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#### Form **990-PF**

# EXTENDED TO NOVEMBER 15, 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.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number POLEN FAMILY FOUNDATION 20-3970463 C/O EDWARD POLEN Number and street (or P O box number if mail is not delivered to street address) B Telephone number 847-689-2200 2780 RIDGE ROAD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here HIGHLAND PARK 60035 ILG Check all that apply: Initial return Initial return of a former public charity 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 H Check type of organization: X Section 501(c)(3) exempt private foundation 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 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) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 421,149. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome ıncome 100,000. N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 22. STATEMENT 22. 9,480. 9,480. STATEMENT Dividends and interest from securities 5a Gross rents Net rental income or (loss) RECEIVED 5,041 68 Net gain or (loss) from sale of assets not on line 10 5,041. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications OGDEN. 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 482. STATEMENT 3 482. 11 Other income 15,025. 115,025. 12 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits STMT 4 120. 0. 16a Legal fees 0. STMT 5 1,515. 0. **b** Accounting fees STMT 6 2,005. 1,975. 0. c Other professional fees 17 Interest 91 Ö. 267 STMT 7 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 일22 Printing and publications 23 Other expenses STMT 8 15. 0. 0. 24 Total operating and administrative 0. 3,922. 2,066. expenses. Add lines 13 through 23 53,000. 53,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 53,000. 56,922 2,066. Add lines 24 and 25 27 Subtract line 26 from line 12: 58,103. 8 Excess of revenue over expenses and disbursements 12,959. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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<b>L/U</b>	EDWARD	POLEN

Fo	<u>rm</u> 9	90-PF (2016) C/O EDWARD POLEN			3970463 Page 2
F	art	Balance Sheets   Attached schedules and amounts in the description	Beginning of year	End of	
_	T	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	106 000		
	2	Savings and temporary cash investments	126,299.	87,517.	87,517.
	3	Accounts receivable	· ·	` `	'
	۱,	Less; allowance for doubtful accounts			
	4	Pledges receivable ►  Less; allowance for doubtful accounts ►	` ,	* // `	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		· · · · ·	
	"	disqualified persons			
	7	Other notes and loans receivable		2	
	'	Less: allowance for doubtful accounts			
u	8	Inventories for sale or use		<del></del>	<del></del>
Assets	9	Prepaid expenses and deferred charges			
Ass	108	Investments - U.S. and state government obligations			
	1	Investments - corporate stock		7	
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			· · · · · · · · · · · · · · · · · · ·
		Less accumulated depreciation		`	*
	12	Investments - mortgage loans	-		<del></del>
	13	Investments - other STMT 9	199,686.	296,571.	333,632.
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation		Ţ	
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the		1	
		instructions. Also, see page 1, item I)	325,985.	384,088.	421,149.
	17	Accounts payable and accrued expenses			······································
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
dei	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
		Table Mak 1985 or And James 47 Above als 200			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here		Į.	
Ś	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
ĕ	25	Temporarily restricted			
la la	26	Permanently restricted			
ā	-"	Foundations that do not follow SFAS 117, check here	· · · · · · · · · · · · · · · · · · ·		
Ē		and complete lines 27 through 31.			,
þ	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	325,985.	384,088.	
Net Assets or Fund Balances	30	Total net assets or fund balances	325,985.	384,088.	
-					
	31	Total liabilities and net assets/fund balances	325,985.	384,088.	
P	art	Analysis of Changes in Net Assets or Fund Bal	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3			
		t agree with end-of-year figure reported on prior year's return)	•	1	325,985.
		amount from Part I, line 27a		2	58,103.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	384,088.
5	Decre	eases not included in line 2 (itemize)		5	0.
<u> </u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	384,088.
		•			Form 990-DE (0016)

