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# Form **990-PF** Department of the Treasury Internal Revenue Service

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 <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

For calendar year 2015 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
THE ROBERT THOMAS BOBINS F	OUNDATION		26-1569990	
Number and street (or P O box number if mail is not delivered to street a	nddress)	Room/suite	B Telephone number	
209 E LAKE SHORE DRIVE		10E	877-829-55	00
City or town, state or province, country, and ZIP or foreign p CHICAGO, IL 60611	ostal code		C If exemption application is pe	ending, check here
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
Final return	Amended return	,		
Address change	Name change		Foreign organizations med check here and attach cou	eting the 85% test, mputation
H Check type of organization: X Section 501(c)(3) ex	kempt private foundation		E If private foundation stat	tus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ntion	under section 507(b)(1)	(A), check here $ ightharpoonup$
I Fair market value of all assets at end of year   J Account	• —	Accrual	F If the foundation is in a	60-month termination
	ther (specify)		under section 507(b)(1)	(B), check here $ ightharpoonup$
▶\$ 493,845. (Part I, colu	mn (d) must be on cash b	pasis)		F** 1* 1
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	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	450,000.		N/A	
2 Check If the foundation is not required to attach Sch B				
Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
assets on line 6a	-13			
Gross sales price for all assets on line 6a  7 Capital gain net income (from Part IV, line 2)	- ()	0.	<del></del>	<del></del>
o Net Short-term capital gaili		<del></del>		
9 Income modifications Gross sales less returns 108 and allowerses				
10a and allowances	<del> </del>	<del></del>		<u> </u>
Description of the control of the co	. ,			
11 Other income				
12 Total. Add lines 1 through 11	450,000.	0.		
	0.	0.		0.
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages				
es 15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees STMT 1	1,250.	0.		1,250.
c Other professional fees				
17 Interest 18 Taxes				
18 Taxes				
19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings				
20 Occupancy			<del></del>	
	<del>- · · ·</del>			
22 Printing and publications 23 Other expenses STMT 2	15.	0.		15.
23 Other expenses STMT 2			· <del>- ··· ··</del>	
24 Total operating and administrative expenses. Add lines 13 through 23	1,265.	0.		1.265.
24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	399,028.	ļ <u>-</u>		1,265. 399,028.
26 Total expenses and disbursements.	32270231			1
Add lines 24 and 25	400,293.	0.		400,293.
27 Subtract line 26 from line 12;				
8 Excess of revenue over expenses and disbursements	49,707.	1		
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)			N/A	
523501 11-24-15 LHA For Paperwork Reduction Act Notice, see	instructions.			Form <b>990-PF</b> (2015

2015.03040 THE ROBERT THOMAS BOBINS

FOII	n 99	0-PF (2015) THE ROBERT THOMAS BOBINS			0-1303330 Page 2
Pi	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		end of year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	39,725.	14,46	4. 14,464.
		Savings and temporary cash investments			
١	3	Accounts receivable -			
- 1		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			_
ı		disqualified persons	5,700.	8,13	7. 8,317.
	7	Other notes and loans receivable			
		Less, allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis		···	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe CASH SURRENDER VALU)	389,602.	471,06	4. 471,064.
		Total assets (to be completed by all filers - see the			
į		instructions. Also, see page 1, item I)	435,027.	493,66	5. 493,845.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ide	21	Mortgages and other notes payable			
Ë	22	Other liabilities (describe			
	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.			į
es	24	Unrestricted			
anc	25	Temporarily restricted			
Bal	26	Permanently restricted			
P		Foundations that do not follow SFAS 117, check here			
Ī	1	and complete lines 27 through 31.	1		
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.		0.
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		0.
Ass	29	Retained earnings, accumulated income, endowment, or other funds	435,027.	493,66	
fet	30	Total net assets or fund balances	435,027.	493,66	
~	l				
	31	Total liabilities and net assets/fund balances	435,027.	493,66	5.
Б	art		lances		
			<del> </del>		<del></del>
		net assets or fund balances at beginning of year - Part II, column (a), line	30		105 005
	•	st agree with end-of-year figure reported on prior year's return)			1 435,027.
		r amount from Part I, line 27a	<b></b> =:		2 49,707.
		r increases not included in line 2 (itemize)	SEE STA	TEMENT 3	8,931.
-		lines 1, 2, and 3			4 493,665.
		eases not included in line 2 (itemize)			5 0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		6 493,665.
					Form 990-PF (2015)

