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#### Form 990-PF

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

OMB No 1545-0052 2015

Internal Revenue Service

► 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.

Open to Public Inspection

For	cale	ndar	year 2015, or t	ax year beginnir	ıg	, 2015	i, and ending				
Name	of to	undatio	n			·····		Α	Employer I	dentification nun	nber
The	<u> 7</u>	lly	n Foundat	<u>ion, Inc.</u> r if mail is not delivered	to etmot o	(ddraea)	I Doom/susto	<u> </u>		25589	
					to street a	laaress)	Room/suite	В		number (see instru 887 – 246	
City of	tow	n, state	ceton Roa	o. , and ZIP or foreign pos	tal code		1	+	(9/6)	007-240	
Hir	ısd	lale	<b>:</b>			IL	60521	С	If exemption	n application is j	pending, check here. 🕨 📗
G (	Che	ck all	that apply:	Initial return		Initial return of a form	er public chanty	٦,	4 Foreign or		uk hara
				Final return		Amended return	,	יין	1 Foreign on	janizauoris, criei	ck here L
				Address chan	ge l	Name change					ung the 85% test, check
н	Che	ck tvr	e of organizatio			(c)(3) exempt private fo	undation	1	here and a	ttach computation	on * ▶ ∐
•••	Γ			nonexempt charit			rivate foundation	E	If private fo	undation status	was terminated
1	air		value of all assets			<del></del>	Cash Accrual	1	under sect	on 507(b)(1)(A),	check here >
			I, column (c), line 1			Other (specify)	Ш	F	If the found	lation is in a 60-i	month termination
•	\$		5,946	,073.		column (d) must be on	cash basis )	1			check here • 📙
Pai	ŧΙ	Ai	nalysis of Re			(a) Revenue and	(b) Net investmen	nt .	(c) Adıu	sted net	(d) Disbursements
<u> </u>		_ E	penses (The	total of amounts	ın	expenses per books	income			ome	for charitable
				nd (d) may not ne nounts in column i							purposes
			ee instructions) )		ω,						(cash basis only)
	$\Box$	1	Contributions, gifts, gran	ts, etc, received (attach scho	edule)	0.					
<u>-</u> -		2	Ck ► X if the fou	andation is <b>not</b> required to a	ttach Sch B						
		_	_								:
		3		emporary cash investments om securities		59.	<del></del>	<u>59.</u>	ļ	59. 87,261.	
		5 a	Gross rents			187,261.	187,20	0.	<del>                                     </del>	0.	
	- [		Net rental income		0.	<del></del>		<u> </u>		~ ~ .	,
R	ĺ	6 a	Of (loss)	ale of assets not on line 10					<b></b>		· · · · · · · · · · · · · · · · · · ·
E			Gross sales price for	r all							
Ž		7	assets on line 6a . Capital gain net inco	ome (from Part IV, line 2	2)		86,4	15.	<del> </del>		*.
. R		8		algain			,,,,,,			0.	
: U	- 1	9	Income modification	s			*			0.	
_ E		10 a	Gross sales less returns and		_						*
-			allowances Less Cost of		0.		RECE	$\forall$	± <b>U</b> —	<u> </u>	`
_	- 1	_	goods sold		0.				0	<u> </u>	
1,				ach schedule) • • • •		0.	<u> </u>		in in in	0.	
		11	Other income (attac	h schedule)			E APR 2 8	_	NIP IO		
				45	NONE	187,320.	273,7	0.	1 1 2 2	0. 87,320.	
	-	12		through 11		187,320.	OCHE	<u> 30.</u>	117	0.	0.
	ı	14		alanes and wages		0.	- UGUE	ħ\$	1 <del>5</del> 1	0.	0.
		15		loyee benefits				0.		0.	0.
				chedule)			<del>                                     </del>	0.		0.	0.
	A M	b	Accounting fees (att	ach sch)			<del> </del>	0.		0.	0.
	1			ach sch)L-16C				0.	1	0.	628.
ò	Ņ	17				0.		0.	1	0.	0.
Ĕ	S T R	18	Taxes (attach schedule)	(see instrs) See Line.	18 Stmt	2,921.	1:	96.		196.	0.
	R A T	19	Depreciation (attach					_			
Ţ	1	20		etion		0.	<del> </del>	0.		0.	0.
N G	¥	21		, and meetings		0.		0.	-	0.	0.
Α	- 1	22	Printing and publica	<del>-</del>		399.	3	99.	<del>                                     </del>	399.	0.
A N D	E X P	23	Other expenses (att			ļ	1		1		<u> </u>
	EN		See Line 23 St	tmt		454.	2:	27.		227.	227.
	S	24	Total operating and								
	ร	٥-		s 13 through 23 · · ·		4,402.	8:	22.		822.	855.
	į	25	Contributions, gifts, gran	•		305,000.			-		305,000.
		26	Total expenses and Add lines 24 and 25	d disbursements.		309,402.	0.	22.		822.	305,855.
		27	Subtract line 26 from			303,402.	<del> </del>	44.	1	022.	202,023.
	j		Excess of revenue						1		
	Į		and disbursement			-122,082.					
		h	Net investment inc	ome (if negative, enter	-0-)		272,9	13.			
	- 1	C	Adjusted net incom	ne (if negative, enter -0	-)				:	186,498.	