Part IV   Capital Gains		sses for Tax on Inv	vestment	Income				0 377	7403	raye 3
(a) List and de	scribe the k	and(s) of property sold (e.g. or common stock, 200 shs.	, real estate,		(b) How P - Pu	acquired rchase nation	(c) Date (mo., d	acquired lay, yr.)	( <b>d)</b> Date (mo., da	
18 PUBLICLY TRAD					0-00	P		-		
b PUBLICLY TRAD				<del> </del>		P				-
c PUBLICLY TRAD		CURITIES - JE	M			P				
d PUBLICLY TRAD	ED SE	CURITIES - JE	PM			P				
e CAPITAL GAINS	DIVI	DENDS								
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				lain or (loss) s (f) minus (		
a 33,745	•			31,95	2.				1_,	793.
b 91,109				90,53	5.					574.
303,601				296,71				<del></del>		890.
d 101,995				107,68	3.	<del>-</del>				88.>
e 1,472		solumn (b) and awned by t	ha faundation	on 12/21/60		<del></del>		N. I. (b.)		472.
Complete only for assets show	ving yani in							Col. (h) gain i not less than		
(i) F M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				(from col. (h	ı)) ´ 	
<u>a</u>	<b>_</b>	<u>-</u>							<u> </u>	793.
<u>b</u>	-									574.
<u> </u>	<del></del> -			<del></del>			<del></del>		- 6,	890. 88.>
<u>d</u>										472.
<u>e</u>				<del></del>	<del>\</del> -	T			<u> </u>	4/4.
2 Capital gain net income or (net	capital loss	) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	in Part I, line - in Part I, line	7 7	) 2				5,	041.
3 Net short-term capital gain or (	•	` '	d (6):			ļ				
If gain, also enter in Part I, line		(c).			<b>     </b>			NT / 7		
If (loss), enter -0- in Part I, line  Part V   Qualification	Under S	Section 4940(e) for	Beduced	Tax on Net I	nvestr	nent Inc	ome	N/A		
(For optional use by domestic privi If section 4940(d)(2) applies, leave Was the foundation liable for the s If "Yes," the foundation does not qu	this part b	lank. tax on the distributable amo	ount of any ye	ar in the base peri	·				Yes [	<b>X</b> No
1 Enter the appropriate amount i					tries.					
(a)  Base period years  Calendar year (or tax year begin		(b) Adjusted qualifying dist		Net value of no	(c)	e-use assets		Dıstrıbı (col. (b) dıvı	(d) ution ratio ded by col. (	(c))
2015	9	5(	6,135.		3	04,628		·		4274
2014		5.	5,500.		3:	24,621			.17	0969
2013		5	4,625.			30,293				5383
2012			1,681.			72,846				2764
2011		3(	6,205.		2	30,135	-		.15	7321
2 Total of line 1, column (d)							2		.83	0711
3 Average distribution ratio for the foundation has been in exis		•	on line 2 by 5,	or by the number (	of years		3		.16	6142
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5				4		357,	468.			
5 Multiply line 4 by line 3				5		59,	390.			
6 Enter 1% of net investment income (1% of Part I, line 27b)				6			130.			
7 Add lines 5 and 6							7		59,	520.
8 Enter qualifying distributions fr	om Part XII	, line 4					8_		53 <u>,</u>	000.
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, c	heck the box in Part VI, line	1b, and comp	lete that part using	g a 1% tax	rate.				
623521 11-23-16								Fo	orm <b>990-F</b>	<b>'F</b> (2016