Part VI   Excise Tax Based on Investment Income (Section 494)		26-1563 348 - see ii			age 4
		1 1	130100	tions	<del>"</del> —
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and					1
Date of ruling or determination letter:					0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	A and enter 1%	1	_		<del></del>
of Part I, line 27b	6/ of Dort Line 10 and /h				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4		- <del>-</del> -			0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Uthers enter -U-)	2			0.
3 Add lines 1 and 2	046	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -u-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			<del></del>
6 Credits/Payments:	اما				ł
a 2015 estimated tax payments and 2014 overpayment credited to 2015	68	1 1			
b Exempt foreign organizations - tax withheld at source	6b	1 1			
c Tax paid with application for extension of time to file (Form 8868)	6c	<del> </del>			
d Backup withholding erroneously withheld		<del> </del> -			- <del>0</del> •
7 Total credits and payments. Add lines 6a through 6d	Washad	7			<u></u>
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	rtached	8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		_	<u> </u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	المرابع والمرابع	10		-	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Part VII-A   Statements Regarding Activities	Refunded -	11			
				Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	distation or did it participate or intervene	ın .		103	X
any political campaign?	/	١٥.	18		$\frac{\mathbf{x}}{\mathbf{x}}$
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes.			1b		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any materials publishe	ed or			1
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?	h		1c		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t					
(1) On the foundation. > \$ 0. (2) On foundation manage		-			
e Enter the reimbursement (if any) paid by the foundation during the year for political exper	iditure tax imposed on foundation				
managers. ▶ \$ 0.	1000				<b>X</b>
2 Has the foundation engaged in any activities that have not previously been reported to the	IR57		2		
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing		or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char	-		3 4a		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y	ear r	N/A	4b		-
b If "Yes," has it filed a tax return on Form 990-T for this year?		M/ A	5		х
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	u •		- ا		-
If "Yes," attach the statement required by General Instruction T	outhor:				l
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	enner.				
<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandat</li> </ul>	ary directions that conflict with the stat	a law			
	ory directions that connect with the stat	5 1Q VV	6	x	ر۔ ۔ا
remain in the governing instrument?		,	7	X	$\vdash$
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of	complete Part II, col (c), and Part X	<b>,</b>	-		<u> </u>
8a Enter the states to which the foundation reports or with which it is registered (see instruc	tions)				
IL					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or decignate)				
	Actionicy delicities (or designate)		8b	X	
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of	section 4942(i)/3) or 4942(i)/5) for cal-	endar	- 00	<del></del>	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,			9	-	$\bar{\mathbf{x}}^{-1}$
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schi	•		10		X
Did any potodno become outstand contributors during the tax year. It is stated a sent	and nothing trials retiried and add econo		orm 990	)-PF	

orm 990-PF (2015) THE ROBERT THOMAS BOBINS			<u> 26-156999</u>	<u> </u>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be Re	equired <sub>(continu</sub>	ied)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ctly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)	7 000011500 111 0000011	□ Ve	s X No	
******	or advantaged purposes or fo	***		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or it		s X No	
the prevention of cruelty to children or animals?	1 11		S A NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NT / 3	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A 5	<del>0</del>
Organizations relying on a current notice regarding disaster assistance check hi				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	ſ/A	s L No	
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?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_ 6	b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				'b
Part VIII Information About Officers, Directors, Truste		nagers, Highly		
Paid Employees, and Contractors	•			
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other
NORMAN BOBINS	TRUSTEE	0.00.07		<del></del>
209 E LAKE SHORE DRIVE #10E				
CHICAGO, IL 60611	10.00	0.	0.	0.
VIRGINIA BOBINS	TRUSTEE			
209 E LAKE SHORE DRIVE #10E	TROBIBB			
	10.00	0.	0.	0.
CHICAGO, IL 60611	10.00	0.	<u> </u>	
	-			
	-	1		
		<del> </del>		
	4			
O Comment of the birth of the b	luded on line 4) 14 non-	enter #NONE #	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	GILLEI NUNE.	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other
	devoted to position		compensation	allowances
NONE		}		
		ļ		<del></del>
	4		l l	
				· · · · · · · · · · · · · · · · · · ·
	4			
		<del> </del>	L	
	1			
	1	1		
	<u> </u>	1	<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>	0
			Form	990-PF (2015)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	:e	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
	=	
3		
4		
Part IX-B   Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.  3	_	
Total. Add lines 1 through 3	<u> </u>	0.
Total Add into 1 dirough a		rm <b>990-PF</b> (2015)

