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Form **990-PF**

EXTENDED TO OCTOBER 16, 2017

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 mation about Form 990-PF and its separate instructions is at www irs.gov/form990pf.

OMB No 1545-0052

		ndar year 2015 or tax year beginning	DEC	1, 2015	, and e		NOV 30, 2016	Open to Public Inspection
		f foundation		<u> </u>			A Employer identificatio	
	_	ARD & SHEILA PIZER					36-3481396	<u> </u>
		and street (or P O box number if mail is not delivere	d to street	address)		Room/suite	B Telephone number	
		EUCLID AVENUE					847-441-56	
		own, state or province, country, and ZIP or	foreign p	ostal code			C If exemption application is i	pending, check here
	_	NETKA, IL 60093		<u> </u>				
GC	neck	call that apply: initial return		Initial return of a fo	ormer public c	harity	D 1 Foreign organization	s, check here
		Final return		Amended return			2 Foreign organizations m check here and attach c	eeting the 85% test
<u> </u>	haal	Address change k type of organization. X Section 50		Name change sempt private foundation			check here and attach c	omputation L
Г.	_	ection 4947(a)(1) nonexempt charitable trus			ntion.		E If private foundation sta	
		arket value of all assets at end of year J			L. Accr		under section 507(b)(1	
		Part II, col (c), line 16)		her (specify)	L ACCI	uai	F If the foundation is in a under section 507(b)(1	. (
· (//·				mn (d) must be on cash	basis))(b), check here
	rt I	Analysis of Revenue and Expenses	_	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) in necessarily equal the amounts in column (a)	nay not	expenses per books	inco		income	for charitable purposes (cash basis only)
_7	1	Contributions, gifts, grants, etc., received		34,868.	L		N/A	, , , , , , , , , , , , , , , , , , , ,
	2	Check If the foundation is not required to attact	Sch B					7
	3	Interest on savings and temporary cash investments	J		··			10000000000000000000000000000000000000
2	4	Dividends and interest from securities		9.		9.		STATEMENT 2
	5a	Gross rents						2 11 34 37
3	b	Net rental income or (loss)		4				上海1.41
(C	6a	Net gain or (loss) from sale of assets not on line 10	,	-215.				STATEMENT 1
ž	b	Gross sales price for all assets on line 6a 34,6	53.				,	in the
Revenu	7	Capital gain net income (from Part IV, line 2)			2	5,743.		一、海 一 秦 一 元
۳ ا	8	Net short-term capital gain						A STATE OF THE STA
	9	Income modifications						is many the time to
	10a	Gross sales less returns and allowances						"一个一个一个一个
	b	Less Cost of goods sold					·	
		Gross profit or (loss)						,
ļ		Other income		24 660		<u> </u>	ļ	
-	12	Total. Add lines 1 through 11		34,662.		5,752. 0.		0
ļ	13	Compensation of officers, directors, trustees, etc					 	
	14 15	Other employee salaries and wages Pension plans, employee benefits			_			
ses		Legal fees	i					
- <u>s</u>		Acoumptoteen STMT	3	2,266.		227.		1 0
ğ	<u>₹</u>	Differ professional teas	١	2,200.				
~ <u> </u> ĕ	17	Interest.						
B101 strative	181	J _{faxe} 2017 S STMT	4	35.		0.		35
	19	Depreciation and deplation						
dmin	201	Decimals III						
~~~	21	Travet, conferences, and meetings						
and	22	Printing and publications						
ng,	23	Other expenses						
Operating	24	Total operating and administrative	İ					
<u>a</u>		expenses Add lines 13 through 23	,	2,301.		227.		35
- 1		Contributions, gifts, grants paid		22,127.			<u> </u>	22,127
	26	Total expenses and disbursements		04 400		000		00.463
_		Add lines 24 and 25		24,428.		227.		22,162
		Subtract line 26 from line 12		10 004				
		Excess of revenue over expenses and disburseme		10,234.	<u> </u>	ב באב		-
		Net investment income (if negative, enter -0-				5,525.	N/A	<del> </del>
1	1 - 15	Adjusted net income (if negative enter -0-)  LHA For Paperwork Reduction Act Not		<u> </u>			I N/A	Form <b>990-PF</b> (201)

	<u> </u>	Balance Sheets Alached schedules and amounts in the description	Beginning of year	End o	f year
LP	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	8,194.	8,766.	8,766.
	1	Savings and temporary cash investments	97,373.	107,035.	107,035.
	1	Accounts receivable ►			
	ľ	Less, allowance for doubtful accounts			
	4	Pledges receivable ►		-	1
	•	Less allowance for doubtful accounts			
	5	Grants receivable			
		<b>1</b>			
	6	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons			
	7	Other notes and loans receivable			
	١.	Less allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Q	10a	Investments - U.S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			<del></del>
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			1.461.5
		Less accumulated depreciation	a see a very a remain on resigned materials and	uru samu muudu. Araa etaabuuru a eenah dadhiin araad eedaan daabuuru	
	15	Other assets (describe >			
	l .	Total assets (to be completed by all filers - see the			
	''	instructions Also, see page 1, item I)	105,567.	115,801.	115,801.
