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# SCANNIED DEC 0 6 2016

Form **990-PF** 

Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2016 Return of Private Foundation

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

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

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

'For	calen	dar year 2015 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identificatio	n number
A	BR.	A PRENTICE FOUNDATION,	36-3092283	<u>L</u>		
		nd street (or P O box number if mail is not delivered to street	address)	•	B Telephone number	
	_	N. MICHIGAN AVE.		1360	(312)640-1	1362
City	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
C	HI.	CAGO, IL 60611				
G	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
		Final return	Amended return		2 5	and the OSO/ Anal ST
		Address change	Name change		Foreign organizations m check here and attach or	computation
H C	heck	type of organization: $X$ Section 501(c)(3) ex			E If private foundation st	atus was terminated
<u> </u>	_		Other taxable private founda	ition	under section 507(b)(1	)(A), check here
I Fa	ur ma	rket value of all assets at end of year 🕽 🕽 Account	_	Accrual	F If the foundation is in a	60-month termination
			ther (specify)		under section 507(b)(1	i)(B), check here
	\$	41,413,100. (Part I, colu	mn (d) must be on cash b	oasis)		
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	2,394,606.		N/A	
	2	Check If the toundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	646,448.	646,448.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 20 21 4 2 4 Q	2,491,359.		,	
enc	b	assets on line 6a		2 401 250		<u> </u>
Revenue	١.	Capital gain net income (from Part IV, line 2)		2,491,359.		
_	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
		and allowances  Less Cost of goods CEVED				
		Gross profit or (loss)				
	11	_ (O)  \footnote{\text{\tin}\text{\tett{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\texi{\texi{\texi{\texi}\texi{\texi{\texi{\texi{\tet{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ti	3,100.	3,100.		STATEMENT 2
	12	Total. Additines Through 11	5,535,513.	3,140,907.		
	13		0.	0.		0.
	14	Compensation of officers directors trastaes, etc.  Other employee salaries and Wages U.T.				
	15	Pension plans, employee benefits		<u> </u>		
ses	16a	Legal fees				
penses	b	Accounting fees STMT 3	7,500.	0.		7,500.
Ä	c	Other professional fees STMT 4	296,533.	281,706.		14,827.
Ne	17	Interest	316.	316.		0.
trat	18	Taxes STMT 5	61,817.	6,817.		0.
nis	19	Depreciation and depletion				<u> </u>
i <del>m</del>	20	Occupancy			L	<del> </del>
Ā	21	Travel, conferences, and meetings		<del></del>	<del></del>	<del> </del>
a	1	Printing and publications	24 512	04 512		<del> </del>
ing	23	Other expenses STMT 6	24,513.	24,513.	<del></del>	0.
Operating and Administrative Ex	24	Total operating and administrative	390,679.	212 252		22 227
ŏ	0.5	expenses. Add lines 13 through 23	1,800,500.	313,352.		22,327.
-	ı	Contributions, gifts, grants paid	1,000,300.	<del></del>		1,000,300.
	20	Total expenses and disbursements. Add lines 24 and 25	2,191,179.	313,352.		1,822,827.
_	27	Subtract line 26 from line 12:	-, -, -, -, -, -, -, -, -, -, -, -, -, -	313,334.	<del></del>	
	1	Excess of revenue over expenses and disbursements	3,344,334.			
	ĺ	Net investment income (if negative enter -0-)		2,827,555.		<del>                                     </del>
		Adjusted net income (if negative, enter -0-)	<del> </del>	=, == , , , , , ,	N/A	<del>                                     </del>
5225		,	<del></del>		·	·

Form 990-PF (2015) ABRA PRENTICE FOUNDATION, INC. 36-30						
Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>	
드	<u> </u>	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	200 45		0 100 500	
		Savings and temporary cash investments	908,457.	2,183,503.	2,183,503.	
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable			)	
		Less: allowance for doubtful accounts				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		*-		
As		Investments - U.S. and state government obligations STMT 9	4,323,302.	4,174,296.	4,198,056.	
		Investments - corporate stock STMT 10	13,020,703.	16,666,284.	20,136,822.	
		Investments - corporate bonds STMT 11	11,828,176.	10,365,191.	10,482,376.	
	l	Investments - land buildings, and equipment basis		20,000,2321	20/102/3700	
	l '''					
	12	Less accumulated depreciation Investments - mortgage loans		- <del></del>		
		Investments - other STMT 12	3,214,038.	2,960,621.	4,412,343.	
	1		3,214,030.	2,300,021.	4,412,343.	
	14	Land, buildings, and equipment basis				
	_ ا	Less accumulated depreciation  Other assets (describe STATEMENT 13)	16,623.	0.	0.	
			10,023.			
	16	Total assets (to be completed by all filers - see the	22 211 200	26 240 005	41 412 100	
_	47	Instructions. Also, see page 1, item I)	33,311,299.	36,349,895.	41,413,100.	
		Accounts payable and accrued expenses	<u></u>			
	18	Grants payable	<del></del>		Ì	
es	19	Deferred revenue	<del></del>			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ja,	21	Mortgages and other notes payable			•	
_	22	Other liabilities (describe >)			1	
		<b>-</b>	0.	0.	;	
_	23	Total liabilities (add lines 17 through 22)	0.			
	1	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			1	
es	.,	Unrestricted				
ĕ	1 - '					
a	25	Temporarily restricted			<u> </u>	
Net Assets or Fund Balanc	26	Permanently restricted  Foundations that do not follow SFAS 117, check here	·			
ڃ	Ì	•	]		1	
P		and complete lines 27 through 31.	22 211 200	26 240 005		
ş	27	Capital stock, trust principal, or current funds	33,311,299.	36,349,895.		
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.			
¥.	29	Retained earnings, accumulated income, endowment, or other funds	33,311,299.	• • • •		
ž	30	Total net assets or fund balances	33,311,299.	36,349,895.		
		Total Pak I Paga and antiquest before	33,311,299.	36,349,895.		
_	_	Total liabilities and net assets/fund balances		30,349,093.		
P	art	III Analysis of Changes in Net Assets or Fund E	Balances			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30	·		
		st agree with end-of-year figure reported on prior year's return)		1	33,311,299.	
2	•	r amount from Part I, line 27a		2	3,344,334.	
		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 7 3	1,159,194.	
		lines 1, 2, and 3	<del>-</del>	4	37,814,827.	
		eases not included in line 2 (itemize)	SEE ST	ATEMENT 8 5	1,464,932.	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	36,349,895.	
			<u></u>		Form <b>990-PF</b> (2015)	

