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Department of the Treasury

Internal Revenue Service

#### DLN: 93491173002026

OMB No 1545-0052

Open to Public Inspection

## **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>.

For	caler	ndar year 2015, or tax y	, ar	and ending 02-29-2016							
	e of four	ndation IINE FOUNDATION				A Employer id	entification numb	er			
		N MUCHIN ROSENMAN LLP				36-3955558					
		street (or P O box number if mail is	not delivered to street address)	Room/suite		<b>B</b> Telephone nur	mber (see instructior	ıs)			
52	5 W MON	NROE STREET NO 1900				(312) 902-5279	)				
	or town, CAGO, IL	state or province, country, and ZIP c 60661	or foreign postal code	<u> </u>		<b>C</b> If exemption	application is pendir	ng, check here 🕨 🦵			
G Ch	neck all	that apply   Initial return	Initial return of a fo	ormer public charity		<b>D 1</b> Foreign or	ganizations, check h	ere 🕨 🗀			
		Final return Address chang	A mended return ge Name change			-	rganizations meeting	•			
H Ch	ock tur	pe of organization Section		foundation			k here and attach co Indation status was	mputation			
		·947(a)(1) nonexempt charital				•	n 507(b)(1)(A), che	. —			
		t value of all assets at end	JAccounting method	▼ Cash	1	<b>F</b> If the foundation is in a 60-month terminat under section 507(b)(1)(B), check here					
		om Part II, col. (c), \$ 191,196	Other (specify)	be on cash basıs.)		under section	n 50/(b)(1)(B), che	ck here			
(The total of amou		Analysis of Revenue a (The total of amounts in columns necessarily equal the amounts in columns instructions)	(b), (c), and (d) may not	Revenue and expenses per (a) books	(b)	let investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)			
	1	Contributions, gifts, grants, e	etc . received (attach					(a) (cash basis only)			
	-			40,015							
	2	Check ► □ If the foundation		,							
		•									
	3	Interest on savings and temp	porary cash investments	1,081		1,081					
	4	Dividends and interest from s	securities					-			
	5a	Gross rents									
	ь	Net rental income or (loss) _									
⊈	6a	Net gain or (loss) from sale o	fassets not on line 10								
Reveilue	b	Gross sales price for all asse	ets on line 6a								
ŭ	7	Capital gain net income (fron	n Part IV, line 2)			0					
	8	Net short-term capital gain .									
	9	Income modifications									
	10a	Gross sales less returns and allowances									
	Ь	Less Cost of goods sold.									
	С	Gross profit or (loss) (attach	· ·					-			
	11	Other income (attach schedu	·					_			
	12	Total.Add lines 1 through 11		41,096		1,081	C				
	13	Compensation of officers, dir	· · · · ·	0		0	C	0			
	14 15	Other employee salaries and Pension plans, employee ber									
Şes	16a	Legal fees (attach schedule)									
换	b	Accounting fees (attach scho		1,700		0	(	1,700			
Expense	C	Other professional fees (atta						1,,,,,			
₽	17	Interest	·								
rat	18	Taxes (attach schedule) (see									
¥	19	Depreciation (attach schedu									
Ē	20	Occupancy									
4	21	Travel, conferences, and me									
and Administrative	22	Printing and publications.	-								
	23	Other expenses (attach sche		<b>%</b> 777		723	C	54			
Operating	24	Total operating and administ									
ğ		Add lines 13 through 23	•	2,477		723	C	1,754			
Ö	25	Contributions, gifts, grants p		12,500				12,500			
	26	Total expenses and disburser	nents.Add lines 24 and								
		25		14,977		723	0	14,254			
	27	Subtract line 26 from line 12		26 110							
	a b	Excess of revenue over expe  Net investment income (if ne		26,119		358					
	C	Adjusted net income (if negating	- '				C				
		-,	,								

