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Form **990-PF**

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

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

			r year 2015, or ta	x year b	eginning		, 201	, and	ending		<u> </u>	
Name										A	Employer identification nur 36-3563806	nber
Numbe	er an	d stree	FOUNDATION of (or PO box number	if mail is not	delivered to street a	address)		Room/	suite	В	Telephone number (see instr	uctions)
485	H	IALF	DAY ROAD or province, country, a					200		L.	(847) 883-970	
-				and ZIP or fo	oreign postal code	_				С	If exemption application is	nonding check here
			GROVE		 		IL	600			ii exemplion application is	pending, eneck nere.
G	ine	ck all	that apply	Initial re	<u> </u>		I return of a form	er pub	lic charity	D	1 Foreign organizations, che	ck here
			-	Final re	s change	_	nded return e change				2 Foreign organizations mee	ting the 85% test, check
H	`bo	ok bu	pe of organization				exempt private fo	undate		}	here and attach computation	on ►
п	ΪĒ		ction 4947(a)(1) n				Other taxable			E	If private foundation status	was terminated
T 5	317.6		value of all assets a					Cash	Accrual	1-	under section 507(b)(1)(A)	
			II, column (c), line 16,			Other (s	L 1	/d3/1		F	If the foundation is in a 60-	month termination -
•	\$		2,415,	681.	(Part I,		(d) must be on	cash b	asis)	-	under section 507(b)(1)(B)	
Par	tl	A	nalysis of Re				Revenue and	Τ	Net investmen		(c) Adjusted net	(d) Disbursements
		E	kpenses (The liumns (b), (c), an	total of an	nounts in		nses per books	(5)	income		income	for charitable
		co. sa	iumns (b), (c), an rily equal the amo	a (a) may ounts in c	not neces- olumn (a)							purposes (cash basis only)
			ee instructions))			<u> </u>						(cash basis only)
	Ī	1	Contributions, gifts, grants		,	<u> </u>	100,000.	<u> </u>				
		2	Ck ►if the foun	ndation is not re	equired to attach Sch B			ļ				
		3	Interest on savings and ter	mporary cash II	nvestments		4.	1		4.]	1
	- }	4	Dividends and Interest from	m securities -				†	46,26		† 	
		_	Gross rents									
	- 1		Net rental income or (loss)			ļ						
R E V	l		Net gain or (loss) from sale Gross sales price for				247,902.	L-6	a Stmt		<u> </u>	
v	- 1	_	assets on line 6a	· · <u></u> -	, 937, 738.				206 01	_	 	
E	ļ	7 8	Capital gain net incon Net short-term capital			 		 	296,01	ь.		·
U		9	Income modifications	_				+			H RECE /	
E	ŀ	10 a	Gross sales less returns and	1				1				701
			allowances Less Cost of			ļ	 	<u> </u>			[중 NOV 22 1	1
	- 1	_	goods sold	<u> </u>				<u> </u>			10124	16 10
			Gross profit or (loss) (attach Other income (attach				· · · · · · · · · · · · · · · · · · · 	ļ			005	181
	- 1	11	See Line 11 Stn				553.		0 6/	10	OGDEN,	UT T
	Ī	12	Total Add lines 1 th		 		348,459.	┼	9,64 351,92			
	\dashv	13	Compensation of office					1			 	
	- }	14	Other employee sal	laries and w	vages							
		15	Pension plans, emplo	•							<u> </u>	
	A		Legal fees (attach sch	•				<u> </u>			 	ļ
	M		Accounting fees (atta	•		<u> </u>	7 (01	 	7 5		 	7. 601
o	Ņ	17	Other prof fees (attack				7,601.	┼	1,50	υ υ .	 	7,601.
O P E R A T	s T	18	Taxes (attach schedule)(s			 	2,000.	+	2,05	52	 	
R A	Ŕ	19	Depreciation (attach				2,000.	 	2,0	,	 	
- 1	7		schedule) and deplete				0.					
N G	Ě	20 21	Occupancy			<u> </u>		 			 	
	-	21	Printing and publicate	-		 		+-			 	
SCANNED DEC	ž	23	Other expenses (atta					+ -			 	
≶	EN		See Line 23 Str	nt		L	4,814.		2,27	7 <u>6</u> .		4,814
Z	SE	24	Total operating and									
ń	š	25	expenses Add lines Contributions giffs, grants	•		_	14,415. 33,040.	├	5,82	28.	 	12,415
		25 26	Total expenses and	•			33,040.	 -			 	33,040
][40	Add lines 24 and 25				47,455.	1	5,82	28.		45,455
		27	Subtract line 26 from									,
0		а	Excess of revenue of and disbursements		es		301,004.	1				,
!	1	ŀ	Net investment inco		tive enter -0-1	 	301,004.	+	346,10	1	 	 -
20	ı		Adjusted net incom		•		· · · · · · · · · · · · · · · · · · ·	+	340,10	· + •	1	
B AA	. F		perwork Reduct				ons.		TEEA0301 12	/04/1	5	Form 990-PF (2015