Par	art II Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year		
		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash — non-interest-bearing	5,528.	2,612.	2,612.	
	2	Savings and temporary cash investments	50,793.	55,582.	55,582.	
	3	Accounts receivable	,			
		Less: allowance for doubtful accounts	0.	0.	0.	
	4	Pledges receivable				
		Less: allowance for doubtful accounts	0.	0.	0.	
	5	Grants receivable	0.	0.	0.	
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0.	0.	0.	
	7	Other notes and loans receivable (attach sch)				
Ą	İ	Less: allowance for doubtful accounts	0.	0.	0.	
Š	8	Inventories for sale or use	0.	0.	0.	
A S E T	9	Prepaid expenses and deferred charges	0.	0.	0.	
Ė	10 a	a Investments – U S and state government				
		obligations (attach schedule)	0.	0.	0.	
	1	Investments — corporate stock (attach schedule) . L=10b. Stmt	934,586.	923,433.	4,452,379.	
	9	Investments — corporate bonds (attach schedule) . L-10c. Stmt	1,301,777.	1,275,390.	1,435,500.	
	11	Investments – land, buildings, and equipment: basis · · · · · · · · · · · · · · ·			,	
		Less: accumulated depreciation (attach schedule)	0.	0.	0.	
	12	Investments – mortgage loans	0.	0.	0.	
	13	Investments — other (attach schedule)	0.	0.	0.	
	14	Land, buildings, and equipment basis 0.	x* .	ga		
		Less. accumulated depreciation (attach schedule)	0.	0.	0.	
		Other assets (describe ► )	0.	0.	0.	
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item !)	2,292,684.	2,257,017.	5,946,073.	
Ļ	17	Accounts payable and accrued expenses	0.	0.	4	
À	18	Grants payable	0.	0.	,	
В	19	Deferred revenue	0.	0.	1	
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons	0.	0.	¥ ,	
I T	21	Mortgages and other notes payable (attach schedule)	0.	0.		
į E	22	Other liabilities (describe	0.	0.	^ *	
<u> </u>	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.			*	
NF	24	Unrestricted			24 4 4	
E U T N	25	Temporarily restricted			, ,	
D	26	Permanently restricted				
A S S A E L T A		Foundations that do not follow SFAS 117, check here . X and complete lines 27 through 31.			. ^	
E L T A	27	Capital stock, trust principal, or current funds	2,292,684.	2,257,017.	•	
SN	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
O E	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	*	
RS	30	Total net assets or fund balances (see instructions)	2,292,684.	2,257,017.	,	
	31	Total liabilities and net assets/fund balances (see instructions)	2,292,684.	2,257,017.	· · · · · · · · · · · · · · · · · · ·	
Par		Analysis of Changes in Net Assets or Fund Balance	es			
1	Total	net assets or fund balances at beginning of year — Part II, column (	a), line 30 (must agree w	ith		
2		of-year figure reported on prior year's return)		1	2,292,684.	
2		ramount from Part I, line 27a		<del></del>	-122,082.	
3		increases not included in line 2 (itemize) · · · · ▶ Gain on sale o		3	86,415.	
4 5		ases not included in line 2 (itemize)		——	2,257,017.	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) — Pa		5	0.055.55	
<u> </u>	rotal	net assets of futio balances at end of year (line 4 minus line 5) — Pa	art II, column (b), line 30	<u> </u>	2,257,017.	

Part I	V Capital Gains and I	Losses for Tax on Investmen	nt Income			
<u></u>	(a) List and describe	the kind(s) of property sold (e.g., real e; or common stock, 200 shares MLC	estate,	(b) How acquire P — Purchase D — Donation	(mo, day, yr)	(d) Date sold (mo , day, yr )
1a 3	00 shs Vanquard 50	0 Index Trust		P	07/01/89	10/27/15
		ong-Term Invest Grade	Bond Fund	P		10/27/15
	84 shs Kraft Foods			D		07/06/15
	ank of America set			D		07/14/15
	ee Columns (a) thru (d)	- Cacinosia			247 007 33	07711715
<u>`</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)	
	57,237.		1	1,151.		46,086.
b	30,810.	_		6,387.		4,423.
C	7,986.		<del></del>	2.		7,984.
d	1,086.		<del></del>	0.	<del></del>	1,086.
e	See Columns (e) thru (h)		<del></del>	0.		26,836.
		ng gain in column (h) and owned by th	e foundation on 12/31/69		<b>6</b> C (C-)	
	(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		(f) Gains (Col gain minus col. (k), b than -0-) or Losses (fr	ut not less
			·····			46,086.
b						4,423.
С	• • • • • • • • • • • • • • • • • • • •					7,984.
d						1,086.
е	See Columns (ı) thru (l)		·			26,836.
	apital gain net income or (net o	If gain, also	enter in Part I, line 7 er -0- in Part I, line 7		2	
3 N	et short-term capital gain or (lo	ss) as defined in sections 1222(5) and	_	<u> </u>		86,415.
lf	gain, also enter in Part I, line 8	column (c) (see instructions). If (loss	s), enter -0-			
in	Part I, line 8	<u> </u>	<u>لـ</u>	· · · · i :	3	
Part \	/ Qualification Under	r Section 4940(e) for Reduce	d Tax on Net Investn	<u>rent Incon</u>	ne	
	n 4940(d)(2) applies, leave this	foundations subject to the section 494 s part blank.	o(a) tax on her investment in	icome y	_	_
		on 4942 tax on the distributable amou y under section 4940(e). Do not comp		enod?	· · · · · L Yes	X No
1_E	nter the appropriate amount in	each column for each year; see the ir	structions before making ar	ny entries.		
Ca	(a) Base penod years llendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (c	(d) Distribution of (b) divided by co	
	2014	298,168.	6,01	7,555.		0.049550
	2013	273,141.		9,996.		0.049393
	2012	253,592.		5,051.		0.049098
	2011	235,854.		8,555.		0.049049
	2010	215,830.		0,886.		0.048601
2 T		225,050.			2	0.245691
3 A	verage distribution ratio for the	5-year base period — divide the total has been in existence if less than 5 ye	on line 2 by 5, or by the		3	0.049138
4 E	nter the net value of nonchanta	able-use assets for 2015 from Part X,	line 5	<u>      </u>	•	5,090,242.
5 M	lultiply line 4 by line 3				5	299,262.
6 E	nter 1% of net investment inco	me (1% of Part I, line 27b)			5	2,729.
7 A	dd lines 5 and 6			· · · · ·   <u> </u>	7	301,991.
8 E	nter qualifying distributions fror	m Part XII, line 4		[_	<u> </u>	305,855.
					x rate. See the	

Form	1990-PF (2015) The Allyn Foundation, Inc.		<u>7025</u>			. Р	'age 4
Par		– sec	instr	uction	5)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here   and enter 'N/A' on line 1.					**	
	Date of ruling or determination letter. (attach copy of letter if necessary – see instrs)		ĺ				
ŧ	Domestic foundations that meet the section 4940(e) requirements in Part V,	├	1			2,7	729.
	check here . X and enter 1% 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)					~	•
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		$\overline{}$			2,7	729.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)						0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		5			2,7	729.
6	Credits/Payments:						
	· · · · · · · · · · · · · · · · · · ·	703.					
	Exempt foreign organizations — tax withheld at source 6 b						
	Tax paid with application for extension of time to file (Form 8868) 6 c						
d	Backup withholding erroneously withheld						
7	Total credits and payments. Add lines 6a through 6d		7			2,7	703.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				26.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				0.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	· · · · <u>·</u>	11				
Par	t VII-A Statements Regarding Activities						
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			ı		Yes	No
	participate or intervene in any political campaign?			• • •	1 a		Х
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?				1 b		x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials put or distributed by the foundation in connection with the activities	olished	,				
c	Did the foundation file Form 1120-POL for this year?			[	1 c		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			Ì			
	(1) On the foundation						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers · · · · ► \$	n					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-	2		·
_	If 'Yes,' attach a detailed description of the activities				-		X
	•						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	<b>.</b>			3		x '
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4 a		X
	of Yes,' has it filed a tax return on Form 990-T for this year?				4 b		<del></del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		x
_	If 'Yes,' attach the statement required by General Instruction T						<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
							ļ
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that co with the state law remain in the governing instrument?</li> </ul>	ntilict			6	х	
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 Part XV				7	x	
	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	See States Registered In	-		1			
	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		-	-			
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8 b	х	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				/ s.s.	1.	<i>a.</i> .
-	for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete	Part .	ŔĪΫ.		9		х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their n	ames					
	and addresses	· · · ·			10		Х
BAA				For	m 990	)-PF (	2015)