Pa	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		of year
	1	Cash—non-interest-bearing	(a) Book Value 15,433	<b>(b)</b> Book Value 2,155	(c) Fair Market Value 2,155
		Savings and temporary cash investments	13,133	2,133	2,133
	2	Accounts receivable			
	3	Less allowance for doubtful accounts			
		Pledges receivable			
	4	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 -			
\$	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)			
	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)	150,759	189,041	189,041
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	15	Other assets (describe 🟲)			
	16	<b>Total assets</b> (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	166,192	191,196	191,196
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ě	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe 🟲)	242	<b>%</b> 3 0	
	23	Total liabilities(add lines 17 through 22)	242	0	
J,		Foundations that follow SFAS 117, check here 🕨 🦵			
ě		and complete lines 24 through 26 and lines 30 and 31.			
<u>la</u>	24	Unrestricted			
Balance	25	Temporarily restricted			
Ξ	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here 🕨 🔽			
ō		and complete lines 27 through 31.			
Ş	27	Capital stock, trust principal, or current funds	165,950	191,196	
ssets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
∢	29	Retained earnings, accumulated income, endowment, or other funds	0	0	
Ŋĕ	30	<b>Total net assets or fund balances</b> (see instructions)	165,950	191,196	
	31	$\textbf{Total liabilities and net assets/fund balances} (\texttt{see} \ \texttt{instructions})  .  .$	166,192	191,196	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	gree	
		with end-of-year figure reported on prior year's return)		1	165,950
2		Enter amount from Part I, line 27a		2	26,119
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	192,069
5		Decreases not included in line 2 (itemize) ▶			873
6		Total net assets or fund balances at end of year (line 4 minus line 5)—f		ine 30 <b>. 6</b>	191,196

Part IV Capital Gains and Losses for Tax on Investment Income

		the kınd(s) of property sold (e g , rea ehouse, or common stock, 200 shs N	•	How acquire P—Purchase (b) D—Donation	·   (5)	Date acquired (mo , day, yr )	Date sold (d) (mo , day, yr )
1a							
b							
С							
d							
e							
(€	e) Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis (g) plus expense of sale (				or (loss) (f) mınus (g)
а							
b							
С							
d							
е							
Со	mplete only for assets :	showing gain in column (h) and owned	l by the foundation	n on 12/31/69		Gains (Col	(h) gain minus
(i)	FMV as of 12/31/69	A djusted basis (j) as of 12/31/69					ot less than -0-) <b>or</b> (from col (h))
а							
b							
С							
d							
e							
3 Part	If gain, also enter in in Part I, line 8	al gain or (loss) as defined in section:  Part I, line 8, column (c) (see instruc	tions) If (loss), e	nter - 0 -	<u>′                                     </u>	3 Income	
For opt	-	private foundations subject to the sec					
		e section 4942 tax on the distributal ot qualify under section 4940(e) Do			erioc	?	┌ Yes ┌ No
<b>1</b> E n	ter the appropriate amo	unt in each column for each year, see	e instructions befo	ore making any en	tries		
	(a) e period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of nonchai	ritable-use assets		(d) Distributio (col (b) divided	n ratio
	2014	17,313		120,794			0 143327
	2013	46,635		70,600			0 660552
	2012	27,740		62,002			0 447405
	2011	15,935		80,718			0 197416
	2010	15,515		27,852		Т	0 557052
2		ı (d)			2	<b></b>	2 005752
3	the number of years t	ratio for the 5-year base period—divi	ıf less than 5 yeaı	rs	3		0 401150
4		f noncharitable-use assets for 2015	•	<b> </b>	4	<b></b>	174,382
5		23		<b> </b> -	5	<u> </u>	69,953
6		stment income (1% of Part I, line 27		<b>⊢</b>	6	<b></b>	4
7	Add lines 5 and 6.				7		69,957

