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SCAMNED JUN 0 6 2016

Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

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

2015

		ndar year 2015 or tax year beginning 06/2	9 , 20	15, and		12/31	, 20 15
		undation			A Employe	er identification number	er
		FOUNDATION	1-			47-4574159	
		d street (or P O box number if mail is not delivered to street address)	Roo	m/suite	B Telephor	ne number (see instruct	•
		NDALE ROAD				(847) 431-563	<u> </u>
	-	n, state or province, country, and ZIP or foreign postal code			C If exemp	tion application is pend	ıng, check here ▶ 🗌
		D PARK, IL 60035					_
G	Cneck		n of a former publi	c cnarity	D 1. Foreig	n organizations, check	here ► _
		☐ Final return ☐ Amended ☐ Address change ☐ Name cha				n organizations meeting	
_	Chook	type of organization: Section 501(c)(3) exempt p				here and attach computed foundation status was	
		on 4947(a)(1) nonexempt charitable trust Other ta				07(b)(1)(A), check here	▶ [
		narket value of all assets at J Accounting method					
		f year (from Part II, col. (c),	2. 🖸 02311 🗀 /	1007 dai		ndation is in a 60-mont ction 507(b)(1)(B), chec	
	line 16		e on cash basis)				
	art I	Analysis of Revenue and Expenses (The total of			<u> </u>		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	"	icome	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	6,014,236	3			
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments		1	1		
	4	Dividends and interest from securities	17,59	5	17,595		
	5a	Gross rents					
	b	Net rental income or (loss)					
æ	6a	Net gain or (loss) from sale of assets not on line 10	72,848	3			
ē	b	Gross sales price for all assets on line 6a 109,504		1			
Revenue	7	Capital gain net income (from Part IV, line 2)		1	72,848		
ш	8	Net short-term capital gain		-			
	9	Income modifications		-			
	10a b	Gross sales less returns and allowances 0				· · · · · · · · · · · · · · · · · · ·	_
	C	Less: Cost of goods sold					
	11	Other income (attach schedule)		1	0	0	
	12	Total. Add lines 1 through 11	6,104,680	1	90,444	Ö	
	13	Compensation of officers, directors, trustees, etc.	5,101,00	 			
Expenses	14	Other employee salaries and wages .	C.	1			
ë	15	Pension plans, employee benefits	7	1			
×	16a	Legal fees (attach schedule) .			0	0	0
e H	b	Accounting fees (attach schedule))	ō	0	0
	С	Other professional fees (attach schedule)		<u> </u>	. 0	0	0
tra	17	Interest	Y	<u> </u>			
nis	18	Taxes (attach schedule) (see instructions)		<u> </u>	0	0	0
Ē	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy		<u> </u>	0	0	
Ad	20	Travel conferences and sections		+			
힏	21 22	Travel, conferences, and meetings		+		-	
ā	23	Other expenses (attach schedule)		 	0	0	0
Operating and Administrativ	24	Total operating and administrative expenses.		` 		 	
ā	-	Add lines 13 through 23			0	0	0
þ	25	Contributions, gifts, grants paid	87,500			<u> </u>	87,500
0	26	Total expenses and disbursements. Add lines 24 and 25	87,500		0	0	87,500
	27	Subtract line 26 from line 12.					
	а	Excess of revenue over expenses and disbursements	6,017,180	5			
	b	Net investment income (if negative, enter -0-)			90,444	_	
	С	Adjusted net income (if negative, enter -0-)				0	

