestic private foi	undations subject to the section 4	1940(a) tax on	net investment in	come.)				
ld a a a b a m	40.40/4\/0\ ===\;== ==;== 4\;==	and blook							
ii section	4940(d)(2) applies, leave this p	part biank.							
Was the f	oundation liable for the section	4942 tax on the distributable am	ount of any ye	ear in the base per	riod?				Yes X No
		under section 4940(e). Do not co							
1 Enter		h column for each year; see the in	structions bef	fore making any e	ntries.				721
	(a) Base period years	(b)			(c)			Distrib	(d) oution ratio
Calend	ar year (or tax yéar beginning i			Net value of no				(col. (b) dıv	ided by col. (c))
	2013		4,405.			993,844			2.118206
	2012		7,520.			981,283			.994517
	2011		3,808.			555,354			.121093
	2010		0,238.			995,974			1.792966
	2009	9,45	8,493.		27,8	836,914	<u> </u>		.339782
2 Total	of line 1, column (d)						2		5.366564
		ear base period - divide the total c	on line 2 by 5	or by the number	of vears	•	<u>-</u>		
	indation has been in existence	· ·	ni inic 2 by 5,	or by the number	or years	•	3		1.073313
4 Enter 1	he net value of noncharitable-i	use assets for 2014 from Part X, I	line 5				4		7,165,678.
		·							
5 Multip	ly line 4 by line 3						5		7,691,015.
6 Enter	1% of net investment income (1% of Part I, line 27h)					6		14,944.
	·								
7 Add lir	nes 5 and 6						7		7,705,959.
8 Enter	qualifying distributions from Pa	art XII, line 4					. 8		5,220,603.
	B is equal to or greater than lin e Part VI instructions.	e 7, check the box in Part VI, line	1b, and comp	lete that part usin	ıg a 1% 1	tax rate.			

Pa	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			
	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 privileges?			
	If "Yes," attach statement (see instructions)	12		Х
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 ► THEODORE THEOPHILOS Telephone no. ► 312-46	6-3	222	
	Located at ▶ 2 N. RIVERSIDE PLAZA, #1240, CHICAGO, IL ZIP+4 ▶60			
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	N	/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 🕨			
Pa	ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	l		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			l
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	۱		х
_	before the first day of the tax year beginning in 2014?	10		<u> </u>
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)): At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
٠	before 2014? Let the end of tax year 2014, did the foundation have any undistributed income times od and de, Part XIII) for tax year(s) beginning Let X No			
	If "Yes," list the years > , , ,	1		1
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
•	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	o If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			l
	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from reportly before the first day of the tay year beginning in 20142	l ah	I	ΙX

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3 N/A

Total. Add lines 1 through 3

All other program-related investments. See instructions.

36-3486274 Page 8 Form 990-PF (2014) ANN AND ROBERT H. LURIE FOUNDATION Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 5,447,248. a Average monthly fair market value of securities 1a 1b 1,827,552. b Average of monthly cash balances 1c c Fair market value of all other assets 1d 7,274,800. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 274,800. 3 Subtract line 2 from line 1d 109,122. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 7,165,678. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 358,284. A Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 358,284. Minimum investment return from Part X, line 6 29,889 2a 2a Tax on investment income for 2014 from Part VI, line 5 b Income tax for 2014. (This does not include the tax from Part VI.) 2b 29,889. c Add lines 2a and 2b 20 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 328.395. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 ĥ Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 328,395. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 5,220,603. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 15 b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 5,220,603. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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5

