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## Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury

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

_		Revenue Service   Information about Form					12/21 15
		alendar year 2015 or tax year beginning	11	1/18 , <b>201</b> 5,	, and endir		12/31, 2015
		of foundation				A Employer identi	
_		PFF, INC.	<u> </u>			81-071905	<del></del>
	Numb	er and street (or P O box number if mail is not delivered	to street address)		Room/suite	B Telephone numi	per (see instructions)
	_						
_		WEST WACKER DRIVE			7TH FL	R (312) 89	99-7902
(	City or	town, state or province, country, and ZIP or foreign pos	tal code				
						C If exemption applic pending, check her	ation is
_	CHI	CAGO, IL 60601				portaing, which lief	
G	Che	eck all that apply X Initial return	Initial return	of a former p	ublic chari	D 1 Foreign organiza	ations, check here
		Final return	Amended re			2 Foreign organiz	
		Address change	Name chang			85% test, check	here and attach
H	Che	eck type of organization X Section 501(					▶ ∟ .
ſ		Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion	· ·	on status was terminated
Ť			unting method X C		rual		b)(1)(A), check here . P
•		1	ther (specify)	2311 / 100	, aa		s in a 60-month termination
		· · · · · · · · · · · · · · · · · · ·	olumn (d) must be on cas	sh hasis I		_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Analysis of Revenue and Expenses (The		on busis j	—Т	<del></del>	(d) Disbursements
	بيت	total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	for charitable
		may not necessarily equal the amounts in	expenses per books	incom	ne	ıncome	purposes
_		column (a) (see instructions) )		<del> </del>		<del></del>	(cash basis only)
	1	Check from the foundation is not required to	5,000,000.				
	2	attach Sch B	43		13		3 mou 1
	3	Interest on savings and temporary cash investments.	43.		43.	·	ATCH 1
	4	Dividends and interest from securities	·				ļ
-	5a	Gross rents					<u> </u>
-	b	Net rental income or (loss)	BECE!	/ED			ļ
ä		Net gain or (loss) from sale of assets not on line 10	1,72		<u> </u>	<del> </del>	
ē	b	Gross sales price for all assets on line 6a	<del>                                    </del>				
Revenue	7	Capital gain net income (from Part IV, line 2) .	AUG 11	ZUID 13	0.		
Œ	8	Net short-term capital gain	<u> </u>	Ja:			
	9	Income modifications	OGDEN	UT			
	тоа	Gross sales less returns and allowances	L 0000				
	b	Less Cost of goods sold .					
	С	Gross profit or (loss) (attach schedule)		_		<del>- ,</del>	
	11	Other income (attach schedule)					
	12	Total Add lines 1 through 11	5,000,043.		43.		
	13	Compensation of officers, directors, trustees, etc	0.				
sesue	14	Other employee salaries and wages					
šuć	15	Pension plans, employee benefits					
ğ	16 a	Legal fees (attach schedule)					
إن		Accounting fees (attach schedule)					
2	c	Other professional fees (attach schedule)					
ä	17	Interest		-			
돐	18	Taxes (attach schedule) (see instructions)					
≣	19	Depreciation (attach schedule) and depletion.			<del></del>	<del></del>	1
틍	20	•	-				
۷	21	Occupancy		<del>                                     </del>			
2	21 22	Travel, conferences, and meetings	<u> </u>	<del> </del>	<del>+</del>		<del>                                     </del>
ga	22	Printing and publications			<del></del>		<del> </del>
Ĕ	23 24	Other expenses (attach schedule)			<del></del>		<del> </del>
Ē	24	Total operating and administrative expenses	0.	1			
ᇍ		Add lines 13 through 23	<u> </u>				<del> </del>
9	25	Contributions, gifts, grants paid		<del>                                     </del>			0
_	26	Total expenses and disbursements Add lines 24 and 25	0.		<del></del>	·	<del>                                     </del>
	27	Subtract line 26 from line 12		i			
		Excess of revenue over expenses and disbursements	5,000,043.				<del> </del>
		Net Investment income (if negative, enter -0-)		ļ <u> </u>	43.		<del> </del>
$_{\perp}$	C	Adjusted net income (if negative, enter -0-)		ĺ			