Part IV Capital Gains	and Losses for Tax on I	nvestment	Income					
<ul> <li>(a) List and desc</li> <li>2-story brick wa</li> </ul>	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)						acquired lay, yr.)	( <b>d)</b> Date sold (mo., day, yr.)
1a `			· · · · · · · · · · · · · · · · · · ·	1	nation			
b SEE ATTACHED	STATEMENT		<del>-</del>	<b>—</b>			·	
C								
d								
<u>e</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus	
a								
<u>b</u>		+		-+-				
d d	<del></del>	<del> </del>						
e 20,314,349.		<del>                                     </del>	7,928,52	8.				2,491,359.
	ng gain in column (h) and owned by			-		D Gains (C	Col. (h) gaın	
	(j) Adjusted basis		cess of col. (i)		co	l. (k), but i	not less that	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any	Į.		Losses	(from col. (	h))
a		T	<del></del>					
b			-					
C			_					
d								
e								2,491,359.
	∫ If gain, also ent	er in Part I, line		٦   -				
2 Capital gain net income or (net ca				<u>} 2</u>				2,491,359.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	and (6):						
If gain, also enter in Part I, line 8,		, ,		}			- •-	
If (loss), enter -0- in Part I, line 8	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-6. T	<del></del>	] 3			N/A	
Part V Qualification U	<u></u>				ment in	come		
(For optional use by domestic private	e foundations subject to the section	1 4940(a) tax on	net investment i	ncome.)				
If section 4940(d)(2) applies, leave t	his part blank.							
Was the foundation belongs to the one	Accorded to the second			dO				Yes X No
Was the foundation liable for the sec If "Yes," the foundation does not qua			•	riou /				Tes _A NO
1 Enter the appropriate amount in				entries.				<del></del>
(a)	(b)			(c)				(d) oution ratio
Base periód years Calendar year (or tax year beginni	المستراغين بمسايين المسايا	stributions	Net value of no		e-use assets	;	Distrib (col. (b) div	oution ratio rided by col. (c))
2014		21,834.		38,7	71,624		<u> </u>	.044410
2013	1,5	12,047.	<del></del>		69,200			.043740
2012	1,3	95,632.		30,0	03,724	1.		.046515
2011		00,600.			69,104			.017401
2010	1,3	01,234.		26,5	83,064	1.		.048950
2 Total of line 1, column (d)						2		.201016
3 Average distribution ratio for the	5-year base period - divide the total	I on line 2 by 5,	or by the number	of years			_	
the foundation has been in existe	nce if less than 5 years					3		.040203
4 Enter the net value of noncharital	ble-use assets for 2015 from Part X	C, line 5				4	4	0,468,374.
5 Multiply line 4 by line 3						5		1,626,950.
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		28,276.
								1 (EE 00C
7 Add lines 5 and 6						7	<u> </u>	1,655,226.
O Cates and those distributions (	m Doct VII. ling 4							1 022 027
8 Enter qualifying distributions from		41.				8		1,822,827.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, lin	ne 1b, and comp	lete that part usir	ng a 1% ta	x rate.			
See the rait vi ilistructions.								

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	<u>∍ instru</u>	ctio	ns)_
1a 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 instructions)	_		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	2	8,2	76.
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-)		^ -	0.
3 Add lines 1 and 2	2	8,2	76.
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-	2	8,2	76.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015  6a 58,155.			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			_
7 Total credits and payments. Add lines 6a through 6d	5	8,1	55 <sup>-</sup>
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	<u> </u>		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	2	9,8	79.
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax   29,879. Refunded			0.
Part VII-A, Statements Regarding Activities		_	
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			,
distributed by the foundation in connection with the activities			,
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	"	-	
(1) On the foundation. $\blacktriangleright$ \$ 0 • (2) On foundation managers. $\blacktriangleright$ \$ 0 •		l	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. > \$ 0.		- 1	;
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		_ <b>X</b> _;
If "Yes," attach a detailed description of the activities	<del></del>	-+	
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	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		$\frac{\lambda}{X}$
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	<b>├</b>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b 5		X
If "Yes," attach the statement required by General Instruction T	"		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
By language in the governing instrument, or			
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			1
remain in the governing instrument?		. <b>.</b> .	!
	6	X	
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	Х	
So Enter the states to which the foundation reports or with which it is registered (one instructions)		i	•
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	.		
		- 1	
b If 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	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10	- 1	Х

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4b X Form **990-PF** (2015)

X

3b

4a

Yes X No

N/A

during the year?