6

income, Enter 1% of Part I, line 27b

6 Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI,				
line 7				328,395.
2 Undistributed income, if any, as of the end of 2014			_	
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.	-	
3 Excess distributions carryover, if any, to 2014:				
aFrom 2009				
b From 2010 22,331,251.				
cFrom 2011 793,808.				
dFrom 2012 7,570,294.				
eFrom 2013 14,551,933.	45,247,286.			
f Total of lines 3a through e	45,441,200.			
4 Qualifying distributions for 2014 from Part XII, line 4: ►\$ 5, 220, 603.				
			0.	
a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior				
		0.		
years (Election required - see instructions) c Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				328,395.
e Remaining amount distributed out of corpus	4,892,208.			020,000
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	50,139,494.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line			•	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	5,647,150.			1
8 Excess distributions carryover from 2009	3,017,1301			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	44,492,344.	İ		
10 Analysis of line 9:				
a Excess from 2010 16,684,101.				
b Excess from 2011 793,808.				
c Excess from 2012 7,570,294.				
d Excess from 2013 14,551,933.				
e Excess from 2014 4,892,208.				Form 990-PF (2014)
47.04.44				Form 44(1-12) (2(11/1)

Part XV 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 contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE UNRESTRICTED AFRICA INFECTIOUS DISEASE VILLAGE ÞС CLINICS INC 440 W. ONTARIO STREET CHICAGO, IL 60654 17,664. ANN & ROBERT H LURIE CHILDRENS'S NONE ЬC UNRESTRICTED HOSPITAL 225 E. CHICAGO AVE., BOX 4 CHICAGO, IL 60611-2605 5,000,000. UNRESTRICTED NONE ÞС RESEARCH AMERICA 1101 KING STREET, SUITE 520 ALEXANDRIA, VA 22314-2960 102,939. FOUNDATION FOR THE NATIONAL NONE ÞС UNRESTRICTED INSTITUTES OF HEALTH 9650 ROCKVILLE PIKE BETHESDA, MD 20814 100,000. 5,220,603. ▶ 3a Total **b** Approved for future payment NONE **▶** 3b 0. Total

	Part XVI-A	Analy	sis of Inco	me-Produci	ing Activities
--	------------	-------	-------------	------------	----------------

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
The groot amount amous strot was material	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_				
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments		· · ·			.
3 Interest on savings and temporary cash investments			14	6.	
4 Dividends and interest from securities		-	14	66,381.	
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	<u> </u>			· #	
property					
7 Other investment income		- <u></u>			
8 Gain or (loss) from sales of assets other			-		·
than inventory			18	1,428,139.	
9 Net income or (loss) from special events			- -	1,420,1330	_
• • •					
O Gross profit or (loss) from sales of inventory Other revenue:			- -		
i Other revenue,					
a	- 		- - -		
b	_		+ +		
<u> </u>	_ 				
<u> </u>					
e Cutatal Add columns (b) (d) and (c)	_		0.	1,494,526.	
2 Subtotal. Add columns (b), (d), and (e)			<u> </u>		1,494,52
3 Total. Add line 12, columns (b), (d), and (e)See worksheet in line 13 instructions to verify calculations.				13	1,434,34

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accompthe foundation's exempt purposes (other than by providing funds for such purposes).	plishment of
	N/A	N
		-
		84, 484 8 - 4
		