	17	Accounts payable and accrued expenses	103,307.	113,001.	1 2 2 2 2 2 2 2 2
	ļ.	• •			· · · · · · · · · · · · · · · · · · ·
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	1	Mortgages and other notes payable			75
_	22	Other liabilities (describe )		<del>.</del>	`
				•	, "
_	23	Total liabilities (add lines 17 through 22)	0.	0.	2
	ļ	Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31.			1
lances	24	Unrestricted			;
a	25	Temporarily restricted			-
Ba	26	Permanently restricted			-
Fund Bal	}	Foundations that do not follow SFAS 117, check here			,
ī		and complete lines 27 through 31			, ,
ō	27	Capital stock, trust principal, or current funds	0.	0.	, , , ,
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	,
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	105,567.	115,801.	,
<u>e</u>	30	Total net assets or fund balances	105,567.	115,801.	
Z	"	Total not associa of fund buttings	100,00,0	220,0021	4
	31	Total liabilities and net assets/fund balances	105,567.	115,801.	
_				113,001.	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I not accets or fund belonger at beginning of year. Part II. column (a) line	20	·T	
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		105 567
		st agree with end-of-year figure reported on prior year's return)		1	105,567.
		r amount from Part I, line 27a		2	10,234.
		r increases not included in line 2 (itemize)		3	115 001
		lines 1, 2, and 3		4	115,801.
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	115,801.

(a) List and describe	d Losses for Tax on Ir the kind(s) of property sold (e g	, real estate,	t Income	<b>(b)</b> H	ow acquired Purchase		acquired	(d) Date sold
	ouse; or common stock, 200 sh	s. MLC Co )		D-	Donation		lay, yr.)	(mo., day, yr.)
	MS PRIDE CORP				D	11/3	0/16	11/30/16
b c			· · · ·	<del>                                     </del>				
d			<del></del> -					
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		<del>-</del>		ain or (loss s (f) minus	
a 34,653.			8,91	0.				25,743.
b				-		-		<del></del>
d				-				
e	····	-						
Complete only for assets showing g	ain in column (h) and owned by	the foundation	on 12/31/69	$\dashv$		I) Gains (C	Col (h) gaın	minus
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)		co	l. (k), but i	not less tha (from col. (	n -0-) <b>or</b>
a		-						25,743.
b								
С								
d								
e				<del>-</del> +				
2 Capital gain net income or (net capita	$\{ \text{loss} \}$ If gain, also enter $\{ \text{lf (loss), enter -} 0 \}$	r in Part I, line - in Part I, line	7 7	}[	2			25,743.
3 Net short-term capital gain or (loss) a	· ,	nd (6)						
If gain, also enter in Part I, line 8, colu If (loss), enter -0- in Part I, line 8	ımn (c).						N/A	
	er Section 4940(e) for	Reduced	Tax on Net	Inve	stment In	come	11/12	•
(For optional use by domestic private for	<del></del>							
If conting 4040(d)(2) analysis leave this s	ort blook	. ,			•			
If section 4940(d)(2) applies, leave this p								
Was the foundation liable for the section			*	lod?				Yes X No
If "Yes," the foundation does not qualify under the appropriate amount in each				ntries				
(a) Base period years	(b)	iisti dettoris be	Tore making any ci	(c)				(d) oution ratio
Base period years Calendar year (or tax year beginning ii		tributions	Net value of no		able-use assets	;	Distrit (col. (b) div	oution ratio vided by col. (c))
2014	1	8,565.			117,104	1.		.158534
2013		4,330.			95,660	).		.254338
2012		6,966.			85,188			.199160
2011		0,892.			69,079			.302436
2010		2,204.			70,197	<del>'                                    </del>		.316310
2 Total of line 1, column (d)						2		1.230778
3 Average distribution ratio for the 5-ye	ar base period - divide the total o	on line 2 by 5.	or by the number	of vear	rs.	-		
the foundation has been in existence		- ··· <b>, -,</b>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	3		.246156
	•							<del></del>
4 Enter the net value of noncharitable-u	se assets for 2015 from Part X, I	line 5				4		95,568.
5 Multiply line 4 by line 3						5		23,525.
Enter 19/ of not investment income /:	19/ of Dort Lline 27h)							255
6 Enter 1% of net investment income (	/0 UI FAILI, IIIIE Z/B)					6		255.
7 Add lines 5 and 6						7		23,780.
-								
8 Enter qualifying distributions from Pa	rt XII, line 4					8		22,162.
If line 8 is equal to or greater than line See the Part VI instructions.	7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1%	tax rate			

	n 990-PF (2Ω15) HOWARD & SHEILA PIZER CHARITABLE FUND 36-34			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instru	ıctio	าร)
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.	•		1
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		***	
1	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%		5	<u>11.</u>
	of Part I, line 27b			
(	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add fines 1 and 2		5	11.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	<del>11.</del>
6	Credits/Payments:			
	a 2015 estimated tax payments and 2014 overpayment credited to 2015			
ı	b Exempt foreign organizations - tax withheld at source 6b			ţ
(	c Tax paid with application for extension of time to file (Form 8868)			1
(	d Backup withholding erroneously withheld 6d 6d			
	Total credits and payments Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			16.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 5			<del>27.</del>
10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			
	art VII-A Statements Regarding Activities			
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	, , , , , , , , , , , , , , , , , , ,	Yes	No
	any political campaign?	1a		X
ı	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	7	-	
	distributed by the foundation in connection with the activities		-	
	c Did the foundation file Form 1120-POL for this year?	1c	sadadiderer	X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	7,5,4	-	
	(1) On the foundation ► \$ 0 • (2) On foundation managers. ► \$ 0 •		2/2	,
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	, i	, ;	1
	managers. > \$ 0.		]	!