	990-PF (2015) The Allyn Foundation, Inc.	23-702558	9	P	age 5
Part	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		х
12 [	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persidusory privileges? If Yes, attach statement (see instructions)	on had			x
13 [	Did the foundation comply with the public inspection requirements for its appual returns and examption applica-	tion?	42	х	
44 7	The backs are in case of the second of the s				
144	Website address	o. • <u>(978)</u>	887	<u>-246</u>	<u>4</u> _
15 (	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	01921	<del></del>		
	and enter the amount of tax-exempt interest received or accrued during the year		· · ·		Ш
			-	Yes	NI-
t	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority o bank, securities, or other financial account in a foreign country?	ver a	16	res	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country		:		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	ile Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
	During the year did the foundation (either directly or indirectly)	, –		ŀ	
,	1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∫Yes  X No			
(	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	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?	Yes X No			
(	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)?	Yes X No			
	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	Yes X No	v		
<b>b</b>	f any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1 b	,	*
	Organizations relying on a current notice regarding disaster assistance check here				
۰.	old the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, nat were not corrected before the first day of the tax year beginning in 2015?		1 c		х
2 T	axes on failure to distribute income (section 4942) (does not apply for years the foundation was a rivate operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
ад	at the end of tax year 2015, did the foundation have any undistributed income (lines 6d				
а	nd 6e, Part XIII) for tax year(s) beginning before 2015?	Yes X No		1	1
lf	'Yes,' list the years  20 , 20 , 20 , 20			İ	
1)	are there any years listed in 2a for which the foundation is <b>not</b> 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	:			
	II years listed, answer 'No' and attach statement — see instructions )		2 b		X
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		-	.	^ 4
	- 20 ,20 ,20 ,20		۶,		
<b>3 a</b> D	old the foundation hold more than a 2% direct or indirect interest in any business interprise at any time during the year?	Yes X No			i
0	Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation r disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved y 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, Form 4720, to etermine if the foundation had excess business holdings in 2015).			• 1	1
		· · · · · · · · · · · · · · · · · · ·	3 b		<u> </u>
<b>4 a</b> D cl	id the foundation invest during the year any amount in a manner that would jeopardize its haritable purposes?		4 a		х
je	nd the foundation make any investment in a prior year (but after December 31, 1969) that could sopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4 b		x
BAA			m 990	-PF (2	_