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Form 990-PF (2015)

8<u>1-0719050 Page **2**</u> APMPFF, INC. Form 990-PF (2015)

E	art II	Balanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End o	f year
_	GI CII	Dalance Sheets	amounts only (See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1 -	Cash - non-interest-beari	ing				
			cash investments		5,000,0		5,000,043.
		Accounts receivable			1 774:	المت	
		Less allowance for dou	btful accounts ▶				
	1	Pledges receivable			1 1 1 2 2 1 1	· · ·	
	1	_	btful accounts ▶				
	•						
	I		officers, directors, trustees, and other				
	l		tach schedule) (see instructions)				
			eceivable (attach schedule)		) i, i	1	* * * * * * * * * * * * * * * * * * * *
			btful accounts >		The state was to be and the state of the state of	200 - 200.	takangan menjadah Mili Saga an Par sa dia Mili Mili Mili Mili Mili Mili Mili Mi
ম	8						
Assets	9		ie				
As	102		eferred charges				
		•	e stock (attach schedule)		<u> </u>		
	11	Investments - corporate Investments - land, buildings and equipment basis Less accumulated deprecia				· >,{	
		(attach schedule)					<u> </u>
į		2 3	loans	I .	-		
	13 14	Investments - other (atta Land, buildings, and	ach schedule)	Y 6, Y 3, Y	<del>                                     </del>		188 · 82 · 1
	1	equipment basis Less accumulated deprecia	ation >	in a salah da salah	الكان مشهد سان الكنائلس ال		álil-hili. jedá
	'	(attach schedule)		<del> </del>			
	l	Other assets (describe $ ight def$					
		•	completed by all filers - see the	I .	F 000 0		5 000 043
_	'	instructions. Also, see p	age 1, item I)	0.	5,000,0	43.	5,000,043
	17 .	Accounts payable and a	accrued expenses				
	18	Grants payable					
Liabilities	19	Deferred revenue			<u> </u>	_	
ij	20 (	Loans from officers, directo	ors, trustees, and other disqualified persons				
jap	21	Mortgages and other no	ites payable (attach schedule)				
ᅦ	22	Other liabilities (describe	<b>●</b> ▶)				
$\exists$	23	Total liabilities (add line	es 17 through 22)	0.		0.	
			low SFAS 117, check here . ▶└─				
Balances		and complete lines	24 through 26 and lines 30 and 31.				
ğ	24	Unrestricted					
ğa	25	Temporarily restricted .					
뜅	26	Permanently restricted.					
Ē	27 28 29 30 31	Foundations that do	not follow SFAS 117. ► X				
빈	,	check here and com	plete lines 27 through 31.				
0	27	Capital stock, trust princ	cipal, or current funds				
ets	28	Paid-in or capital surplus, or	r land, bldg, and equipment fund			_	
SS	29	Retained earnings, accumi	ulated income, endowment, or other funds		5,000,0	43.	
۲	30	Total net assets or fund	balances (see instructions)	0.	5,000,0	)43.	
ž	31		net assets/fund balances (see				
$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		nstructions)	<del> </del>	0.	5,000,0	43.	
P	art III	Analysis of Cha	nges in Net Assets or Fund Bala	ances			
1	Tota	net assets or fund b	palances at beginning of year - Part	II, column (a), line 30 (	(must agree with		
			ed on prior year's return)			1	0
2			line 27a			2	5,000,043
						3	
					<del></del>	4	5,000,043
		eases not included in				5	
			palances at end of year (line 4 minu	s line 5) - Part II. column	(b), line 30	6	5,000,043
							<del></del>

