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## OMB No 1545-0052

# Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

For	caler	ndar year 2015, or tax year beginning 01-0	01-2015	, a	nd ending 1	2-31-2015	
	e of foun	ndation AMES N PRITZKER LIBRARY OF THE			A Employer ide	entification numbe	er
	FIZEN SO				36-4477083		
Num	ber and s	street (or P O box number if mail is not delivered to street address)	Room/suite		<b>B</b> Telephone nun	nber (see instruction	s)
10	4 SOUTH	MICHIGAN AVE NO 500			(312) 374-9455		
	or town, AGO, IL	state or province, country, and ZIP or foreign postal code 60603			<b>C</b> If exemption	application is pendin	g, check here
G C	neck all	that apply Initial return Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check he	ere <b>•</b>
		Final return A mended return					Γ
		Address change Name change			test, check	ganizations meeting chere and attach co	mputation 🕨
		be of organization $\sqrt{Section 501(c)(3)}$ exempt privariant				ndation status was t i 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable trust Other taxal					•
of	ear <i>(fr</i>	t value of all assets at end om Part II, col (c), \$ 14,960,325  JAccounting method Other (specify) (Part I, column (d) must	<b>V</b> Cash Accru  be on cash basis )	аI		tion is in a 60-montl i 507(b)(1)(B), chec	
Pa	rt 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) (see	Revenue and expenses per	(b)	Net investment income	Adjusted net	Disbursements for chantable purposes
	1	instructions))  Contributions, gifts, grants, etc , received (attach					(d) (cash basis only)
		schedule)	9,468,176				
	2	Check ► ☐ If the foundation is <b>not</b> required to	9,400,170				
		attach					
		Sch B					
	3	Interest on savings and temporary cash investments	591		591	591	
	4	Dividends and interest from securities					
	5a	Gross rents	147,000			147,000	
Ф	b	Net rental income or (loss) 147,000					
Reversie	6a b	Net gain or (loss) from sale of assets not on line 10  Gross sales price for all assets on line 6a					
		<u> </u>					
	7	Capital gain net income (from Part IV, line 2)			0	0	
	8	Net short-term capital gain				0	
	10a	Gross sales less returns and					
	ь	allowances Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	772,183		-85,029	772,183	
	12	Total.Add lines 1 through 11	10,387,950		-84,438	919,774	
	13	Compensation of officers, directors, trustees, etc	135,011		0	0	135,011
	14	Other employee salaries and wages	1,172,130		0	919,774	252,356
Ş	15	Pension plans, employee benefits	265,257		0	0	265,257
ns(	16a	Legal fees (attach schedule)	75		0	0	75
Expenses	ь	Accounting fees (attach schedule)	20,800		0	0	20,800
<u> </u>	c	Other professional fees (attach schedule)	32,683		0	0	32,683
₹	17	Interest					
and Administrative	18	Taxes (attach schedule) (see instructions)	114,918		0	0	114,918
ੂ	19	Depreciation (attach schedule) and depletion	1,446,802		0	0	
Ę	20	Occupancy	58,409		0	0	58,409
Φ	21	Travel, conferences, and meetings					
E	22	Printing and publications	17,482		0	0	·
DG!	23	Other expenses (attach schedule)	5,155,435		0	0	5,155,435
Operating	24	Total operating and administrative expenses.					
<u>8</u>		Add lines 13 through 23	8,419,002		0	919,774	· · · · · ·
_	25	Contributions, gifts, grants paid	0				0
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	8,419,002		0	919,774	6,052,426
	27	Subtract line 26 from line 12	1.000.040				
	a	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	1,968,948		0		
	b	Adjusted net income (if negative, enter -0-)			-	0	
		in a garden de la composition della composition	i .			·	i .