. D	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	Beginning of year		End o	of year
"		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	0	39	,600	39,600
	3	Accounts receivable ▶				
	İ	Less: allowance for doubtful accounts ▶			0	0
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶			0	0
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	ļ	disqualified persons (attach schedule) (see instructions) .			0	0
	7	Other notes and loans receivable (attach schedule) ▶0				
		Less: allowance for doubtful accounts ▶ 0	0		0	0
S	8	Inventories for sale or use				
set	9	Prepaid expenses and deferred charges				
Assets	10a	Investments—U.S. and state government obligations (attach schedule)	0		0	0
	ь	Investments—corporate stock (attach schedule)	0	2,143		
	C	Investments—corporate bonds (attach schedule)	0	2,140	0	0,700,490
	11	· · · · · · · · · · · · · · · · · · ·				
	' '	Investments—land, buildings, and equipment basis ▶ 0	0			
	10	Less: accumulated depreciation (attach schedule) ▶ 0			U	0
	12	Investments—mortgage loans		· ·		
	13	Investments—other (attach schedule)	0		0	0
	14	Land, buildings, and equipment: basis ▶0				
	١	Less: accumulated depreciation (attach schedule) ▶ 0	0		0	0
	15	Other assets (describe ►)	0		0	0
	16	Total assets (to be completed by all filers—see the				
		ınstructions. Also, see page 1, item l)	0	2,182	,744	5,743,098
	17	Accounts payable and accrued expenses				
Ś	18	Grants payable				
Liabilities	19	Deferred revenue				
Þ	20	Loans from officers, directors, trustees, and other disqualified persons	0		0	
<u>.a</u>	21	Mortgages and other notes payable (attach schedule)	0		0	
_	22	Other liabilities (describe ►)	0		0	
	23	Total liabilities (add lines 17 through 22)	0		0	
(A)		Foundations that follow SFAS 117, check here . \blacktriangleright 🗹				
Balances		and complete lines 24 through 26 and lines 30 and 31.				į
Ĕ	24	Unrestricted	0	2,182	,744	
ā	25	Temporarily restricted				!
P	26	Permanently restricted		-		
Ĕ		Foundations that do not follow SFAS 117, check here ▶ □				
Ĭ		and complete lines 27 through 31.				
Net Assets or Fun	27	Capital stock, trust principal, or current funds				1
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund				į
šše	29	Retained earnings, accumulated income, endowment, or other funds				·
Ÿ	30	Total net assets or fund balances (see instructions)	0	2,182	744	į
et	31	Total liabilities and net assets/fund balances (see				ļ '
Z		instructions)	o	2,182	744	ļ .
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>	2,102	, , , ,	
		I net assets or fund balances at beginning of year—Part II, colui	mn (a), line 30 (must	agree with		
•		of-year figure reported on prior year's return)			1	^
2				! —	_	6.017.180
_				H	2	6,017,180
3		er increases not included in line 2 (itemize)			3	0 017 100
4		lines 1, 2, and 3		-	4	6,017,180
5	Decr	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II column /h\ !		5	3,834,436
	iola	in her assers of fund balances at end of year (line 4 minus line 5)—i	raicii, column (b), line	; ა∪	6	2,182,744

Part	(a) List and describe th	d Losses for Tax on Investn le kind(s) of property sold (e.g., real estatuse, or common stock, 200 shs. MLC Co	е,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
	PUBLICLY TRADED SECUR	RITIES	<u>-</u>	D Donation		
b						
c						
<u>d</u>						
<u> e</u>						
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		other basis inse of sale		n or (loss) f) minus (g)
<u>a</u>	109,504			36,656		72,848
<u>b</u>						
<u>C</u>						
<u>d</u>						
<u> </u>					· ·-·	 .
	Complete only for assets sho	owing gain in column (h) and owned				(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		t less than -0-) or rom col (h))
- a	-	-		0		72,848
b						
С						
d	<u></u>					
<u>e</u>						
2	Capital gain net income o		also enter in Pa , enter -0- in Pa		2	72,848
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see instruc	ctions). If (loss)	, enter -0- ın ∖		
		 			3	0
Part	V Qualification Und	er Section 4940(e) for Redu	iced Tax on N	let Investment	Income	
Was t		e this part blank. section 4942 tax on the distribu qualify under section 4940(e). D			pase period?	✓ Yes 🗌 No
1	Enter the appropriate amo	ount in each column for each yea	ar; see the instri	uctions before ma	akıng any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value o	(c) f noncharitable-use as		(d) Inbution ratio divided by col. (c))
	2014	-	-			
	2013					 -
	2012					-
	2011					
	2010					
2		for the 5-year base period—dividation has been in existence if le	de the total on	line 2 by 5, or by		
4	Enter the net value of non	charitable-use assets for 2015 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4 ater than line 7, check the box in		o, and complete t	. 8 hat part using a 1	% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	see ir	ารtrเ	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
ь	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check	ļ		1 900	
D		├─		1,809	
С	here \buildreltharpoonup and enter 1% of Part I, line 27b				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
3	Add lines 1 and 2	 		1,809	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			1,809	
6	Credits/Payments:				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) . 6c				
ď	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d	<u> </u>		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1,809	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ 0 Refunded ▶ 11	├──		0	
	VII-A Statements Regarding Activities	<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di	ıd ıt	·	Yes	No
	participate or intervene in any political campaign?	·	1a		1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (Instructions for the definition)?	(see	1b		√
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any mater published or distributed by the foundation in connection with the activities.	rıals			
С	Did the foundation file Form 1120-POL for this year?	.	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose on foundation managers. ▶ \$	ed			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		2		- /
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	.	4a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	. [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. [5		✓
	If "Yes," attach the statement required by General Instruction T.			Ì	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions to conflict with the state law remain in the governing instrument?	that		-,	'
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		6	√	
7 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<i>xv</i>	7	✓	
Vu	, , , , , , , , , , , , , , , , , , , ,				ĺ
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Instruction G? If "No," attach explanation				
C.	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3		8b	- ✓	
9	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Ye	es "			
	complete Part XIV	•	9		✓
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing to names and addresses	heır	10	,	