Dart	717	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End 0	<u> </u>
. art		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	102,015.	106,604.	106,604.
	2	Savings and temporary cash investments			
	3	Accounts receivable			,
		Less: allowance for doubtful accounts			
l	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts	_		
A S E T	8	Inventories for sale or use			
Ē	9	Prepaid expenses and deferred charges			
Ś	10 a	a Investments — U.S and state government obligations (attach schedule)			
	Ł	b Investments — corporate stock (attach schedule) . L-10b. Stmt	1,706,763.	1,919,914.	1,906,970.
		c Investments — corporate bonds (attach schedule) . L-10.c. Stmt	302,750.	356,267.	372,361.
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0.		
	15	Other assets (describe L-15 Stmt)	0.	29,746.	29,746.
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	2,111,528.	2,412,531.	2,415,681.
L	17		1.		
I	18	Grants payable			1
A B	19	Deferred revenue			
!	20	Loans from officers, directors, trustees, & other disqualified persons			
ī	21	Mortgages and other notes payable (attach schedule)			
T I E	22				
ร	23	Total liabilities (add lines 17 through 22)	1.		, ,
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A S S A E L T A		Foundations that do not follow SFAS 117, check here x and complete lines 27 through 31.			
ĔÛ	27	Capital stock, trust principal, or current funds			
T A S N	28				
С	29	Retained earnings, accumulated income, endowment, or other funds	2,111,527.	2,412,531.	1 '2 ' ` _
O E R S	30		2,111,527.	2,412,531.	1
	31		2,111,528.	2,412,531.	
Par	t III	Analysis of Changes in Net Assets or Fund Balanc			
1	Tota end-	al net assets or fund balances at beginning of year — Part II, column (-of-year figure reported on prior year's return)	a), line 30 (must agree w	ith 1	2,111,527.
2		er amount from Part I, line 27a			301,004.
3	Other	r increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	2,412,531.
5	D	und lended on how 2 (terrina)		<u> </u>	
6	Tota	eases not included in line 2 (itemize)	art II, column (b), line 30	6	2,412,531.

Form	990-PF (2015) GRANDY FO	UNDATION			36-3563806	Page 3
		osses for Tax on Investme	nt Income			
	(a) List and describe	the kınd(s) of property sold (e g , real , or common stock, 200 shares MLC	estate,	(b) How acqu P - Purchas D - Donatio	se (mo, day, yr)	(d) Date sold (mo , day, yr)
1 a	FROM K-1 MF LARGE C	AP GROWTH FUND LLC		 P	Various	Various
		AP VALUE FUND LLC		 P		Various
	FROM K-1 MF INDEX F			 P	Various	Various
	FROM K-1 MF SMALL C			P	Various	Various
	See Columns (a) thru (d)	<u> </u>			7411040	V 4 2 2 3 4 5
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basing plus expense of sale		(h) Gain or (e) plus (f) mi	
a	93,730.			0.		93,730.
b				0.		42,201.
				0.		150,062.
d				0.		7,495.
e			1.98	7,008.		2,528.
		g gain in column (h) and owned by th		7,000.	M Coine (Co	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	_	(I) Gains (Co gain minus col (k), b than -0-) or Losses (fr	ut not less
a	0.	0.		0.		93,730.
b	0.	0.		0.		42,201.
c	0.	0.		0.		150,062.
d	0.	0.		0.		7,495.
е	See Columns (i) thru (l)	0.		0.		2,528.
2	Capital gain net income or (net o	eapital loss) If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2	296,016.
	If gain, also enter in Part I, line 8 in Part I, line 8	, column (c) (see instructions) If (los:	s), enter -0-		3	296,016.
Was		s part blank on 4942 tax on the distributable amou under section 4940(e) Do not comp		eriod?		X No
1		each column for each year, see the ii		v entries	 	
<u></u> -		(b)	(c)	T	(d)	
_	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use asso	ets (Distribution col (b) divided by c	
	2014	46,545.	2,299	9,561.		0.020241
	2013	97,170.	2,052	2,659.		0.047339
	2012	108,377.		3,686.		0.060931
	2011	21,883.	1,739	9,310.		0.012581
	2010	22,200.		1,449.		0.014688
2	Total of line 1, column (d)			· · · · L	2	0.155780
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total has been in existence if less than 5 years.	on line 2 by 5, or by the ears		3	0.031156
4	Enter the net value of noncharita	able-use assets for 2015 from Part X,	line 5		4	2,385,759.
5	Multiply line 4 by line 3				5	74,331.
6		me (1% of Part I, line 27b)			6	3,461.
7	Add lines 5 and 6				7	77,792.
8	Enter qualifying distributions from	n Part XII, line 4			8	45,455.
	If line 8 is equal to or greater tha	in line 7, check the box in Part VI, line	e 1b, and complete that part	ے using a 1% :	tax rate. See the	

	t-VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – sec		
	Exempt operating foundations described in section 4940(d)(2), check here In and enter 'N/A' on line 1	- W	
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1	6,922.
	check here and enter 1% of Part I, line 27b	****	A STATE OF THE STA
	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		6,922.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5	6,922.
6	Credits/Payments:		144-7-4-6-423-1
	2015 estimated tax pmts and 2014 overpayment credited to 2015	3	
	Exempt foreign organizations — tax withheld at source		4.7.334
	Tax paid with application for extension of time to file (Form 8868)		
d	Backup withholding erroneously withheld	7.	
7	Total credits and payments Add lines 6a through 6d		7,334.
8	Enter any penalty for underpayment of estimated tax. Check here		
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpald	10	412.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	11	
Par	t VII-A Statements Regarding Activities		E 2982
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes No
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.	j	
	Did the foundation file Form 1120-POL for this year?		1c X
е	(1) On the foundation • \$ (2) On foundation managers • \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers • \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2 X
_	If Yes,' attach a detailed description of the activities.		
	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		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		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 remain in the governing instrument? 		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 X
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		
	IL - Illinois		
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		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part	(J)(5) X/V	9 X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names		
BAA	and addresses		Form 990-PF (2015)