orm 990-PF (2015) ABRA PRENTICE FOUNDATION			36-30922	81	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contir	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir				
<ul> <li>any voter registration drive?</li> </ul>		es 🗶 No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	Y	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			ĺ	1
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?		Y	es 🗶 No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	ler the exceptions described	ın Regulations			.
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ıned			
expenditure responsibility for the grant?	N	I/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on				
a personal benefit contract?		Y	es X No		1 1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			<u> </u>		
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	Y	es X No	1	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		N/A	7b	<del>                                     </del>	
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highl	у		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) E>	other
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accour allow	nt, other vances
	· · · · · · · · · · · · · · · · · · ·	, ,	compensation		
SEE STATEMENT 14		0.	l o.		0.
	····				
			-		
	· · · · · · · · · · · · · · · · · · ·			-	
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u> </u>	
(a) Name and address of each employee hald more than \$50,000	(b) Title, and average	(-) Company	(d) Contributions to employee benefit plans and delerred	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		it, other ances
NONE	·		compensation		
				_	
	<del></del>				
					<del></del>
otal number of other employees paid over \$50,000		1			

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Part VIII Information About Officers, Directors, Trustees, Foundation N Paid Employees, and Contractors (continued)	lanagers, Highly	_	
3 Five highest-paid independent contractors for professional services. If none, enter "NON			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE	(5) -) po co co co	<del></del>	
HOND			
	<del></del> -	<del></del>	
	<del></del>	<del></del> -	
		ì	
		<del></del> -	
<del></del>		İ	
<del></del>		<del></del> -	
		ļ	
Total number of others receiving over \$50,000 for professional services		<b>-</b>	
Part IX-A Summary of Direct Charitable Activities			<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor	mation such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	).	Expenses	;
1 NOT APPLICABLE	<del></del>		
			0.
2			
3			
4		-	
PartilX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2.	Amount	
1 NOT APPLICABLE			
			_
			<u> </u>
2			
All other program-related investments. See instructions.			
3			
<del></del>			
Tabel Add In a 1 Abranch O			

Form **990-PF** (2015)

The state of the s		SOJENIE ugot
Part X Minimum Investment Return (All domestic foundations must complete this part Fi	oreign foundations,	see instructions )
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	34,950,694.
b Average of monthly cash balances	1b	1,545,980.
c Fair market value of all other assets	1c	4,587,970.
d Total (add lines 1a, b, and c)	1d	41,084,644.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	41,084,644.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	616,270.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	40,468,374.
6 Minimum investment return. Enter 5% of line 5	6	2,023,419
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	indations and certain	
foreign organizations check here 🕨 🔛 and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	2,023,419.
2a Tax on investment income for 2015 from Part VI, line 5	,276.	
b Income tax for 2015. (This does not include the tax from Part VI.)	23°,	
c Add lines 2a and 2b	2c	28,276.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	1,995,143.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	1,995,143.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,995,143.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,822,827.
b Program-related investments - total from Part IX-B	16	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:	145	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,822,827.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	28,276.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	1,794,551.
Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the f	foundation qualifies for	the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

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				1,995,143.
Undistributed income, if any, as of the end of 2015     a Enter amount for 2014 only			1 701 120	
b Total for prior years:			1,784,438.	
g rotario, prior years.		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
<b>b</b> From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			1
4 Qualifying distributions for 2015 from				<u>-</u>
Part XII, line 4: ►\$ 1,822,827.				
a Applied to 2014, but not more than line 2a	}		1,784,438.	,
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		i
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			<b>;</b>
d Applied to 2015 distributable amount				38,389.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (if an amount appears in column (d), the same amount must be shown in column (a))	0.	17-01-12		0.
6 Enter the net total of each column as indicated below:				i :
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			1
b Prior years' undistributed income. Subtract				<del> </del>
line 4b from line 2b		0.		ı
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		}
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line	, , , , , , , , , , , , , , , , , , ,			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must	İ			
be distributed in 2016				1,956,754.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010		***		·
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9:	Į.			
a Excess from 2011				
b Excess from 2012			l	
c Excess from 2013	ŀ			
dExcess from 2014				
e Excess from 2015				

	ENTICE FOUN				92281 Page 10
Part XIV   Private Operating Fo	oundations (see ins	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶	· · · · · · · · · · · · · · · · · · ·	
<b>b</b> Check box to indicate whether the found		g foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed				<u> </u>	
<b>b</b> 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,				1	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				<u> </u>	
e Qualifying distributions made directly					i
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:			İ	Ì	
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter				<del>                                     </del>	
2/3 of minimum investment return shown in Part X, line 6 for each year			1		
listed			<del> </del>	<del> </del>	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on			•		
securities loans (section					
512(a)(5)), or royalties)			<del> </del>	<del> </del>	<del></del>
(2) Support from general public and 5 or more exempt					
organizations as provided in				1	
section 4942(j)(3)(B)(iii)  (3) Largest amount of support from			<del> </del>	<del> </del>	
an exempt organization					
(4) Gross investment income		<del></del> ·	<del></del>		
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:		<del></del>		
a List any managers of the foundation who	_	than 2% of the total con	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m			,		•
ABRA PRENTICE WILKIN					
b List any managers of the foundation who			(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater interes	st.			
NONE	···				
2 Information Regarding Contributi					
Check here 🕨 🗶 if the foundation o					
the foundation makes gifts, grants, etc.	<u>`</u>	<u></u>	<u></u>	<del></del>	d
a The name, address, and telephone number	ber or e-mail address of t	he person to whom appi	ications should be addre	ssed:	
<b>b</b> The form in which applications should b	e submitted and informat	ion and materials they s	hould include:	<del></del>	<del></del>
The form in which applications should be					
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of institutions, or	other factors:	
-			•		

