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Form 990-PF

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.

2015

Department of the Treasury Information about Form 990-PF and its separate instructions is at www irs gov/form990pf FEB 29, 2016 MAR 1, 2015 For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation POLL FAMILY FOUNDATION 47-2493486 Number and street (or P O box number if mail is not delivered to street addr B Telephone number 389 HAZEL AVENUE 312-346-8380 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here HIGHLAND PARK, IL60035 X Initial return Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) SCANNED under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 560,684. (Part I, column (d) must be on cash basis) ▶\$ Part Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purpose (cash basis only) expenses per books ıncome 595,804 N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments The Park of the 6,293. 6,293 STATEMENT 1 Dividends and interest from securities N 5a Gross rents b Net rental income or (loss) -209 68 Net gain or (loss) from sale of assets not on line 10 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 601,888. 6,293. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 835. 835. STMT 2 0. c Other professional fees 17 Interest STMT 3 116. 116 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy ... 21 Travel, conferences, and r 016 22 Printing and publications 23 Other expenses 24 Total operating and administrative COEN 951 951 0. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 951 951 Λ. Add lines 24 and 25 27 Subtract line 26 from line 12: 600,937 A Excess of revenue over expenses and disbursem 5,342. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

102036-1

Form 990-PF (2015)

LHA For Paperwork Reduction Act Notice, see instructions.

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28 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 4 Analysis of Changes in Net Assets or Fund Balances 5 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 6 600, 937.	Ę		, , , , , , , , , , , , , , , , , , , ,					
28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 32 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 32 Enter amount from Part I, line 27a 33 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 6 00 , 937.	5	27		0.1	0.			
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Total net assets or fund balances 1 Total liabilities and net assets/fund balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Total net assets or fund balances 0 . 600, 937. 1 0 . 6 000, 937. 2 600, 937. 5 Decreases not included in line 2 (itemize) 5 0 . 6 Total net assets or fund balances	1SS				600 937.			
31 Total liabilities and net assets/fund balances Dart 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 agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) Enter amount from Part I, line 27a Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Enter amount from Part I, line 27a Column	et/	I		<u> </u>				
Part 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 agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 6 6 0 0 , 9 3 7 .	Z	"	Total life about or land paramous	<u> </u>	000/3371			
Part 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 agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 6 6 0 0 , 9 3 7 .		31	Total liabilities and net assets/fund balances	0.	600.937.			
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 0. 6 6 00 0, 937.						444, - 12 14 1416 1 2 4 14-14 14-14-1		
(must agree with end-of-year figure reported on prior year's return)102 Enter amount from Part I, line 27a2600,937.3 Other increases not included in line 2 (itemize)30.4 Add lines 1, 2, and 34600,937.5 Decreases not included in line 2 (itemize)50.6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 306600,937.	:12	art	The Analysis of Changes in Net Assets of Fund D	aidii/C3				
(must agree with end-of-year figure reported on prior year's return)102 Enter amount from Part I, line 27a2600,937.3 Other increases not included in line 2 (itemize)30.4 Add lines 1, 2, and 34600,937.5 Decreases not included in line 2 (itemize)50.6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 306600,937.	1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30				
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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30			• • • • • • • • • • • • • • • • • • • •	· · · ·				
				olumn (b), line 30				
				· · · · · · · · · · · · · · · · · · ·				

Form 990-PF (2015)

See the Part VI instructions.

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had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Form 990-PF (2015) POLL FAMILY FOUNDATION	47-	2493486 Page 7
Part VIII. Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the luced, etc.	Expenses
1 N/A		
2		
3		
4		
Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A	III63 1 QIU Z-	Amount
AV/ AT		
2		
All other program-related investments. See instructions. 3		
Total Add lines 1 through 3		n.

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

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

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

Form 990-PF (2015)

0.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				15 105
2 Undistributed income, if any, as of the end of 2015				15,107.
a Enter amount for 2014 only				
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 0.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	- 1, 45% to morable (%), 12% defined E.e.			
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2015 distributable amount				10000000000000000000000000000000000000
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(It an amount appears in column (d), the same amount must be shown in column (s).)				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		· ·		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed Income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016	世世纪中国国际			<u> 15,107.</u>
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	0.			
not applied on line 5 or line 7	U.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
			The same of the sa	5 QQA DE (0045)