Part VIII   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2015) The Allyn Foundat:		<del>-</del>	23-70	25589	Page 6
(1) Carry on propagands, or otherwise altempt to influence togalation (section 445(e))?			n 4720 May Be Red	uired (continued)		
(2) Influence the autooms of any specific public election (see section 4985), or to earry on, directly or indirectly, any other regulation drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an organization of the time a charatable, etc. organization described in section 4945(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(		-			,	
on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for trive), study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc. organization described in section 494(3)(4)(4) (2) (see instructions).  (5) Provide for any purpose other than elopjous, charitable, scientific, library, or eluciational purposes, or first the prevention of circuity to children a manufact or eluciational purposes. Or first the prevention of circuity to children a manufact or eluciational purposes, or first the prevention of circuity to children a manufact or eluciations of the state of the provision of the state of the provision of the state of the stat	(1) Carry on propaganda, or otherwise attempt	to influence legislation (se	ection 4945(e))?	Yes X	No	
(4) Provide a grant to an organization other than a chartable, etc. organization described grant to an organization other than a chartable, solentific, literary, or obtained of stary purpose other than religious, chartable, solentific, literary, or obtained of stary answers of the stary purpose other than religious, chartable, solentific, literary, or obtained or animals of the stary of the stary of the stary of the stary of the stary of the stary of the stary of the stary of the stary of the stary of the stary of the stary of the stary of the start of the s	on, directly or indirectly, any voter registration	n drive?`			No	,
In section 4945(d)(A)(A) (see instructions).  (B) Provide for any purpose other than religious, chanitable, spentific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  If any answer is "set to 56.1(4), did any of the transactions fat to Quality under the exceptions described in Regulations section 53.494.5 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer or "set to quality on a quality under the exceptions described in Regulations section 53.494.5 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If yes, "attach the statement required by Regulations section 53.494.5 (set)  If Yes," attach the statement required by Regulations section 53.494.5 (set)  If Yes (a 60, the Form 870')  7 At any there were the during the tax year, was the foundation and party to a prohibited tax shelter transaction?  1 Yes (b) the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  1 List all offic	(3) Provide a grant to an individual for travel, stu	ıdy, or other similar purp	oses?	Yes X	No	.
educational purposes, or for the prevention of cruelity to children or animals?  If any answer in Yes to 541/6, did any of the transactions fall to qualify under the exceptions described in Regulations section 53 494 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance seeks here.  If the answer is Yes 1 qualitation 541/4, does the foundation claim exemption from the tax because it manifained expenditure responsibility for the grant?  If Yes, and the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit confined?  If Yes 160, the Form 8870  7 at All synthem divent gives a year, was the foundation a party to a prohibitod tax shelter transaction?  If Yes, did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit confined?  If Yes 160, the Form 8870  7 at All synthem during the tax year, was the foundation and party to a prohibitod tax shelter transaction?  If Yes 200, the Form 8870  7 at All synthem during the tax year, was the foundation and party to a prohibitod tax shelter transaction?  If Yes 200, the Form 8870  7 at All synthem 1870  1 List all officers, directors, trustees, foundation managers and their compensation face instructions.  (a) Name and address  (b) Tile, and average form of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the property of the party of	(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	n a chantable, etc, organi	zation described	Yes X	No	
(see instructions)? Organizations relying on a current notice regarding disaster assistance check here of if the answer is Yes to guestion 54(4), does the foundation dam exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, 'attach the statement required by Regulations section 53 4945-5(d) 6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract of the foundation aparty to a prohibited tax shelter transaction?  If Yes to 86, the Form 8877  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  If Yes' to 86, the Form 8877  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  If Yes' to 86, the Form 8877  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  If Yes' to 80, the Form 8877  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No  If Yes' to 90, the Yes' to 80, the Form 8877  At a 1 List all officers, directors, trustees, foundation managers and their compensation (see Instructions).  (a) Name and address  (b) Tile, and average hours per week devoted to position  (c) Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  On One One One One One One One One One O	(5) Provide for any purpose other than religious educational purposes, or for the prevention	, charitable, scientific, lite of cruelty to children or a	erary, or nimals?	Yes X	No	***
e If the answer is Yes to question Sa(s), does the foundation dam exemption from the tax hectaset manifactor expenditure responsibility for the grant?  If Yes, 'attach the statement required by Regulations section 53 4945-5(d)  6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6 b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 a At any time during the tax year, was the foundation a party to a prohibited fax shelter transaction?  7 a At any time during the fax year, was the foundation aparty to a prohibited fax shelter transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tile, and average hours, are week devoted to position  (a) Name and address  (b) Tile, and average hours, are week devoted to position  Cynthia, A, Stuhley  2110, Casey, Key, Road  Nokomis  FL 34275  Vice Pres., Dir.  10 Director  11 Soaford  Nokomis  Nokomi	(see instructions)?				5 t	, o
tax because it manifalined expenditure responsibility for the grant?  If Yes attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes's to 6b, file Farm 8870  If Yes's t	Organizations relying on a current notice regardi	ng disaster assistance cl	neck here	▶ [_	]	,
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	tax because it maintained expenditure responsib	ollity for the grant?		Yes	]No	
b Did the foundation, during the year, pay premiums, directly, on a personal benefit contract?		•	•			
# Yes' to 86, file Form 8870  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No					No	
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		ns, directly or indirectly, o	n a personal benefit con	tract?	6 t	X
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	•			П. Г	,	
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors    List all officers, directors, trustees, foundation managers and their compensation (see instructions).    List all officers, directors, trustees, foundation managers and their compensation (see instructions).    Compensation of Inverse   Compensation						:
And Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address						
(a) Name and address   (b) Title, and average hours per week devoted to position   (fir not paid, einter -0-)   (e) Expense account, other allowances    Cynthia A. Stuhley   2110_Casey_ Key Road   7210_Casey_ Key Road   7210_Case	and Contractors	irectors, rrustees,	roundation mana	gers, mgmy raid i	cilibioae	<b>5</b> 5,
(a) Name and address   (b) Title, and average hours per week devoted to position   (fir not paid, einter -0-)   (e) Expense account, other allowances    Cynthia A. Stuhley   2110_Casey_ Key Road   7210_Casey_ Key Road   7210_Case	1 List all officers, directors, trustees, foundation	n managers and their c	ompensation (see Inst	ructions).		
Cynthia A. Stuhley   2110 Casey Key Road   President, Dir.   Nokomis   FL 34275   4.00   0. 0. 0. 0.		(b) Title, and average	(c)Compensation	(d)Contributions to		
2110 Casey Key Road   President, Dir.   Nokomis   FL 34275   4.00   0. 0. 0. 0.   0.	(a) Name and address	devoted to position	(If not paid, enter -0-)	plans and deferred	other a	allowances
Nokemis	Cynthia A. Stuhley					
John W. Allyn, Jr.   119 Bare Hill Road	2110 Casey Key Road	President, Dir.				
119 Bare Hill Road		4.00	0.	0.		0.
Sharon A. Taylor 539 Princeton Road Hinsdale IL 60521 2.00 0.0.0.0.  Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee home paid more than \$50,000 (b) Title, and average how paid more than \$50,000 (c) Compensation employee benefit plans and deferred compensation  None  Total number of other employees paid over \$50,000  Director  2.00 0.0.0. 0.0 0.0 0.0 0.0 0.0 0.0 0.	119 Bare Hill Road	Vice Pres., Dir.				
Director   Director		3.00	0.	0.		0.
Hinsdale II 60521 2.00 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Sharon A. Taylor					
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000			0			•
(a) Name and address of each employee paid more than \$50,000  None	Hinsdale IL 60521	2.00	υ.	0.		0.
(a) Name and address of each employee paid more than \$50,000  None					1	
(a) Name and address of each employee paid more than \$50,000  None						
(a) Name and address of each employee paid more than \$50,000  None	2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	structions). If none, e	nter 'NONE	<u>,                                      </u>
devoted to position   plans and deferred compensation	(a) Name and address of each employee	(b) Title, and average		(d)Contributions to	(e) Expens	se account.
None	paid more than \$50,000			employee benefit plans and deferred	other a	allowances
Total number of other employees paid over \$50,000						
	None					
						i
			······			
	Total number of other employees paid over \$50,000					N7
					Form 99	

Form 990-PF (2015) The Allyn Foundation, Inc.  Part VIII Information About Officers, Directors, Trustees, Foundation Mand Contractors (continued)	anagers, Highly Pa	7025589 Page 7 id Employees,
3 Five highest-paid independent contractors for professional services (see Instructions)	. 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		. None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sucorganizations and other beneficianes served, conferences convened, research papers produced, etc.	h as the number of	Expenses
1 None		
		o.
2		
3		
4		
<u> </u>		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year  1 None	on lines 1 and 2.	Amount
1 None		
2		0.

TEEA0307 10/13/15

None

Form **990-PF** (2015)

BAA

Minimum Investment Return (All domestic foundations must complete this part, Foreign foundations, Part X see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: 1 a 6,049,164. 1 b 133,823. C Fair market value of all other assets (see instructions) 1 c 0. 1 d 6,182,987. e Reduction claimed for blockage or other factors reported on lines 1a and 1c 2 0. 3 6,182,987. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 4 92,745. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V. line 4 . . . . . . . 5 6,090,242. 304,512. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <a> □</a> and do not complete this part.) 304,512. b Income tax for 2015. (This does not include the tax from Part VI.) . . . . . . . . | 2 b| 0. 20 2,729. 3 301,783. 4 0. 5 301,783. 6 0. Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 . . . . . . . . 301,783. Part XII | Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 . . . . . . . . . . 305,855. 1 b 0. 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes . . . . . . 2 0. Amounts set aside for specific charitable projects that satisfy the: 3 a 0. 3 b 0. 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 . . . . . 305,855. 5 2,729. 303,126. 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 4940(e) reduction of tax in those years