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
CARING BRIDGE	NONE	PUBLIC	UPGRADE WEBSITE	
1715 YANKEE DOODLE ROAD, SUITE 301				
EGAN, MN 55121				45,000
CENTER OF CONCERN	NONE	PUBLIC	HOUSING AND COUNSELING	
1580 N. NORTHWEST HIGHWAY, SUITE 310		1	FOR SENIORS, DISABLED	
PARK RIDGE, IL 60068			AND OTHERS IN NEED	45,000
CHICAGO BOTANIC GARDEN	NONE	PUBLIC	HORTICULTURAL THERAPY	
1000 LAKE COOK ROAD		1	SERVICES	
GLENCOE, IL 60022	<del>                                     </del>			25,000
CHICAGO JESUIT ACADEMY	NONE	PUBLIC	SPONSOR SCHOLARSHIPS	
5058 W. JACKSON BLVD.				
CHICAGO, IL 60644	<del> </del>	<u> </u>		25,000
COMPASS TO CARE	NONE	PUBLIC	ACCESS TO CARE PROGRAM	
6776 NORTHWEST HWY., SUITE 1D				
CHICAGO, IL 60631	<u> </u>			10,000
Total SEE CC	NTINUATION SHE	T(S)	<b>▶</b> 3a	1,800,500
<b>b</b> Approved for future payment				
CHICAGO BOTANIC GARDEN	NONE	PUBLIC	HORTICULTURAL THERAPY	
1000 LAKE COOK ROAD			SERVICES	
GLENCOE, IL 60022				50,000
CHICAGO JESUIT ACADEMY	NONE	PUBLIC	SPONSOR SCHOLARSHIPS	
5058 W. JACKSON BLVD.	1			
CHICAGO, IL 60644	+			125,000
HADLEY SCHOOL FOR THE BLIND	NONE	PUBLIC	HORTICULTURAL THERAPY	
700 E. ELM STREET			SERVICES	
VINNETKA, IL 60093	NUMERICAL CONTRACTOR	<u> </u>		50,000
Total SEE CC	NTINUATION SHE	\$T ( S )	► 3b	3,100,000

Enter gross amounts unless oth	nerwise indicated.	Unrelated bu	isiness income		d by section 512, 513, or 514	(e)
•		(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:		code	Amount	sion code	Amount	function income
a						
b		\		1_1_		· · · · · · · · · · · · · · · · · · ·
C		_		<u> </u>		
d		_		+ +		
e		_		<del> </del>		
f		_	<del></del>	+		
g Fees and contracts from	•			<del>                                     </del>		
<ul><li>2 Membership dues and asset</li><li>3 Interest on savings and tem</li></ul>		<del></del>		<del>                                     </del>		
investments	porary cash			1 1		
4 Dividends and interest from	securities	F		14	646,448.	
5 Net rental income or (loss) f			<del> </del>	+		f 12 - 22 1 2
a Debt-financed property				1 1		
b Not debt-financed prope	rty			1 - 1		<del></del>
6 Net rental income or (loss) f						
property						
7 Other investment income		900000		14	3,100.	
8 Gain or (loss) from sales of	assets other			_		
than inventory				18	2,491,359.	
9 Net income or (loss) from s				+ $+$		
10 Gross profit or (loss) from s	sales of inventory			<del> </del>		<del></del>
11 Other revenue:				1 1		
a		— <del>                                    </del>		+ -+		<del></del>
		_		+		<del></del>
		-		t		
e			<del></del>	1 1		
12 Subtotal. Add columns (b),	(d), and (e)		0.		3,140,907.	0
13 Total. Add line 12, columns	(b), (d), and (e)		<del></del>		13	3,140,907
(See worksheet in line 13 instru	ictions to verify calculations	i.)			-	
Part XVI-B Relati	onship of Activitie	s to the Accom	plishment of E	xempt	Purposes	
Line No. Explain below h	now each activity for which i	ncome is reported in co	lumn (e) of Part XVI-A	Contribu	ted importantly to the accomp	lishment of
NOT APPLI	s exempt purposes (other the	nan by providing lunds	ior such purposes).			
NOT APPLI	CABLE	<del></del>	<del></del>		<del></del>	
	<del></del>					
		<del></del>				
	<del></del>		<del></del>			
	···					
						<del>-</del>
			<del></del>			
						- <del></del>
		<del></del>	<del></del>			

Page 13

ABRA PRENTICE FOUNDATION, INC.