	•
Page	3

Part IV	Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and	d describe the kind(s) of property sold (	e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )
1a						
<u>b</u>						
С						
d						
<u>e</u>						
(e) Gr	oss sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	,
	oso caros prioc	(or allowable)	plus expense of sale		(e) plus (f) mini	us (g)
_a						
_b						
_c						
<u>d</u>						
<u>e</u>						
Com	plete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69		Gains (Col (h) g	
ωEMV	/ as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	col	(k), but not less t	
		as of 12/31/69	over col (j), if any		Losses (from co	or (n))
_a						
_b					<del></del>	<del></del>
_с					·	
_d						
<u>e</u>				<u></u>		. <u></u>
2 Capita	d agin not income		gain, also enter in Part I, line 7			
2 Capita	al gain net income o	or (net capital loss)	(loss), enter -0- in Part I, line 7	2		
<ol><li>Net sh</li></ol>	ort-term capital ga	in or (loss) as defined in sections	1222(5) and (6)			
If gair	n, also enter in Pa	art I, line 8, column (c) (see ins	tructions) If (loss), enter -0- in $\}$			
Part I,	line 8	<u> </u>	<u></u>	3		
Part V	Qualification U	Inder Section 4940(e) for Re	duced Tax on Net Investment I	ncome		
(For option	al use by domestic	private foundations subject to th	e section 4940(a) tax on net invest	ment inco	me)	
If section 4	940(d)(2) applies,	leave this part blank NOT	r AVAILABLE FOR INITIAL	YEAR R	ETURNS	
					_	
Was the fo	undation liable for	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	do	_ Yes No
If "Yes," th	e foundation does	not qualify under section 4940(e)	Do not complete this part			
1 Enter	the appropriate am	ount in each column for each yea	ar, see the instructions before maki	ng any ent	ries	
Bac	(a) e penod years	(b)	(c)		(d) Distribution r	atio
	r (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	<u> </u>	(col_(b) divided by	
	2014					
	2013					
	2012					
	2011					
	2010			<u> </u>		
			<del></del>			
2 Total	of line 1, column (d	)		2		
			de the total on line 2 by 5, or by the	$\overline{}$		
	=	•	ss than 5 years	1 _ 1		
numbe	or years the rour	idation has been in existence in les	ss than 5 years			<del></del> _
4 Enter	the net value of ne	noboritoble was senate for 2015 fr	rom Part X, line 5	4		
4 Line	the het value of ho	inchantable-use assets for 2015 in	om Part A, line 5			
- 44 11				5		
5 Multip	ly line 4 by line 3.			1		
_						
6 Enter	1% of net investme	ent income (1% of Part I, line 27b)		6		<del></del>
				_		
7 Add Iir	nes 5 and 6			7		
8 Enter	qualifying distribution	ons from Part XII, line 4		8		
		reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	ix rate. See the
Part V	instructions					<del></del>

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Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	4948 - see	instru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			1.
	here ▶ ☐ and enter 1% of Part I, line 27b	l			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)	İ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			
3	Add lines 1 and 2	3			1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0	5			1.
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a				
b	Exempt foreign organizations - tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d	7			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9			<u>1.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶	11			
Pai	rt VII-A Statements Regarding Activities			,—	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or did it		Yes	No
	participate or intervene in any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political pur	poses (see	1		
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an	y materials	1		}
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c	<u></u>	X
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 is	mposed on			
	foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2_		<u> </u>
	If "Yes," attach a detailed description of the activities			1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument				Į ,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<del> </del> -	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	N,	
b	• • • • • • • • • • • • • • • • • • • •		4b	14/	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• • • • • •	5		<del>  ^</del>
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directively.	ections that			
	conflict with the state law remain in the governing instrument?		6	X	├
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c),	and Part XV	7	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	IL,		-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attori		۵.	x	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	<del>  ^</del> -	<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4				ł
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV		_		V
	complete Part XIV		9_	<del> </del>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule			x	1
	names and addresses ATCH 2	<u></u>	10	<del></del>	1001=
			Form <b>9</b> 9	7U-PF	(2015)