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400,293.

3b

4

6

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

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

## 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				1,334.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:		0		
5		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 362,635.				
b From 2011 350,939.				
c From 2012 386, 453.				
d From 2013 e From 2014 329,258.			į	
	1,786,496.			
f Total of lines 3a through e  4 Qualifying distributions for 2015 from	1,700,430.	<del></del>		<u> </u>
Part XII, line 4: ▶\$ 400, 293.				
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)	0.			
d Applied to 2015 distributable amount				1,334.
e Remaining amount distributed out of corpus	398,959.			
5 Excess distributions carryover applied to 2015	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:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,185,455.			
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		<u> </u>
e 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		0.		
assessed 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 instr.			0.	į
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must			ĺ	
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				ļ
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010			1	,
not applied on line 5 or line 7	362,635.	<del></del>		
9 Excess distributions carryover to 2016.	1 000 000			
Subtract lines 7 and 8 from line 6a	1,822,820.			
10 Analysis of line 9:				
8 Excess from 2011 350,939.			<u> </u>	
b Excess from 2012 386,453.				
c Excess from 2013 357, 211.				
d Excess from 2014 e Excess from 2015 329,258. 398,959.				
e Excess from 2015 398,959.		L	<u> </u>	<u> </u>

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Part XIV Private Operating F	<del></del>	<del></del>	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo		=	▶ ∟		
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	T	
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for		1			
each year listed					
<b>b</b> 85% of line 2a			1		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter;</li><li>(1) Value of all assets</li></ul>					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter	<u> </u>				
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:			<u> </u>		
• •					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		<u> </u>	+	<del></del>	
(2) Support from general public and 5 or more exempt					1
organizations as provided in					
section 4942(j)(3)(B)(iii)				<del></del>	<del> </del>
(3) Largest amount of support from					
an exempt organization					
Part XV   Supplementary Info	rmetien (Comple	to this part apply	if the foundation	had \$5 000 or ma	ro in accets
Part XV Supplementary Info			ir the foundation	nau \$5,000 or mo	e III assets
	<del>`</del>	uctions.j		<del></del>	
1 Information Regarding Foundation	•				
a List any managers of the foundation where year (but only if they have contributed representation).			tributions received by the	foundation before the clos	e of any tax
SEE STATEMENT 5	ψο,ουσ,. (σσσ τ				
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🗶 if the foundation i					
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions, c	omplete items 2a, b, c, and	d
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	ications should be addres	ssed:	
<b>b</b> The form in which applications should	pe submitted and informa	ition and materials they s	hould include:		
c Any submission deadlines;					<del></del>
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	kinds of institutions or	other factors:	
	., ,		,		