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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	ganization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in section	on 501(c) of		Yes	No
					7, relating to political organ					
a	Transfers	from the reporting founda	ation to a noncharita	ible exempt or	ganization of:			ll		
	(1) Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
þ	Other tran	sactions:								
	(1) Sales	of assets to a noncharitat	ble exempt organıza	ition				1b(1)		<u>X</u>
	(2) Purch	nases of assets from a nor	ncharitable exempt	organizatıon				1b(2)		X
		al of facilities, equipment, o	or other assets					1b(3)		X
	` '	bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X
	• •	rmance of services or me	•	•				1b(6)		X
		f facilities, equipment, mai					and the state of the state of	1c		X
đ		=		=	dule. Column (b) should alv	-			ets,	
					ed less than fair market valu	ie in any transaction	or snaring arrangement, si	OW III		
(a)ı	on eni	t) the value of the goods, of (b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	haring arr	20.00me	nte
(4)	10 110	(b) Amount involved	(c) Name o	N/A	s exempt organization	(d) Description	or transfers, transactions, and s	naring an	angeme	
			<u> </u>							
					<u>.</u>	·	 			
_	- -									
						- 				
										-
	-+					 				
				·	 -					
					<u> </u>					
					<u> </u>	<u> </u>				
2a		•			or more tax-exempt organi	zations described	,	٦		٦
		501(c) of the Code (other)(3)) or in sect	ion 527?		L_	Yes	X	No
b	If "Yes," co	omplete the following sche			(h) Tunn of organization		c) Description of relationsh			
		(a) Name of org	anzanon		(b) Type of organization	<u> </u>	c) Description of relationsh	ıh		
		N/A								
		<u> </u>	_							
		-//	$\overline{}$							
					g accompanying schedules and			the IRS o	iconee t	hie
Si	gn and be	elief it is true, correct, and corr	hplete Declaration of p	reparer (other than	n taxpayer) is based on all inform	nation of which preparer	retur	n with the	prepare	er I
He	re	WM I	Un.		10/25/15	PRESID		Yes		Νο
	Sign	ature of officer or trustee	- 0700		Date	Title				
	- 	Print/Type preparer's na	ıme	Preparer's si	gnature	Date	Check if PTIN			
		J			•	0/1	self- employed			
Pa	id	JEFFREY T.		Yull	ing T. Come	18/2/115		632		
	eparer	Firm's name ► BKD	, LLP	7 77	- /		Firm's EIN ► 44-01	602	60	
Us	e Only									
					, SUITE 500	_				
)OA	KBROOK TE	ERRACE,	IL 60181-52	09	Phone no. 630.28			
							For	m 990	-PF	(2014)

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

Name of the organization

Employer identification number

	ANN AND ROBERT H. LURIE FOUNDATION 36-3486274							
Organizatio	on type (check one):							
Filers of:	Filers of: Section:							
Form 990 o	r 990-EZ 501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-P	F 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 Ru	ile							
	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 Ru	les							
se an	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 or 990-EZ), 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.							
ye	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, 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. Do not 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								
but it must	n organization that is not covered by the General Rule and/or the Special Rules does not file Schedul 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 it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

Name of organization

Employer identification number

ANN AND ROBERT H. LURIE FOUNDATION

36-3486274

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANN LURIE REVOCABLE TRUST 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	\$ 2,517,900.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANN LURIE REVOCABLE TRUST 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	\$ 983,250.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANN LURIE REVOCABLE TRUST 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	\$ 625,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ANN LURIE REVOCABLE TRUST 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	\$ 975,000.	Person 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.)

Name of organization

Employer identification number

ANN AND ROBERT H. LURIE FOUNDATION

36-3486274

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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			
1	20,000 SHARES AMGEN, INC.					
		\$ 2,517,900.	03/18/14			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
	12,500 SHARES ISHARES SELECT DIVIDEND					
2		\$ 983,250.	12/01/14			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
3	DEUX MAINS ET UNE FIGURE - BY FERNAND LEGER					
		\$625,000.	05/01/14			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
<u>4</u>	TETE DE PAYSANNE A LA COIFFE BLANCHE - BY VINCENT VAN GOGH					
		\$ 975,000.	05/01/14			
(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			
	5-14	\$Sahadula B /Farm 0	90, 990-EZ, or 990-PF) (2014			

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization ANN AND ROBERT H. LURIE FOUNDATION 36-3486274 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

L	art IV Capital Gains and Los	sses for Tax on investment income			,	
-	(a) List and 2-story br	describe the kind(s) of property sol ick warehouse; or common stock, 2	d, e g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	12500 SHS ISHA		05/05/14	12/11/14		
	10000 SHS THER	P	10/23/13			
	8000 SHS EMERS	P	10/26/87			
-	4500 SHS HOME	P	11/20/95			
	DEUX MAINS ET		05/01/14			
f			05/01/14			
g			LANCHE - BY VINCE			
h	······································					-
-						
$\frac{}{}$		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
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0	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
	987,478.		925,625.	·		61,853.
<u>u</u> b	1,289,964.		962,016.		·	327,948.
<u>c</u>	543,980.		56,168.			487,812.
d	415,223.	- 32.7	44,697.			370,526.
e	780,000.		625,000.			155,000.
1	1,000,000.		975,000.	· · ·		25,000.
g						
h						
T						
ī						
k						· · · · · · · · · · · · · · · · · · ·
Ť						
m			100			
n	-					
0						
	Complete only for assets showing	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain òve ot less than "-0-")	
a		·				61,853.
b			· · · · · · · · · · · · · · · · · · ·			327,948.
c						487,812.
d				· · · · · · · · · · · · · · · · · · ·		370,526.
e			<u> </u>			155,000.
f	······································		 			25,000.
g	181 800		i			
h			1			<u> </u>
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T						
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m						
n				<u>-</u>		
0	-					
	Capital gain net income or (net ca	pital loss) { If gain, also ente	r in Part I, line 7 0-" in Part I, line 7	2	1.	428,139.
						,- <u></u>
	Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		na (δ):	3	N/A	