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If "Yes," attach a detailed description of the activities	<del>-</del>	,.~	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	-	'	'
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<del>                                     </del>	X
	b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A		<del>                                     </del>	<del></del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	$\vdash$	X
Ĭ	If "Yes," attach the statement required by General Instruction T	<u>                                   </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1	,	
Ŭ	By language in the governing instrument, or	i '	١.	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	- 1		
	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	X	$\vdash$
•	blo the foundation have acticast \$5,000 in assets at any time during the year. It is test, complete it are it, con (5), and it are it.	<u>                                   </u>	+	<del>                                     </del>
Ω:	a Enter the states to which the foundation reports or with which it is registered (see instructions)			[
0	IL	<b>-</b> }		
	b If the answer is "Yes" to line 7, has the foundation turnished a copy of Form 990-PF to the Attorney General (or designate)	-		'
,	of each state as required by General Instruction G? If "No," attach explanation	86	X	-
٥	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	00	<del></del>	<del> </del>
J	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If the actions act actions the listing their names and addresses	10	<del>                                     </del>	X
	The state of the s			

	The A statements regarding Activities (continued)		<b>V</b>	NI -
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		Yes	No
• • •	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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
12	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► HOWARD PIZER  Telephone no ►847-44	1-5	620	
	Located at ► 300 EUCLID AVENUE, WINNETKA, IL ZIP+4 ► 60			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			,
Pa	art 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.	<u> </u>	Yes	No
Та	During the year did the foundation (either directly or indirectly).  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
				. 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		200	
	(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	, ,	age ?	. 4
	for the benefit or use of a disqualified person)?	٠,		
	(6) Agree to pay money or property to a government official? (Exception Check "No"	',	24.	1,17
	if the foundation agreed to make a grant to or to employ the official for a period after	"		7
	termination of government service, if terminating within 90 days.)			,
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations		a:	
	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		3, 4	:
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		ali wanzanan	
_	before the first day of the tax year beginning in 2015?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
_	statement - see instructions )  N/A	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.			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
O.	during the year?  Yes X No			
h	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) N/A	3Ъ	[	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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	l	Х
	Fo.	m <b>99</b> 0	)-PF	(2015)

Form 990-PF (2015) HOWARD & SHEILA PIZER CH			36-34813	96 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• •		s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	or to carry on, directly or indire		<b>₩</b>	
any voter registration drive?	•		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section		s X No	
4945(d)(4)(A)? (see instructions)			es A NO	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		s X No	
the prevention of cruelty to children or animals?	d		es 🔼 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	·	n Regulations	NT / N	5b
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	30
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		/A Ye	es L No	
If "Yes," attach the statement required by Regulations section 53 494.			ľ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	
a personal benefit contract?	organial handet contract?	16		6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	rersonal benefit contract?		<u> </u>	OU A
If "Yes" to 6b, file Form 8870	shalter transpartion?		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		10	· · · · · · · · · · · · · · · · · · ·	7b
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation About Officers, Directors, Trust		nagers Highli		<del>,,,</del>
Paid Employees, and Contractors	ees, i outtuation wa	inagers, riigini	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
-	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
HOWARD PIZER	DIRECTOR			
300 EUCLID AVENUE		[		1
WINNETKA, IL 60093	0.10	0.	0.	0.
SHEILA PIZER	DIRECTOR			
300 EUCLID AVENUE				
WINNETKA, IL 60093	0.10	0.	0.	0.
RACHEL PIZER TZINBERG	DIRECTOR			
1951 REDWOOD LANE	1	1		
NORTHBROOK, IL 60062	0.10	0.	0.	0.
	}	ł		
		<u> </u>		
2 Compensation of five highest-paid employees (other than those inc	<del></del>	enter "NONE."	I	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
NONE		-		
	1			
	1			<u> </u>
			]	
	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000			<b>&gt;</b>	0

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)  3 Five highest-paid independent contractors for professional services. If none, enter		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(c) compensation
NONE	-	
	<del> </del>	<del></del>
	7	
<del></del>		
<del></del>	-	
	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1 N/A		<del></del>
·		
2		
3		
4		
<del></del>		
Part IX_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		
<u></u>		
2		
All other program soleted in restments. Conventions		<del> </del>
All other program-related investments. See instructions		
J		
Total. Add lines 1 through 3		0.

Form **990-PF** (2015)

	990-PF (2015) HOWARD & SHEILA PIZER CHAR	TTABLE FUND	36-34	181396 Page 8
Par	Minimum Investment Return (All domestic foundations in	must complete this part	Foreign foundations, see	instructions)
1 F	air market value of assets not used (or held for use) directly in carrying out charitab	le, etc., purposes.		
a A	verage monthly fair market value of securities		1a	97,023.
b A	verage of monthly cash balances		1b	97,023.
c F	air market value of all other assets		1c	
ďΤ	otal (add lines 1a, b, and c)		1d	97,023.
e R	eduction claimed for blockage or other factors reported on lines 1a and			
1	c (attach detailed explanation)	1e	0.	