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Form 990-PF (2015) POLL FAM:	ILY FOUNDAT	CION			193486 Page 1
Part XiV Private Operating Fou				N/A	
1 a If the foundation has received a ruling or de					
foundation, and the ruling is effective for 2			> L		
b Check box to indicate whether the foundation	on is a private operating	foundation described		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		_
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					•
Subtract fine 2d from line 2c					
3 Complete 3a, b, or c for the					
afternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets			İ		
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(1)					
b "Endowment" atternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					,
listed					
c "Support" alternative test - enter;					
(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)				<u> </u>	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Inform	nation (Complet	e this part only	if the foundation	had \$5 000 ar ma	To in coasts
at any time during the			ii tile loulidation	nau \$5,000 or mo	re in assets
1 Information Regarding Foundation I					
a List any managers of the foundation who h	_	nan 2% of the total con	tributions received by the	foundation before the clas	ra af anu tav
year (but only if they have contributed mor	e than \$5,000). (See se	ction 507(d)(2).)	in locations received by the	iodilognon below the cros	SE OF ARTY LAX
N. BARRY POLL		, , , , ,			
b List any managers of the foundation who o other entity) of which the foundation has a	wn 10% or more of the	stock of a corporation	(or an equally large portio	n of the ownership of a p	artnership or
NONE	10 /0 or greater microsi	•			
2 Information Regarding Contribution	Grant Gift Loss (Scholarchim ata D	ragramer		
Check here X if the foundation only the foundation makes gifts, grants, etc. (se	makes contributions to	preselected charitable	organizations and does n	ot accept unsolicited requ	ests for funds. If
		***************************************			10.
a The name, address, and telephone number	or e-mail address of th	e person to whom app	lications should be addres:	sed:	
b The form in which applications should be s	submitted and informati	on and materials they s	should include:	·	
c Any submission deadlines:			····	· · · · · · · · · · · · · · · · · · ·	
d Any restrictions or limitations on awards, s	uch as by geographical	areas, charitable fields	s, kinds of institutions, or o	other factors:	
					- 000 DE

Grants and Contributions Paid During the	rear or Approved for Future P	ayment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of reciplent	Purpose of grant or contribution	Amount
Paid during the year				
		i		
NONE				
		:		
				.
Total -			▶ 3a	
b Approved for future payment				
NONE				
		.		
Total .		L	3b	

iter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Annount	Related or exempt function income
Program service revenue:	code	Anount	code	Amount	autonau monne
a	_				
d					
e	_				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			1 1	j	
Dividends and interest from securities			14	6,293.	
Net rental income or (loss) from real estate:			基體工 等重	2. 指数	
D. L. of J.				14. H	
h Mat daht financed property					
b Not debt-financed property Net rental income or (loss) from personal	·				
property	<u> </u>				
Other investment income					
Gain or (loss) from sales of assets other			18	-209.	•
than inventory			-1-4	-203.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	·				
Other revenue:					
8					
A					
b					
c					
¢					
d		0	• 500	6,084.	
c d E Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	• ****	6,084.	6,08
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations				13	6,08
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations				13	6,08
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ae worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which i	s to the Accom	nplishment of E	xempt Pui	poses 13	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ae worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities	s to the Accom	nplishment of E	xempt Pui	poses 13	
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Form 990-PF (2015) Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	organization directly or indire	ectly engage in any o	of the followin	g with any other organization	on described in sect	tion 501(c) of		Yes	No
	le (other than section 501(c)(izations?				
	rs from the reporting foundat	tion to a noncharitab	le exempt org	janization of:					F-1
(1) Ca							1a(1)		<u>X</u>
	her assets						1a(2)	narional)	X
_	ransactions;								
	les of assets to a noncharitab					•	1b(1)		X
, ,	rchases of assets from a non		ganization				1b(2)		X
	ntal of facilities, equipment, o	or other assets					1b(3)		X
	imbursement arrangements	- •					. <u>1b(4)</u>		X
	ans or loan guarantees						. 1b(5)		X
	rformance of services or mer	· ·	_				1b(6)		X
_	of facilities, equipment, mail	-					16		X
	nswer to any of the above is "				•	_		ets,	
	ices given by the reporting to			ed less than fair market valu	e in any transaction	n or sharing arranger	nent, show in		
	(d) the value of the goods, o								
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	on of transfers, transaction	ns, and sharing arra	ngemen	ts
		.,	N/A						
						- "			
									
									
									