rorn	1990-PF (2015) GRANDY FOUNDATION 36-35638)6	Р	age 5
Pa	rt-VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	. 11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	. 12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	Х	
14	Website address	993		
	Located at 485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL ZIP+4 60089	_003		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		. •	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, securities, or other financial account in a foreign country?	. 16	-	X
Dai	enter the name of the foreign country rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		L
Гаі	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):		162	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		-	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			,)
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	*	,	-1 ,
ŧ	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1 b		X
	Organizations relying on a current notice regarding disaster assistance check here			
_c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	. 1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	•	4 6	
ā	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?		4	1
	If 'Yes,' list the years ► 20 , 20 , 20		,	٠,
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-	,	
c	all years listed, answer 'No' and attach statement — see instructions.)	2 b		7
	► 20 _ , 20 _ , 20 _ , 20 _			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
t	of 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, Form 4720, to		. "	, T
4 a	determine if the foundation had excess business holdings in 2015)			
	charitable purposes?	. 4a		Х
ŧ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	. 4 b		Х
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Form 990-PF (2015) GRANDY FOUNDATION			36-356	63806	Page 6		
Part-VII-B- Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)				
5 a During the year did the foundation pay or incur a	=				,		
Carry on propaganda, or otherwise attempt t	o influence legislation (se	ection 4945(e))?	Yes X	No			
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	election (see section 495 n drive?	55), or to carry	Yes X	No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	a chantable, etc, organi	zation described	Yes X	No			
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	, charitable, scientific, lite of cruelty to children or a	erary, or nimals?	Yes X	No			
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b	х		
Organizations relying on a current notice regardi			<u></u>				
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exemptality for the grant?	tion from the	· · · · Yes	No			
If 'Yes,' attach the statement required by Regular	tions section 53 4945-5(d	d)		'	*		
6 a Did the foundation, during the year, receive any to on a personal benefit contract?	• • • • • • • • • • • • • • • • • • • •		L.J (==]No	,		
b Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870	ns, directly or indirectly, o	n a personal benefit con	tract?	6b	X		
7 a At any time during the tax year, was the foundation	an a nartir ta a neabibitas	l tay abaltas transaction	□v	1			
b If 'Yes,' did the foundation receive any proceeds							
Part VIII Information About Officers, D							
and Contractors	irectors, rrustees,	i oulidation mana	gers, mgmy raid t	-inployee:	э,		
1 List all officers, directors, trustees, foundatio	n managers and their o	ompensation (see inst	ructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other al	e account, llowances		
J. MILLER							
485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	DIRECTOR/VP 1.00	0.	0.		0.		
J. JOY		-	=				
485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	DIRECTOR/VP 1.00	0.	0.		0.		
S. MILLER	1.00	0.					
	DIRECTOR/SECRETARY/PRESIDENT		0		0		
See Information about Officers, Directors, Trustees, Etc	1.00	0.	0.		0.		
		2			2		
2 Compensation of five highest-paid employee	s (other than those inc	0.	0.	ntor 'NONE '	0.		
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense			
paid more than \$50,000	hours per week devoted to position	(c) campanaan	employee benefit plans and deferred compensation	other al	llowances		
NONE			· · · · · · · · · · · · · · · · · · ·				

Total number of other employees paid over \$50,000 .			·		None		
BAA	TEE40306 10/	13/15		Form 000	DE (2015)		

2	
3	
4	
antilX:B) Summary of Program-Related Investments (see instructions)	
	Amount
	Amount
	Amount
	Amount
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1	Amount
	Amount
pescribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 2 All other program-related investments See instructions.	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 2	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 2 All other program-related investments See instructions.	Amount

Form 990-PF (2015)

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Form **990-PF** (2015)

Pa	t-X— Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	2,378,107.
	Average of monthly cash balances	1 b	43,983.
	Fair market value of all other assets (see instructions)	1 c	, , , , , , , , , , , , , , , , , ,
	Total (add lines 1a, b, and c)	1 d	2,422,090.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c		2712270301
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,422,090.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	36,331.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,385,759.
6	Minimum investment return. Enter 5% of line 5	6	119,288.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► ☐ and do not complete this part.)	found	dations
1	Minimum investment return from Part X, line 6	1	119,288.
	Tax on investment income for 2015 from Part VI, line 5		
ı	Income tax for 2015 (This does not include the tax from Part VI.)		
•	Add lines 2a and 2b	2 c	6,922.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	112,366.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	112,366.
6	Deduction from distributable amount (see instructions)	6	
_ 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	112,366.
Pai	t XII Qualifying Distributions (see instructions)	,	
	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	45,455.
1	Program-related investments – total from Part IX-B	1 b	
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	3 a	
ı	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	45,455.
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 (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	45,455.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	undatio	·

Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2015 from Part XI, Inc. 7			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
2. Undeshalded norm. I any, as of the end of 2015 2. Enters anomating 2014 only 3. Enters anomating 2014 only 4. The provided pro	1	Distributable amount for 2015 from Part XI,				112 366
b Total for print years 20 _ 20 _ 20 _ 30 _ 5	2					112,300.
3 Excess distributions caryover, if any, to 2015 a From 2010		Enter amount for 2014 only			0.	
a From 2011						
b From 2011	3	Excess distributions carryover, if any, to 2015			-	
C From 2012	:	a From 2010				
d From 2013						
From 2014						
Total of lines 3a through						
4 Qualifying distributions for 2015 from Part XII, line 4: F S 45, 455, a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior years (Election required — see instructions). c Treated as distributions out of corpus (Election required — see instructions). d Applied to 2015 distributed amount		1				
XII, line 4: P. S. 4.5, 45.5. a Applied to 2014, but not more than line 2a. b Applied to undistributed income of prory years (Election required — see instructions). C Treated as distributions out of corpus (Election required — see instructions). d Applied to 2015 distributable amount. 4.5, 455. Excess distributions carryover proper to 2016. Subtract line 6c from line 6b. Taxable amount amount appears in or which the section 4942(a) and a see instructions. d Subtract line 6c from line 6b. Taxable amount been insured in come for 2014. Subtract line 4a from line 2 to 2 t		=	21,385.			
a Applied to 2014, but not more than line 2a	4					
b Applied to undistributed income of prior years (Election required — see instructions). c Treated as distributions or of corpus c (Election required — see instructions). d Applied to 2015 distributable amount. c Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2015. (ff an amount appears in column (a) the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Addilines 3f, 4c, and 4e Subtract line 5. b Prior years' undistributed income. Subtract line 4b from line 2 b. c Enter the amount of prior years' undistributed income for which in the section 4942(a) tax has been insued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6b from line 6b. Taxable amount — see instructions. d Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount — see instructions. o Lindistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distribution and to corpus to satisfy requirements imposed by section 170(b)(1)(f) or 442(g)(3) (Election may be required — see instructions). 7 Amounts tracetad as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 442(g)(3) (Election may be required — see instructions). 8 Excess distributions carryover from 2010 not applied on line 5 or line? (see instructions). 9 Excess from 2011 . 0 D Excess from 2011 . 0 D Excess from 2011 . 0 D Excess from 2013 . 0 D Excess from 2014 . 0 C Excess from 2015 . 0 C Excess from		XII, line 4: \$ 45, 455.				
(Election required — see instructions). c Treated as distributions out of corpus (Election required — see instructions). d Applied to 2015 distributable amount	•	a Applied to 2014, but not more than line 2a				
(Election required — see instructions)	ł	Applied to undistributed income of prior years (Election required – see instructions)				
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2015		(Election required — see instructions)				
Excess distributions carryover from 2016. Excess distributions carryover from 2016. Excess distributions carryover from 2010 not applied on line 9 Excess from 2011 .						45,455.
(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: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b. Taxable amount — see instructions d Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016		The state of the s	0.			
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5		21,385.			21,385.
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subiract line 5		same amount must be shown in column (a))				
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b 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) lax has been previously assessed d Subtract line 6c from line 6b. Taxable amount – see instructions e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount – see instructions f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016 f 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) 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2011 b Excess from 2011 c Excess from 2013 d Excess from 2014 e Excess from 2015 0		, , ,				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	6					
b Prior years' undistributed income. Subtract line 4b from line 2b						
line 4b from line 2b		ŀ	<u> </u>			
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	ı	Prior years' undistributed income. Subtract		_		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	•	Enter the amount of prior years' undistributed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		income for which a notice of deficiency has				
amount — see instructions		tax has been previously assessed				
amount — see instructions		Subtract line 6c from line 6b. Tayable			····	
Inne 2a Taxable amount — see instructions				0.1		}
Inne 2a Taxable amount — see instructions		Undistributed income for 2014 Subtract line 4a from				٧
4d and 5 from line 1 This amount must be distributed in 2016		line 2a Taxable amount — see instructions			0.	1
4d and 5 from line 1 This amount must be distributed in 2016		Elladiotebuted income for 2045. Outstand Page				
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)	•					
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	_					45,526.
section 170(b)(1)(F) or 4942(g)(3) (Electión may be required — see instructions)	′					
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2011		section 170(b)(1)(F) or 4942(g)(3) (Election				
applied on line 5 or line 7 (see instructions)		,				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	_			
Subtract lines 7 and 8 from line 6a 0 . 10 Analysis of line 9 a Excess from 2011 0 . b Excess from 2012 0 . c Excess from 2013 0 . d Excess from 2014 0 . e Excess from 2015 0 .	_	The state of the s				
10 Analysis of line 9 a Excess from 2011	9	Subtract lines 7 and 8 from line 6a	n			
a Excess from 2011	10	L	<u> </u>			
b Excess from 2012 0. c Excess from 2013 0. d Excess from 2014 0. e Excess from 2015 0.		. = 1	İ			
d Excess from 2014 0. e Excess from 2015 0.	t					
e Excess from 2015 0 .						