Par	VII-A Statements Regarding Activities (continued)			
•——			Yes	No
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		✓
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► N/A			
14	The books are in care of ▶ JODI LOEB Telephone no. ▶ (84	7) 431		
	Located at ► 2345 EGANDALE ROAD, HIGHLAND PARK, IL ZIP+4 ►	6003	5	·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here. and enter the amount of tax-exempt interest received or accrued during the year		٠	▶ ∟
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16	163	1 ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			-
	the foreign country ►	İ		
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			l
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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? Yes . No			
	(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? ☐ Yes ✓ No (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)?			
	(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.)			
b	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)?	1b		
С	Organizations relying on a current notice regarding disaster assistance check here			
·	were not corrected before the first day of the tax year beginning in 2015?	1c		1
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)):			
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?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	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 all years listed, answer "No" and attach statement—see instructions.)			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
·	► 20 , 20 , 20 , 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 (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 determine if the foundation had excess business holdings in 2015.)			
4a	build the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	-	✓
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		1

Form Q	90-PF (2015)								Domo
_	VII-B Statements Regarding Activitie	s for V	Vhich Form	4720	May Be F	equire	ed (continued)		Page
. 5a	During the year did the foundation pay or incur- (1) Carry on propaganda, or otherwise attempt (2) Influence the outcome of any specific publi directly or indirectly, any voter registration directly.	any amo to influe ic electi	ount to: ence legislation ion (see sect	on (section 495	tion 4945(e))? arry on	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, sti(4) Provide a grant to an organization other that section 4945(d)(4)(A)? (see instructions)	udy, or on a cha	other similar iritable, etc.,	purpos organiz	es?	ribed in	☐ Yes ☑ No	·	
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to						l □Yes 🗹 No	,	
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice							5b	
С	Organizations relying on a current notice regard If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility	the four	ndation clain grant?	exem	ption from	the tax		,	
6a	If "Yes," attach the statement required by Regul Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or in	directly	, to pay pre	emiums	; □Yes ☑ No		
b	Did the foundation, during the year, pay premiul If "Yes" to 6b, file Form 8870.	ms, dire	ectly or indire	ctly, on	a personal	benefi	t contract? .	6b	✓
	At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed						☐ Yes ☑ No ransaction? .	7b	
	Information About Officers, Direct and Contractors								es,
1	List all officers, directors, trustees, foundation	n mana	agers and th	eir con	npensatior	ı (see i	nstructions).		
	(a) Name and address	hou	e, and average irs per week led to position	í (lf r	mpensation not paid, iter -0-)	emplo	Contributions to byee benefit plans erred compensation		nse account, Illowances
JUSTI	N SAMUEL LOEB	DIRE	CTOR/PRE		0				
55 E I	ERIE STREET, APT 1403, CHICAGO, IL 60611	SIDE	NT, 1		U		0		,
	N SAMANTHA LOEB EGANDALE ROAD, HIGHLAND PARK, IL 60035	1	CTOR/TRE RER, 1		0		0		
	SAMANTHA LOEB EGANDALE ROAD, HIGHLAND PARK, IL 60035	DIREC RETA	CTOR/SEC RY, 1		0		0		(
2	Compensation of five highest-paid employe "NONE."	es (oth	er than tho	se incl	uded on li	ne 1—	see instruction	s). If no	ne, ente
	(a) Name and address of each employee paid more than \$50,0	000	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred compensation		nse account, Illowances
NONE	:								