2 A	equisition indebtedness applicable to line 1 assets	<u> </u>	2	0.
<b>3</b> S	ubtract line 2 from line 1d		3	97,023.
<b>4</b> 0	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	t, see instructions)	4	1,455.
5 N	et value of noncharitable-use assets Subtract line 4 from line 3. Enter here and o	n Part V, line 4	5	95,568.
	finimum investment return. Enter 5% of line 5	•	6	4,778.
Pai	t XI: Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here		oundations and certain	
		·)		4,778.
	linimum investment return from Part X, line 6	ا ـه ا	1 ' 1	4,770.
	ax on investment income for 2015 from Part VI, line 5	2a	511.	
	ncome tax for 2015 (This does not include the tax from Part VI)	_2b		511.
	dd lines 2a and 2b		2c	4,267.
	istributable amount before adjustments Subtract line 2c from line 1		3	4,207.
	ecoveries of amounts treated as qualifying distributions		4	4,267.
	dd Innes 3 and 4		5	4,267.
	eduction from distributable amount (see instructions)		6	4,267.
	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	XIII, line 1	7	4,207.
<u>Fai</u>	Qualifying Distributions (see Instructions)			
1 A	mounts paid (including administrative expenses) to accomplish charitable, etc., pur	poses:		
a E	xpenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	22,162.
<b>b</b> P	rogram-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 charita	ble, etc , purposes	2	
3 A	mounts set aside for specific charitable projects that satisfy the		科達	
a S	uitability test (prior IRS approval required)		3a	
	ash distribution test (attach the required schedule)		3b	
4 0	ualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, a	ind Part XIII, line 4	4	22,162.
	pundations that qualify under section 4940(e) for the reduced rate of tax on net inve			
11	come. Enter 1% of Part I, line 27b		5	0.
	djusted qualifying distributions. Subtract line 5 from line 4		6	22,162.
	lote The amount on line 6 will be used in Part V, column (b), in subsequent years v 4940(e) reduction of tax in those years.	when calculating whether th	e foundation qualifies for the	

Form **990-PF** (2015)

# 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,		, odio p. 10, 10 20 1 1	2071	2010
line 7				4,267.
2 Undistributed income if any as of the end of 2015				
a Enter amount for 2014 only b Total for prior years:			0.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2015				
a From 201018,694.				
b From 2011 17,438.				
cFrom 2012 12,707.				
dFrom 2013 20,503.				
eFrom 2014 12,710.				
f Total of lines 3a through e	82,052.			
4 Qualifying distributions for 2015 from				
Part XII, line 4 ►\$ 22,162.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	<u>.</u>	0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	17.005			4,267.
e Remaining amount distributed out of corpus	17,895.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as	<i>i</i>			
indicated below				;
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	99,947.			
<b>b</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				1
the section 4942(a) tax has been previously assessed		0.		!
d Subtract line 6c from line 6b. Taxable		- 0.		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	į
f Undistributed income for 2015. Subtract				<u> </u>
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				1
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	18,694.			
9 Excess distributions carryover to 2016	04 050			
Subtract lines 7 and 8 from line 6a	81,253.			
0 Analysis of line 9				
a Excess from 2011 17,438. b Excess from 2012 12,707.				
b Excess from 2012				
dExcess from 2014 12,710.				
eExcess from 2015 17,895.				
0E/0003 HUIII 2010   11,090			<u>.</u>	

	& SHEILA PI			36-348	31396 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	· ·	▶		
<b>b</b> Check box to indicate whether the found	dation is a private operatir	ig foundation described i		4942(j)(3) or494	2(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>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				1	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				1	
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				<del> </del> -	<del></del>
alternative test relied upon.					
a "Assets" alternative test - enter					
(1) Value of all assets				<del>                                     </del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter		, <u>, , , , , , , , , , , , , , , , , , ,</u>	<del></del>	<del> </del>	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)	<u> </u>	<u> </u>		<del> </del>	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)				ļ	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1				<del></del>
ParteXV: Supplementary Info			if the foundation	n had \$5,000 or mo	re in assets
at any time during t	ine year-see instr	uctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation wh			ibutions received by the	e foundation before the close	of any tax
year (but only if they have contributed r	nore man \$5,000). (See s	ection 507(a)(2).)			
HOWARD PIZER					
b List any managers of the foundation when other entity) of which the foundation has			or an equally large port	on of the ownership of a par	tnership or
	s a 10% of greater interes	)I.			
NONE	<del></del>				
2 Information Regarding Contribut					
Check here ► X if the foundation of					
the foundation makes gifts, grants, etc	<del>`</del>			_ <del>`</del>	] 
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	ssed	
h The form in which englished as the 121	on outported and information	uon and materials the	ould inglises		
<b>b</b> The form in which applications should t	oe suomilleo and intormal	ion and materials they sf	ionia iucinae;		
c Any submission deadlines:					
<del></del>	<del></del>	<del>,                                      </del>			
d Any restrictions or limitations on award	s, such as by geographica	il areas, charitable fields,	kinds of institutions, or	other factors.	