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		f year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	3,604,373		
	2	Savings and temporary cash investments	148,995	1,361,007	1,361,007
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	8,105	21,856	21,856
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,656,660	3,238,093	3,238,093
	14	Land, buildings, and equipment basis ▶13,387,792			
		Less accumulated depreciation (attach schedule) $\triangleright$ 7,479,647	7,336,734		
	15	Other assets (describe >)	236,510	232,465	232,465
	16	<b>Total assets</b> (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	12,991,377	14,960,325	14,960,325
	17	Accounts payable and accrued expenses			1
s	18	Grants payable			1
Liabilities	19	Deferred revenue			_
ā	20	Loans from officers, directors, trustees, and other disqualified persons			1
Lla	21	Mortgages and other notes payable (attach schedule)			  -
	22	Other liabilities (describe		_	1
	23	Total liabilities(add lines 17 through 22)	0	0	1
Š		Foundations that follow SFAS 117, check here			
Balance		and complete lines 24 through 26 and lines 30 and 31.	0.040.600	0.017.066	
ia Ia	24	Unrestricted	9,948,683		4
	25	Temporarily restricted	3,042,694	5,143,059	1
Fund	26	Permanently restricted			-
屲		Foundations that do not follow SFAS 117, check here			
٥		and complete lines 27 through 31.			
Assets	27	Capital stock, trust principal, or current funds			-
155	28	Paid-in or capital surplus, or land, bldg, and equipment fund			_
	29	Retained earnings, accumulated income, endowment, or other funds	12 001 277	14.060.335	-
Net	30	Total net assets or fund balances(see instructions)	12,991,377		4
	31	Total liabilities and net assets/fund balances(see instructions)	12,991,377	14,960,323	
	rt III		(-) lun - 20 ( )		
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	·	12 001 277
,		with end-of-year figure reported on prior year's return)		1	12,991,377
2		Enter amount from Part I, line 27a		<del></del>	1,968,948
3 ⊿		Other increases not included in line 2 (itemize)		_	
4		Add lines 1, 2, and 3		4	14,960,325
5		Decreases not included in line 2 (itemize)	Dart II. column (h) I	_	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—I	rait II, Column (D), l	ine 30 . <b>6</b>	14,960,325

		the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	Date acquired	Date sold (d) (mo , day, yr )
1a						
b						
С						
d						
е е						
	Gross sales price	Depreciation allowed		or other basis		or (loss)
a		(f) (or allowable)	(g) plus e	expense of sale	(II) (e) plus	(f) minus (g)
b						
С						
d						
e						
Com	plete only for assets	showing gain in column (h) and owne	d by the foundation	on 12/31/69	Gains (Col	(h) gaın mınus
(i) F	M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ess of col (ı) col (j), ıf any		ot less than -0-) <b>or</b> (from col (h))
а						
b						
С						
d						
e						
3	Net short-term capit	me or (net capital loss)  al gain or (loss) as defined in sectio  Part I, line 8, column (c) (see instru		, ,	3	
Part V	Qualification (	Jnder Section 4940(e) for R	educed Tax on	Net Investme	nt Income	
f section	n 4940(d)(2) applies, foundation liable for th	orivate foundations subject to the se leave this part blank e section 4942 tax on the distribute ot qualify under section 4940(e) Do	able amount of any	year in the base pe	·	├ Yes 🗸 No
		unt in each column for each year, se	•		rıes	
	(a) period years Calendar tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchar	ntable-use assets	(d) Distributio (col (b) divideo	n ratio
	2014	3,008,835		5,701,838		0 527696
	2013	2,725,248		3,026,643		0 900419
	2012	2,647,223		1,451,462		1 823832
	2011	3,958,593		1,059,780		3 735297
	2010	2,439,494		426,909		5 714319
2		n (d)		<u> </u>	2	12 701563
3		ratio for the 5-year base period—div the foundation has been in existence			3	2 540313
4	•	f noncharitable-use assets for 2015	•	<b>-</b>	4	7,186,878
5		23	•	<u> </u>	5	18,256,920
6		stment income (1% of Part I, line 2		<u> </u>	6	10,230,320
7			•	<u> </u>	7	10 256 020
-		butions from Part XII, line 4				18,256,920
8				<u> </u>	8	6,052,426
	If line 8 is equal to or the Part VI instruction	r greater than line 7, check the box i ons	in Part VI, line 1b, a	and complete that	part using a 1% ta	x rate See