Part VI	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 F	ive highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		İ
		
Total nu	mber of others receiving over \$50,000 for professional services	
		I
Part IX	Summary of Direct Charitable Activities	
List the	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
- organiz	ations and other beneficiaries served, conferences convened, research papers produced, etc	
1		
2 —		
2		
3		
4		
Part IX		T
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2 —		
	•••••••••••••••••••••••••••••••••••••••	
All othe	r program-related investments. See instructions	
3		
Total. Ad	dd lines 1 through 3	

Part		gn found	lations,
1	see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc		
'	purposes:		
а	Average monthly fair market value of securities	1a	2,196,569
b	Average of monthly cash balances	1b	16,076
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,212,645
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,212,645
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	33,189
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,179,456
6	Minimum investment return. Enter 5% of line 5	6	108,973
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ► ☐ and do not complete this part.)	oundatio	ns
1	Minimum-investment return from Part X, line 6	1	108,973
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	1,809
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	107,164
4	Recoveries of amounts treated as qualifying distributions	4	·
5	Add lines 3 and 4	5	107,164
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	107,164
Part	XII Qualifying Distributions (see instructions)	<u> </u>	<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	87,500
b	Program-related investments—total from Part IX-B	1b	07,500
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	87,500
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	+	67,500
-	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	87.500
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	, whether	the loundation

Part	Undistributed Income (see instructi	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				107,164
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only				
b	Total for prior years 20 11 ,20 12 ,20 13				
3	Excess distributions carryover, if any, to 2015:		1		
а	From 2010				
b	From 2011				
C	From 2012				
d	From 2013				
е	From 2014				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2015 from Part XII,				
	line 4. ► \$ 87,500				
а	Applied to 2014, but not more than line 2a			0	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see instructions)	0			
d	Applied to 2015 distributable amount				87,500
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2015				0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	. ō			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	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		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0	
f	Undistributed income for 2015 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2016				19,664
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				•
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	0			
8	Excess distributions carryover from 2010 not				,
_	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2016.				-
	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9.			· [
а	Excess from 2011				
b	Excess from 2012				
C	Excess from 2013		:		
d	Excess from 2014				
е	Excess from 2015		İ		

	90-PF (2015)					Page 10
Part	XIV Private Operating Founda	tions (see ınstrı	uctions and Part	VII-A, question	9)	
1a	If the foundation has received a ruling	,				
	foundation, and the ruling is effective fo	r 2015, enter the d	ate of the ruling .	▶		
þ	Check box to indicate whether the four	ndation is a private	e operating founda		section 🗌 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed				<u>.</u>	
þ	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		<u> </u>			
e	Qualifying distributions made directly					
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c				 	
3	Complete 3a, b, or c for the					
	alternative test relied upon:			\		
а	"Assets" alternative test—enter					
	(1) Value of all assets			-	 	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test—enter 2/3				 -	
-	of minimum investment return shown in			1 .		
_	Part X, line 6 for each year listed		<u> </u>			
·				1		
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public				-	
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from				·	
	an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete ti	his part only if t	the foundation	had \$5,000 or m	ore in assets at
	any time during the year-	-see instruction	ns.)			
1	Information Regarding Foundation	Managers:			- ·	
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but of	only if they have c	ontributed more tl	han \$5,000). (See	section 507(d)(2).)	
	STATEMENT)					
b	List any managers of the foundation					arge portion of the
	ownership of a partnership or other e	ntity) of which the	foundation has a	10% or greater in	terest.	
	STATEMENT)					
2	Information Regarding Contribution			. •		
	Check here ► ✓ If the foundation					
	unsolicited requests for funds. If the f		gins, grants, etc.	(see instructions)	to individuals or o	rganizations under
	other conditions, complete items 2a,					
а	The name, address, and telephone nu	imber or e-mail a	daress of the pers	son to wnom appii	cations should be	addressed:
	The form in which applications should	he submitted an	d information and	materials though	ould include:	
D	The form in which applications should	, ne submitted an	a miormation and	materials triey Sil	odia molade.	
-	Any submission deadlines					
•	, Jabimaan adaamido					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable	fields, kinds of ins	stitutions, or other
	factors:		- - -			