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? Form 990-PF (2015)

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	990-PF (2015) APMPFF, INC.	for Mhigh Earn	4720 May Bo Bog	uired (conti		19030	Page <b>6</b>
			4720 May be ned	uneu (com	naca)	$\neg \neg$	<del></del>
5a	During the year did the foundation pay or incur any amou (1) Carry on propaganda, or otherwise attempt to influe		1945(e)\2	Yes	X No		
	(2) Influence the outcome of any specific public ele-						
	directly or indirectly, any voter registration drive?	•	-		X No		
	(3) Provide a grant to an individual for travel, study, or of			' <del>  </del>	X No		
	(4) Provide a grant to an individual for travel, study, or of						İ
	•	· -		Yes	X No		l
	section 4945(d)(4)(A)? (see instructions)	oritable scientific l	iterary or educations		110		
	purposes, or for the prevention of cruelty to children				X No	1	
ь	If any answer is "Yes" to 5a(1)-(5), did any of the						
U	Regulations section 53 4945 or in a current notice regard					5b	N/A
	Organizations relying on a current notice regarding disas						
_						<b>-</b> '	İ
C	If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility for the g			Yes	No		
6a	If "Yes," attach the statement required by Regulations sec	, ,	actly to pay premium	ne			
oa	Did the foundation, during the year, receive any fun	· ·	- · · · · ·		X No		
h	on a personal benefit contract?  Did the foundation, during the year, pay premiums, dire			. —	۱۱۰۰ التات	6ь	l l x
J	If "Yes" to 6b, file Form 8870	ctry or indirectry, on a	personal benefit contra	· · · · · · ·		5.5	
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	Yes	X No		
	If "Yes," did the foundation receive any proceeds or have					7b	l x
	Information About Officers, Director	rs, Trustees, Fou	ndation Managers	s, Highly Pa	id Empl		
	and Contractors						
1	List all officers, directors, trustees, foundation n	(b) Title, and average	(c) Compensation	(d) Contribut		(a) Evnens	se account,
	(a) Name and address	hours per week devoted to position	`(If not paid, enter -0-)	employee bene and deferred con	fit plans		owances
				-			
ATC	н 3		0.		0.		0.
-			-				
2	Compensation of five highest-paid employees	(other than thos	e included on lin	e 1 - see i	nstruction	ns). If n	one, enter
	"NONE."	1		(d) Contribu	tions to		<del></del>
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee t	enefit		se account, lowances
		devoted to position		compens		otiloi di	
	NONE						
					[		
ota	I number of other employees paid over \$50,000	<u></u>	<u> </u>	<u></u>	▶		
						Form 99	0-PF (2015)

Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NONI	Ē."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
NONE		
	_	_
	_	
al number of others receiving over \$50,000 for professional services	<u></u> ▶	
rt IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year. Include relevant sta ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	atistical information such as the number of	Expenses
N/A		
t IX-B Summary of Program-Related Investments (see instructions	3)	
escribe the two largest program-related investments made by the foundation during the tax year on I		Amount
NONE		
		1
		<del> </del>
If other program-related investments. See instructions		

Form 990-PF (2015)