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Total

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Part XVI-A	Analysis of Income-Producing	Activities
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Enter gross amounts unless otherwise indicated.	Unrelated	d business income	Exclu	ided by section 512, 513, or 514	(0)
the gross amounts unless otherwise indicated.	(a) Business	(b)	(c) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a		<del> </del>			<u> </u>
b					
С					
d		·			
e					
f					
g Fees and contracts from government agencies			<u> </u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1		
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	L		<u> </u>		
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:	1				
8	-		<u> </u>		
b			ļ		
c			<u> </u>		
d			<u> </u>		
e			<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13 _	0.
(See worksheet in line 13 instructions to verify calculations.)				<del></del>	
Part XVI-B Relationship of Activities to	the Accor	mplishment of Exe	empt	Purposes	
Lie Ne Fueler below how and advert for which we		a column (a) of Dort VIII A		hutad importantly to the agent	anliah mant of
Explain below how each activity for which inco the foundation's exempt purposes (other than			COMUN	outed importantly to the accord	ipiisriment oi
the realisation of exempt purposes (ether than t	by providing run	45 for 65011 parpedos).	-	<del></del>	<del></del>
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523621 11-24-15	-				Form 990-PF (2015)

Form 990-PF (2015)

P01247296

312-670-7444

Paid

Preparer

**Use Only** 

Date

Preparer's signature

Firm's address ▶ 455 N CITYFRONT PLAZA DR, SUITE 1500

Firm's name ► OSTROW REISIN BERK & ABRAMS,

CHICAGO, IL 60611

ALAN M. WITT

Check [

self- employed

Phone no.

PTIN

Firm's EIN ► 36-2938874

Title

05/04/16

Date

LTD.

Signature of officer or trustee

Print/Type preparer's name

ALAN M. WITT

#### 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

2015

Name of the organization

THE ROBERT THOMAS BOBINS FOUNDATION

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

Employer identification number

26-1569990

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Organization type (check one)					
Filers of:		Section:			
Form 990	or 990-EZ	501(c)( ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990	)-PF	X 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	lly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions			
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions			
Special I	Rules				
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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 7, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the close of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III			
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.			
but it mu	ist answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

Name of organization

Employer identification number

#### THE ROBERT THOMAS BOBINS FOUNDATION

26-1569990

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORMAN & VIRGINIA BOBINS  209 E LAKE SHORE DRIVE, #10E  CHICAGO, IL 60611	\$ <u>450,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

**y** .

Employer identification number

### THE ROBERT THOMAS BOBINS FOUNDATION

26-1569990

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
=			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   -		**************************************	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			990, 990-EZ, or 990-PF) (

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	1,250.	0.		1,250.
TO FORM 990-PF, PG 1, LN 16B	1,250.	0.		1,250.
FORM 990-PF	OTHER E	XPENSES	s	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FILING FEES	15.	0.		15.
TO FORM 990-PF, PG 1, LN 23	15.	0.		15.
		· <del></del>		

FORM 990-PF OTHER INCREASES IN	NET ASSETS OR FU	ND BALANCES	STATEMENT 3
DESCRIPTION			AMOUNT
INCREASE IN CASH SURRENDER VALUE	OF LIFE INSURANC	E	8,931.
TOTAL TO FORM 990-PF, PART III, L	INE 3		8,931.
FORM 990-PF	OTHER ASSETS		STATEMENT 4
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CASH SURRENDER VALUE OF LIFE INSURANCE	389,602.	471,064.	471,064.
TO FORM 990-PF, PART II, LINE 15	389,602.	471,064.	471,064.

FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 5

NAME OF MANAGER

NORMAN BOBINS VIRGINIA BOBINS

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ANSHE EMET SYNAGOGUE	NONE	PC	GENERAL SUPPORT	
				18,640
ANTI-DEFAMATION LEAGUE	NONE	PC	GENERAL SUPPORT	10,000
NTIQUARIAN SOCIETY	none	PC	GENERAL SUPPORT	
				500
ARCHIVES OF AMERICAN ART	NONE	PC	GENERAL SUPPORT	2,75
ARK, THE	NONE	PC	GENERAL SUPPORT	
				20
ART ALLIANCE ILLINOIS	NONE	PC	GENERAL SUPPORT	1,00
ART INSTITUTE OF CHICAGO	NONE	PC	GENERAL SUPPORT	
				2,50
AUDITORIUM THEATRE OF ROOSEVELT UNIVERSITY	NONE	PC	GENERAL SUPPORT	13,65
BIG SHOULDERS FUND	none	PC	GENERAL SUPPORT	
				50
BOY HOPE GIRLS HOPE	NONE	PC	GENERAL SUPPORT	1,00
Total from continuation sheets				385,89