HOWARD & SHEILA PIZER CHARITABLE FUND

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year A NEW DAY CAMBODIA NONE PUBLIC CHARITABLE PO BOX 2986 CHICAGO, IL 60654 1,000. AMERICAN FRIENDS OF ISRAEL MUSEUM NONE PUBLIC CHARITABLE 500 FIFTH AVENUE SUITE 2540 NEW YORK, NY 10110 1,500. AMERICAN JEWISH WORLD SERVICE иоие PUBLIC CHARITABLE 45 W 36TH STREET 784. NEW YORK, NY 10018 AMERICAN SOCIETY OF YAD VASHEM NONE PUBLIC CHARITABLE 500 FIFTH AVENUE SUITE 42 NEW YORK, NY 10110 100. ANTI-DEFAMATION LEAGUE NONE PUBLIC CHARITABLE 120 S LASALLE STREET 31150 CHICAGO, IL 60603 500. SEE CONTINUATION SHEET(S) → 3a 22,127. b Approved for future payment NONE 0. Total

	40
Page	17

Enter gross amounts unless otherwise indicated	Unrelati	ed business income	Exclu	ided by section 512 513 or 514	(a)
	(a) Business	(b) Amount	(C) Exclu	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			-		ļ
b				<u> </u>	ļ
·				ļ	<del> </del>
0	_		-		<del> </del>
e			<del></del>		<del> </del>
<u> </u>	—		-		<del> </del>
g Fees and contracts from government agencies	<del> </del>		<del>-</del>		<del> </del>
2 Membership dues and assessments	<del>                                     </del>	<del> </del>			ļ
3 Interest on savings and temporary cash					
Investments	<u> </u>	<del></del>	14	9.	<del> </del>
Dividends and interest from securities	1	Service Control of the service of the service of			
5 Net rental income or (loss) from real estate:	2 74 1			· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property	<del></del>	<del> </del>			<del> </del>
b Not debt-financed property	<del></del>	<del> </del>			<del> </del>
Net rental income or (loss) from personal			-	}	
property 7 Other investment income		<del></del>	+	<del> </del>	<del> </del>
		<del> </del>	+-	<del></del>	<del> </del>
B Gain or (loss) from sales of assets other than inventory			18	-215.	
9 Net income or (loss) from special events		<u> </u>	+-0	213.	<del> </del>
O Gross profit or (loss) from sales of inventory	<del></del>		<del></del>		<del> </del>
1 Other revenue.	<u> </u>	<del></del>	+	<del> </del>	<del> </del>
	1				
		<del></del>	+-		<del> </del>
n			1		<del></del>
b			$\top$		
С	_		-		-
c d e	7. 6		) <b>.</b>	-206.	0
c d e Subtotal. Add columns (b), (d), and (e)			) . <b>\$</b>	-206. 13	0 -206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e)			).		
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	s)			13_	
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations	s)			13_	
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part-XVI_EB Relationship of Activities	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part-XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part-XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part-XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part-XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part-XVI_B Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part-XVI_EB Relationship of Activitie  Line No Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation.  Part XVI_B Relationship of Activitie  Explain below how each activity for which	s) es to the Acc	omplishment of	<b>Exemp</b> I-A contril	13_ ot Purposes	-206

# Form 990-PF (2015) HOWARD & SHEILA PIZER CHARITABLE FUND 36-3481396 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	organization directly or indi	rectly engage in any o	f the followin	g with any other organizatio	n described in secti	on 501(c) of	. Y	es	No
the Code	e (other than section 501(c)	)(3) organizations) or	in section 52	7, relating to political organ	izations?				
a Transfer	rs from the reporting found	ation to a noncharitab	le exempt or	ganization of.					 .D= 2
(1) Cas	sh						1a(1)	~ `-	X
(2) Oth	er assets						1a(2)		X
<b>b</b> Other tra							'	$\neg$	<u> </u>
	es of assets to a noncharita	hle exempt organizati	oα				16(1)	. [	X
	chases of assets from a no	·					1b(2)	+	<u>X</u>
, ,	ital of facilities, equipment,	•	gamzanon				1b(3)		X
	mbursement arrangements						1b(4)		X
٠,	ins or loan quarantees						1b(5)		X
, ,	tormance of services or me	mherchin or fundrais	ına salıcıtatıa	ne			1b(6)		X
	of facilities, equipment, ma						10(0)		X
-	iswer to any of the above is	- '			vave chow the fair m	arkat value of the goods, o			
	ces given by the reporting fi							٥,	
	(d) the value of the goods,			su icss man ian market valu	e in any transaction	or snaring arrangement, si	10 14 111		
(a)Line no	(b) Amount involved			exempt organization	(d) December	of transfers, transactions and s			
(a)cine no	(b) Amount involved	(c) Name of	N/A		(u) Description	of transfers, transactions and s	snaring arran	geme	nts