Part 2	XVII	Information Re Exempt Organ	•	sfers To a	and Tran	sactions a	and Relations	hips With Nonch	aritable		
1 Did	the ora	anization directly or indir		of the followin	a with any a	ther ergenizety	on described in secti	on FO1(c) of	1	Vac	No
	_	other than section 501(c)						011 30 1(0) 01		163	140
		rom the reporting found			=		nzations,				
		on the reporting rounds	Allon to a monthianta	anie exempt ori	yanızatıdı d	•			12/11		Х
٠,	Cash								1a(1) 1a(2)		X
٠,	Other								14(2)		
		actions:	ble evernet ergenize	tion					15/11		v
		of assets to a noncharital	· -						1b(1)		X
		ises of assets from a no	•	Organization					1b(2)		$\frac{\Lambda}{X}$
		of facilities, equipment,							1b(3)		X
٠.		ursement arrangements							1b(4)		X
		or loan guarantees	mbarahin ar fundra	ioina polioitatio	no				1b(5)		X
		mance of services or me	•	_					1b(6)		$\frac{\Lambda}{X}$
	•	facilities, equipment, ma	•			n (h) abauld al	waya abayy tha fair m	narket value of the goods			
								or sharing arrangement,		is,	
		the value of the goods,			cu icss iliali	iali iliaiket vali	ue ili aliy ilansaciion	or snaring arrangement,	2110.M III		
(a)Line n		b) Amount involved		f noncharitable	e exempt or	anization	(d) Description	of transfers, transactions, and	d charing area		
(a) Line ii	<u> </u>	b) Amount involved	(c) Name o	N/A		Janization -	(u) Description	or transfers, transactions, and	d Sharing arra	ngeme	
			<del></del>	N/A			<del></del>	<del></del>			
			<del> </del>		<del></del>		<del> </del>	·			
			<del> </del>				<del></del> -	<del></del>			
			<del> </del>	····			<del>                                     </del>	<del></del>			
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	+-		<del></del>			<del></del>		<del></del>			
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	ــــــــــــــــــــــــــــــــــــــ			1-1-11							
		dation directly or indirect	•			-exempt organ	izations described	Г	— , ,	T	٦
		501(c) of the Code (other		c)(3)) or in sect	ion 52/7			L	Yes	A	] No
<u> </u>	Yes," co	nplete the following sch			(h) Type o	forganization	<del></del>	(a) Description of relation	chip		
		(a) Name of org	Jamzadon		(b) Type o	f organization		(c) Description of relation	SIIIP		
		N/A	<del></del>	<del></del>			<del> </del>		<del>-</del>		
							<del></del>	<del></del> _			
			<del>_</del>				<del> </del>	<del></del>			
			<del></del>				<del> </del>		-		
	Under	penalties of perjury, hoteclare	that I have examined th	ne return includin	C accompany	na schedules and	etatemente and to the	heet of my knowledge			—
C:an		ref, it is the correct, and con						han any kaovitadan	ay the IRS dis		
Sign Here					1.11	- 15-16	WE CENT	st	nown below (s	ee inst	r )?
11010	Sign	at w_				- 13 16	Title P	RESIDENT	X Yes	L	J No I
	Jagin			Drangrar'e e	Date			Check   If PTIN			
		Print/Type preparer's na	11116	Preparer's s	ignature /		Date	self- employed			
Paid	Ì	3	TOUT MAN	1 de la	, H. a	Tie 1	11/14/16		000055		
	arer	ALAN H. SP		- cun	11-1	age (	1 / // -1		02857		
Preparent of the Prepar	1	Firm's name ► RSM	. ОВ, ГГБ				,	Firm's EIN ► 42-0	1/1432	. D	
U26 (	ן אוווכ	Firm's address > 1	C MACKET	ייניד מת	Cuni	900	·				
		Firm's address ▶ 1				800		310	. 2 4 2 4	0.0	
		Сн	ICAGO, II	<u> 90909</u>				Phone no. 312-6	34-34	UU	

2,491,359.

N/A

ABRA PRENTICE FOUNDATION, INC. 36-3092281 PAGE OF Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a PUBLICLY TRADED SECURITIES 01/01/1412/31/15 b FROM METROPOLITAN RE PTRS II 01/01/1512/31/15 01/01/1412/31/15 c FROM METROPOLITAN RE PTRS II d FROM METROPOLITAN RE PTRS V 01/01/1412/31/15 e FROM WLR RECOVERY IV INVESTORS, 01/01/1412/31/15 LLC CAPITAL GAINS DIVIDENDS k m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 2,301,948. 20,230,476. 17,928,528 76. b 33,366. С 72,096. d 30,277. 30,277. е 53,596. 53,596. h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") over col. (j), if any as of 12/31/69 2,301,948. b 76. 33,366. C 72,096. d 30,277. 53,596. h m

{ If gain, also enter in Part I, line 7 | If (loss), enter "-0-" in Part I, line 7 }

2

523591	
323351	
04-01-15	

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

n 0

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	<del></del>	<del></del>		<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CONNECTIONS FOR THE HOMELESS	NONE	PUBLIC	HEALTH AND WELLNESS	
2121 DEWEY AVENUE			SERVICES PROGRAM	
EVANSTON, IL 60201				10,000.
PANIEL MURPHY SCHOLARSHIP FUND	NONE	PUBLIC	BRIDGE TO EXCELLENCE	
309 W. WASHINGTON STREET, SUITE 1250	[		SUMMER PROGRAM	
CHICAGO, IL 60606				100,000.
				_
	l	L	L	
GLENWOOD ACADEMY	NONE	PUBLIC	EDUCATE AT-RISK	
500 WEST 187TH STREET GLENVIEW, IL 60425		1	CHILDREN	10,000.
<u> </u>			<del> </del>	
HADLEY SCHOOL FOR THE BLIND	NONE	PUBLIC	HORTICULTURAL THERAPY	
700 E. ELM STREET			SERVICES	25 222
WINNETKA, IL 60093	<del>                                     </del>		<del> </del>	25,000.
HUMANITARIAN SERVICE PROJECT	NONE	PUBLIC	FEED THE KIDS PROGRAM	
465 RANDY ROAD				
CAROL STREAM, IL 60188	<u> </u>	<u> </u>		3,000.
JUNIOR ACHIEVEMENT	NONE	PUBLIC	WHOLE SCHOOL PROGRAM	
651 W. WASHINGTON, SUITE 404				
CHICAGO, IL 60661	<del>                                     </del>	<u> </u>		7,500.
KIDS EQUIPMENT NETWORK	NONE	PUBLIC	GENERAL *	
P.O. BOX 465	•			
ITASCA, IL 60143				20,000.
LINCOLN PARK ZOO	NONE	PUBLIC	ANNUAL FUND/ URBAN	
2001 N. CLARK STREET			WILDLIFE INSTITUTE	
CHICAGO, IL 60614				320,000.
LYDIA HOME ASSOCIATION	NONE	PUBLIC	SAFE FAMILIES PROGRAM	
4300 W. IRVING PARK ROAD			IN CHICAGO	
CHICAGO, IL 60641				25,000.
MASSACHUSETTS GENERAL HOSPITAL	NONE	PUBLIC	MGH CHAIR IN	
100 CAMBRIDGE ST, SUITE 1310 BOSTON, MA 02114			PHSYCHIATRY AT CENTER FOR WOMEN'S MENTAL	
~, .m. v=444			HEALTH	410,000.
Total from continuation sheets				1,650,500.