BAA

Form 990-PF (2015)

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				301,783.
a Enter amount for 2014 only			· 0.	
b Total for prior years 20 , 20 , 20			Ŭ.	ļ,
3 Excess distributions carryover, if any, to 2015:		^ ^		3
a From 2010	ž.			,
<b>b</b> From 2011 0 .			~,	
<b>c</b> From 2012 0 .				1
<b>d</b> From 2013 0 .				į
e From 2014 2,261.	,			
f Total of lines 3a through e	2,261.			· ·
4 Qualifying distributions for 2015 from Part	,			
XII, line 4 ► \$ 305,855.				,
a Applied to 2014, but not more than line 2a			0.	}
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)	, , , , , , , , , , , , , , , , , , ,	0.		^
c Treated as distributions out of corpus	_			
(Election required — see instructions)d Applied to 2015 distributable amount	0.			200 500
Remaining amount distributed out of corpus	<u> </u>			299,522.
. 1	6,333.			0.057
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the	2,261.	,		2,261.
same amount must be shown in column (a) )				
_				`
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,333.	·		
	, ,		٤	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b Pnor years' undistributed income. Subtract line 4b from line 2b		0.	·	, ,
c Enter the amount of prior years' undistributed	* ,		<i>'</i>	1,2
income for which a notice of deficiency has been issued, or on which the section 4942(a)	ŕ			ļ û v
tax has been previously assessed		0.	, ´	,
d Subtract line 6c from line 6b. Taxable		-		. (
amount — see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from				***
line 2a. Taxable amount — see instructions			0.	,
f Undistributed income for 2015. Subtract lines	*		~	
4d and 5 from line 1. This amount must be			!	
distributed in 2016	* *	, , , , , , , , , , , , , , , , , , ,		0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by		% >	<i>,</i> ,	
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)	0.			
8 Excess distributions carryover from 2010 not				,
applied on line 5 or line 7 (see instructions)	0.	* > ,		<u>, , , , , , , , , , , , , , , , , , , </u>
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a			3	` 1/4
10 Analysis of line 9:	6,333.		* 3	` ` .
·		,, ,	420	·** ;
a Excess from 2011		^ * \	*	*
© Excess from 2013 0 .		* ,		v
d Excess from 2014 0 .				×
			*	*
e Excess from 2015 6,333.			L	5 000 DE (0045)

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here 💌 🗓 if the foundation only makes contributions to preselected chantable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed.

N/A

**b** The form in which applications should be submitted and information and materials they should include

N/A

c Any submission deadlines:

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

N/A

Form 990-PF (2015) The Allyn Foundation, Inc.

Part XV | Supplementary Information (continued)

'3 Grants and Contributions Paid During the Year or Approved for Future Payment

'3 Grants and Contributions Paid During the Year or Approved for Future Payment										
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount						
Name and address (home or business)	substantial contributor	Toopich								
a Paid during the year										
American Cancer Society		1								
P.O. Box 22178		Ì	l., .,							
Oklahoma City OK 73123		Exempt	Medical research	8,000.						
American Heart Association	ļ									
208 S. LaSalle St., Suite 1500				10.000						
Chicago IL 60604		Exempt	Medical research	10,000.						
American Lung Association										
55 W. Wacker Drive, Suite 800		F1	M- 44 1 1-	2 000						
Chicago IL 60601	}	Exempt	Medical research	3,000.						
American Red Cross	Ī									
P.O. Box 37839  Boone IA 50037		Essampt	Enmily gowying	10,000.						
	ļ	Exempt	Family services	10,000.						
Americares										
88 Hamilton Ave.			B	Г 000						
Stamford CT 06902	1	Exempt	Family services	5,000.						
Appalachian Mountain Club										
5 Joy Street		\	B	1 000						
Boston MA 02108		Exempt	Environmental programs	1,000.						
Art Institute of Chicago										
111 S. Michigan Ave.	1		14	Г 000						
Chicago IL 60603		Exempt	Museum programs	5,000.						
Associated Colleges of Illinois										
70 E. Lake St., Suite 1418 Chicago IL 60601		Erromnt	Education programs	3,000.						
Assoc for Prevention of Family Violence		Exempt	Education programs	3,000.						
735 N. Wisconsin St., Suite 101 Elkhorn WI 53121		Essent	Family services	1,000.						
See Line 3a statement		Exempt	ramily services	1,000.						
See Line 3a statement		1								
	ĺ	l	i	259,000.						
			Į i	235,000.						
		1								
Total		<del></del>	> 3a	305,000.						
<b>b</b> Approved for future payment	1									
None			[							
			ĺ							
	ļ	[								
	<b>\</b>	}								
			J							
		i								
	]									
		İ	[							
Total				0.						

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

Enter gross amounts unless otherwise indicated.		Unrelate	ed business income	Excluded by section 512, 513, or 514			
1	Progra	am service revenue.	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
а							
b	,						
C							
d							
е							
f							
g		and contracts from government agencies					
2	Memb	pership dues and assessments					
3	Interest	t on savings and temporary cash investments	_		14	59.	
4	Divide	ends and interest from securities			14	187,261.	
5	Net re	ental income or (loss) from real estate:					
а	Debt-1	financed property					
b	Not de	ebt-financed property					
6	Net ren	ntal income or (loss) from personal property					
7		investment income					
8	Gain or	r (loss) from sales of assets other than inventory					
9		come or (loss) from special events					
10		profit or (loss) from sales of inventory					
11		revenue.					
· · a		10101100.				<u> </u>	
ь							·
c							
d							
e					<del></del>		
		tal. Add columns (b), (d), and (e)				187 320	
13	Total	tal. Add columns (b), (d), and (e)				13	187,320.
		heet in line 13 instructions to verify calculations					107,320.
_				<del></del>			
Par	t XVI	B Relationship of Activities to the	Accomp	lishment of Exemp	ot Purp	oses	
	e No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt put	ome is report urposes (oth	ed in column (e) of Part er than by providing fund	XVI-A co	entributed importantly to the purposes) (See instru	he ctions )
Non	ie.	N/A					
11011							
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		, , - Coq - Company		·			
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# Form 990-PF (2015) The Allyn Foundation, Inc. 23-7025589 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