POLEN FAMILY FOUNDATION

Form 990-P	(2016) C/O EDWARD POLEN		20-3970		!	Page 4
Part VI	Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4940(e), or 4	948 - see ii	nstruc	tions	3)
1a Exemp	t operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	enter "N/A" on line 1.	3	*		٠, ١
Date o	ruling or determination letter: (attach copy of letter if ne	cessary-see instructions)			_ 3	
<b>b</b> Domes	tic foundations that meet the section 4940(e) requirements in Part V, check here	▶ ☐ and enter 1%	1.		2.	<u>59.</u>
of Part	I, line 27b			,	,	
c All oth	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col. (b). リ	,		,	_
2 Tax un	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers enter -0-)	2			0.
3 Add Iir	es 1 and 2		3		2	<u>59.</u>
4 Subtitl	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -0-)	4			0.
5 Tax ba	sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5			<u>59.</u>
6 Credits	/Payments:			*		
<b>a</b> 2016 e	stimated tax payments and 2015 overpayment credited to 2016	6a 1.	4			
<b>b</b> Exemp	t foreign organizations - tax withheld at source	6b	<b>↓</b>   ·			
c Tax pa	d with application for extension of time to file (Form 8868)	6c 300.	4			
	withholding erroneously withheld		<b>-</b>		-	0.1
	redits and payments Add lines 6a through 6d		7			<u>01.</u>
	ny <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is att	ached	8			
	e. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>P</b>	9			<del></del>
•	yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	40	10			$\frac{42.}{0.}$
	ne amount of line 10 to be: Credited to 2017 estimated tax  A Statements Regarding Activities	42. Refunded ▶	11			<u> </u>
				1	Yes	No
	the tax year, did the foundation attempt to influence any national, state, or local legi-	siation or did it participate of interven	e in	-	103	X_
	litical campaign?	(one instructions for the definition	~\?	1a		X
	pend more than \$100 during the year (either directly or indirectly) for political purpo	·	•	16		<u> </u>
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any materials publish	nea or	,		ĺ
	uted by the foundation in connection with the activities			,,		х
	foundation file Form 1120-POL for this year?	o voar		1c		<u> </u>
	ne amount (if any) of tax on political expenditures (section 4955) imposed during the ithe foundation.   \$		•			
	the reimbursement (if any) paid by the foundation during the year for political expend	· · <del></del>	_			
	ers. $\triangleright$ \$ 0 $\bullet$	mure tax imposed on roundation				ĺ
-	e foundation engaged in any activities that have not previously been reported to the l	PC2		2		х
	s," attach a detailed description of the activities	110				
	e foundation made any changes, not previously reported to the IRS, in its governing	instrument articles of incorporation	nr			ĺ
	, or other similar instruments? If "Yes," attach a conformed copy of the change		<b>.</b>	3		х
	foundation have unrelated business gross income of \$1,000 or more during the year			4a		X
	" has it filed a tax return on <b>Form 990-T</b> for this year?	•	N/A	4b		
	ere a liquidation, termination, dissolution, or substantial contraction during the year'	7		5		X
If "Ye	t," attach the statement required by General Instruction T.					
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ether:				
	nguage in the governing instrument, or					
-	ate legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the stat	e law			
•	in the governing instrument?			6	X	l
	foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II. col. (c), and Part X	/	7	X	
	, , , , , , , , , , , , , , , , , , , ,	(-),				
8a Enter 1	he states to which the foundation reports or with which it is registered (see instruction	ons) ►				•
IL						
<b>b</b> If the a	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
	state as required by General Instruction G? If "No," attach explanation	· · ·		8b	X	<u></u>
	oundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) for cal	endar			T -
year 2	016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	complete Part XIV		9		X
	y persons become substantial contributors during the tax year? If "Yes," attach a sched	•		10		X
			Fo	rm <b>99</b> 0	)-PF	(2016)

De	art VII-A   Statements Regarding Activities (continued)			aye a
	Statements negarding Activities (continued)		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		. 03	140
"	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?	<del>  '</del> -		
12	If "Yes," attach statement (see instructions)	12		x
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 ► EDWARD POLEN Telephone no ►847-68	9-2	200	
	Located at ▶ 2780 RIDGE ROAD, HIGHLAND PARK, IL ZIP+4 ▶60			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<u> </u>	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	_
16	At any time during calendar year 2016, 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			<u> </u>
Pá	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.		Yes	No
18	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 after			
	termination of government service, if terminating within 90 days.)  Yes X No			
	old fany answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	46		
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here  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 2016?	1c		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)):			
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No			
	If "Yes," list the years >,,,,			
ı	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 all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	In Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3				
	during the year? Yes X No			١,
1	olf "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			ĺ.
	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 2016)  N/A	3b	<u> </u>	7.7
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	ا ا		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	<u>  4b</u> rm <b>99</b> 0	)-PF	(2016)
	F(I)	1111 221		·/U101