Ann and Robert H. Lurie Foundation Form 990-PF 2014

Part XIII, Line 7 - Amounts treated as distribution out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)

The Ann and Robert H. Lurie Foundation received the following contributions during 2014:

20,000 Shares Amgen, Inc. received on March 18, 2014. The fair market value on March 18, 2014 was	\$2,517,900
12,500 shares of Ishares Select Dividend received on December 1, 2014 and sold December 16, 2014 for \$987,478. The fair market value on December 1, 2014 was	983,250
Deux Mains Et Une Figure by Fernand Leger received May 1, 2014 and sold June 11, 2014 for \$780,000. The fair market value on May 1, 2014 was	941,000
Tete De Paysanne A La Coiffe Blanche by Vincent Van Gogh received on May 1, 2014 and sold June 11, 2014 for \$1,000,000. The fair market value on May 1, 2014 was	1,205,000
Total amount to meet the requirements pursuant to Regulation Section 53.4942(a)-3(d)(1) and in accordance with Treas. Reg. Section 1.170A-9(h)(2)(iv) for assets that we are electing to use the	
net sales price	\$5,647,150

Ann and Robert H. Lurie Foundation Form 990-PF 2014

Continued Part XIII, Line 7 - Amounts treated as distribution out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)

Pursuant to Reg. 53.4942(a)-3(c)(2)(iv), the above referenced foundation hereby elects to treat, as a current distribution out of corpus, the following unused prior year's (years') distributions that were treated as corpus distributions under Reg. 53.4942(a)-3(d)(1)(iii) in such prior tax year(s):

Tax Year Amount 2010 \$5,647,150 Total Part XIII, Line 7 \$5,647,150

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	PORARY	CASH :	INVESTMENTS	STATEMENT 1
SOURCE		(A REVE PER B	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK OF AMERICA LURIE ATS, LLC			6. 0.		6.	
TOTAL TO PART I, LI	NE 3		6.		6.	
FORM 990-PF	DIVIDENDS	S AND INTER	EST FR	OM SEC	URITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R.	(A) EVENUE R BOOK:	(B) NET INVES S MENT INCO	
CONIFER FIDELITY INVESTMENTS	27. 66,354.		0.	2'		27. 54.
TO PART I, LINE 4	66,381	,	0.	66,38	1. 66,38	31.
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCON	
ACCOUNTING FEES		5,350.		0	•	0.
TO FORM 990-PF, PG	1, LN 16B	5,350.		0	•	0.