3 Grants and Contributions Paid During the Yo	ear (Continuation)			
Recipient	If recipient is an individual.	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
OYS & GIRLS CLUBS OF CHICAGO	NONE	PC	SENERAL SUPPORT	10,25
RAIN RESEARCH FOUNDATION	NONE	PC	SENERAL SUPPORT	25,00
BRIGHT PROMISES FOUNDATION	NONE	PC	SENERAL SUPPORT	25
CATHOLIC EXTENSION	NONE	PC	GENERAL SUPPORT	50
HICAGO COMMUNITY FOUNDATION	NONE	PC	GENERAL SUPPORT	2,75
CHICAGO FOUNDATION FOR EDUCATION	NONE	PC	GENERAL SUPPORT	22
CHICAGO HIGH SCHOOL FOR THE ARTS	NONE	PC	GENERAL SUPPORT	10,00
CHICAGO HISTORICAL SOCIETY	NONE	PC	GENERAL SUPPORT	2,50
CHICAGO PUBLIC LIBRARY FOUNDATION	NONE	PC	GENERAL SUPPORT	1,00
CHICAGO PUBLIC MEDIA	NONE	PC	GENERAL SUPPORT	50

Part XV Supplementary Information	on	-		
3 Grants and Contributions Paid During the			. <b>.</b>	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	741104111
CHICAGO SCHOLARS FOUNDATION	NONE	PC	GENERAL SUPPORT	1 000
				1,000.
CHICAGO SHAKESPEARE THEATER	NONE	PC	GENERAL SUPPORT	
				9,000.
CHICAGO YOUTH CENTERS	NONE	PC	GENERAL SUPPORT	100.
			<del></del>	100.
CHILDREN'S HOME & AID	NONE	PC	GENERAL SUPPORT	
				1,000.
CHINESE AMERICAN SERVICE LEAGUE	NONE	PC	GENERAL SUPPORT	500.
				300.
CJE SENIOR LIFE	NONE	PC	GENERAL SUPPORT	
<del>-</del>		ļ	<u> </u>	1,000.
CLIMATE RIDE	NONE	PC	GENERAL SUPPORT	250.
	· <del>-  </del> - · · · · · · · · · · · · · · · · · ·			
DIEU DONNE	NONE	PC	GENERAL SUPPORT	
				1,000
DOMINICAN UNIVERSITY	NONE	PC	GENERAL SUPPORT	1,000.
ERIKSON INSTITUTE	NONE	PC	GENERAL SUPPORT	
				35,000
Total from continuation sheets			<del> </del>	L

Part XV   Supplementary Information				· · · · · · · · · · · · · · · · · · ·
3 Grants and Contributions Paid During the		T		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
EVANS SCHOLARS FOUNDATION	NONE	PC	GENERAL SUPPORT	2,50
FIELD MUSEUM	NONE	PC	GENERAL SUPPORT	
		-		3,50
DOOD ALVERON DEGRADON & DONOLOUS	l <sub>sour</sub>	1	GENERAL SUPPORT	
FOOD ALLERGY RESEARCH & EDUCATION	NONE	PC	GENERAL SUPPORT	50
GLOBAL FOODBANKING NETWORK	none	PC	GENERAL SUPPORT	50
GOLDEN APPLE	NONE	PC	SENERAL SUPPORT	
				1,00
GOLDIE B WOLFE MILLER REAL ESTATE	NONE	PC	GENERAL SUPPORT	
	NONE		SEASIAL BOLLOW	5,00
GOODMAN THEATRE	NONE	PC	GENERAL SUPPORT	1,50
GRANT PARK ORCHESTRAL ASSN	NONE	PC	GENERAL SUPPORT	1 00
<del></del>				1,00
HOLY FAMILY MINISTRIES	NONE	PC	GENERAL SUPPORT	:
				50
HUBBARD STREET DANCE CHICAGO	NONE	PC	GENERAL SUPPORT	25
Total from continuation sheets				L