POLEN FAMILY FOUNDATION Form 990-PF (2016) C/O EDWARD POLEN			20-39704	63	Daga C
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be B			<del></del>	Page 6
	Om 4720 May Bo II	cqui cu (contin	T	· F	T
5a During the year did the foundation pay or incur any amount to:	- 4045(-)\0		s X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			S A NO		
(2) Influence the outcome of any specific public election (see section 4955); o	ir to carry on, directly or indire				1 .
'any voter registration drive?	_		s X No	1	1
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			- 1	
4945(d)(4)(A)? (see instructions)		Ye	s X No	` `	1.
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			1.
the prevention of cruelty to children or animals?		Ye	s X No	į.	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		, f	1:
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ 「	~	T
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai	ned			1
expenditure responsibility for the grant?		- /	s No		1
If "Yes," attach the statement required by Regulations section 53 4945	i-5(d)			1	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	, ,		l	•	1
a personal benefit contract?	pay promisino on		s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	perconal honofit contract?		.5 [22] 110	6b	x
	on sondi penenii contracti		-	<u> </u>	+
If "Yes" to 6b, file Form 8870	.b		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		16		<del></del>	+
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trusto		agara Highly	N/A	7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	es, roundation mar	lagers, nignly			
List all officers, directors, trustees, foundation managers and their	compensation.				
1 List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) E	pense
_ <u></u>	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Exaccour	opense
List all officers, directors, trustees, foundation managers and their     (a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exaccour accour allow	opense nt, other vances
List all officers, directors, trustees, foundation managers and their  (a) Name and address  EDWARD POLEN	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exactour allow	opense nt, other vances
1 List all officers, directors, trustees, foundation managers and their  (a) Name and address  EDWARD POLEN  2780 RIDGE ROAD	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE	(If not paid, enter -0-) CTOR	compensation	(e) E: accour allow	ances
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN  2780 RIDGE ROAD  HIGHLAND PARK, IL 60035	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50	(If not paid, enter -0-) CTOR	(d) Contributions to employee benefit plans and deterred compensation	(e) E: accour allow	onense of the contract of the
1 List all officers, directors, trustees, foundation managers and their  (a) Name and address  EDWARD POLEN  2780 RIDGE ROAD  HIGHLAND PARK, IL 60035  TAMRA POLEN	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE	(If not paid, enter -0-) CTOR	compensation	(e) E: accour allow	ances
1 List all officers, directors, trustees, foundation managers and their  (a) Name and address  EDWARD POLEN  2780 RIDGE ROAD  HIGHLAND PARK, IL 60035  TAMRA POLEN  2780 RIDGE ROAD	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR	(If not paid, enter -0-) CTOR  0. ECTOR	O .	(e) E) accour allow	0.
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN  2780 RIDGE ROAD  HIGHLAND PARK, IL 60035  TAMRA POLEN  2780 RIDGE ROAD  HIGHLAND PARK, IL 60035	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25	(If not paid, enter -0-) CTOR  0. ECTOR	compensation	(e) E) accour allow	ances
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 BERNARD A. SCHLIFKE	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR	(If not paid, enter -0-) CTOR  0. ECTOR	O .	(e) E: accour allow	0.
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR	O .	(e) E: accour allow	0 . 0 .
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 BERNARD A. SCHLIFKE	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25	(If not paid, enter -0-) CTOR  0. ECTOR	O .	(e) E: accour allow	0.
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR	O .	(e) E: accour allow	0 . 0 .
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR	O .	(e) E: accour allow	0 . 0 .
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 EDWARD POLEN CONTROL OF THE PARK OF	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. SCTOR	O .	(e) E: accour allow	0 . 0 .
1 List all officers, directors, trustees, foundation managers and their (a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. SCTOR	O. O.	allow	0. 0.
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035 EDWARD POLEN CONTROL OF THE PARK OF	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. SCTOR	O .  O .  (d) Contributions to employee benefit plans	(e) Exactor	0. 0. coense
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000 CHICAGO, IL 60611  Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O. O.	(e) Exactor	0 . 0 .
(a) Name and address  EDWARD POLEN  2780 RIDGE ROAD  HIGHLAND PARK, IL 60035  TAMRA POLEN  2780 RIDGE ROAD  HIGHLAND PARK, IL 60035  BERNARD PARK, IL 60035  BERNARD A. SCHLIFKE  ONE IBM PLAZA, SUITE 3000  CHICAGO, IL 60611	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O .  O .  (d) Contributions to employee benefit plans and deferred	(e) Exactor	0. 0. coense
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000 CHICAGO, IL 60611  Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O .  O .  (d) Contributions to employee benefit plans and deferred	(e) Exactor	0. 0. coense
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000 CHICAGO, IL 60611  Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O .  O .  (d) Contributions to employee benefit plans and deferred	(e) Exactor	0. 0. coense
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000 CHICAGO, IL 60611  Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O .  O .  (d) Contributions to employee benefit plans and deferred	(e) Exactor	0. 0. coense
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000 CHICAGO, IL 60611  Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O .  O .  (d) Contributions to employee benefit plans and deferred	(e) Exactor	0. 0. coense
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000 CHICAGO, IL 60611  Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O .  O .  (d) Contributions to employee benefit plans and deferred	(e) Exactor	0. 0. coense
(a) Name and address  EDWARD POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  TAMRA POLEN 2780 RIDGE ROAD HIGHLAND PARK, IL 60035  BERNARD A. SCHLIFKE ONE IBM PLAZA, SUITE 3000 CHICAGO, IL 60611  Compensation of five highest-paid employees (other than those inc.  (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position  PRES/SEC/DIRE  0.50  TREASURER/DIR  0.25  ASST SECY/DIR  0.00	(If not paid, enter -0-) CTOR  0. ECTOR  0. ECTOR  0. ECTOR	O .  O .  (d) Contributions to employee benefit plans and deferred	(e) Exactor	0. 0. coense