Par	t X	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions)	gn foundations,	
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses		
а	Aver	rage monthly fair market value of securities	1a	
		rage of monthly cash balances	1b	1,250,011.
С	Fair	market value of all other assets (see instructions).	1c	
đ	Tota	Il (add lines 1a, b, and c)	1d	1,250,011.
е	Redu	uction claimed for blockage or other factors reported on lines 1a and		
	1c (a	attach detailed explanation)		
2	Acqu	uisition indebtedness applicable to line 1 assets	2	
3	Subt	tract line 2 from line 1d	3	1,250,011.
4	Cash	tract line 2 from line 1d		
	ınstr	uctions)	4	18,750.
5	Net	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,231,261.
_ 6		mum investment return. Enter 5% of line 5	6	7,421.
Par		Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ □ and do not complete this part)	dations	
1	Mınır	mum investment return from Part X, line 6	1	7,421.
2 a		on investment income for 2015 from Part VI, line 5		
b		me tax for 2015 (This does not include the tax from Part VI).		
c		lines 2a and 2b	2c	1.
3		ributable amount before adjustments Subtract line 2c from line 1	<del></del>	7,420.
4		overies of amounts treated as qualifying distributions	4	
5		lines 3 and 4	5	7,420.
6		uction from distributable amount (see instructions).	6	·
7	Dist	ributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•		1	7	7,420.
Par		Qualifying Distributions (see instructions)	<del> </del>	
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		enses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Prog	gram-related investments - total from Part IX-B	1b	<del></del>
2	Amo	ounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		<del></del>
_		oses	2	
3	Amo	ounts set aside for specific charitable projects that satisfy the		
а		ability test (prior IRS approval required)	3a	
b	Cach	h distribution test (attach the required schedule)	3b	
4	Quali	ifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5		ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del>-  </del>	
•		r 1% of Part I, line 27b (see instructions)	5	0.
6	Δdin	isted qualifying distributions. Subtract line 5 from line 4	6	0.
U	Note	e. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	14016	e. The amount on line 6 will be used in Part V, column (b), in subsequent years when Ca		i the roundatio

age	9

Part XIII Undistributed Income (see instruction	tions)			
	(a)	(b)	(c)	(d)
1 Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
line 7				7,420.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				
b Total for prior years 20 <u>13</u> ,20 <u>12</u> ,20 <u>11</u>				
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012		j		
d From 2013				
e From 2014				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2015 distributable amount				
e 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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2015 Subtract lines				
4d and 5 from line 1. This amount must be		1		7 400
distributed in 2016				7,420.
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)			·· · - · · · · · · · · · · · · · · · ·	
8 Excess distributions carryover from 2010 not				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016.	0.			]
Subtract lines 7 and 8 from line 6a				<del> </del>
Analysis of line 9				
a Excess from 2011				
b Excess from 2012		1		
c Excess from 2013				
d Excess from 2014				
e Excess from 2015		<u> </u>		Form 990-PF (2015

Fe	Private Ope	erating Foundations	(see instructions a	nd Paπ VII-A, quesi	ion 9)	NOT APPLICABLE
1 a	If the foundation has i	received a ruling or d	etermination letter tha	at it is a private opei	rating	
	foundation, and the ruling	g is effective for 2015, e	nter the date of the ruling	]		
b	Check box to indicate w	vhether the foundation  Tax year	is a private operating	foundation described i	n section 4942	(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-		/b) 2014		(d) 2012	(e) Total
	justed net income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b	85% of line 2a					
	Qualifying distributions from Part	-				
Ī	XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, Ine 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),				j	
	or royalties)					<del>_</del>
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt organization					
	(4) Gross investment income .					
Pa				t only if the found	ation had \$5,000	or more in assets at
	<del> </del>	uring the year - see				
1	Information Regarding					t to the form total
а	List any managers of before the close of any	the foundation who tax year (but only if the research of the research only if the research only if the research on the research of the resear	have contributed mo ney have contributed	more than 2% of the to more than \$5,000) (	stal contributions rece See section 507(d)(2)	eived by the foundation )
		H AND MICHELLE		(1)		Uli large parties of the
р	List any managers of ownership of a partner	the foundation who	own 10% or more	of the stock of a col	rporation (or an equa	ally large portion of the
	ownership of a partner	ship or other entity) o	i which the foundation	ni nas a 10 % or great	ei iiiterest	
	/-					
2	N/A Information Regarding	a Contribution Gran	Cift Loon Scholars	hin etc Programs:	···	<del></del>
-		-				
	unsolicited requests for other conditions, comp	or funds. If the found	lation makes gifts, g	rants, etc (see instru	aritable organizations actions) to individuals	and does not accept or organizations under
a	The name, address, a	nd telephone number	or e-mail address o	the person to whom a	applications should be a	addressed
b	The form in which app	lications should be su	bmitted and informa	tion and materials the	y should include	
	Any submission deadli	nes			<del></del>	
,	,					
	Any restrictions or !	mitations on awards	euch as by good	ranhical areas char	itable fields kinds o	of institutions, or other
ч	factors	iiiialions on awalus	, such as by geog	jiapinour ulcas, ollai	noids, killus t	