Foundation status of recipient  PC	Purpose of grant or contribution  SENERAL SUPPORT	Amount 500
recipient		
	GENERAL SUPPORT	50
	GENERAL SUPPORT	50
PC		50
PC		
	GENERAL SUPPORT	1,00
PC	GENERAL SUPPORT	5,00
PC	GENERAL SUPPORT	1,00
PC	GENERAL SUPPORT	50
PC	GENERAL SUPPORT	5,00
PC	GENERAL SUPPORT	1,00
PC	GENERAL SUPPORT	2,90
	!	
PC	GENERAL SUPPORT	1,00
PC	GENERAL SUPPORT	1,00
	PC PC PC PC	PC GENERAL SUPPORT  PC GENERAL SUPPORT  PC GENERAL SUPPORT  PC GENERAL SUPPORT  PC GENERAL SUPPORT

THE ROBERT THOMAS BOBINS FOUNDATION 26-1569990

3 Grants and Contributions Paid During the Y		<b>_</b>	<del></del>	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
ES TURNER ALS FOUNDATION	NONE	PC	GENERAL SUPPORT	
				1,00
INCOLN ACADEMY OF ILLINOIS, THE	NONE	PC	SENERAL SUPPORT	2,00
UBAVITCH MESIVTA CHICAGO	NONE	PC	GENERAL SUPPORT	
				50
LYNN SAGE CANCER RESEARCH FOUNDATION	NONE	PC	GENERAL SUPPORT	4,25
YRIC OPERA OF CHICAGO	NONE	PC	GENERAL SUPPORT	12,08
				12,00
MARINE CORPS SCHOLARSHIP FOUNDATION	NONE	PC	GENERAL SUPPORT	1,00
ALDON NOVE FOR DONG & GIRLS	NONE	PC	GENERAL SUPPORT	
MERCY HOME FOR BOYS & GIRLS	NONE			25
METROPOLITAN PLANNING COUNCIL	NONE	PC	GENERAL SUPPORT	1,00
METROSQUASH	NONE	PC	GENERAL SUPPORT	1,00
MISERICORDIA HEART OF MERCY	NONE	PC	GENERAL SUPPORT	5

3 Grants and Contributions Paid During the Yo		1	Υ	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
NATIONAL HELLENIC MUSEUM	NONE	PC	GENERAL SUPPORT	1,00
NATIONAL MUSEUM OF MEXICAN ART	NONE	PC	GENERAL SUPPORT	5,00
NAVY SEAL FOUNDATION	NONE	PC	GENERAL SUPPORT	1,00
NEW DIRECTORS AFFORDABLE HOUSING CORP	NONE	PC	GENERAL SUPPORT	50
NEW YORK FOUNDATION FOR THE ARTS	NONE	PC	GENERAL SUPPORT	25,00
NEWBERRY LIBRARY, THE	NONE	PC	GENERAL SUPPORT	10,00
NORTHWESTERN UNIVERSITY	NONE	PC	GENERAL SUPPORT	50
OLD ST. PATRICK'S CHURCH	NONE	PC	GENERAL SUPPORT	4,50
ORIENTAL INSTITUTE	NONE	PC	GENERAL SUPPORT	8,25
OUNCE OF PREVENTION FUND	NONE	PC	GENERAL SUPPORT	7:

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		·····		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
PAMELA KATTEN MEMORIAL LEUKEMIA	NONE	PC	GENERAL SUPPORT	
RESEARCH FOUNDATION		<del> </del>		100.
PATHWAYS FOUNDATION	NONE	PC	GENERAL SUPPORT	
· · · · · · · · · · · · · · · · · · ·				1,000.
				ł .
PEGGY NOTEBAERT NATURE MUSEUM	NONE	PC	GENERAL SUPPORT	500
				500.
PRITZKER MILITARY MUSEUM AND LIBRARY	NONE	PC	GENERAL SUPPORT	3,500.
	<del></del>			3,300.
DOLDE DIVODELETA GIVARD POPULATON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.5	COMPAN GUDDODO	
ROLFE PANCREATIC CANCER FOUNDATION	NONE	PC	GENERAL SUPPORT	250.
RUSH UNIVERSITY MEDICAL CENTER,	NONE	PC	GENERAL SUPPORT	
WOMAN'S BOARD				500.
SMART MUSEUM	NONE	PC	GENERAL SUPPORT	
				1,500.
SNOW CITY ARTS	NONE	PC	GENERAL SUPPORT	
	ļ			500.
SPERTUS INSTITUTE	NONE	PC	GENERAL SUPPORT	1,000.
		-	<del> </del>	1,000.
	L		DEVENAL GURRORA	
STORYCATCHERS THEATRE	NONE	PC	GENERAL SUPPORT	750.
Total from continuation sheets		<u> </u>	- <del></del>	† · · · · · · · · ·