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49	940(e),	or <b>4948—s</b> ee	page	2 18 of	the inst	tructio	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			Ţ					
	(attach copy of letter if necessary-see instructions)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	•			1				0
	here ► Tand enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizate Part I, line 12, col (b)								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndations	only Others		2				0
3	Add lines 1 and 2				3				0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ındatıons	only Others		4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter -0-		.	5				0
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
b	Exempt foreign organizations—tax withheld at source	<b>6</b> b							
С	Tax paid with application for extension of time to file (Form 8868). $\cdot$ .	<b>6</b> c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form :	2220 is	attached		8				
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ .$		1	<b>&gt;</b>	9				0
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	nt overpa	aid	<b>&gt;</b>	10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	l	Refunded	•	11				
Par	t VII-A Statements Regarding Activities								
<b>1</b> a	During the tax year, did the foundation attempt to influence any national, state	e, or loca	al legislation o	or di	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			e In	structı	ions			
	for definition)?			٠		•	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and cop	nes of any mat	eriai	ls				
	published or distributed by the foundation in connection with the activities								
	Did the foundation file <b>Form 1120-POL</b> for this year?					•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos		,	0					
_	(1) On the foundation $\blacktriangleright$ \$ 0 (2) On foundation managers  Enter the reimbursement (if any) paid by the foundation during the year for poli				ocod				
e	on foundation managers $\triangleright$ \$0	iiticai ex	penditure tax	шр	oseu				
2	Has the foundation engaged in any activities that have not previously been rep	norted to	n the IRS?				2		No
_	If "Yes," attach a detailed description of the activities	ported to	Julie IKS.	•					140
3	Has the foundation made any changes, not previously reported to the IRS, in it	its anver	nina instrume	nt:	article	c			
-	of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a confu</i>	,		•			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d		• •	_			4a	Yes	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	-					4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction du		year?				5		No
	If "Yes," attach the statement required by General Instruction T		,						
6	Are the requirements of section 508(e) (relating to sections 4941 through 49  • By language in the governing instrument, or	945) satı	isfied either						l
	<ul> <li>By state legislation that effectively amends the governing instrument so th</li> </ul>	nat no ma	andatory dire	ctior	าร				
	that conflict with the state law remain in the governing instrument?						6	Yes	J
7	Did the foundation have at least \$5,000 in assets at any time during the year?			+ II.	col (c	-).	<u> </u>		
	and Part XV			•		<i>"</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s $ ightharpoonup$ IL	(see inst	ructions)						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF to	o the Attorney	/					
	General (or designate) of each state as required by General Instruction G? If	"No," att	ach explanatio	n.			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r	meaning	of section 49	942(	(j)(3)				
	or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see instr	uctions for Pa	art X	IV)?				
	If "Yes," complete Part XIV						9	Yes	
10	Did any persons become substantial contributors during the tax year? If "Yes,	," attach	a schedule list	tıng	their n	ames			
	and addresses						10		No

Pai	t VII-A Statements Regarding Activities (continued)		<u> </u>	age -
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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►WWW PRITZKERMILITARY ORG			
14	The books are in care of ►GREG STEGEMAN Telephone no ►(312)	) 374-	9455	
	Located at ►104 S MICHIGAN AVE SUITE 500 CHICAGO IL ZIP+4 ►60603			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶ ┌	_
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶			
Pal	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	ı		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
ıa	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes ✓ No  (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	l İ		
	a disqualified person?			
	(2) [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	 		
	The state of the s	 		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes No  (5) Transfer any income or assets to a disqualified person (or make any of either available	 		
	for the benefit or use of a disqualified person)? Yes Vo			
	(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 ) Yes Vo			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	İ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
		ı		I
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1c		No
2	that were not corrected before the first day of the tax year beginning in 2015?	10		NO
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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? Yes $\sqrt{\ }$ No			
	If "Yes," list the years ▶ 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
_	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of <b>(1)</b> any purchase by the foundation	İ		
	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 determine			
_	If the foundation had excess business holdings in 2015 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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?	4b		N.a
	Charitable pulpose that had not been removed from Jeopardy before the first day of the tax year beginning in 2015?	40		No