rm 990-PF (2015)				Page
art XV Supplementary Information	continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appi	roved for F	uture Payment	
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year				
NONE				
			i i	
			1	
			ļ. I	
			1	
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~	<u> </u>		▶ 3a	
Total	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
b Approved for fature payment				
NONE				
		ļ		
Total				

JSA 5E1491 1 000

Form 990-PF (2015)

Page **12** 

Part XVI	-A Analysis of Income-Produ	ucing Act	ivities			
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-		-				(CCC IIICU COLONS )
						<del></del>
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments			<u> </u>		
3 Interest o	on savings and temporary cash investments			14	43.	
4 Dividend	ds and interest from securities					
	al income or (loss) from real estate					
	-financed property			ļ—		
	debt-financed property			ļ	<u> </u>	
6 Net renta	f income or (loss) from personal property					
7 Other in	vestment income		<u> </u>	<del>                                     </del>		<del></del>
8 Gain or (I	oss) from sales of assets other than inventory			<u> </u>		
	me or (loss) from special events · · ·			<u> </u>		
	rofit or (loss) from sales of inventory			ļ	-	
	venue a					<del>  </del>
			· · · · · · · · · · · · · · · · · · ·			
-						
e						
	Add columns (b), (d), and (e)				43.	
	dd line 12, columns (b), (d), and (e)			<u> </u>	13	43.
(See worksh	neet in line 13 instructions to verify calci	ulations)				<del></del>
Part XVI-			ccomplishment of E	xempt Pur	poses	
Line No	Explain below how each activit accomplishment of the foundation					
					<del></del>	<del></del>
				-		······································
			<del></del>			
		<del></del>				
						<del></del>
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-					<del></del>	
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
		<del></del>		-		
						50m 990-PF (201

Form 99	0-PF (2	015)	APMPFF, I	NC.	_		81-071	9050	Pag	e 13
Part 2	XVII	Information F Exempt Orga		nsfers To and Tra	ansaction	ns and Relations	ships With Non	charit	able	;
ır	ı secti			ngage in any of the ection 501(c)(3) orga				-	Yes	No
			_	a noncharitable exem						
										<u>x</u>
		er assets ransactions				• • • • • • • • • •		1a(2)		
			oncharitable evem	pt organization				15(1)		х
				ele exempt organization						X
				issets						X
										Х
( !	5) Loa	ns or loan guarante	es					15(5)		<u> </u>
				p or fundraising solicit						<u> X</u>
				s, other assets, or par						X
V	alue o	f the goods, other	assets, or servic	," complete the folk es given by the repo ement, show in colui	orting found	dation If the found	ation received less	than fa	aır m	arket
(a) Line		(b) Amount involved		ernent, snow in colui		(d) Description of transf				
		N/A	(C) I Called Co. Inc.	The state of the s		N/A				
				·						
						<del> </del>				
			<del> </del>	<del></del>	<del></del>	<del></del>				
		<u> </u>								
			1	<del></del>						
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						<del></del>				
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	$\dashv$	<del> </del>		<del></del>		<del> </del>				
d	escrib	ed in section 501(	c) of the Code (ot	liated with, or relate	ed to, one (c)(3)) or in	or more tax-exemp section 527?	t organizations	Ye	s X	] No
<u>b_lf</u>	"Yes,	" complete the foll (a) Name of organizat		(h) Type of orac		<del></del>	(c) Description of relation	ship.		
		(a) Name of organizat	1011	(b) Type of orga	arrization		(c) Description of relation	<u> </u>		
	<u> </u>			_ <del></del>						
	Luian			<del></del>		dular and statements and	to the best of my knowles	and h	aliaf it	ie toie
				ed this return, including accompanyer) is based on all informat			to the best of my knowled	ige and b	ener, it	13 1100
Sign		///		17/26/4	<b>5</b>	SECRETARY		S discuss		
Here	Sign	ature of officer or trustee	e	Date		itle	with the p (see instruction	reparer s ns)? X	Yes [	below No
		/								
Paid		Print/Type preparer's r		Preparer's signature	////	Date D	Check if	PTIN	c 4 0 :	
Prepa	arer	JACOB J ZEHNI			/AN	C 1//18/	self-employed	P015		19
Use C			RNST & YOUNG		<u>/</u>		Firm's EIN ► 34-6	76225	70	
300 €	· · · · y		CHICAGO, IL	, DITAM		60606	Phone no 312-8	79-20	000	
	-	<u> </u>	23, 24	·				om 990		(2015