						 			
			·····			****			

	oundation directly or indirect	•	•		zations described		E		_
in secti	ол 501(c) of the Code (other	than section 501(c)	(3)) or in sect	ion 527?			Yes	X	No
b If Yes,	complete the following sche	dule.							
	(a) Name of org	anization		(b) Type of organization		(c) Description of re	elationship		
	N/A								
					T			• ;	• • • • •
									
	der penalties of peyjury, I declare the						TANKS INC.		
Sign and	d belign vis true correct, and com	piete Declaration of prep	parer (other than	taxpayer) is based on all informa	tion of which preparer t	has any knowledge.	May the IRS d return with the	prepare	
Here		M		17/16/16	PRESI	DEMT.	shown below X Yes	(see insti)"
2	Signature of officer or trustee			Date	Title	DDI(#	_ LA Yes	جنا صف	1 140 4
	Print/Type preparer's na	me	Preparer's s		Date .	Check If	PTIN		<u> </u>
	Filmo i ypo proparor 5 na		, Topardi a s	/	1/1	self- employed	i tim		
Paid	WINDEDIN 3	1131M133 ~ *	Genelal	18 House	15/16	Sui- omproyed	200546	404	
Prepare	KIMBERLY A			10 Marie	1 / / 1		P00546		
	THE SHALL F T TIE	NTE & MOR.	AN, PĽ	LC		Firm's EIN ► 3	8-13579	51	
Use Onl			/						
	P .			LAZA 9TH FLO	OR				
	CH	ICAGO, IL	<u>6060</u> 6			Phone no. (3)	12) 207	-104	10
							Form 990		

523622 11-24-15

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ 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.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

PC	OLL FAMILY FOUNDATION	47-2493486
Organization type (check o	ne)	
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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, -	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling rone contributor. Complete Parts I and II. See instructions for determining a contributor's	•
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, cor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	r 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educationally to children or animals. Complete Parts I, II, and III.	-
year, contributions is checked, enter purpose. Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section section section as exclusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box , chantable, etc.,
but it must answer "No" or certify that it does not meet	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fot the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B	• • • • • • • • • • • • • • • • • • • •

Name of organization

Employer identification number

POLL	FAMILY	FOUNDATION
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47-2493486

Contributors (see instructions). Use duplicate copies of Part I if (b) Name, address, and ZIP + 4	(c)	(d)
		(d)
	Total contributions	Type of contribution
BARRY POLL CLAT 839 HAZEL AVENUE HIGHLAND PARK, IL 60035	sssssssss	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Onncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Complete Part II for noncash contributions)
	(b) Name, address, and ZIP + 4 HIGHLAND PARK, IL 60035 (c) Total contributions (d) Total contributions (e) Total contributions (f) Total contributions (f	

Employer identification number

POLL FAMILY FOUNDATION

47-2493486

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
523453 10-26		\$Schodulo B (Form	990 990-FZ or 990-PF) (2015)

FORM 990-PF D	IVIDENDS	AND INTER	EST FROM	SECUR	ITIES	STATEMENT 1
	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVE	ENUE	(B) NET INVEST MENT INCOM	
NORTHERN TRUST	6,390.	9	7. 6	,293.	6,293	•
TO PART I, LINE 4	6,390.	9	7. 6	,293.	6,293	•
FORM 990-PF	ľO	HER PROFES	SIONAL FE	ES		STATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC	EST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES		835.		835.		0
TO FORM 990-PF, PG 1,	LN 16C	835.		835.		0.
FORM 990-PF		TAX	ES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC	EST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
					-	
FOREIGN TAXES		116.		116.		0 .
FOREIGN TAXES TO FORM 990-PF, PG 1,	LN 18	116.		116.		
TO FORM 990-PF, PG 1,	LN 18	116.				0.
	LN 18					0. 0. STATEMENT 4
TO FORM 990-PF, PG 1,	LN 18	116.		116.	·······	0.
TO FORM 990-PF, PG 1,		116.		116.		0. STATEMENT 4 FAIR MARKET

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 5
NAME OF CONTRIBUTOR	ADDRESS	
N. BARRY POLL CLAT	839 HAZEL AVENUE HIGHLAND PARK, IL 60035	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 6	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
N. BARRY POLL 389 HAZEL AVENUE HIGHLAND PARK, IL	60035	PRESIDENT/DIREC	TOR 0.	0.	0.
ANITA M POLL 389 HAZEL AVENUE HIGHLAND PARK, IL	60035	TREASURER/DIREC	TOR 0.	0.	0.
MARISSA TEPLITSKY 389 HAZEL AVENUE HIGHLAND PARK, IL		SECRETARY/DIREC	TTOR 0.	0.	0.
REID POLL 389 HAZEL AVENUE HIGHLAND PARK, IL	60035	DIRECTOR 0.00	0.	0.	0.
RYAN POLL 389 HAZEL AVENUE HIGHLAND PARK, IL	60035	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED OF	N 990-PF, PAGE 6,	PART VIII	0.	0.	0.