	990-PF (2				201	1-b 5 4720		D. D. Salard (Cons		-11	Page <b>6</b>
	rt VII-B					ich Form 4720	мау	Be Required (Con	tinue	a)	
5a	-	e year did the foundation		•			457-				
	• •	on propaganda, or othe		·	_	•	•	103	✓ No		 
	• •	nce the outcome of any		•		, ,		•			
		ectly or indirectly, any		_			•	· · · · · TYes	✓ No		
	(3) Provid	le a grant to an individu	al fo	r travel, study, or otl	nersi	milar purposes?		Yes	✓ No		
		le a grant to an organiza tion 4945(d)(4)(A)? (se						oed · · · · · TYes	- Na		
		le for any purpose other						· · · · ·   Yes	✓ NO		
		tional purposes, or for t						· · ·	√ No		
b	If any ans	wer is "Yes" to 5a(1)-(	5), c	lid <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in	•	į į	
	Regulation	ns section 53 4945 or i	nac	current notice regard	lıng d	isaster assistance	(see	instructions)?		5b	
	O rganızat	ions relying on a curren	t not	tice regarding disast	eras	sistance check here	e		_		
С	If the ans	wer is "Yes" to questior	5 5 2/	(4) does the foundat	ion c	laim evemntion from	the			1 1	1 1
·		· ·		• • •		· ·		Yes	_ <sub>No</sub>		
		ttach the statement requ					•	· · · · ·   Yes	NO		
<b>6</b> a		undation, during the yea		· -		. ,	pren	niums on			
-		I benefit contract?	•	•	•		•		No		
b	•							penefit contract?	•	6b	l No
		6b, file Form 8870	11, pc	ay premiums, unceer	, 01 1	nuncetty, on a perse	Jiidi i	senenceontrace	•		110
7a		ne during the tax year, v	vas t	he foundation a part	y to a	prohibited tax shel	ter tr	ransaction?	No		
ь	•	-		·	-			he transaction?	•	   76	
								n Managers, Highly			lovees.
Pai		and Contractors									
_1_	List all off	icers, directors, trustee	s, fo	undation managers a	and ti	heir compensation (	see i				
				Title, and average		Compensation( <b>If</b>		(d) Contributions to	,	=vnenc	se account,
	<b>(a)</b> Nar	ne and address	/h\	hours per week devoted to position		not paid, enter -0-)	er	mployee benefit plans	1		allowances
			(6)	devoted to position		-0-)	and	deferred compensation			
See	Additional I	Data Table	-								
			-								
			-								
			1								
	Component	ion of five highest nois	Lam	nlovoos (othor than	+ hose	included on line 1		instructions). If none, e	mt on "I	NONE '	,
	Compensat		ı em			included on line 1-	-see	Contributions to	T I	NOINE.	
Nar	ne and addi	(a) ress of each employee p	naid	Title, and aver hours per we	_	(c) Compensatio	n	employee benefit			se account,
11441		e than \$50,000	Julu	(b) devoted to pos		(c) compensuite	"	plans and deferred (d) compensation	(e)	other a	allowances
10 H	N LAPINE			COLLECTIONS		110	099	27,154	1		0
104	S MICHIG	AN AVE SUITE 500		SERVICE 40 00			,	2.,22			
	CAGO,IL RESA EMB			SENIOR LIBRARIA	. N	84	,519	23,807	7		0
		AN AVE SUITE 500		40 00			,515	23,007			Ü
	CAGO,IL										
BRA	DLEY GUIC	DERA		PRODUCTION		68	,051	13,495	5		0
	S MICHIG. CAGO,IL	AN AVE SUITE 500 60603		MANAGER 40 00							
	AN WILLIA			DIRECTOR OF		66	,001	7,607	7		0
		AN AVE SUITE 500		EXTERNAL 40 00							
	CAGO,IL										
	IE LATHAN			ARCHIVIST 40 00		58,	,658	12,275			0
	S MICHIG. CAGO,IL	AN AVE SUITE 500 60603									
		other employees paid o	ver	\$50,000							7

Form **990-PF** (2015)

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1

**2**a

9,471

4,944,998

2,341,854

7,296,323

7,296,323

109,445

359,344

7,186,878

6,052,426

6.052,426

6,052,426

Form **990-PF** (2015)

1a

1b

1c

1d

2 3

4

5

1

2c

3 4

5

6

7

1a

1b

2

За

3b

4

5

### Part X Minimum Investment Return

_					
	(All dome:	stic f	ounda	tions	mus

t complete this part. Foreign foundations, see instructions.)

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,

purposes

Fair market value of all other assets (see instructions). . . . . . . . . . 

Reduction claimed for blockage or other factors reported on lines 1a and

1e

2

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

2a

2b

Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations 

Part XI

Tax on investment income for 2015 from Part VI, line 5. . . . . .

Income tax for 2015 (This does not include the tax from Part VI). . . Distributable amount before adjustments Subtract line 2c from line 1. . . . . . . . . . . . . . . .

3 4 Recoveries of amounts treated as qualifying distributions. . . . . .

5 6

Deduction from distributable amount (see instructions). . . . . . . . . .

7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Part XII **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, qifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . .

2 A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

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

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

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

Undistributed Income (see instructions)

Part XIII

		(a)	(b)	(c)	(d)
	Distributable assessment for 2015 from Davit VI June 7	Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2015 Enter amount for 2014 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
	From 2013				
	From 2014				
f	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part				
•	XII, line 4 ▶ \$				
а	Applied to 2014, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)				
ч	Applied to 2015 distributable amount				
	· ·				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(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:				
а	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				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				
7	A mounts 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)				
ð	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
٥	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				
				F <sub>1</sub>	orm <b>990-PF</b> (2015

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

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

Any submission deadlines

factors

Form 990-PF (2015)  Part XV Supplementary Inform				Page <b>11</b>
3 Grants and Contributions Paid		proved for Fu	iture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
			<b>.</b>	
Total	<u></u>		▶ 3a	0

3b

	VI-A Analysis of Income-Produc	Τ -		T		(a)
_	ss amounts unless otherwise indicated am service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See
a PRO	GRAM REVENUE					instructions ) 40,567
b						·
f						
	s and contracts from government agencies					64,193
<b>3</b> Inter	pership dues and assessmentsest on savings and temporary cash stments			14	591	
<b>5</b> Netre	ends and interest from securities ental income or (loss) from real estate ot-financed property					
<b>b</b> Not <b>6</b> Net r	debt-financed property ental income or (loss) from personal erty					147,000
<b>8</b> Gain	r investment income or (loss) from sales of assets other than notory					
	ncome or (loss) from special events s profit or (loss) from sales of inventory					542,861
	rrevenue <b>a</b> OTHER INCOME			01	124,562	
e						
	otal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				125,153 L <b>3</b>	794,621 919,774
(See	worksheet in line 13 instructions to verify VI-B Relationship of Activities to	calculations )				
Line No ▼	Explain below how each activity for wh	ich income is re	ported in column	(e) of Part XVI-A co	ontributed importa	
1A	THE LIBRARY IS A NONPROFIT, NONE THE LIBRARY'S STATE-OF-THE-ART TALKS AND PANELS ON MILITARY HIDEBATE ON NATO'S MISSION, TO DITHE CHANGING ROLES OF WOMEN IN IMPORTANT TO UNDERSTANDING TELIBRARY PROGRAMS HAVE BEEN MAIALSO CURRENTLY BEING BROADCAS	FECHNOLOGY STORY AND N. SCUSSIONS W I THE MILITAR HE IMPACT OF DE AVAILABLE	AND BROADCAS ATIONAL AFFAIF ITH POWS AND N Y, THE LIBRARY THE MILITARY I	T CENTER HAVE E RS WITH AN INTER MEDAL OF HONOR AS ADDRESSED IS N TODAY'S SOCIE ROADCAST ON PU	ENABLED US TO: RNATIONAL AUD RECIPIENTS, TO SSUES THAT ARE ETY SINCE THE E BLIC TELEVISIO	SHARE AUTHOR IENCE FROM A D A PANEL ON E RELEVANT AND BEGINNING, N THEY ARE
2	MEMBERSHIP REVENUE ALLOWS MEM PRIVILEGES, EARLY NOTIFICATION ( EVENTS AND LIVE WEBCASTS					
5 B	IN ADDITION TO MEMBERSHIPS AND FUNDRAISERS, AND ANNUAL GIVING SOURCES TO SUPPORT ITS PROGRAMMISSION WHILE ALSO EXPOSING MA ORGANIZATIONS TO THE LIBRARY A	CAMPAIGNS, MS, INCLUDIN NY NEW INDIV	THE LIBRARY RE G RENTAL REVEN IDUALS, CORPO	LIES ON A VARIE NUE RENTAL REVI	TY OF EARNED I ENUE HELPS THE	NCOME LIBRARY'S
9	THE LIBRARY'S SPECIAL EVENTS ILL SERVICE MEMBERS WHO ESTABLISH SPECIAL EVENTS ENSURE THAT THE EXHIBITS, AND PROGRAMS AND APP SOCIETY, AND DEMOCRACY SPECIA OPPORTUNITY TO MEET VETERANS A	ED OUR DEMO PUBLIC CAN L RECIATE HOW L EVENTS, LIK	CRACY AND CON EARN ABOUT TH THESE PAST EX E THE ANNUAL L	NTINUE TO PROTE HE STORIES OF CI PERIENCES STILL LIBERTY GALA, AL	CT IT TODAY RI TIZEN SOLDIER: .IMPACT TODAY	EVENUE FROM S FROM BOOKS, 'S MILITARY,
	1					