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

the Part VI instructions

14,254

8

Fel	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	7 <del>7</del> 0(e),	, UI 4940—Se	e pag	C 10 01	the ins	structio	115)				
1a		·		)								
	and enter "N/A" on line 1  Date of ruling or determination letter			Į								
	(attach copy of letter if necessary-see instructions)			1								
b	Domestic foundations that meet the section 4940(e) requirements in Part V ,	check			1				7			
	here ► ┌ and enter 1% of Part I, line 27b			. '								
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizar Part I, line 12, col (b)	tions e	enter 4% of									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found enter $-0-$ )	dation	s only Othe	rs	2				0			
3	Add lines 1 and 2				3			7				
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable foun enter -0-)	ndation	is only Othe	rs	4		0					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, er	nter-0		•	5				7			
6	Credits/Payments		Ī									
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)	6с										
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 2	220 is	attached		8							
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .				9				7			
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	paid	•	10							
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	-	11							
Pai	t VII-A Statements Regarding Activities											
1a	During the tax year, did the foundation attempt to influence any national, state,	, or loc	al legislatio	n or d	ıd			Yes	No			
							. <u>1a</u>		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for p for definition)?		-	see Ir	struct	ions	1b		No			
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities			• • nateria	ele	•			110			
	published or distributed by the foundation in connection with the activities.	and co,	pres or any n	, acc, , a	,,,,							
c	Did the foundation file <b>Form 1120-POL</b> for this year?						1c		No			
	Enter the amount (if any) of tax on political expenditures (section 4955) impos	sed dur	rına the vear									
	(1) On the foundation $\blacktriangleright$ \$0 (2) On foundation managers			0								
e	Enter the reimbursement (if any) paid by the foundation during the year for political			ax ımı	osed							
	on foundation managers 🕨 \$0											
2	Has the foundation engaged in any activities that have not previously been rep	orted	to the IRS?				. 2		No			
	If "Yes," attach a detailed description of the activities.											
3	Has the foundation made any changes, not previously reported to the IRS, in it	s gove	rnıng ınstruı	ment,	artıcle	s						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	ormed o	copy of the cl	hanges	5.		. з		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more do	urıng tl	he year?				4a		No			
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction dur	ring the	e 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 494  • By language in the governing instrument, or	45) sa	tisfied eithei	r								
	By state legislation that effectively amends the governing instrument so that	at no n	nandatory di	rectio	ns							
	that conflict with the state law remain in the governing instrument?						. 6	Yes				
7	Did the foundation have at least \$5,000 in assets at any time during the year?	If "Yes	s," complete l	Part II	, col. (c	:),						
	and Part XV.						. 7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	structions)									
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	0-PF1	to the Attorr	ney								
	General (or designate) of each state as required by General Instruction G? If "						8b	Yes				
9	Is the foundation claiming status as a private operating foundation within the m				(յ)(3)							
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see		_									
	If "Yes," complete Part XIV						. 9		No			
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	a schedule l	isting	their n	ames						
	and addresses.						. 10		No			

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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 ▶ <u>N/A</u>			
14	The books are in care of ►MICHAEL O HARTZ Telephone no ►(312	)902	-5279	
	Located at ▶525 WEST MONROE STREET STE 1900 CHICAGO IL ZIP+4 ▶60661			
15	Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here		▶ □	
13	and enter the amount of tax-exempt interest received or accrued during the year			0
			1	<del></del>
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	1	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			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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			
ь	after termination of government service, if terminating within 90 days ) Yes $\overline{\lor}$ No 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			
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	10		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			110
_	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			
ь	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		
c	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, 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.)	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		No