	2015) GRANDY FOUNDATION		-4:	701 A	36-3563806	
	Private Operating Foundation has received a ruling or dete					<u> N/A</u>
is effective	ve for 2015, enter the date of the rulir	ng			<u></u> •\	
	ox to indicate whether the foundation		ng foundation descri		4942(j)(3) or	4942(j)(5)
	e lesser of the adjusted net rom Part I or the minimum	Tax year		Prior 3 years		
	ent return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b 85% of h	ne 2a					
	g distributions from Part XII, each year listed					
	ncluded in line 2c not used directly conduct of exempt activities					
for active	g distributions made directly conduct of exempt activities. line 2d from line 2c					
	e 3a, b, or c for the re test relied upon	- 				
a 'Assets' a	alternative test - enter:		ļ			
(1) Valu	e of all assets					
(2) Valu secti	e of assets qualifying under ion 4942(j)(3)(B)(i)					
minımum ı	nt' alternative lest — enter 2/3 of nvestment return shown in Part X, ach year listed					
c 'Support'	alternative test – enter					
inves divid on s	I support other than gross stment income (interest, lends, rents, payments ecurities loans (section a)(5)), or royalities)					
(2) Supp	ort from general public and 5 or exempt organizations as provided ction 4942()(3)(B)(III)					
(3) Larg	est amount of support from xempt organization					
	ss investment income					
Part XV S	Supplementary Information	Complete this	part only if the	foundation ha	d \$5,000 or more	in
1 informate a List any close of a	issets at any time during the tion Regarding Foundation Manage managers of the foundation who have any tax year (but only if they have co LLER, J. JOY, S. MILLE	ers: e contributed more ntributed more than	than 2% of the total	contributions receive on 507(d)(2).)	ed by the foundation b	efore the
b List any i	managers of the foundation who own	10% or more of the	e stock of a corporat or greater interest.	ion (or an equally la	rge portion of the own	ership of
NONE						
Check he requests complete	for funds. If the foundation makes greaterns 2a, b, c, and d	kes contributions to fts, grants, etc (see	preselected charitationstructions) to indiv	ole organizations an	ons under other condi	
a The nam	e, address, and telephone number o	r e-mail address of	the person to whom	applications should	be addressed	
b The form	n in which applications should be sub	mitted and informat	on and materials the	ey should include.		
c Any sub	mission deadlines					
d Any rest	rictions or limitations on awards, such	as by geographica	ll areas, chantable fi	elds, kınds of ınstıtu	tions, or other factors:	
BAA		TE	EA0310 10/13/15		F	orm 990-PF (2015)

Form 990-PF (2015) GRANDY FOUNDATION

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	substantial contributor	recipient						
a Paid during the year ASPIRITECH NFP 427 SHERIDAN ROAD HIGHWOOD IL 60040 HAVE DREAMS	į	PUBLIC	SUPPORT ORGANIZATION'S PROGRAMS SUPPORT	23,040.				
515 BUSSE HIGHWAY, STE 150 PARK RIDGE IL 60068	į	PUBLIC	ORGANIZATION'S PROGRAMS	10,000.				
		-	_					
Total	 			33,040.				
b Approved for future payment								
Total				hl				

_		**	=	-						
F	a	rt)	K١	ŽΙ-	A	Analysis	of	Income-Producing	Activities

Enter	gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e)
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
а	·					
b						
C						
d						
е	·					
f				<u> </u>		
_	Fees and contracts from government agencies					
	Membership dues and assessments					
	Interest on savings and temporary cash investments			14	4.	
4	Dividends and interest from securities			 		
	Net rental income or (loss) from real estate	<u> </u>		1	· · · · · · · · · · · · · · · · · · ·	2 2 2
	Debt-financed property					
	Not debt-financed property			 		
_	Net rental income or (loss) from personal property		ļ	+ +		
7	Other investment income		 	+-10	247 002	
8	Gain or (loss) from sales of assets other than inventory		 	18	247,902.	
9	Net income or (loss) from special events			 		
10	Gross profit or (loss) from sales of inventory	ļ		 		
11	***************************************			 		
a b						
C		 -		 		
d				+		
e	·	 	<u> </u>	 		
12	Subtotal. Add columns (b), (d), and (e)		 	+	247,906.	
13	Total. Add line 12, columns (b), (d), and (e)					247,906.
	worksheet in line 13 instructions to verify calculation					
			liaborant of Every	A D	-	
Par	t XVI-B Relationship of Activities to the	ie Accomp	isnment of Exem	pt Purpos	ses	
Line	e No. Explain below how each activity for which in	come is repor	ted in column (e) of Part	XVI-A contr	ibuted importantly to t	he
	▼ accomplishment of the foundation's exempt	purposes (oth	er than by providing tun	as for such	ourposes). (See instru	ctions.)
						<u></u>
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						· · · · · · · · · · · · · · · · · · ·
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				·		
			· · · · · · · · · · · · · · · · · · ·			
						
						

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash		Yes	No
(1) Cash. (2) Other assets. b Other transactions: (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value in goods, other assets, or services given by the reporting foundation.			
(2) Other assets		<u> </u>	
b Other transactions: (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value in goods, other assets, or services given by the reporting foundation.	1 a (1)		Х
(1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value in goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in	1 a (2)		Х
(2) Purchases of assets from a noncharitable exempt organization			
(3) Rental of facilities, equipment, or other assets	1 b (1)		Х
(4) Reimbursement arrangements	1 b (2)		Х
(5) Loans or loan guarantees	1 b (3)		Х
(6) Performance of services or membership or fundraising solicitations	1 b (4)		Х
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1 b (5)		Х
d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value in the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in	1 b (6)		Х
the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in	1 c		Х
	alue of n		
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sha	naring arran	ngement	s