Form 990-P							Pag	ge <b>13</b>
Part XVI	I Information R Noncharitable		nsfers To and Trans anizations	sactions and I	Relationships Wit	:h		
			in any of the following wi 01(c)(3) organizations) o				Yes	No
organıza	tions?							
	, -		charitable exempt organiz					
` '						1a(1)		No
						1a(2)		No
<b>b</b> Other tra								
			rganization					No
			kempt organization			1b(2)		No_
			ets			1b(3)		No_
						1b(4)		No
• •	J		drawa a destationa			. 1b(5)		No
• •		•	ndraising solicitations.			. 1b(6)		No
_		-	ier assets, or paid employ lete the following schedul			1c	lua	No
	· ·	rectly affiliated v	with, or related to, one or nan section 501(c)(3)) or	nore tax-exempt	-		ngemen	ts
✓No	complete the following			m seedon se,		,		
	(a) Name of organization	n	(b) Type of organiza	ation	(c) Description (	of relationship		
the		and belief, it is tr rer has any know	have examined this returue, correct, and complete ledge  2016-11-14	Declaration of p			sed on scuss th	all iis vn
•	Print/Type preparer's GREGORY S ADAM		arer's Signature	Date	Check if self- employed ▶ ☐	IN P000955	597	
Paid Prepare Use		LEN LLP			Firm's EIN ▶ 41-07	746749		
Only	Firm's address ► 1301 W 22ND ST ST 60523	E 1100 OAK BR	Phone no (630) 57	3-8600				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation  ${\bf r}$ 

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
COL IL JN PRITZKER IL ARNG RET	CHAIR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
DR ARIE FRIEDMAN MD	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
DR JOHN WILLIAMS	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
ROBERT SARAZEN	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
GINNY NARSETE	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
KENNETH CLARKE	PRESIDENT & CEO	135,011	30,260	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	40 00	,	, i	
JOHN W ROWE	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
TYRONE TY C FAHNER	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
JAMES MUKOYAMA	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
SCOTT MURRAY	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			
JOHN SCHWAN	DIRECTOR	0	0	0
104 SOUTH MICHIGAN AVE SUITE 500 CHICAGO,IL 60603	1 00			

TY 2015 Accounting Fees Schedule					
Name:	COLONEL JAMES N PRITZKER LIBRARY OF THE CITIZEN SOLDIER				

DLN: 93491320019796

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

<b>EIN:</b> 36-4477083					
Category	Adjusted Net Income	Disbursements for Charitable Purposes			
ACCOUNTING FEES	20,800	0	0	20,800	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320019796			
TY 2015 Investments Corporate Stock Schedule					
	COLONEL JAMES N CITIZEN SOLDIER	PRITZKER LIBRARY OF THE			
EIN:	36-4477083				

<b>EIN:</b> 36-4477083		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBOTT COMMON STOCK	2,695	2,695

NORTHERN TRUST COMMON STOCK

APPLE INC COMMON STOCK

16,003

3,158

16,003

3,158

efile GRAPHIC print - DO NOT PROCESS	As Filed Da	ıta -	DLN	: 93491320019796			
TY 2015 Investments - Other Schedule							
Name:	COLONEL JAI	MES N PRITZKER L	IBRARY OF THE				
	CITIZEN SOLDIER						
<b>EIN:</b> 36-4477083							
Category/ Item		Listed at Cost or	Book Value	End of Year Fair			

AT COST

BPEA III, LP

**FMV** 

**Market Value** 

3,238,093

3,238,093

effie GRAPHIC print - DO NOT	PROCESS	AS FIIED Data -	DLN: 93491320019796
TY 2015 Land, Etc. Schedule			
	Name:	COLONEL JAMES N PRITZKER CITIZEN SOLDIER	LIBRARY OF THE

DI N. 0240122001070

527,406

395,381

8,510

527,406

395,381

8,510

	<b>EIN:</b> 36-4477083			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LEASEHOLD IMPROVEMENTS	9,952,675	4.975.827	4.976.848	4.976.848

1,356,337

988,481

159,002

1,883,743

1,383,862

167,512

STUDIO AND OFFICE EQUIPMENT

**FURNITURE AND FIXTURES** 

**NETWORK AND SOFTWARE** 

TY 2015 Legal Fees Schedule
No and a COLONIEL TAMES NURRITZIVED LIDDARY OF THE

DLN: 93491320019796

Name:	COLONEL JAMES N PRITZKER LIBRARY OF THE
	CITIZEN SOLDIER
EIN:	36-4477083

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LEGAL

EIN: 36-44//083					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320019796				
TY 2015 Other Assets Schedule						
11 2019 Other Assets Schedul						
Name:	COLONEL JAMES I	N PRITZKER LIBRARY OF THE				
	CITIZEN SOLDIER					
EIN:	36-4477083					