Pa	rt VII-B	Statements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	y Be Required <i>(Cont</i>	tinue	d)	
5a	During th	e year dıd the foundatıor	n pay	or incurany amoun	t to						
	(1) Carry	on propaganda, or other	rwise	attempt to influence	e leg	ıslatıon (section 49-	45(e	e)))?	√ No		
	(2) Influe	nce the outcome of any	spec	ıfıc publıc election (	see	section 4955), or to	car	ry			
	on, dı	rectly or indirectly, any	vote	registration drive?.				T Yes 🖟	√ No		
	<b>(3)</b> Provid	de a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		┌ Yes ि	√ No		
	<b>(4)</b> Provid	de a grant to an organıza	tion	other than a charıta	ble,	etc , organızatıon de	scril	bed			
	ın sec	tion 4945(d)(4)(A)? (se	ee in	structions)				T Yes 🖟	√ No		
	<b>(5)</b> Provid	de for any purpose other	thar	religious, charitable	e, sc	ientific, literary, or					
	educa	itional purposes, or for t	he pr	evention of cruelty t	o ch	ıldren or anımals?.			√ No		
b	If any ans	swerıs "Yes" to 5a(1)–(	5), d	ıd <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in			
	Regulatio	ns section 53 4945 or i	nac	urrent notice regard	ıng d	lisaster assistance	(see	instructions)?		5b	
	O rganızat	tions relying on a curren	t not	ice regarding disast	eras	sistance check here	e		_		
c	If the ans	wer is "Yes" to question	5a(	4), does the foundat	ion c	laım exemption fron	the				
	tax becau	ise it maintained expend	liture	responsibility for th	ne gr	ant?		<b>T</b> Yes 「	- No		
	If "Yes," a	attach the statement requ	ired E	y Regulations section	n 53.	4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on											
	a persona	Il benefit contract?							√ No		
b	Did the fo	undation, during the yea	ır, pa	y premiums, directly	orı	ndirectly, on a perso	nal	benefit contract?		6b No	
	If "Yes" to										
7a	At any tir	ne during the tax year, v	vas tl	ne foundation a party	/ to a	a prohibited tax shel	tert	ransaction?   Yes	√ No		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <b>7b</b>											
	\/TTT	Information Abou	t Of	icers, Directors	s, Tı	rustees, Founda	tio	n Managers, Highly	Paid	Employees,	
	rt VIII	and Contractors									
_1_	List all off	icers, directors, trustee	s, for	ındation managers a	nd t	heir compensation (	see i		1		
				Title, and average	(c)	Compensation( <b>If</b>		<b>(d)</b> Contributions to		xpense account,	
	<b>(a)</b> Nai	me and address	hours per week			not paid, enter		mployee benefit plans	(e) other allowance		
			(0)	devoted to position		-0-)	and	d deferred compensation			
SCOT	T SASLOW		-	IRECTOR		0		0			
		V MONROE ST	3 00	3 00							
	CAGO,IL A SASLOW	00001	D.T.D.	F.C.T.O.D.	0						
		V MONROE ST	3 00	ECTOR )	0			0		0	
	CAGO,IL										
	AEL O HARTZ		DIR	ECTOR	0			0		0	
KAT	TEN 525 V	V MONROE ST	3 0 0								
CHI	CAGO,IL	60661									
_2_	Compensat	tion of five highest-paid	emp	loyees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "l	IONE."	
		(a)		Title, and aver	age			Contributions to employee benefit	_ ا	xpense account,	
Naı		ress of each employee p	paid	hours per wee		(c) Compensation	n	plans and deferred		other allowances	
	mo	re than \$50,000		(b) devoted to pos	tion			(d) compensation	` `		
NON	l E										
Tota	d number et	f other employees paid o	War .	50.000		l		<u> </u>		0	
1010	Hambel O	i other employees palu c	, v C I	, , , , , , , , , , , , , , , , , , , ,					1	U	

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<b>、</b>	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	udeed, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2  All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount

# Form 990-PF (2015) Part X Minimum Investment Return

ГŒ	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	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	170,503
b	Average of monthly cash balances	1b	6,535
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	177,038
e	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	0
3	Subtract line 2 from line 1d	3	177,038
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	2,656
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	174,382
6	Minimum investment return. Enter 5% of line 5	6	8,719
Pai	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cei	rtaın f	oreign organizations
	check here ► and do not complete this part.)		
1	Mınımum ınvestment return from Part X, line 6	1	8,719
2a	Tax on investment income for 2015 from Part VI, line 5 2a 7		
b	Income tax for 2015 (This does not include the tax from Part VI ) 2b		
С	Add lines 2a and 2b	2c	7
3	Distributable amount before adjustments Subtract line 2c from line 1	3	8,712
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	8,712
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	8,712
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
		1-	14 254
a L	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	14,254
ט	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,	١,	
,	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the	2-	
a L	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	14354
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	14,254
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	_
_	Income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,254
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	ier the	ioundation qualifies for