(1) Cash								1 a (1)	X
(2) Other	assets							1 a (2)	X
ρO	ther trar	sactions:								
(1) Sales	of assets to a n	oncharitable exem	pt organization.					1 b (1)	X
(2) Purch	ases of assets f	rom a noncharitab	le exempt organiz	ration				1 b (2)	X
(3) Renta	al of facilities, eq	uipment, or other a	assets						X
-	•	•	•							X
•	•		•							X
•	•	_							· · · · · ·	X
-	-		•	•					1 c	$-\frac{x}{x}$
th	e goods ny trans	. other assets. o	r services given by arrangement, sho	implete the following the reporting four own column (d) the of noncharitable exert	indation If the form	oundation r goods, othe	eceived less the r assets, or ser	now the fair market value vices received. sfers, transactions, and	ın	 ments
<u> </u>		<u>` </u>			<u> </u>	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\				
						- 				
		 -		<u>.</u>		 				
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	_					 				
						 				
			 					<u></u>		
2 a ls	the four	ndation directly of in section 501(c	or indirectly affiliate or of the Code (oth	ed with, or related er than section 50	to, one or more	tax-exemp	t organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	XNo
b If	'Yes,' co	omplete the follow	wing schedule							<u> </u>
	(a)	Name of organiz	ation	(b) Type	of organization		(0) Description of rela	tionship	
									<u> </u>	
		 		<u> </u>						
		·		<u> </u>						
	Under pe	nalties of perjury I de no complete Declara	clare that I have examinated of preparer (other the	ed this return, including an taxpaver) is based o	accompanying sched	lules and state	ments, and to the be	est of my knowledge and b	elief, it is true,	
Sign	\subseteq				1//. /.				May the IRS	discuss
Here)	146/11	• m	REASURER		this return w	own below
	Signati	ire of officer or trustee	an -	<u> </u>	Date	<u>1</u>			_ (see instruct	1 1
		Print/Type preparer's		Preparer's			Date / /	Charle I.	DEIN	
D - 1 -1		5/014	HELVA	. 1	14	<u> </u>	11/6/16	Checkuf	Scott L.	Hirsch
Paid			1000		x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 4/0/10	self-employed	PO121	<u> </u>
Prepa		Firm's name		A GROUP LLC		· · · · · · · · · · · · · · · · · · ·		Firm's EIN ► 36-4	232037	
Use C	nly	Firm's address	485 HALF	<u>DAY ROAD SU</u>	<u> JITE_#200</u>					

								
				·				
Sign Here	correct	enalties of perjury I de and complete Deplace ure of officer or truste	Neo of preparer (other than	taxpayer) is based on all inf	Cella	statements, and to the arer has any knowledge TREASURER Title		May the IRS discuss this return with the preparer shown below (see instructions)?
Paid		Print/Type preparer	s name HRKXH	Preparer's signatur		U/6/16	Check If self-employed	Scott L. Hirsch PO1215756
Prepa	rer	Firm's name	THE BENIDA	GROUP LLC			Firm's EIN ► 36-4	232037
Use C	nly	Firm's address	485 HALF D	AY ROAD SUITE	<u> </u>			
			BULENTO CD	OVE.	Υт ,	60000	Phone no	

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

Employer Identification number

GRANDY FOUNDATION		36-3563806
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treat	ted as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated a	as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Gene	eral Rule or a Special Rule.	······································
Note. Only a section 501(c)(7), (8), or (10) organiz	zation can check boxes for both the General Rule ar	nd a Special Rule See instructions.
General Rule		
For an organization filing Form 990, 990-EZ, c property) from any one contributor Complete	or 990-PF that received, during the year, contribution Parts I and II See instructions for determining a con	is totaling \$5,000 or more (in money or stributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% that checked Schedule A (Form 990 or 990-EZ), Payear, total contributions of the greater of (1) \$5,000 (EZ, line 1. Complete Parts I and II.	ort II. line 13, 16a, or 16b, and that
For an organization described in section 501(c during the year, total contributions of more that purposes, or for the prevention of cruelty to chemical description of the prevention of cruelty to chemical description.	c)(7), (8), or (10) filing Form 990 or 990-EZ that rece an \$1,000 <i>exclusively</i> for religious, charitable, scienti hildren or animals Complete Parts I, II, and III.	ived from any one contributor, fic, literary, or educational
during the year, contributions exclusively for re \$1,000 If this box is checked, enter here the t charitable, etc., purpose. Do not complete any	c)(7), (8), or (10) filing Form 990 or 990-EZ that rece eligious, charitable, etc., purposes, but no such cont total contributions that were received during the year of the parts unless the General Rule applies to this, etc., contributions totaling \$5,000 or more during the	ributions totaled more than for an exclusively religious, s organization because
990-PF), but it must answer 'No' on Part IV, line 2	ne General Rule and/or the Special Rules does not fi 2, of its Form 990, or check the box on line H of its Fi ng requirements of Schedule B (Form 990, 990-EZ, auctions for Form 990, 990-EZ, or 990-PF.	orm 990-EZ or on its Form 990-PF,

$\overline{}$	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part
Name of org	ganization Y FOUNDATION		er Identification number 563806
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional spa		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J. JOY 485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	 \$\$00_000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 ^{\$}	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		 \$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash Complete Part II for
			(Complete Part II for