232,465

232,465

<b>EIN:</b> 36-4477083	3		
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value

COINS

236,510

TY	2015	Other	<b>Expenses</b>	Schedule

CONSUMABLES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491320019796

3 Schedule

Name: COLONEL JAMES N PRITZKER LIBRARY OF THE

CITIZEN SOLDIER

**EIN:** 36-4477083

E214 30 4477003					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
PRE-EMPLOYMENT AND EMPLOYEE EXPENSES	35,991	0	0	35,991	
DUES & SUBSCRIPTIONS	33,307	0	0	33,307	
INSURANCE	74,679	0	0	74,679	
MISCELLANEOUS	45,085	0	0	45,085	
REPAIRS & MAINTENANCE	76,361	0	0	76,361	
NETWORK MAINTENANCE AND EXPENSES	177,901	0	0	177,901	
SECURITY	52,218	0	0	52,218	
SHIPPING & DELIVERY	21,402	0	0	21,402	
SUPPLIES	25,742	0	0	25,742	
TELEPHONE	17,232	0	0	17,232	
LIBRARY PROGRAM EXPENSES	3,545,472	0	0	3,545,472	
COLLECTION PURCHASED AND	1,050,045	0	0	1,050,045	

BPEA III, LP

PROGRAM REVENUE

OTHER INCOME

**Adjusted Net Income** 

40,567

124,562

64,193

542,861

Income

-85,029

DLN: 93491320019796

Name: COLONEL JAMES N PRITZKER LIBRARY OF THE

CITIZEN SOLDIER

<b>EIN:</b> 36-4477083

EIN:	36-4477083

	EIN:	36-4477083	
Description			Revenue And Expenses Per Books

GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS

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MEMBERSHIP DUES AND ASSESSMENTS

124,562

40,567

64,193

542,861

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	
TY 2015 Other Professional Fed	es Schedule	

Name: COLONEL JAMES N PRITZKER LIBRARY OF THE

CITIZEN SOLDIER

APPRAISAL

MANAGEMENT FEES

	<b>EIN:</b> 36-4477	7083		
Category	Amount	Net Investment Income	Adjusted Net Income	Di

4,670 28,013

isbursements for Charitable **Purposes** 

4,670

28,013

DLN: 93491320019796

TY 2015 Taxes Schedule	
Name:	COLONEL JAMES N PRITZKER LIBRARY OF THE

DLN: 93491320019796

114,918

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

PAYROLL AND EXISE TAXES

E	<b>IN:</b> 36-4477	7083		,
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

CITIZEN SOLDIER

114,918

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491320019796
Schedule B		Schedule	of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	▶ Information ab	out Schedule B (Form 9	990, 990-EZ, or 990-PF 90, 990-EZ, or 990-PF) and its <u>s gov/form990</u>	instructions is at	2015
Name of the organization		THE		Employer id	entification number
CITIZEN SOLDIER	TITZKER EIBRAKT OF	1116		36-447708	33
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	[ 501(c)( )	enter number) organiza	ation		
	T 4947(a)(1)	nonexempt charitable t	rust <b>not</b> treated as a private fo	oundation	
	527 politica	l organization			
Form 990-PF	<b>√</b> 501(c)(3) €	exempt private foundati	on		
	T 4947(a)(1)	nonexempt charitable t	rust treated as a private found	ation	
	─ 501(c)(3) t	axable prıvate foundatı	on		
other property  Special Rules  For an organizate under sections of received from an Part VIII, line 1h,  For an organizate during the year, for the prevention  For an organizate during the year, this box is checkly	tion described in section described in section described in section (ii) Form 990-EZ, line total contributions of in the cruelty to children tion described in section described	n 501(c)(3) filing Form (A)(vi), that checked sing the year, total contributions of the following than \$1,000 exclusion and the state of the following than \$1,000 exclusion animals Complete Fin 501(c)(7), (8), or (10 ely for religious, charital contributions that weight the state of the following that the state of t	) filing Form 990 or 990-EZ that sively for religious, charitable, s	mining a contributor's formula a contributor's formula and contributor's formula and contributions totaled an exclusively religion.	e regulations or or 16b, and that amount on (i) Form 990, the contributor, ducational purposes, or the contributor, If more than \$1,000 If tus, charitable, etc.
religious, charita  Caution. An organizatio 990-EZ, or 990-PF), but	ble, etc , contributions on that is not covered but <b>must</b> answ er "No" o	totaling \$5,000 or more by the General Rule and on Part IV, line 2, of its F	during the year	▶ \$ file Schedule B (Form line H of its	990,