P	art XIII Undistributed Inc	<b>come</b> (see instruc	tions)				
			(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	( <b>d)</b> 2015	
1	Distributable amount for 2015 from	n Part XI, line 7					8,712
	Undistributed income, if any, as of						
	Enter amount for 2014 only				0		
b		20, 20		0			
3	Excess distributions carryover, if a						
a	From 2010	15,515					
b	From 2011	15,935					
c	From 2012	24,640					
d	From 2013	43,105					
е	From 2014	11,288					
f	<b>Total</b> of lines 3a through e		110,483				
4	Qualifying distributions for 2015 fr	om Part					
	XII, line 4 🕨 \$						
а	Applied to 2014, but not more than	n line 2a			0		
b	Applied to undistributed income of (Election required—see instruction	•		0			
C	Treated as distributions out of corprequired—see instructions)	- I	0				
d	Applied to 2015 distributable amo	unt					8,712
е	Remaining amount distributed out of	of corpus	5,542				
5	Excess distributions carryover app	olied to 2015	0				0
	(If an amount appears in column (d), same amount must be shown in						
6	Enter the net total of each column indicated below:	as					
а	Corpus Add lines 3f, 4c, and 4e S	ubtract line 5	116,025				
b	Prior years' undistributed income Sline 4b from line 2b			0			
c	Enter the amount of prior years' und	distributed	-				
	income for which a notice of deficie	ncy has					
	been issued, or on which the section			0			
	tax has been previously assessed.						
	Subtract line 6c from line 6b Taxa —see instructions			0			
е	Undistributed income for 2014 Su 4a from line 2a Taxable amount—s						
	instructions				0		
f	Undistributed income for 2016 Su						,
	lines 4d and 5 from line 1 This ambe distributed in 2015						0
7	Amounts treated as distributions o						
	corpus to satisfy requirements imp	osed by					
	section 170(b)(1)(F) or 4942(g)(3	· · .	0				
_	be required - see instructions).						
8	Excess distributions carryover from applied on line 5 or line 7 (see inst		15,515				
۵	Excess distributions carryover to 2						
,	Subtract lines 7 and 8 from line 6a	<b>I</b>	100,510				
10	Analysis of line 9						
а	Excess from 2011	15,935					
b	Excess from 2012	24,640					
	Excess from 2013	43,105					
	Excess from 2014	11,288					
е	Excess from 2015	5,542					

c Any submission deadlines

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	I During the Year or $Ap_{I}$	proved for F	uture 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	3 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3	
a Paid during the year				
NTL FDN FOR TEACHING ENTREPRENEURSHIP 120 WALL STREET 18TH FLOOR	N/A	PUBLIC 501 (C)(3)	GENERAL FUND	7,500
NEWYORK, NY 10005				
STANFORD UNIVERSITY 655 KNIGHT WAY STANFORD,CA 94305	N/A	PUBLIC 501 (C)(3)	GENERAL FUND	5,000
			▶ 3a	12,500
<b>b</b> Approved for future payment			T	1
Total		1		1

Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page <b>12</b>
Enter gross amounts unless otherwise indicated	I	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a b					
c d					
e f					
g Fees and contracts from government agencies Membership dues and assessments.  Interest on savings and temporary cash investments.			14	1.091	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	1,081	
a Debt-financed property b Not debt-financed property					
6 Net rental income or (loss) from personal property.					
7 Other investment income					
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory					
1 Other revenue a b					
c d					
e 2 Subtotal Add columns (b), (d), and (e) 3 Total.Add line 12, columns (b), (d), and (e)				1,081 <b>13</b>	1,081
(See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Explain below how each activity for whether the accomplishment of the foundation's instructions )					