#### Schedule B

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

### Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

Employer identification number Name of the organization

APMPFF, INC. 81-0719050 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 [X] 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 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 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)

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

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

Name of organization APMPFF, INC.

Employer identification number 81-0719050

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	ANAND PAREKH  77 WEST WACKER DRIVE  CHICAGO, IL 60601	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroli Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Name of organization APMPFF, INC.

Employer identification number 81-0719050

Part II	Noncash Property (see instructions) Use duplicate copies of	of Part II if additional space is nee	eded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(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
		  \$	

Employer identification number

R1-	071	9050	ì

(10) the f cont Use	that total more than \$1,000 for t	he year from any o ons completing Part e year (Enter this info	ne contributor. One contributor. Only in the total or community of the contribution once South	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etce e instructions.) ► \$	
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transfe d ZIP + 4	_	nship 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) Transf		-	nship 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) Transfe			
	Transferee's name, address, an	nd ZIP + 4	Relatio	nship of transferor to transferee	
(a) No. 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		
_					
-					

INVESTMENTS	
CASH	
ON TEMPORARY	
INTEREST	
1	
PART I	
990PF,	
FORM	

NET INVESTMENT INCOME	3. 43.	3. 43.
REVENUE AND EXPENSES PER BOOKS	43	43
		TOTAL
DESCRIPTION	NORTHERN TRUST INTEREST	

ATTACHMENT 1 PAGE 19

ATTACHMENT 2

APMPFF, INC.

PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS FORM 990PF,

NAME AND ADDRESS

ANAND PAREKH 77 WEST WACKER DRIVE CHICAGO, IL 60601 MICHELLE PAREKH
77 WEST WACKER DRIVE
CHICAGO, IL 60601

ATTACHMENT 2 PAGE 20 ATTACHMENT 3

AND TRUSTEES
DIRECTORS,
F OFFICERS,
- LIST O
T VIII
F, PART
4 990PI
FOR

EXPENSE ACCT AND OTHER ALLOWANCES	<b>.</b>	· o	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	· o	Ö	ó	0
COMPENSATION	ó	Ö	Ö	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR/PRESIDENT 1.00	DIRECTOR/TREASURER 1.00	DIRECTOR/SECRETARY 1.00	GRAND TOTALS
NAME AND ADDRESS	MICHELLE PAREKH 77 WEST WACKER DRIVE 7TH FLR CHICAGO, IL 60601	ANAND PAREKH 77 WEST WACKER DRIVE 7TH FLR CHICAGO, IL 60601	JASON BRAGG 77 WEST WACKER DRIVE 7TH FLR CHICAGO, IL 60601	