THE HOUSE THEATRE OF CHICAGO  NONE  PC  DENERAL  PC  DENERAL  PC  DENERAL  PC  DENERAL  PC  DENERAL  PC  DENERAL  DENERA	<del></del>
Show any relationship to a status of recipient	
THE HOUSE THEATRE OF CHICAGO  NONE  PC  DENERAL  DENERA	rpose of grant or contribution Amount
SYNAPSE HOUSE  NONE  PC  DENERAL  THE HOUSE THEATRE OF CHICAGO  NONE  PC  DENERAL  THRESHOLDS  NONE  PC  DENERAL  UNITED STATES HOLOCAUST MEMORIAL  NONE  PC  DENERAL  UNIVERSITY OF CHICAGO BOOTH SCHOOL  NONE  PC  DENERAL  DENERA	
TEACH FOR AMERICA  NONE  PC  GENERAL  THE HOUSE THEATRE OF CHICAGO  NONE  PC  GENERAL  THRESHOLDS  NONE  PC  GENERAL  UNITED STATES HOLOCAUST MEMORIAL  NONE  PC  GENERAL  UNIVERSITY OF CHICAGO BOOTH SCHOOL  NONE  PC  GENERAL	. SUPPORT 500
THE HOUSE THEATRE OF CHICAGO  NONE  PC  GENERAL  THRESHOLDS  THRESHOLDS  NONE  PC  GENERAL  THRESHOLDS  THRESHOLDS  NONE  PC  GENERAL  THRESHOLDS  THRESHOLDS  THRESHOLDS  NONE  PC  GENERAL  THRESHOLDS  THRESHOLDS  THRESHOLDS  NONE  PC  GENERAL  THRESHOLDS  THRESHO	, SUPPORT 1,000
PRESHOLDS  NONE  PC  GENERAL  INITED STATES HOLOCAUST MEMORIAL  AUSEUM  INIVERSITY OF CHICAGO BOOTH SCHOOL  NONE  PC  GENERAL  GENERAL	SUPPORT 5,000
UNITED STATES HOLOCAUST MEMORIAL NONE PC GENERAL MUSEUM  UNIVERSITY OF CHICAGO BOOTH SCHOOL NONE PC GENERAL	SUPPORT 1,000
JNIVERSITY OF CHICAGO BOOTH SCHOOL NONE PC GENERAL	L SUPPORT 1,000
	_ SUPPORT 15,000
UNIVERSITY OF CHICAGO WOMEN'S BOARD NONE PC GENERAL	L SUPPORT 2,500
	L SUPPORT
US SKI AND SNOWBOARD FOUNDATION NONE PC GENERAL	L SUPPORT 1,500
VASSAR COLLEGE NONE PC GENERAL	L SUPPORT 500

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Yo		<u>,</u>	<del>,</del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
WELLNESS HOUSE	NONE	PC	GENERAL SUPPORT	1,000
wings	NONE	PC	SENERAL SUPPORT	1,000
WTTW	NONE	PC	GENERAL SUPPORT	60,000
YOUNG WOMEN'S LEADERSHIP CHARTER SCHOOL	NONE	PC	GENERAL SUPPORT	1,500
YU TORAH MITZION KOLLEL OF CHICAGO	NONE	PC	GENERAL SUPPORT	15,000
Total from continuation sheets				