Name of organization COLONEL JAMES N PRITZKER LIBRARY OF THE

**Employer identification number** 

CITIZEN	SOLDIER	36-4477083	
Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash  (Complete Part II for noncash contribution)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and Zir 14	\$	Person Payroll Noncash  (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution )  (d)  Type of contribution
		\$	Person
			(Complete Part II for noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contribution)

Employer identification number

Name of organization COLONEL JAMES N PRITZKER LIBRARY OF THE		Employer identification number		
ITIZEN SOLDIE	R	36-4477083		
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed  (b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

hedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page <b>4</b>		
me of organization		Employer identification number			
LONEL JAMES N P TIZEN SOLDIER	RITZKER LIBRARY OF THE	36-4477083			
	religious charitable etc. contribu	ltions to organizations descr	ribed in section 501(c)(7), (8), or (10) that		
total more line entry. of \$1,000 o	than \$1,000 for the year from any o	one contributor. Complete co III, enter the total of <i>exclusive</i> mation once. See instruction	lumns (a) through (e) and the following ely religious, charitable, etc., contributions		
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
	(e) Transfer of gift  Transferee's name, address, and ZIP 4 Relationship of transferor to transferee				
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- =					
_	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee				
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
	(e) Transfer of gift  Transferee's name, address, and ZIP4  Relationship of transferor to transferee				
-					
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee				
_		-			

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

Software ID: Software Version:

**EIN:** 36-4477083

Name: COLONEL JAMES N PRITZKER LIBRARY OF THE

CITIZEN SOLDIER

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person 🔽
	JENNIFER N PRITZKER		Payroll _
	104 S MICHIGAN AVE STE 500	\$ 50,000	Noncash
	CHICAGO, IL606035958		(Complete Part II for noncash contribution )
			Person <b>▽</b>
	THE NORTHERN TRUST COMPANY		Payroll 📙
	50 S LA SALLE ST	\$ 50,000	Noncash
	CHICAGO, IL606031003		
			(Complete Part II for noncash contribution )
3			Person 🔽
	AUDREY G RATNER		Payroll _
	5150 THREE VILLAGE DR	\$ 50,000	_ I
	TANDALI OLI ALLA ARTERIA	<del></del>	Noncash
	LYNDHURST, OH441243772		(Complete Part II for noncash contribution )
			Person 🗸
4			<del>                                   </del>
	JOHN W ROWE		Payroll 📙
	PO BOX 805398	\$ 25,000	Noncash
	CHICAGO, IL606805398		
			(Complete Part II for
			noncash contribution )
5			Person 🔽
	MAYARI PRITZKER		Payroll
	1740 N CLEVELAND AVE	\$ 25,000	Noncash
	CHICAGO, IL606145603		
			(Complete Part II for
			noncash contribution )
			Person 🔽
	JB PRITZKER		Payroll
	111 S WACKER DR STE 4000	\$ 10,000	Noncash
	CHICAGO, IL606064309		
			(Complete Part II for
			noncash contribution )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions Person **Payroll** CHARLES E DOBRUSIN 1320 LINDEN AVE \$ 25,000 Noncash HIGHLAND PARK, IL 60035 (Complete Part II for noncash contribution ) Person ✓ Payroll REED SMITH LLP 10 S WACKER DR STE 4000 \$ 10,000 Noncash CHICAGO, IL606067506 (Complete Part II for noncash contribution ) Person ⊽ Payroll DAVE TRUITT 505 N LAKE SHORE DR APT 2710 \$ 18,000 Noncash CHICAGO, IL606113406 (Complete Part II for noncash contribution ) Person ✓ 10 **Payroll** ROCKEFELLER COMPANY INC 30 ROCKEFELLER PLAZA \$ 10,000 Noncash NEW YORK, NE 10020 (Complete Part II for noncash contribution ) Person ⊽ 11 Payroll DAVID R PELIZZON 49 WELLS RD \$ 10,000 Noncash GRANBY, CT 060351206 (Complete Part II for noncash contribution ) Person **V** 12 **Payroll** WILLIAM A OBENSHAIN 2236 N LINCOLN PARK WEST \$ 10,000 Noncash CHICAGO, IL606143814 (Complete Part II for

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(Complete Part II for noncash contribution)