		<b></b>	N/A						
		<b></b>							
					<del></del>				
		 		<del></del>	<del> </del>				
		<u> </u>							
		<u> </u>			<u> </u>				
				- <u> </u>					
	<del></del>								
					<u> </u>				
2a Is the fo	undation directly or indirect	tly affiliated with, or re	elated to, one	or more tax-exempt organiz	ations described				
ın sectio	n 501(c) of the Code (other	r than section 501(c)(	3)) or in sect	ion 527?			Yes	X	No
	complete the following scho								
·	(a) Name of org			(b) Type of organization		(c) Description of relationsh	np		
	N/A					<del>`</del>			
	<del></del>								
	<del></del>								
					<del> </del>				
Und	er penalties of perjury. I declare	that I have examined this	return includin	g accompanying schedules and	statements and to the	best of my knowledge			=
				n taxpayer) is based on all inform		has any knowledge retu	r the IRS dis rn with the p	repare	er
Here	( San had	20 d	₹ <b>.</b>	The	DIRECT	OP show	wn below (se	e inst	
174	gnature of officer or trustee		9	Date	Title	<u> </u>	<u>ا</u> Yes	<u> </u>	J No
	Print/Type preparer's na		Preparer's si		Date	Check If PTIN			
	1 Timo Type preparer 3 ha	iiic		* <b>.</b>	1	self- employed			
Paid	MARC D. VO	CEI		- L L	7/25/2017	· · ·	10211	ο ο	
Preparer				<u> </u>			$\frac{19341}{11422}$		
Use Only	( I I I I I I I I I I I I I I I I I I I	. OD TPL				Firm's EIN ► 42-0	11432	Э	
USE UIII)		0 177 0775		amp 000		ļ			
	Firm's address ▶ 1			, STE 800		222		^ ^	
	СН	ICAGO, IL	60606			Phone no 312-63			
						Fr	rm <b>990-</b>	PF /	(2015)

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ART INSTITUTE OF CHICAGO	NONE	PUBLIC	CHARITABLE	
111 SOUTH MICHIGAN AVE				
CHICAGO, IL 60603		<del> </del>		5,00
CHICAGO COALITION FOR THE HOMELESS	NONE	PUBLIC	CHARITABLE	
70 E LAKE ST #720			•	·
CHICAGO, IL 60601	<del></del>	<del> </del>		250
CHICAGO SYMPHONY DEVELOPMENT	NONE	PUBLIC	CHARITABLE	
220 S MICHIGAN AVE		ł		
CHICAGO, IL 60604	<del> </del>	<del> </del>	<del>                                     </del>	601
ENVIRONMENTAL DEFENSE FUND	NONE	PUBLIC	CHARITABLE	
257 PARK AVE SOUTH		1		
NEW YORK, NY 10010	<del></del>			100
FINCA	NONE	PUBLIC	CHARITABLE	
1201 15TH STREET NW, 8TH FLOOR		1		)
WASHINGTON, DC 20005				30
FRIENDS OF ISRAEL DEFENSE FORCES	NONE	PUBLIC	CHARITABLE	
1430 BROADWAY		}		1
NEW YORK, NY 10118		<del> </del>		60
GALAPAGOS CONSERVANCY	NONE	PUBLIC	CHARITABLE	
11150 FAIRFAX BLVD. #408		l		
FAIRFAX, VA 22030		ļ		5
HEBREW THEOLOGICAL COLLEGE	NONE	PUBLIC	CHARITABLE	
7135 CARPENTER RD		į.		Į.
SKOKIE, IL 60077		<b></b>		5
JEWISH SACRED SOCIETY	NONE	PUBLIC	CHARITABLE	
РО ВОХ 597585				
CHICAGO, IL 60659	-		<del> </del>	5
NATIONAL MUSEUM OF WOMEN IN THE ARTS	NONE	PUBLIC	CHARITABLE	
1250 NEW YORK AVE				
WASHINGTON, DC 20005		<u> </u>		5
Total from continuation sheets				18,24

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				[
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NATURE CONSERVANCY	NONE	PUBLIC	CHARITABLE	
8 S MICHIGAN AVE				
CHICAGO, IL 60603		<del> </del>	+	125
NORTHWESTERN UNIVERSITY SCHOOL OF LAW	NONE	PUBLIC	CHARITABLE	
375 E MICHIGAN AVE		Cobbie		
CHICAGO, IL 60611		ļ		2,500
	1			
PLANNED PARENTHOOD	NONE	PUBLIC	CHARITABLE	
18 S MICHIGAN AVE				
CHICAGO, IL 60605	<del> </del>	<del> </del>	+	100
CIMON WIEGENMUNI GENDER	NONE	PUBLIC	CHARITABLE	
SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY	NOME	POBLIC	CHARITABLE	
LOS ANGELES, CA 90035				100
US HOLOCAUST MEMORIAL MUSEUM	NONE	PUBLIC	CHARITABLE	
100 RAOUL WALLENBERG PLACE		100010	CIMINITINDE	
WASHINGTON, DC 20024		<u> </u>		500
UW FOUNDATION	NONE	DARTIC	CHARITABLE	
1848 UNIVERISTY AVE				
MADISON, WI 53726	<del> </del>		-	1,000
WBEZ CHICAGO 848 E GRAND AVE	NONE	PUBLIC	CHARITABLE	}
CHICAGO, IL 60611				400
FANCONI ANEMIA RESEARCH FND	NONE	PUBLIC	CHARITABLE	
1301 WILLAMETTE ST #200				
EUGENE, OR 97401	<del> </del>		<del>                                     </del>	50
CLL GLOBAL RESEARCH FOUNDATION	NONE	PUBLIC	CHARITABLE	{
PO BOX 301402 HOUSTON, TX 77230				100
CHICAGO BASEBALL CANCER CHARITIES	NONE	PUBLIC	CHARITABLE	
1321 BAILEY'S CROSSING DR				
LEMONT, IL 60439				100

3 Grants and Contributions Paid During the Recipient  Name and address (home or business)	Year (Continuation)  If recipient is an individual, show any relationship to		<del></del>	
· · · · · · · · · · · · · · · · · · ·	if recipient is an individual,	1		
name and address (nome or dusiness)	any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
GINGOLD THEATRICAL GROUP 520 8TH AVENUE #304 NEW YORK, NY 10018	NONE	PUBLIC	CHARITABLE	50.