Part	XVII	Information Re Noncharitable					nsactio	ns and I	Relationships	With			
		rganization directly or ii 01(c) of the Code (othe	ndirectly e	engage	ın any of	the following v						Yes	No
orga	anızat	ions?											
<b>a</b> Trai	nsfers	from the reporting four	idation to	a noncl	harıtable	exempt organ	ızatıon ol	f					
(1)	Cash	1									1a(1)		No
(2)	Othe	erassets									1a(2)		No
<b>b</b> 0 th	er tra	nsactions											
(1)	Sale	s of assets to a noncha	rıtable exe	empt or	ganızatıo	n					1b(1)		No
		hases of assets from a									1b(2)		No
		al of facilities, equipme											No
		nbursement arrangemen									1b(4)		No
		s or loan guarantees.									1b(5)		No
		mance of services or m									1b(6)		No
		of facilities, equipment, i									1c		No
	_	swer to any of the above	_										NO
of th	ne god ny tra	ods, other assets, or se nsaction or sharing arra (b) Amount involved	rvices giv angement	en by tl , show i	he reporti n column	ıng foundatıon	If the fo	undation roods, other	eceived less thai	n fair marko ces receivo	et value ed	!	nts
,		,	. ,			. ,		<u> </u>	,				
							-						
des	cribed	indation directly or indiid in section 501(c) of the complete the following secondarization (a) Name of organization	ie Code (d schedule		an sectio		or in sect			otion of relati	. TY e	es 🔽	No
Sign Here	the info	der penalties of perjury, best of my knowledge a rmation of which prepar ****** Signature of officer or ti	nd belief, er has any	ıt ıs tru	ie, correc		te Decla			an taxpaye May t return	r) is bas he IRS di he prepa	sed on	all
		Signature of officer of the	ustee			Date		TILLE		(see i	nstr )? 🗸	Yes	Νo
		Print/Type preparer's TIMOTHY R MILLE		Prepa	rer's Sıgr	nature	Date		Check if self- employed ▶	PTIN	009331	186	
Paid Prepa Use	arer									5			
Only		Firm's address ► 1 S WACKER DRIVE S 606063392	STE 800 (	CHICA	GO,IL				Phone no (312	2)634-340	00		

## **TY 2015 Accounting Fees Schedule**

Name: THE SUNSHINE FOUNDATION

C/O KATTEN MUCHIN ROSENMAN LLP

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,700	0	0	1,700

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### **TY 2015 Investments - Other Schedule**

Name: THE SUNSHINE FOUNDATION

C/O KATTEN MUCHIN ROSENMAN LLP

Category/ Item		Listed at Cost or FMV	Book Value	End of Year Fair Market Value
	IMAGINE K12 SEED FUND LLC	AT COST	189,041	189,041



## **TY 2015 Other Decreases Schedule**

Name: THE SUNSHINE FOUNDATION

C/O KATTEN MUCHIN ROSENMAN LLP

Description	Amount
PRIOR PERIOD ADJUSTMENT	873

## **TY 2015 Other Expenses Schedule**

Name: THE SUNSHINE FOUNDATION

C/O KATTEN MUCHIN ROSENMAN LLP

<b>Descript ion</b>	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL REPORT	28	0	0	28
IMAGINE K12 SEED FUND LLC	723	723	0	0
BANK CUSTODY FEES	26	0	0	26



### **TY 2015 Other Liabilities Schedule**

Name: THE SUNSHINE FOUNDATION

C/O KATTEN MUCHIN ROSENMAN LLP

Description	Beginning of Year - Book Value	End of Year - Book Value
OTHER LIABILITIES	242	0

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OMB No 1545-0047

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE SUNSHINE FOUNDATION

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2015

**Employer identification number** 

C/O K	ATTEN MUCHIN KUS	ENMAN LLP	0-3933330	
Organ	ization type (check or	ne)		
Filers of:		Section:		
Form 990 or 990-EZ		501(c)( ) (enter number) organization		
Form 9	90-PF	√ 501(c)(3) exempt private foundation		
		501(c)(3) taxable private foundation		
Gener	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor Complete Parts I and II See instructions for determining a co	• •	
Specia	al Rules			
Γ	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /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-EZ, line 1 Complete Parts I and II			
Γ	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 cont during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received none religious, charitable, etc., contributions totaling \$5,000 or more during the year		tions totaled more than \$1,000 If vely religious, charitable, etc, se it received nonexclusively		