Par	t XV Supplementary Information (con	tinued)	··		
3	Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	, and
a (SEE	Paid during the year STATEMENT)	or substantial contributor	recipient		
	Total			▶ 3a	87,500
b	Approved for future payment				
	Total			▶ 3b	

Pa	rt XV	I-A Analysis of Income-Producing Ac	ctivities				
Ente	r gros	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(e)
1	Prog	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
•	a a	ram service revenue:					
	ъ -						
	- c				-		
	d -				 		
	<u> </u>		<u> </u>			<u> </u>	
	· -		<u> </u>		-		
	' =						
_	_	ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments		_	14	1	
4		dends and interest from securities			14	17,595	
5		rental income or (loss) from real estate.					
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property	-	-			
7		er investment income					
8		or (loss) from sales of assets other than inventory			_1	72,848	
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Othe	er revenue: a					
	b _						
	С _						
	d _						
	e						
12	Subt	otal. Add columns (b), (d), and (e)		0		90,444	0
					•		
13	Tota	I. Add line 12, columns (b), (d), and (e)				13	90,444
13		il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.)			13	90,444
13 (See	work	I. Add line 12, columns (b), (d), and (e)	s.)			13	90,444
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work	il. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
13 (See Pa	work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		

1 01111 0		<u> </u>									igo i c
Pari	XVI		on Regarding Tra rganizations	nsfers To and Tran	sactions and	Relationsh	ips With	Noncha	ritabl	е	
1		the organization	directly or indirectly	engage in any of the f					100	Yes	No
		ection 501(c) or tr anizations?	he Code (other than	section 501(c)(3) orga	nizations) or in	section 527,	relating to	political	30.00		No.
•	_		norting foundation:	to a noncharitable exer	ant organizatio	n of:					100
а			•						1a(1)	***	√
		.						• •	1a(2)		*
b	- •	er transactions:						• •	***	937, 1	•
-			a noncharitable ex	empt organization .					1b(1)		1
				table exempt organizat					1b(2)		1
				er assets					1b(3)	\dashv	√
									1b(4)		-
									1b(5)		√
	(6) F	Performance of se	ervices or members	hip or fundraising solic	itations				1b(6)		✓
C				ists, other assets, or pa					1c		✓
ď				es," complete the follow							
				ices given by the repo							
				gement, show in colum							
(a) Line	∍no	(b) Amount involved	(c) Name of nonc	charitable exempt organization	n (d) Desi	enption of transfe	rs, transaction	ns, and sha	rıng arra	ngeme	nts
											
	+										
_	┯┼										
	- +										
	- +			 							
						-					
				 ,.							
		·				 -					
	\neg										
2a				filiated with, or related					_		
_				other than section 501(c)(3)) or in secti	on 527? .		· · □	Yes	✓ I	10
b	If "Ye		following schedule	,							
		(a) Name of organ	ization	(b) Type of organ	nization		(c) Description	n of relation	ship -		
							_				
_								-	_		
											