3 Grants and Contributions Paid During the	Year (Continuation)			
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	
MEALS ON WHEELS	NONE	PUBLIC	HOLIDAY MEALS PROGRAM	
1111 NORTH WELLS STREET, SUITE 307				
CHICAGO, IL 60610				20,00
MERIT SCHOOL OF MUSIC	NONE	PUBLIC	INSTRUMENTAL MUSIC	
38 S. PEORIA STREET		1 02220	PROGRAM	
CHICAGO, IL 60607				15,00
NATURAL RESOURCES DEFENSE COUNCIL	NONE	PUBLIC	RE-ENVISION THE	
20 N. WACKER DRIVE, SUITE 1600			CHICAGO WATERWAYS	
CHICAGO, IL 60606		<u></u>		50,00
PACIFIC GARDEN MISSION	NONE	PUBLIC	SUPPORT NEW IN-HOUSE	
P.O. BOX 317	NONE	FORDIC	SUBSTANCE ABUSE	
WHEATON, IL 60187			RECOVERY PROGRAM	25,00
PUBLIC BROADCASTING SUSTEMS	NONE	PUBLIC	GENERAL *	
FOUNDATION		1		
2100 CRYSTAL DRIVE				
ARLINGTON, VA 22202				50,00
REHABILIATION INSTITUTE OF CHICAGO 345 EAST SUPERIOR STREET	NONE	PUBLIC	HENRY B. BETTS MEMORIAL FUND	
CHICAGO, IL 60611				50,00
SARAH'S CIRCLE	NONE	PUBLIC	INTERIM HOUSING	
4838 N. SHERIDAN ROAD			PROGRAM	
CHICAGO, IL 60640			<del>   </del>	40,00
CHEND YOUNDIIM	NONE	PUBLIC	CHEDODE DECEMBON ON	
SHEDD AQUARIUM 1200 S. LAKE SHORE DRIVE			SUPPORT RESEARCH ON ENDANGERED SPECIES	
CHICAGO, IL 60605		<u> </u>		25,00
SPECIAL OLYMPICS	NONE	PUBLIC	YOUNG ATHLETES PROGRAM	
500 WATERS EDGE STREET, SUITE 100				
LOMBARD, IL 60148	<del></del>	<del>                                     </del>	<del>                                     </del>	10,00
THE EVERGLADES FOUNDATION	NONE	PUBLIC	ANNULL TUBETURE TOTANO	
18001 OLD CUTLER ROAD, SUITE 625	TOME	FORTIC	ANNUAL JUPITER ISLAND DVISORY COUNCIL	
PALMETTO BAY, FL 33157				25,00
Total from continuation sheets		<del></del>		

ABRA PRENTICE FOUNDATION, INC. \_

3 Grants and Contributions Paid During the	Year (Continuation)	·		
• Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
. Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
THE LATIN SCHOOL OF CHICAGO	NONE	PUBLIC	CREATE THE ISABELLE	
59 WEST NORTH BLVD			LAWRENCE ENDOWED CHAIR	
CHICAGO, IL 60610		<u> </u>	IN ENGLISH	300,00
THE SALVATION ARMY	NONE	PUBLIC	LET THE MUSIC BEGIN	
5040 N. PULASKI ROAD			AND HOMELESS	
CHICAGO, IL 60630		<del> </del>	PREVENTION PROGRAMS	35,00
THE TAFT SCHOOL	NONE	PUBLIC	GENERAL *	
110 WOODBURY ROAD		1		
WATERTOWN, CT 06795		<del> </del>		50,00
THE WETLANDS INITIATIVE	NONE	PUBLIC	SUPPORT THE MIDEWIN	
53 W. JACKSON, SUITE 1015			NATIONAL TALLGRASS	
CHICAGO, IL 60604			PRAIRIE IN WILL COUNTY	25,00
		-		
				<del></del>
		Į.	1	

Part XV Supplementary Information  Grants and Contributions Approved for Fut		)		
- Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
LINCOLN PARK ZOO	NONE	PUBLIC	ANNUAL FUND/ URBAN	
2001 N. CLARK STREET CHICAGO, IL 60614			WILDLIFE INSTITUTE	900,000
MASSACHUSETTS GENERAL HOSPITAL	NONE	PUBLIC	MGH CHAIR IN	
100 CAMBRIDGE ST, SUITE 1310		1	PHSYCHIATRY AT CENTER	
BOSTON, MA 02114		1	FOR WOMEN'S MENTAL HEALTH	1,200,000
		<del>                                     </del>		<del></del>
NATURAL RESOURCES DEFENSE COUNCIL	иоие	PUBLIC	RE-ENVISION THE	
20 N. WACKER DRIVE, SUITE 1600			CHICAGO WATERWAYS	
CHICAGO, IL 60606			<del></del>	100,000
PACIFIC GARDEN MISSION	NONE	PUBLIC	SUPPORT NEW IN-HOUSE	
P.O. BOX 317		1	SUBSTANCE ABUSE	
WHEATON, IL 60187		<del> </del>	RECOVERY PROGRAM	75,000
THE LATIN SCHOOL OF CHICAGO	NONE	PUBLIC	CREATE THE ISABELLE	
59 WEST NORTH BLVD CHICAGO, IL 60610		1	LAWRENCE ENDOWED CHAIR IN ENGLISH	600,000
All contributions are for the general charitable, religious, scientific, iterary, or educational activities of	ai			
each donnee organization				
	}			
Total from continuation sheets				2,875,000