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of 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

Name of organization
THE SUNSHINE FOUNDATION
C/O KATTEN MUCHIN ROSENMAN LLP

Employer identification number 36-3955558

(a) No. Name, address, and ZIP + 4    No. Name, address, and ZIP + 4   Total contributions   Type of contribution	Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed		
SCOTT SASLOW   152 MELVILLE AVENUE   Payroll					ribution
SCOTT SASLOW 152 MELVILLE AVENUE PALO ALTO, CA 94301  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions  (d) No. Name, address, and ZIP + 4  (e) Total contributions  (f) Type of contribution  Person  Anoncash Complete Part II for noncash controlled to the controlled to th	1			Person	ᅜ
PALCIALTO, CA 94301  (c) (Complete Part II for necessh contributions of the pa	<u> </u>			Payroll	Г
(a) No. Name, address, and ZIP+4  (b) No. Name, address, and ZIP+4  (c) Total contributions  Person Frayroll Complete Part II for noncash contributions  (d) No. Name, address, and ZIP+4  (c) Total contributions  (d) Type of contribution  (e) Type of contribution  (f) Type of contribution  (g) Type of contribution  (g) No. Name, address, and ZIP+4  (g) Total contributions  (g) No. Name, address, and ZIP+4  (g) Total contributions  (g) Type of contribution  (g) No. Name, address, and ZIP+4  (g) Total contributions  (g) No. Name, address, and ZIP+4  (g) Total contributions  (g) Type of contribution  (g) Type of contribution  (g) Type of contribution  (h) No. Name, address, and ZIP+4  (g) Total contributions  (g) Type of contribution			\$ 40,015	Noncash	Г
No. Name, address, and ZIP+4  Total contributions  Person F Payroll F Noncash F (Complete Part II for noncash contributions)  [a) No. Name, address, and ZIP+4  [b) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash contributions)  [c) Noncash F (Complete Part III for noncash F (Complete Part II for noncas		PALO ALTO, CA 94301		(Complete Part II f	or noncash
Payroll			(c) Total contributions		ribution
S   Noncash   Complete Part II for noncaeh contributions   Noncash   Complete Part II for noncaeh contributions   Complete Part II for noncaeh contributions   Complete Part II for noncaeh contributions   Noncash   Complete Part II for noncaeh contributions   Payroll				Person	Γ
Noncash   Complete Part II for noncash contributions   Complete Part II for noncash   Complete Part II f				Payroll	Г
(a) (b) Name, address, and ZIP + 4  (c) Total contributions  Person  Payroll  Noncash  (Complete Part II for noncash contributions)  (a) Name, address, and ZIP + 4  (b) No.  Name, address, and ZIP + 4  (c) (c) (d) Total contributions  Type of contribution  Person  Payroll  Payroll  Noncash  (Complete Part II for noncash contributions)  (a) No.  Name, address, and ZIP + 4  Total contributions  (c) (d)  Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions)  Noncash  (Complete Part II for noncash contributions)  Noncash  (Complete Part II for noncash contributions)  Person  Payroll  Person  P			,	Noncash	Г
No. Name, address, and ZIP+4    Person   Payroll   Payroll   Payroll   Payroll   Person   Payroll   Payroll   Person   Payroll   Payroll   Person   Payroll   Payroll   Payroll   Payroll   Payroll   Person   Payroll   Payroll   Person   Payroll   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Payroll   Payroll   Payroll   Person   Pay					or noncash
S					ribution
S Noncash Complete Part II for noncash contributions  (a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) (c) (d) Type of contribution  S Noncash Contributions  (c) (d) Type of contribution  (c) (d) Type of contribution  (c) (d) Type of contribution  Person C (d) Type of contribution  Person C Payroll C Total contributions  (c) (c) (d) Type of contribution  (c) Type of contributions  (d) Noncash C (Complete Part II for noncash contributions)  (a) Noncash C (Complete Part II for noncash contributions)  (a) Noncash C (Complete Part II for noncash contributions)  (b) Noncash C (Complete Part II for noncash Contributions)  S (Complete Part II for noncash C (Complete Part II				Person	Г