Name Employer Identification Number GRANDY FOUNDATION 36-3563806 Asset Information: Description of Property..... 132,000 SHS MF ISLAND AGGRESSIVE CORP Date Acquired . Various __ How Acquired: . . . Purchased Date Sold . . . 12/31/15 Name of Buyer . . . Sales Price . . 168,033. Cost or other basis (do not reduce by depreciation) . . . 132,000. Sales Expense . . Valuation Method: . . . Fair Market Value Total Gain (Loss) . . 36,033. Accumulation Depreciation: . . . Description of Property 140,000 SHS MF ISLAND CONSERVATIVE CORP Date Acquired. . Various How Acquired ... Purchased Date Sold . . . 12/31/15 Name of Buyer . . . Sales Price . . _____ 172,515. Cost or other basis (do not reduce by depreciation) . . . 140,000. Valuation Method.... Fair Market Value Sales Expense . . Total Gain (Loss) . . 32,515. Accumulation Depreciation . . . Description of Property 33,098 SHS MF INFLATION PROTECTION LLC Date Acquired . Various How Acquired . . . Purchased Date Sold . . . 12/31/15 Name of Buyer. . . . Sales Price . . 315, 883. Cost or other basis (do not reduce by depreciation) . . . 346, 840. Sales Expense: . . Valuation Method Fair Market Value Total Gain (Loss). . . -30,957. Accumulation Depreciation: . . . Description of Property..... 24,729 SHS MF INTERNATIONAL FUND LP Date Acquired . Various How Acquired: . . . Purchased Date Sold . . . 12/31/15 Name of Buyer: . . . Sales Price . . 302, 792. Cost or other basis (do not reduce by depreciation) . . . 312, 486. Sales Expense . . Valuation Method: . . . Fair Market Value -9, 694. Accumulation Depreciation: . . . Total Gain (Loss). . . Description of Property: 13,372 SHS MF LARGE CAP GROWTH FUND LP How Acquired. . . . Purchased Date Acquired . Various Date Sold . . . 12/31/15 Name of Buyer: . . . Sales Price: . . _____246,694. Cost or other basis (do not reduce by depreciation) . . . 146,148. Sales Expense . . Valuation Method: . . . Fair Market Value Total Gain (Loss). . . 100,546. Accumulation Depreciation: . . . Description of Property 14,555 SHS MF LARGE CAP VALUE FUND Date Acquired: . Various How Acquired ... Purchased Name of Buyer. . . . Date Sold . . . 12/31/15 Sales Price: . . ____222, 636. Cost or other basis (do not reduce by depreciation) . . . 203, 492. Sales Expense . . Valuation Method Fair Market Value_ 19,144. Accumulation Depreciation . . . Total Gain (Loss) . . Description of Property..... 10,938 SHS MF S&P INDEX FD LP Date Acquired . Various How Acquired . . . Purchased Date Sold . . . 12/31/15 Name of Buyer: . . . Sales Price . . 180, 931. Cost or other basis (do not reduce by depreciation) . . . 112, 595. Sales Expense . . Valuation Method . . . Fair Market Value 68, 336. Accumulation Depreciation . . . Total Gain (Loss). . . Description of Property: See Net Gain or Loss from Sale of Assets Date Acquired . How Acquired . . . Date Sold . . . Name of Buyer: . . . Sales Price: . . Cost or other basis (do not reduce by depreciation) . . . Valuation Method: . . . Sales Expense . . Total Gain (Loss): . . Accumulation Depreciation: . .

1

Form 990-PF, Part I, Lines 6a Net Gain or Loss from Sale of Assets Asset Information: Description of Property 9,757 SHS MF SMALL CAP FUND Business Code . _ _ Exclusion Code. . . . <u>18</u> _ _ _ _ Date Acquired . ____ Various How Acquired . Purchased Date Sold ___12/31/15 Name of Buyer. _____ Check Box, if Buyer is a Business. . . . Sales Price . . . _ _ 239, 738. Cost or other basis (do not reduce by depreciation) . . _ _ 221, 275. Sales Expense . . _ _ _ Valuation Method . . . Fair Market Value _ _ _ _ Description of Property 9,149 SHS MF HIGH YIELD DEBT FUND LLC Business Code . _ _ Exclusion Code. . . . 18 _ _ _ _ Date Acquired . ____ Various How Acquired . Purchased Date Sold ___12/31/15 Name of Buyer. Check Box, if Buyer is a Business. . . . Sales Price . . . _ ___88,516. Cost or other basis (do not reduce by depreciation) . . _ __75,000. Sales Expense . . _ _ _ Valuation Method . . . Fair Market Value _ _ _ _

Form 990-PF, Page 1, Part I, Line 11 Line 11 Stmt

Other income:	Rev/Exp Book	Net Inv Inc	Adj Net Inc
FROM K-1 - MF LARGE CAP GROWTH FUND LLC		779.	
FROM K-1 MF SMALL CAP VALUE FUND LLC		33.	
FROM K-1 - MF INTERNATIONAL FUND LLC		181.	
FROM K-1 - MF INTERNATIONAL EMERGING MRKTS FUND LLA		-72.	
FROM K-1 - MF INFLATION PROTECTION FUND LLC		3.	
FROM K-1 - MF HIGH YIELD FUND LLC		434.	
FROM MF ISLAND AGGRESSIVE LLC		3,905.	
FROM MF ISLAND CONSERVATIVE LLC		4,374.	
OTHER INCOME	553.		
FROM K-1 MF LARGE VALUE FUND LLC		11.	

Total

553.

9,648.