											Yes	No
	describe	organization directly id in section 501(c) to political organizat	of the Code (oth	gage in any er than sect	of the followin tion 501(c)(3)	g with any organizatio	other or ns) or ir	ganization section 527,		,		3
a	Transfer	s from the reporting	foundation to a	noncharitat	ole exempt org	janization o	of					
	(1) Cas	h								. 1a(1)		х
	(2) Othe	er assets								1 a (2)		X
b	Other tra	insactions.										
+	(1) Sale	s of assets to a nor	ncharitable exem	ipt organiza	tion					1 b (1)		х
1	(2) Puro	hases of assets fro	m a noncharitab	le exempt o	rganization .					. 1 b (2)		X
1	(3) Ren	tal of facilities, equi	pment, or other a	assets		<i></i>				. 1 b (3)		Х
	(4) Rein	nbursement arrangi	ements							1 b (4)		x
	(5) Loai	ns or loan guarante	es							1 b (5)		Х
	(6) Perf	ormance of service:	s or membership	or fundrais	ing solicitation	ns				. 1 b (6)		х
C:	Sharing	of facilities, equipm	ent, mailing lists	, other asse	ts, or paid em	ployees				. 1c		X
	ŭ			•		•					1	
	the good	swer to any of the a ls, other assets, or : saction or sharing a	services aiven b	v the reporti	ng foundation	If the four	idation r	eceived less th	nan faır market valı	et value of ue in		
(a) Lii	ne no.	(b) Amount involved	(c) Name	of noncharital	ole exempt organi	zation	(d)	Description of trai	nsfers, transactions, ar	nd sharing arran	gements	
							_					
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2 a	is the for	undation directly or d in section 501(c)	indirectly affiliate	ed with, or re	elated to, one	or more tax	(-exemp	t organizations	<b>3</b>	П <sub>Yes</sub>	x	No
		complete the followi	•	Ci tilali SCCi	1011 301 (0)(3))	OI III SCOR	JII 327 ·			🖂 .e.	, I	140
		Name of organizat	<del></del>	(b	) Type of orga	nization	$\overline{}$		c) Description of re	lationship		
	,,,,	Traine or organizat		<del>                                     </del>	y Type of Giga	1112011011			oy Decomption on to	iuuonomp		
		<del></del> _	<u>-</u> .	<del> </del>								——
		<del></del>	<del></del>	+			-					—
				+								—
		<del></del>		<del>                                     </del>				· <del></del>	<del></del> _			
•	Under n	enalties of penjury, I decla	ine that I have examin	ed this return in	ncluding accompan	ving schedule:	s and state	ments, and to the b	est of my knowledge and	t belief it is true		—
<b>.</b> :	correct,	and complete Declaration	of preparer (other th	an taxpayer) is	based on all inform	ation of which	preparer f	nas any knowledge	cot of my knowledge and			
Sign			1		, 1	I.				May the i		
Here	'	Mull			4/2	20/16	<b>P</b> v	ice Presi	dent	preparer (see instr	shown be	elow
	Sign	ture of officer or trustee		<u></u>	Date		Tit				Yes	No
	<del></del>	Print/Type preparer's na	ame	Pre	parer's signature			Date	Check if	PTIN		
Paid				1					self-employed			
		Firm's name	Non-F	aiਨੋ	Pre	oare	77	l	Firm's EIN			—
	arer	1 .	TAOTT T	<u>u_u</u>	<u> </u>	<u> </u>	<u>- + </u>	<del></del> .	Time EIN			
JSe	Only	Firm's address							- Bhono no			
		<u> </u>	· <del>-</del>						Phone no			
3AA										Form 99	0-PF /2	2015)

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
2015 Form 990-PF estimated tax	2,700.	0.	0.	0.
2015 Delaware franchise tax	25.	0.	0.	0.
2015 Foreign taxes on dividends	196.	196.	196.	0.
2015 Toronga cases on dividends	11	11	1	'

Total 2,921. 196. 196. 0.

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Mail	264.	132.	132.	132.
Office supplies	165.	83.	83.	83.
Filing fees	25.	12.	12.	12.

Total <u>454.</u> <u>227.</u> <u>227.</u> <u>227.</u>

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
Vanguard Brokerage Services cap gain distrib	p	07/01/89	12/23/15
Vanguard LT Invest Grade Bond Fund cap gain distrib	P	07/01/89	12/23/15

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) mınus (g)
3,154.		0.	3,154. 23,682.
Total		0.	26,836.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (i)

y the foundation on 12/31/69		
(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (j), ıf any	gain minus column (k), but not less than -0-) or losses (from column (h))
	(j) Adjusted basis	(j) (k) Adjusted basis Excess of column (i)

Form 990-PF, Part IV, Capital Gains and	d Losses for Tax on Investment Income
Columns (i) thru (l)	

Continued

Complete only for assets by the foundation on 12/	(I) Gains (column (h) gain minus column (k)		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (j), if any	but not less than -0-) or losses (from column (h))
			23,682.

Total <u>26,836.</u>

Form 990-PF, Page 4, Part VII-A, Line 8a States Registered In

IL - Illinois DE - Delaware

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is an individual.	Foun- dation	Purpose of grant or contribution	Person or Business
Name and address	show any	status		Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year  Aurora Lakeland Medical Center W3985 County Road NN				Person or Business X
Elkhorn WI 53121		Exempt	Medical services	5,000.
Aurora University 347 S. Gladstone Ave.				Person or Business X
Aurora IL 60506		Exempt	Education programs	5,000.
Big Brothers Big Sisters of Chicago		<b>-</b>		Person or Business X
560 W. Lake St.		Exempt	Youth programs	3,000.
Chicago IL 60661  Boston Health Care for the Homeless	<del></del>	Exempt	Fouch programs	Person or
780 Albany Street				Business X
Boston MA 02118		Exempt	Medical services	1,000.
Boys & Girls Clubs of Chicago				Person or
550 W. Van Buren St., Suite 350				Business X
Chicago IL 60607		Exempt	Youth programs	3,000.
Brigham & Women's Hospital				Person or
116 Huntington Ave., 3rd Floor				Business X
Boston MA 02116		Exempt	Medical services	1,000.
Brookfield Zoo				Person or
3300 Golf Road				Business X
Brookfield IL 60513		Exempt	Zoo programs	2,000.

Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid dunng the year Chicago Botanic Garden				Person or
1000 Lake Cook Road				Business X
Glencoe IL 60022		Exempt	Environmental programs	5,000.
Chicago History Museum				Person or
1601 N. Clark St.				Business X
Chicago IL 60614		Exempt	Museum programs	3,000. Person or
Chicago Symphony Orchestra 220 S. Michigan Ave.				Business X
Chicago IL 60604		Exempt	Music programs	3,000.
Children's Home & Aid Society		Пистре	Mable programs	Person or
125 S. Wacker Dr., 14th Floor		- <del>-</del>		Business X
Chicago IL 60606		Exempt	Youth services	5,000.
Citizens for Adequate Housing				Person or
40 Washington St.			<b></b>	Business X
Peabody MA 01960		Exempt	Family services	1,000.
Community Giving Tree P.O. Box 508				Person or Business X
West Boxford MA 01885		Exempt	Family services	3,000.
<u>Conservation Foundation of the Gulf Coast</u> 400 Palmetto Avenue		<b>-</b>		Person or Business X
Osprey FL 34229		Exempt	Environmental programs	5,000.
Daniel Murphy Scholarship Fund				Person or
309 West Washington Street, Suite 1250				Business X
Chicago IL 60606		Exempt	Scholarships	1,000.
P.O. Box 5030				Person or Business X
Hagerstown MD 21741		Exempt	Medical services	2,000.
Emmaus House				Person or
P.O. Box 568		<u> -</u>		Business X
Haverhill MA 01831		Exempt	Individual services	<del></del>
Evans Scholars Foundation 1 Briar Road				Person or Business X
Golf IL 60029		Exempt	Scholarships	1,000.
Fund for Johns Hopkins Medicine		]		Person or
750 E. Pratt St., 17th Floor	<b>-</b>			Business X
Baltimore MD 21202		Exempt	Medical research	3,000.
Girl Scouts of Chicago			<b>-</b>	Person or Business X
20 S. Clark St., Suite 200 Chicago IL 60603		Exempt	Youth programs	3,000.
Girls Inc of the Seaport Area		BACILIPE	Touch programs	Person or
2 Harris Street		- <b>-</b>	- <b>-</b>	Business X
Newburyport MA 01950		Exempt	Youth services	1,000.
Greater Boston Food Bank				Person or
70 South Bay Avenue				Business X
Boston MA 02118		Exempt	Community services	1,000.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to	Foun- dation status of re-	Purpose of grant or contribution	Person or Business Checkbox
	any foundation manager or substantial contributor	cipient		Amount
a Paid during the year Greater Chicago Food Depository 4100 W. Ann Lurie Place				Person or Business X
Chicago IL 60632		Exempt	Community services	5, <u>000.</u>
Hadley School for the Blind				Person or Business X
700 Elm St		Exempt	Programs for the blind	8,000.
				Person or
				Business X
Chelsea MA 02150		Exempt	Social services	1,000.
Heartland Alliance				Person or
208 S. LaSalle St., Suite 1300				Business X
Chicago IL 60604		Exempt	Social services	5,000.
Hermitage Artist Retreat		<b>-</b> -		Person or
6660 Manasota Key Road			Performing arts programs	Business X
Englewood FL 34223	<u> </u>	Exempt	Performing arts programs	5,000. Person or
Illinois Institute of Technology 10 W. 35th St., Suite 1700	<b></b>		<b></b>	Business X
Chicago IL 60616		Exempt	Education programs	3,000.
Illinois Masonic Medical Center		EXCILIDE	Eddcacton programs	Person or
3075 Highland Parkway, Suite 600		<b>-</b> -		Business X
Downers Grove IL 60515	<del></del>	Exempt	Medical services	3,000.
Infant Welfare Society of Evanston				Person or
2200 Main St.				Business X
Evanston IL 60202	<b>-</b>	Exempt	Youth services	5,000.
Jeanne Geiger Crisis Center				Person or
2 Harris Street				Business X
Newburyport MA 01950		Exempt	Adult services	1,000.
JourneyCare Foundation 2050 Claire Ct.	<b></b>			Person or Business X
Glenview IL 60025		Exempt	Elderly services	3,000.
Junior Achievement of Chicago			Diddily Bolvidds	Person or
651 W. Washington St., Suite 404		[	[	Business X
Chicago IL 60661	<b></b>	Exempt	Youth programs	3,000.
Juvenile Diabetes Research Foundation		<u> </u>		Person or
1 N. La Salle St., Suite 1200				Business X
Chicago IL 60603		Exempt	Medical research	4,000.
Kishwauketoe Nature Conservancy				Person or
118 Circle Pkwy.		<b>_</b>		Business X
Williams Bay WI 53191		Exempt	Environmental programs	1,000.
Lincoln Park Zoo				Person or
2001 N. Clark St.				Business X
Chicago IL 60614		Exempt	Zoo programs	3,000.
Lucy's Love Bus	<b></b>	l		Person or
P.O. Box 464		l		Business X
Amesbury MA 01913		Exempt	Cancer services	1,000.

Recipient  Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(home or business)	relationship to	of re-		
(nome or accompany	any foundation	cipient		Amount
	manager or			
	substantial			
İ	contributor			
a Paid during the year				Bomon or [
Lurie Children's Hospital			<b></b>	Person or
225 E. Chicago Ave.				Business X
Chicago IL 60611	<del></del>	Exempt	Medical services	8,000.
MSPCA - Nevins Farm				Person or
400 Broadway	<b>-</b>			Business X
Methuen MA 01844		Exempt	Animal protection	1,000.
MSPCC		<b>-</b>		Person or
3815 Washington Street			37 1	Business X
Boston MA 02130		Exempt	Youth services	1,000.
Make A Wish Foundation	- <b></b>		<del></del>	Person or
1223 S. Tamiami Trail				Business X
Sarasota FL 34239	<del></del>	Exempt	Family programs	1,000.
Make A Wish Foundation				Person or Business X
640 N. LaSalle Drive				
Chicago IL 60654		Exempt	Family programs	1,000. Person or
Make A Wish Foundation		<del>-</del>		I
One Bullfinch Place, 2nd Floor			Engile program	
Boston MA 02114 Merrimack Valley Habitat for Humanity		Exempt	Family programs	1,000. Person or
60 Island Street, 2nd Floor		<del>-</del>		Business X
Lawrence MA 01840		Exempt	Community services	2,000.
Minoria and a Toma		Exempt	Community Services	Person or
6300 N. Ridge Avenue				Business X
Chicago IL 60660	- <b></b>	Evemnt	Disability services	2,000.
Morton Arboretum		DACINE	Disability Belvices	Person or
4100 Illinois 53		<b></b>		Business X
Lisle IL 60532		Exempt	Environmental programs	2,000.
Museum of Science and Industry				Person or
5700 S. Lake Shore Drive				Business X
Chicago IL 60637		Exempt	Museum programs	3,000.
Music Institute of Chicago		- 1		Person or
300 Green Bay Road	<b>_</b>			Business X
Winnetka IL 60093		Exempt	Music programs	1,000.
National Forest Foundation				Person or
Building 27, Suite 3, Fort Missoula Road				Business X
Missoula MT 59804		Exempt	Environmental programs	5,000.
National Multiple Sclerosis Society				Person or
P.O. Box 4527		<u>-</u>	<del>-</del>	Business X
New York NY 10163		Exempt	Medical research	3,000.
North Shore Senior Center				Person or
161 Northfield Rd.				Business X
Northfield IL 60093		Exempt	Elderly services	1,000.
NorthShore University HealthSystem				Person or
1033 University Place, Suite 450				Business X
			Medical services	

Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year  Northwestern University Settlement  1400 W. Augustana Blvd.  Chicago IL 60642		Exempt	Family services	Person or Business X 4,000. Person or
Parkinson's Disease Foundation 1359 Broadway Ave., Suite 1509 New York NY 10018 Pettengill House		Exempt	Medical research	Business X  3,000.  Person or
13 Lafayette Road Salisbury MA 01952 Pillars Community Services		Exempt	Family services	Business X
333 N. LaGrange Rd.  LaGrange Park IL 60526  Pine Street Inn		Exempt	Family services	Business X 5,000.  Person or
Boston MA 02118 Project Bread 145 Border Street		Exempt	Individual services	Person or Business X
East Boston MA 02128		Exempt	Community services	1,000. Person or Business X
West Lafayette IN 47907 Ravinia Festival Association 200 Ravinia Park Road			Animal services	2,000. Person or Business X
Highland Park IL 60035 Ray Graham Association 901 Warrensville Road, Suite 500			Music programs	Person or Business X
Reading Is Fundamental 1730 Rhode Island Ave. NW, Suite 1100 Washington DC 20036		Exempt	Disability services  Education programs	5,000. Person or Business X 2,000.
Rehabilitation Institute of Chicago  345 E. Superior St.  Chicago IL 60611		Exempt		Person or Business X
Ringling College of Art and Design 2700 North Tamiami Trail Sarasota FL 34234		 Exempt		Person or Business X 5,000.
Rodman Ride For Kids  10 Lincoln Road  Foxborough MA 02035		 Exempt	Youth services	Person or Business X
Rosie's Place 889 Harrison Avenue Boston MA 02118		Exempt	Individual services	Person or Business X 1,000.
Rush University Medical Center 1700 W. Van Buren St., Suite 250 Chicago IL 60612		Exempt	Medical services	Person or Business X 5,000.

Recipient  Name and address	If recipient is an individual, show any	Foun- dation status	Purpose of grant or contribution	Person or Business Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year				
Save The Children				Person or
501 King's Highway East				Business X
Fairfield CT 06825		Exempt	Child poverty programs	5,000.
Sierra Club Foundation		DACINE	carra poverey programs	Person or
85 Second St., 2nd Floor				Business X
San Francisco CA 94105		Exempt	Environmental programs	10,000.
Talk About Curing Autism			programs	Person or
2222 Martin, Suite 140				Business X
Irvine CA 92612		Exempt	Family services	10,000.
Teach For America				Person or
25 Broadway, 12th Floor				Business X
New York NY 10004		Exempt	Education programs	5,000.
The Boston Foundation				Person or
75 Arlington St., 10th Floor	 			Business X
Boston MA 02116		Exempt	Community services	3,000.
The Community House - Charlie's Gift				Person or
415 W. 8th St.	<b></b>			Business X
Hinsdale IL 60521		Exempt	Community services	5,000.
The Field Museum		<b> -</b>		Person or
1400 S. Lake Shore Dr.				Business X
Chicago IL 60605		Exempt	Museum programs	3,000.
The Wetlands Initiative				Person or
53 W. Jackson Blvd., Suite 1015			Tandananahal anaman	Business X
Chicago IL 60604 United Cerebral Palsy		Exempt	Environmental programs	1,000.
547 W. Jackson Blvd., Suite 225				Business X
Chicago IL 60661			Medical research	
University of Michigan Trauma Burn Center		DACINDE	Medical Tescaren	Person or
1500 E. Medical Center Dr., Room UH-1C435				Business X
Ann Arbor MI 48109		Exempt	Medical services	2,000.
Urban Gateways				Person or
205 W. Randolph St., Suite 1700				Business X
Chicago IL 60606		Exempt	Education programs	3,000.
Volunteer Center of the New Trier Township				Person or
520 Glendale Ave., Suite 211				Business X
Winnetka IL 60093		Exempt	Community services	1,000.
Walworth County Arts Council				Person or
641 Jackson Parkway				Business X
Williams Bay WI 53191		Exempt	Community services	1,000.
Wellness House				Person or
131 N. County Line Road				Business X
Hinsdale IL 60521		Exempt	Individual services	5,000.
Year Up		<b>_</b>		Person or
45 Milk Street, 9th Floor				Business X
Boston MA 02109		Exempt	Youth services	1,000.

Continued

	Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial	Foun- dation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
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Total

259,000.

Form 990-PF, Page 1, Part I Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CT Corporation System	Representation	628.	0.	0.	628.
Total	<del></del> -	628.	0.	0.	628.

Form 990-PF, Page 2, Part II, Line 10b **L-10b Stmt** 

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
2100 shs Altria Group common	9,146.	122,241.	
9290 shs America Movil SAB common	23,836.	130,617	
4848 shs Apartment Investment & Management Co. common	72,978.	194,065	
4460 shs BP PLC common	15,772.	139,420	
1800 shs Bank of New York Mellon Corp. common	15,712.	74,196	
502 shs ConocoPhillips common	11,768.	23,438	
600 shs International Business Machines common	8,063.	82,572	
484 shs Kraft Heinz common	3,292.	35,216	
365 shs Pepsico common	2,056.	36,471	
9000 shs Pfizer Inc. common	30,188.	290,520	
2100 shs Philip Morris International common	20,842.	184,611.	
251 shs Phillips 66 common	3,497.	20,532	
800 shs Time Warner Inc. common	23,940.	51,736	
200 shs Time Warner Cable common	8,798.	<u>37</u> ,118	
15700 shs Vanguard 500 Index Fund	583,545.	2,959,136	
2908.016 shs Vanguard Total International Stock Fund	90,000.	70,490	
Total	923,433.	4,452,379	

Form 990-PF, Page 2, Part II, Line 10c L-10c Stmt

	End of Year	
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value
145000 shs Vanguard Long-Term Investment Grade Bond Fund	1,275,390.	1,435,500
Total	1,275,390.	1.435.500