Noncash   Complete Part II for noncash contributions   Complete Part II for noncash contributions				Payroll	Г
(a) No. Name, address, and ZIP+4  (b) No. Name, address, and ZIP+4			<u> </u>	Noncash	Г
No. Name, address, and ZIP+4    Total contributions   Type of contribution					f contribution    Cart     for noncash
Payroll  S  Noncash  (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Person  Payroll  Payroll  Person  Payroll  Complete Part II for noncash contributions  Person  Payroll  S  Noncash  (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Total contributions  Person  Payroll  Type of contribution  Person  Payroll  Payroll  Total contributions  Person  Payroll  Payroll  Complete Part II for noncash contribution  Person  Payroll  Complete Part II for noncash					ribution
S Noncash (Complete Part II for noncash contributions)  (a) (b) No. Name, address, and ZIP + 4    Complete Part II for noncash contributions   Type of contribution				Person	Г
Noncash   Complete Part II for noncash contributions				Payroll	Г
(a) No. Name, address, and ZIP+4 Total contributions  Person Payroll Noncash (Complete Part II for noncash Complete Part II for noncash Payroll Type of contributions  Payroll Type of contributions  Payroll Type of contributions  Person Payroll Type of contribution  Person Payroll Payroll Payroll Payroll  Noncash Complete Part II for noncash Complete Part II for noncash			<u> </u>	Noncash	Г
No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Total contributions  (b) No. Name, address, and ZIP + 4  Total contributions  Person Type of contribution  Person Payroll Payroll Noncash (Complete Part II for noncash (Complete					or noncash
Payroll			(c) Total contributions		ribution
S   Noncash   Complete Part II for noncash contributions				Person	Г
Noncash  (Complete Part II for noncash contributions)  (a) (b) (c) (d)  Total contributions  Person  Payroll  Noncash  (Complete Part II for noncash contribution)  Person  Poyroll  (Complete Part II for noncash contribution)			<b></b>	Payroll	Г
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions  Person F Payroll F Noncash F (Complete Part II for noncash			<u> </u>	Noncash	Г
No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash					or noncash
Payroll  Noncash  (Complete Part II for noncash					ribution
Noncash (Complete Part II for noncash				Person	Г
Noncash (Complete Part II for noncash			•	Payroll	Г
			<del>*</del>	Noncash	Г
					or noncash

Name of organization **Employer identification number** THE SUNSHINE FOUNDATION C/O KATTEN MUCHIN ROSENMAN LLP 36-3955558 Noncash Property Part II (see instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (b) (d) (a) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) (c) (b) (d) (a) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (b) (d) (a) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015	5)
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Schedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page <b>4</b>	
lame of organization HE SUNSHINE FOUR	NDATION	Employer identification number		
Part III Exclusively total more line entry.  of \$1,000 o	N ROSENMAN LLP y religious, charitable, etc., contribu than \$1,000 for the year from any o	ne contributor. Complete co III, enter the total of exclusive mation once. See instructio	36-3955558  cribed in section 501(c)(7), (8), or (10) that columns (a) through (e) and the following cely religious, charitable, etc., contributions ns.) ► \$	
(a) No.from Part I	(c) Use of g		(d) Description of how gift is held	
·   -	(e) Transfer of gift Transferee's name, address, and ZIP4		t Relationship 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		ift	
  	Transferee's name, address, and	d ZIP 4	Relationship 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, and	(e) Transfer of g	ift Relationship 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, and	(e) Transfer of g	oft  Relationship of transferor to transferee	
l <u>-</u> _				