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

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
2014 TAX PAYMENT	2,000.		 	
FROM K-1 - MF LARGE CAP GROWTH LLC		4.	 	 -
FROM K-1 - MF SMALL CAP VALUE LLC		18.	 	
FROM K-1 - MF INTERNATIONAL FUND LLC		1,100.	\	
FROM K-1 - MF INTERNATIONAL EMERGING MRKTS FUND LL		304.	l	
FROM K-1 - MF INFLATION PROTECTION FUND LLC		626.		l

Total

2,000.

2,052.

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

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
POSTAGE, MAILING SERVICES	39.			39.
INSURANCE EXPENSES	2,250.			2,250.
MISCELLANEOUS	2,525.			2,525.
FROM K-1 MF LARGE CAP GROWTH		66.		
FROM K-1 MF LARGE CAP VALUE		71.		
FROM K-1 - MF INDEX FUND LLC		63.		
FROM K-1 - MF SMALL VALUE FUND LLC		70.		
FROM K-I - MF INTERNATIONAL FUND LLC		1,216.		
FROM K-1 - MF INTERNATIONAL EMERGING MRKTS FUND LL		143.		
FROM K-1 - MF INFLATION PROTECTION FUND LLC		143.		
FROM K-1 - MF TAXABLE BOND FUND LLC		450.		
FROM K-1 - MF HIGH YIELD FUND LLC		54.		1

Total

4,814.

2,276.

4,814.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
FROM K-1 MF INTERNATIONAL FUND_LLC	P	Various	Various
FROM K-1 MF INTERNATIONAL EMERGING MKTS FUND LLC	P	Various	Various
FROM K-1 MF INFLATION PROTECTION FUND LLC	P	Various	Various
FROM K-1 MF TAXABLE BOND FUND LLC	P	Various	Various
835 SHS MFC VANGUARD REIT ETF	P	Various	Various
FROM K-1 MF HIGH YIELD DEBT FUND LLC	P	Various	Various
13,372 SHS MF LARGE CAP GROWTH FUND LP	P	Various	Various
14,555 SHS MF LARGE CAP VALUE FUND	P	Various	Various
10,938 SHS MF S&P INDEX FD LP	P	Various	Various
9,757 SHS MF SMALL CAP FUND	P	Various	Various
24,729 SHS MF INTERNATIONAL FUND LP	P	Various	Various
33,098 SHS MF INFLATION PROTECTION LLC	P	Various	Various
9,149 SHS MF HIGH YIELD DEBT FUND LLC	Р	Various	Various
132,000 SHS MF ISLAND AGGRESSIVE	P	Various	12/31/15
140,000 SHS MF ISLAND CONSERVATIVE	P	Various	12/31/15

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) mınus (g)
49,784.		· · 0.	49,784.
0.		3,862.	-3,862.
0.		36,334.	-36,334.
1,888.		0.	1,888.
126.		0.	126.
0.		11,981.	-11,981.
246,694.		246,694.	0.
222,636.		222,636.	0.
180,931.		180,931.	0.
239,738.		239,738.	0.
302,792.		302,792.	0.
315,883.		315,883.	0.
88,516.		88,516.	0.
168,033.		167,171.	862.
172,515.		170,470.	2,045.
Total		1,987,008.	2,528.

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

complete only for assets y the foundation on 12/3	(I) Gains (column (h)			
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))	
0.	0.	0.	49,784. -3,862.	
0.	0.	0.	-36,334. 1,888. 126.	
			-11,981. 0.	
			0. 0. 0.	
			0.	
0.	0.	0.	862. 2,045.	
Total	0.	0.	2,528.	

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person X Business . E. ACHEPOHL 485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089 Person X Business . S. HIRSCH	TREASURER 1.00	0.	0.	0.
485 HALF DAY ROAD, SUITE 200 BUFFALO GROVE IL 60089	ASSISTANT TREASURER 1.00	0.	0.	0.

I OTA	

^	^	^
0.	0.	υ.

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
THE BENIDA GROUP LLC NORTHERN TRUST	MANAGEMENT SERVICES NORTHERN TRUST FEES	6,101. 1,500.	1,500.		6,101.

Total

7,601.

1,500.

7,601.

Form 990-PF, Line 19

Allocated Depreciation

Description	Date Acquire	Cost or Basis	Prior Yr. Depr	Mthd	Life	Current Depr	Net Invest Income	Adjusted Net Income
LAPTOP	06/01/08	181	90	200DB	5.00	0		
PRINTER	05/25/10	8	4	200DB	5.00	0		
COMPUTER & EQUIPMENT	04/01/07	2722	2722	200DB	5.00	0		

Total

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

L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
MF INTERNATIONAL EMERGING MKTS FUND LLC NT ACCOUNT #7884 - DIVERSIFIED ASSET PORTFOLIO	100,000.	87,056.	
Total	1,819,914.	1,819,914.	

<u>1,919,914.</u> <u>1,906,970.</u>

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

L- 10c Stmt

	End of Year			
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value		
MF TAXABLE BOND FUND	267,000.	283,094.		
NT ACCOUNT #7885 - DIVERSIFIED ASSET PORTFOLIO	89,267.	89,267.		
Total	356,267.	372,361.		

Form 990-PF, Page 2, Part II, Line 15 Other Assets Stmt

	Beginning	End of Year		
Line 15 - Other Assets:	Year Book Value	Book Value	Fair Market Value	
DUE FROM MF ISLAND AGGRESSIVE FUND	0.	13,657.	13,657.	
DUE FROM FM ISLAND CONSERVATIVE FUND	0.	16,089.	16,089.	
Total	0.	29,746.	29,746.	