LEUKEMIA AND LYMPHOMA SOCIETY 954 W WASHINGTON BLVD #305 CHICAGO, IL 60607	NONE	PUBLIC	CHARITABLE	100.
BRIARWOOD SCHOLARSHIP FUND 355 DEERFIELD RD DEERFIELD, IL 60015	NONE	PUBLIC	CHARITABLE	500.
IDA CROWN JEWISH ACADEMY 8233 CENTRAL PARK AVENUE SKOKIE, IL 60076	NONE	PUBLIC	CHARITABLE	50.
AIDS FOUNDATION OF CHICAGO 200 W JACKSON BLVD #2100 CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	100.
WTTW 5400 N. SAINT LOUIS AVENUE CHICAGO, IL 60625	NONE	PUBLIC	CHARITABLE	100.
ROOSEVELT UNIVERSITY 430 S MICHIGAN AVE CHICAGO, IL 60605	NONE	PUBLIC	CHARITABLE	300.
FEED MY STARVING CHILDREN 401 93RD AVENUE NW COON RAPIDS, MN 55433	NONE	PUBLIC	CHARITABLE	50.
SCLERODERMA FOUNDATION 134 N LASALLE DR #1360 CHICAGO, IL 60602	none	PUBLIC	CHARITABLE	125.
THRESHOLDS 4101 N. RAVENSWOOD AVE CHICAGO, IL 60613	none	PUBLIC	CHARITABLE	100.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient BRADY CENTER TO PREVENT GUN VIOLENCE NONE PUBLIC CHARITABLE 840 FIRST STREET NE SUITE 400 WASHINGTON, DC 20002 50, GREATER CHICAGO FOOD DEPOSITORY NONE PUBLIC CHARITABLE 4100 W ANN LURIE PL CHICAGO, IL 60632 258. NONE PUBLIC CHARITABLE ORT AMERICA 75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038 150. RUTH POWELL MUSEUM VISITATION FUND NONE PUBLIC CHARITABLE 111 SOUTH MICHIGAN AVE CHICAGO, IL 60603 200. TEMPLE SINAI NONE PUBLIC CHARITABLE 15 W DELAWARE PL 100. CHICAGO, IL 60610 SPECIAL CHILDREN'S CHARITIES NONE PUBLIC CHARITABLE 541 N FAIRBANKS CT 1,000. CHICAGO, IL 60611 JOURNEYCARE HOSPICE NONE PUBLIC CHARITABLE 405 N LAKE ZURICH RD BARRINGTON , IL 60010 50. JOFFREY BALLET NONE PUBLIC CHARITABLE 10 E RANDOLPH RD 1,000. BARRINGTON , IL 60010 AMERICAN HEART ASSOCIATION NONE PUBLIC CHARITABLE 208 S LASALLE ST STE 1500 CHICAGO , IL 60604 35. GOLSHIM L'CHAIM-SKI TO LIVE SOCIAL NONE PUBLIC CHARITABLE 435 W MAIN ST 1,000. ASPEN, CO 81611 Total from continuation sheets

Part XV Supplementary Informati  3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	<del></del>	<del></del>	<del> </del>
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
<del></del>	or substantial contributor	recipient	<del> </del>	
SOUTHERN POVERTY LAW CENTER	NONE	PUBLIC	CHARITABLE	
400 WASHINGTON AVENUE		1 02220		}
MONTGOMERY, AL 36104		ļ		250
FREEDOM FROM HUNGER	NONE	PUBLIC	CHARITABLE	
1460 DREW AVE SUITE 300				1
DAVIS, CA 95618				100
URBAN GATEWAYS	NONE	PUBLIC	CHARITABLE	
205 W RANDOLPH ST #1700				
CHICAGO, IL 60606		<del> </del>		100
JUF	NONE	POBLIC	CHARITABLE	1
30 S WELLS ST		1		1
CHICAGO, IL 60606		<del> </del>	<del></del>	100.
				į
ARTHRITIS FOUNDATION	NONE	PUBLIC	CHARITABLE	
35 E. WACKER DR		1		
CHICAGO, IL 60601	<del></del>	<del> </del>		50.