### 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.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

_ At	RA PRENTICE FOUNDATION, INC.	36-309228I				
Organization type (check of	one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	The state of the s					
	s 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 Ru	le See instructions				
General Rule						
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509(a)(1) any one contribute	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from attions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educoruelty to children or animals. Complete Parts I, II, and III					
year, contributions is checked, enter l purpose Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the <b>General Rule</b> applies to this organization because it is, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,				
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	· · · · · · · · · · · · · · · · · · ·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

### ABRA PRENTICE FOUNDATION, INC.

36-3092281

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABRA PRENTICE WILKIN  179 EAST LAKE SHORE DRIVE  CHICAGO, IL 60611-1651	\$199,697.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ABRA PRENTICE WILKIN  179 EAST LAKE SHORE DRIVE  CHICAGO, IL 60611-1651	\$ 629,963.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ABRA PRENTICE WILKIN  179 EAST LAKE SHORE DRIVE  CHICAGO, IL 60611-1651	\$649,946.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ABRA PRENTICE WILKIN  179 EAST LAKE SHORE DRIVE  CHICAGO, IL 60611-1651	\$ 915,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$ 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-20	3.15	Schedule R /Form	Person Payroll Oncash Complete Part II for noncash contributions )

Employer identification number

## ABRA PRENTICE FOUNDATION, INC.

36-3092281

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	8,728 SHS TRIMBLE NAVIGATION LTD		
		\$ 199,697.	01/29/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	13,928 SHS ABBOTT	_	·
		\$\$ <u>629,963.</u>	11/30/15
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	11,930 SHS MICROSOFT		
		\$\$	11/30/15
(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
		_	

Name of orga	anization		Employer identification number
ABRA P	RENTICE FOUNDATION, IN	rC.	36-3092281
Part III	Exclusively religious, charitable, etc., conthe year from any one contributor. Complete	tributions to organizations described in	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 or le	less for the year (Enter this info once) > \$
(a) No.	Use duplicate copies of Part III if addition	nal space is needed	
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held	
}-		(e) Transfer of gift	
		(c) transier or give	
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
}			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
Ì			
Ļ		<u> </u>	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Γ			
			<del></del>
		<del></del>	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fullpose of gift	(c) Ose of gift	(u) Description of now gift is field
ľ			
L			
1		(e) Transfer of gift	
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
į			
(a) Ño. from	(1) D (1)	(2) 1122 25 277	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<del></del>
—— Ì			_
		(e) Transfer of gift	
•	Transferenta nome address a		Delekierekie eddarusetereko korrestere
F	Transferee's name, address, a	IIIU ZIP + 4	Relationship of transferor to transferee
ł			

FORM 990-PF	DIVIDENDS	AND INTI	EREST	FROM SECU	URITIES S	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDES	3	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
FREO ACCESS	3.		0.	3	3.		
GOLDMAN SACHS - ACCRETION INCOME GOLDMAN SACHS -	171.		0.	171	171.		
DIVIDEND INCOME GOLDMAN SACHS -	400,516.		0.	400,516	400,516.		
INTEREST INCOME GOLDMAN SACHS -	298,134.		0.	298,134	298,134.		
LTCG DISTRIBUTIONS GOLDMAN SACHS - U.S. GOV. INTEREST	53,596.	53,	596.	(	0.		
INCOME LESS: AMORTIZATION	49,438. -105,152.		0. 0.	49,438 -105,152			
LESS: PURCHASED INTEREST METROPOLITAN RE	-15,628.		0.	-15,628	-15,628.		
PTRS INTL II, LP K-1 METROPOLITAN RE	8,024.		0.	8,024	8,024.		
PTRS V, LP K-1 WLR RECOVERY IV	8,141.		0.	8,141	8,141.		
INVESTORS LLC K-1	2,801.		0.	2,801	2,801.		
TO PART I, LINE 4	700,044.	53,	596. ====================================	646,448	646,448.	- <del></del>	
FORM 990-PF		OTHER	INCO	ME	S	TATEMENT	2
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
METROPOLITAN RE PTR METROPOLITAN RE PTR		т.р		4,457.	4,457.		
K-1 WLR RECOVERY IV K-1	·	<b></b>		-3,320. 1,963.	-3,320. 1,963.		
TOTAL TO FORM 990-P	F, PART I, L	INE 11		3,100.	3,100.		
		=				<del></del>	

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARATION AND CONSULTING	7,500.	0.		7,500.
TO FORM 990-PF, PG 1, LN 16B	7,500.	0.		7,500.
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GOLDMAN SACHS INVESTMENT MANAGEMENT FEES	296,533.	281,706.		14,827.
TO FORM 990-PF, PG 1, LN 16C	296,533.	281,706.		14,827.
FORM 990-PF	TAX	ES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GOLDMAN SACHS - FOREIGN TAXES METROPOLITAN RE PARTNERS	5,612.	5,612.		0.
II K-1 - FOREIGN TAXES FEDERAL TAXES WLR RECOVERY IV K-1 -	1,197. 55,000.	1,197.		0. 0.
FOREIGN TAXES	8.	8.		0.
TO FORM 990-PF, PG 1, LN 18	61,817.	6,817.		0.