	Unde	er nepatives of nerury I	declare that I have examin	Led this return, including accomp	anving schedules an	d statements, and	to the best of	mv knowled	ne and he	elief iti	s true
Sign				an taxpayer) is based on all info				<u> </u>			
Here		1/1/100	Dall.	15114116	MANAGER			May the IR with the pr			
1616		nature of officer or trus	1 var	Date	Title		—— I	(see Instruc			
	, ,	Print/Type prepare	<u> </u>	Prepare/s signature		5. 12 ª₱7:51:0	4 7	P	TIN		=
Paid		NICOLE BENCIK		Jackey Stere	2010.0. <u>ا05'00'</u>		1 011001	nployed	P007	' 5619	5
Prepa			CROWE HORWATH	LLP			Firm's EIN ▶		5-0921		
Jse (JIIIY	7		ER DRIVE SLITE 2600	CHICAGO	60606-1224	Dhone on	_	2) 899-7		

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

47-4574159

Department of the Treasury Internal Revenue Service

SAM I AM FOUNDATION

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF √ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III, For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

SAM I AM FOUNDATION

Employer identification number 47-4574159

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.									
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	PAUL & JODI LOEB 2345 EGANDALE RD HIGHLAND PARK, IL 60035		Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		s	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						

Name of organization
SAM I AM FOUNDATION

Employer identification number

47-4574159 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) STOCK 6,014,236 11/11/2015 (a) No. (c) FMV (or estimate) (b) (d) from Description of noncash property given Date received Part ! (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) FMV (or estimate) (b) (d) from Description of noncash property given **Date received** Part I (see instructions) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2015)			Page 4					
Name of or	ganization FOUNDATION			Employer identification number 47-4574159					
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for	the year from any otions completing Par	one contribut t III, enter the	ns described in section 501(c)(7), (8), or tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc.,					
	Use duplicate copies of Part III if add	litional space is need	led.						
(a) No. from Part I	(b) Purpose of gift	(c) Use o		(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transfo	-	ationship of transferor to transferee					
-									
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar		-	ationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use o	of nift	(d) Description of how gift is held					
from Part I		(0) 036 ((u) Description of now girt is field					
	Transferee's name, address, ar	nd ZIP + 4	Rel	ationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use		of gift	(d) Description of how gift is held					
	Transferee's name, address, a	(e) Transf	_	ationship of transferor to transferee					

Part-I, Line-6a_ _

Net gain or (loss) from sale of assets

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basıs	Basis Method	Accumulated Depreciation	Sales Expense	Total (net)
(1) INTEL CORP STOCK	05/24/1999	Purchase	11/16/2015		31,942	28,767	-			3,175
(2) MURPHY USA INC COM STOCK	01/22/2003	Purchase	11/11/2015		41,208	7,889				33,319
(3) ILL TOOL WORKS		Donation	11/11/2015		36,354	0			-	36,354
Tota!										72,848

Part II, Line 10b (Column a, Column b & Column c)

Investments—Corporate Stock (continued)

Description	BOY Amount	EOY Amount	Fair Market Value
PUBLICLY TRADED STOCKS	0	2,143,144	5,703,498

Part-III,-Line 5 — Decreases	
Description	Amount
(1) UNREALIZED LOSS ON INVESTMENTS	3,834,436
TOTAL	3,834,436

Part VII-Section-A, Line	e-10 -	Substantial Contributor (continued)	
·			
Name		Address	
JODLLOFB	234	45 EGANDALE RD. HIGHLAND PARK, II. 60035	

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Part-XV,-Line-1a	Information Regarding Foundation Managers (continued)	
,		
Name	Trile	
JODI LOEB	MANAGERS	

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Part-XV, Line-1b	Inform	nation Regarding Foundation Managers (continued)	
`			
Name		Title	
N/A		N/A	

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Part-XV,-Line-3a

Grants and Contributions Paid During the Year (continued)

Name and Address	Relationship	Foundation status	Purpose	Amount
HOLOCAUST MEMORIAL FOUNDATION OF ILLINOIS INC 9603 WOODS DRIVE SKOKIE, IL, 60077	NONE	PC	GENERAL SUPPORT	15,000
LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE PR DPT BOX 269 CHICAGO, IL, 60611	NONE	PC	GENERAL SUPPORT	50,000
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY, 10158	NONE	PC	GENERAL SUPPORT	2,500
UNIVERSITY OF MICHIGAN 200 FLETCHER ST ANN ARBOR, MI, 48109	NONE	PC	GENERAL SUPPORT	20,000