N	la de la comp			
NAACP	NONE	PUBLIC	CHARITABLE	
1229 EMERSON ST. EVANSTON, IL 60201		1		100
EVANOTOR, 15 00201		<del> </del>		100
NATIONAL COUNCIL OF JEWISH WOMEN	NONE	PUBLIC	CHARITABLE	
1107 CENTRAL AVE	HONE	T OBBIG	CIMICITABLE	
WILMETTE, IL 60091				100
				]
MUSCULAR DYSTROPHY ASSOCIATION	NONE	PUBLIC	CHARITABLE	
222 S RIVERSIDE PLAZA STE 1500A				
CHICAGO, IL 60606			<del> </del>	100
				}
<del> </del>				<del> </del>
Total from continuation objects		<u> </u>	<u> </u>	<del>                                     </del>
Total from continuation sheets				1

#### 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

I	HOWARD & SHEILA PIZER CHARITABLE FUND	36-3481396
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990 EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	n is covered by the <b>General Rule</b> or <b>a Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	g \$5,000 or more (in money or
property) from a	iny one contributor. Complete Parts I and II. See instructions for determining a contributor	's total contributions
Special Rules		
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou EZ, line 1 Complete Parts I and II	, or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate to children or animals. Complete Parts I, II, and III	· -
year, contribution is checked, enter purpose. Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from one exclusively for religious, charitable, etc., purposes, but no such contributions totaled mer here the total contributions that were received during the year for an exclusively religious to complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)	· · ·

LHA 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)

Employer identification number

# HOWARD & SHEILA PIZER CHARITABLE FUND

36-3481396

Part I	Contributors (see instructions) Use duplicate copies of Part I	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOWARD C PIZER REV TRUST  300 EUCLID AVENUE  WINNETKA, IL 60093	s34,868.	Person Payroll Noncash X (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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22452 40 2		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

### HOWARD & SHEILA PIZER CHARITABLE FUND

36-3481396

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,980 SHARES PILGRIM PRIDE CORP		
		ss	11/30/16
(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

Schedule B (Form 990, 990-EZ, or 990 PF) (2015) Page 4 Name of organization Employer identification number HOWARD & SHEILA PIZER CHARITABLE FUND 36-3481396 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), of (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III enter the total of exclusively religious, charitable etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (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 (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

	GAIN OR	(LOSS) FRO	M SALE	OF ASSE	TS	ST	ATEMENT :
(A) DESCRIPTION OF PROP	'ERTY			MANN ACQUI		ATE UIRED	DATE SOLI
1,980 SHS PILGRIMS	PRIDE CORP			DONAT	ED 11/	30/16	11/30/1
(B) GROSS SALES PRIC			(D) XPENSE SALE		(E) EPREC.	GAII	(F) N OR LOSS
34,6	553.	34,868.		0.	0.		-215
CAPITAL GAINS DIVID							-215
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	M SECUR	ITIES	STA	ATEMENT
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE	(B) NET INV		(C)
		DIVIDEND	S PER	BOOKS	MENT IN	COME	ADJUSTED NET INCOM
DAVID A. NOYES & COMPANY	9 .		0.	9.		P.	
	9 .						
COMPANY TO PART I, LINE 4			0.	9.		9.	
COMPANY TO PART I, LINE 4 FORM 990-PF			0.	9. 9.		9. 9. STA	NET INCOM
COMPANY TO PART I, LINE 4		ACCOUNTI  (A)  EXPENSES	0.  0.  NG FEES  (ENET IN	9. 9.	(C) ADJUST	9. 9. STA	NET INCOM

FORM 990-PF		TAX	ES			STAT	TEMENT	4
DESCRIPTION		(A) KPENSES ER BOOKS	(B) NET INVES' MENT INCO	r- <i>i</i>	(C) ADJUSTE ET INCO	D C	(D) CHARITA PURPOS	
IL CHARITY BUREAU FUND		35.	·	0.			<del></del>	35.
TO FORM 990-PF, PG 1, L	N 18	35.		0.				35.
FORM 990-PF	INTERE	EST AND P	PENALTIES			STAT	TEMENT	5
TAX DUE FROM FORM 990- UNDERPAYMENT PENALTY LATE PAYMENT INTERES	ST.	VI						11. 16. 10.
LATE PAYMENT PENALTY	•							то.
LATE PAYMENT PENALTY TOTAL AMOUNT DUE	· · · · · · · · · · · · · · · · · · ·	ATE PAYME	NT PENALTY			STAT		55.
LATE PAYMENT PENALTY TOTAL AMOUNT DUE FORM 990-PF	· · · · · · · · · · · · · · · · · · ·		NT PENALTY	BALANG	CE M	STAT	5	55.
LATE PAYMENT PENALTY TOTAL AMOUNT DUE  FORM 990-PF  DESCRIPTION TAX DUE	LA	TE A		BALANG	CE M		5 TEMENT PENAL	55. 6
LATE PAYMENT PENALTY	DAT 04/15 10/16	TE A	MOUNT	BALANG	511.	ONTHS	TEMENT PENAL	55. 6 TY
LATE PAYMENT PENALTY  TOTAL AMOUNT DUE  FORM 990-PF  DESCRIPTION  TAX DUE DATE FILED	DAT 04/15 10/16	FE A	MOUNT		511.	ONTHS 7	TEMENT PENAL	55.
LATE PAYMENT PENALTY TOTAL AMOUNT DUE  FORM 990-PF  DESCRIPTION TAX DUE DATE FILED  TOTAL LATE PAYMENT PENA	DAT 04/15 10/16	FE A	MOUNT 511.	r	511.	ONTHS 7	TEMENT PENAL	TY 18.
LATE PAYMENT PENALTY  TOTAL AMOUNT DUE  FORM 990-PF  DESCRIPTION  TAX DUE DATE FILED  TOTAL LATE PAYMENT PENA  FORM 990-PF  DESCRIPTION  TAX DUE  0	DAT 	TE A  5/17  5/17  ATE PAYME  AMOUNT	MOUNT 511.	r	511.	ONTHS 7 STAT	TEMENT PENAL TEMENT INTER	55. TY 18.