FORM 990-PF		STATEMENT	6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITA E PURPOS:	
FOREIGN FEES PORTFOLIO EXPENSES THROUGH K-1'S RECLAIMABLE TAXES	341. 23,156. 1,016.				0.
TO FORM 990-PF, PG 1, LN 23	24,513.	24,513.			0.
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND BA	ALANCES	STATEMENT	7
DESCRIPTION			_	AMOUNT	
MARKET VALUE IN EXCESS OF BAS BOOK/TAX DIFFERENCE FROM K-1'		ITIES DONATED		1,145,20 13,9	
TOTAL TO FORM 990-PF, PART II	I, LINE 3		=	1,159,1	94.
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR FUND	BALANCES	STATEMENT	8
DESCRIPTION				AMOUNT	
MARKET VALUE IN EXCESS OF BAS DONATION NON-DEDUCTIBLE EXPENSES FROM		ITIES RECEIVEI	O FROM	1,464,90	08.
TOTAL TO FORM 990-PF, PART II	I, LINE 5		_	1,464,93	32.

FORM 990-PF U.S. AND STATE/CI	TY GOV	ERNMENT	OBLIGATIONS	STATEMENT 9	
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
GOLDMAN SACHS - CNTRL TAXBL - US GOV'T AGENCY BONDS			4,174,296.	4,198,056.	
TOTAL U.S. GOVERNMENT OBLIGATIONS		-	4,174,296.	4,198,056.	
TOTAL STATE AND MUNICIPAL GOVERNMENT	OBLIG	GATIONS			
TOTAL TO FORM 990-PF, PART II, LINE	10A	=	4,174,296.	4,198,056.	
FORM 990-PF CORE	ORATE	STOCK		STATEMENT 10	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	
ABBOTT LABORATORIES - 13,928 SHS MICROSOFT CORPORATION - 16,316 SHS GOLDMAN SACHS - YACKTMAN GOLDMAN SACHS - DSM: LCG GOLDMAN SACHS - EAGLE - DYNAMIC EQ ABBVIE INC - 8,776 SHS GOLDMAN SACHS - VULCAN GOLDMAN SACHS - TACTICAL AD GOLDMAN SACHS - BOSTON LCV GOLDMAN SACHS - BETA GOLDMAN SACHS - INDEX TOTAL TO FORM 990-PF, PART II, LINE		- -	3,252. 15,655. 955,461. 2,472,424. 1,037,369. 2,222. 973,414. 5,688,574. 2,641,919. 1,632,000. 1,243,994. 16,666,284.	625,506. 905,212. 1,265,842. 3,186,538. 1,555,439. 519,890. 867,364. 5,678,985. 2,687,546. 1,643,857. 1,200,643.	
FORM 990-PF CORE	PORATE	BONDS		STATEMENT 11	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	
GOLDMAN SACHS - CNTRL TAXBL - CORP E GOLDMAN SACHS - SPX B+	6,964,191. 3,401,000.				
TOTAL TO FORM 990-PF, PART II, LINE	10C	-	10,365,191.	10,482,376.	
		=	<del></del> _		

FORM 990-PF OTH		STATEMENT 12			
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE		
METROPOLITAN REAL ESTATE PARTNERS	COST				
V, LP		148,845.	188,235.		
METROPOLITAN RE PARTNERS	COST				
INTERNATIONAL II, LP		192,380.	199,490.		
WLR RECOVERY IV INVESTORS, LLC	COST	167,343.	131,349.		
ALPHA + (NON-US EQUITY) OFFSHORE,	COST				
LP		1,000,000.	2,208,666.		
GS HEDGE FUND PORTFOLIO PLC CLASS	B COST	1,208,673.	1,363,586.		
FREO ACCESS	COST	243,380.	321,017.		
TOTAL TO FORM 990-PF, PART II, LINE 13		2,960,621.	4,412,343.		
FORM 990-PF	OTHER ASSETS		STATEMENT 13		
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE		
	13,627.	0.			
PURCHASED INTEREST DIVIDENDS RECEIVABLE	2,996.	0.	0. 0.		
TO FORM 990-PF, PART II, LINE 15	16,623.	0.	. 0.		

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 14
TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
ABRA PRENTICE WILKIN 980 N. MICHIGAN AVENUE, SUITE 1360 CHICAGO, IL 60611	PRESIDENT & DIR	ECTOR 0.	0.	0.
LOUIS S. HARRISON 333 W. WACKER DRIVE, SUITE 1700 CHICAGO, IL 60606	SECRETARY & VIC 0.25	E PRESIDENT	0.	0.
JAMES WILKIN 980 N. MICHIGAN AVENUE, SUITE 1360 CHICAGO, IL 60611			0.	0.
ABRA A. WILLIAMS 980 N. MICHIGAN AVENUE, SUITE 1360 CHICAGO, IL 60611		0.	0.	0.
ANTHONY R. ANDERSON 980 N. MICHIGAN AVENUE, SUITE 1360 CHICAGO, IL 60611		0.	0.	0.
LORETTA W. COONEY 980 N. MICHIGAN AVENUE, SUITE 1360 CHICAGO, IL 60611		0.	0.	0.
GEORGE M. COVINGTON 980 N. MICHIGAN AVENUE, SUITE 1360 CHICAGO, IL 60611		0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.