FORM 990-PF	OTHER EXPENSES				STATEMENT		
	(A) PENSES R BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTEI NET INCOM			
FILING FEES ADMINISTRATIVE EXPENSES MISCELLANEOUS EXPENSES	30. 83. 500.		0. 83. 0.			0. 0.	
TO FORM 990-PF, PG 1, LN 23	613.		83.			0.	
FORM 990-PF OTHER DECREASES I	N NET AS	SETS OR F	UND E	BALANCES	STATEMENT	5	
DESCRIPTION					AMOUNT		
UNREALIZED APPRECIATION ON SECUR	TIES CO	NTRIBUTEI)		2,465,250.		
TOTAL TO FORM 990-PF, PART III,	LINE 5				2,465,2	50.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6	
DESCRIPTION			вос	K VALUE	FAIR MARKE VALUE	T	
COMMON STOCK NANOSPHERE PONIARD PHARMACEUTICALS		1	,111,985. 928,195. 993,639.	4,668,6 44,0			
TOTAL TO FORM 990-PF, PART II, LINE 10B			3,033,819.		4,713,625		
FORM 990-PF	OTHER	ASSETS			STATEMENT	7	
DESCRIPTION		NING OF K VALUE		OF YEAR K VALUE	FAIR MARKE VALUE	Т	
INVESTMENT IN COLLECTIBLES		2,625.		2,625.	2,6	25.	
DEPOSIT IN TRANSIT FROM LURIE AT LLC		246,563.		0.		0.	
TO FORM 990-PF, PART II, LINE 15		249,188.		2,625.	2,6	25.	
		=					

		OF OFFICERS, DIRECTORS OUNDATION MANAGERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
ANN LURIE 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	PRES/TREAS/DIRE	CTOR 0.	0.	0.
SHELI Z. ROSENBERG 737 N. MICHIGAN AVENUE, #1405 CHICAGO, IL 60611	VP/SEC/DIRECTOR 0.50	0.	0.	0.
ANDREW LURIE 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	VP/DIRECTOR 0.50	0.	0.	0.
BENJAMIN LURIE 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	VP/DIRECTOR 0.50	0.	0.	0.
ELIZABETH LURIE 2 N. RIVERSIDE PLAZA, #1240 CHICAGO, IL 60606	VP/DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII =	0.	0.	0.

Form 886	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	box		▶ X
	aly complete Part II if you have already been granted an				8868.	
If you :	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original	al (no c	opies nee	eded).
			Enter filer's	identifyiı	ng number	, see instructions
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	nployer identification number (EIN)	
print	nt					
File by the	ANN AND ROBERT H. LURIE FOU	NDATI	ON		486274	
due date for filing your return See	Number, street, and room of suite no. II a P.O. box, see instructions.				ocial security number (SSN)	
instructions	City, town or post office, state, and ZIP code. For a for CHICAGO, IL 60606	oreign add	dress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 4
Applicat	· · · · · · · · · · · · · · · · · · ·	Return	Application			Return
Is For		Code	Is For		Code	
	or Form 990-EZ	01	10101			
Form 990		02	Form 1041-A		08	
	20 (individual)	03	Form 4720 (other than individual)		09	
Form 990		04	Form 5227		10	
Form 990	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 88	68.
	THEODORE THEOP					
• The be	ooks are in the care of 2 N. RIVERSIDE	PLAZ	A, #1240 - CHICAGO	, IL	60606	
Teleph	none No. ► 312-466-3222		Fax No. ▶			
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If	this is fo	r the whole	group, check this
box 📐	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the ext	ension is for
4 ire	quest an additional 3-month extension of time until	NOVEM	BER 15, 2015.			
5 For	calendar year 2014 , or other tax year beginning $_$, and ending]		·
6 If th	he tax year entered in line 5 is for less than 12 months, $\overline{\Box}$ Change in accounting period	heck reas	on: Initial return	⊥ Fınal ı	eturn	
	ate in detail why you need the extension		······································			
	DDITIONAL TIME IS REQUESTED '			MS NE	EDED '	ro
<u>P</u>	REPARE A COMPLETE AND ACCURA	re re'	TURN.			
						
						
						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			42 142
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter a tax payments made. Include any prior year overpayment allowed a			- 	8a	\$	43,142.
			a credit and any amount paid	-	_	43,142.
	eviously with Form 8868.		the Above of the section of the section	8b	\$	43,144.
	lance due. Subtract line 8b from line 8a Include your pa	•	in this form, it required, by using	0-		0.
EF	TPS (Electronic Federal Tax Payment System). See Instru		st be completed for Part II o	l 8c		<u> </u>
	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp	•	-	f my knowle	dge and belief,
Signature			DENT	Date	•	
Signature	gnature ► Title ► PRESIDENT					

Form 8868 (Rev. 1-2014)