Form **990-PF** (2016)

Total number of other employees paid over \$50,000

### POLEN FAMILY FOUNDATION

Form 990-PF (2016) C/O EDWARD POLEN	20-3970	463 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ion 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		
	7	
	<u> </u>	
		L
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	<u></u>	0
	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the	Expenses
1 N/A	000, 010.	
1N/A		
<del></del>		
2		
3		
4		
Part IV-B Common of Drogram Deleted Investments		<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 li	ines 1 and 2	Amount
1 N/A	nes i anu z.	Amount
1N/A	<del></del>	
2		<del></del>
All other program-related investments. See instructions.		
3		
	<del></del>	
	<del></del>	
Tatal Add lines 1 through 2	<b>—</b>	0.
Total. Add lines 1 through 3		m <b>990-PF</b> (2016)
	1 01	(2010)

Form 990-PF (2016)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 328,120. a Average monthly fair market value of securities 34,792. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 362,912. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 362,912. 3 Subtract line 2 from line 1d 5,444. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 357,468. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 17,873. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 17,873. Minimum investment return from Part X, line 6 259 2a Tax on investment income for 2016 from Part VI, line 5 b Income tax for 2016. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 614. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 17,614. 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 17,614. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 53,000. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3Ь 53,000. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6 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 4940(e) reduction of tax in those years.

Form 990-PF (2016)

POLEN FAMILY FOUNDATION Form 990-PF (2016) C/O EDWARD POLEN

Part XIII Undistributed Income (s	ee instructions)	_		
	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7			*.	17,614.
2 Undistributed income, if any, as of the end of 2016  a Enter amount for 2015 only		î.	_0.	*
b Total for prior years:	,	0.	` ,	
3 Excess distributions carryover, if any, to 2016:  a From 2011		· · · · · · · · · · · · · · · · · · ·		
d From 2014 39,561. e From 2015 41,034. f Total of lines 3a through e	171,999.			
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 53,000.  a Applied to 2015, but not more than line 2a			. 0.	,
<ul> <li>b Applied to undistributed income of prior years (Election required - see instructions)</li> <li>c Treated as distributions out of corpus</li> </ul>		0.		
(Election required - see instructions)  d Applied to 2016 distributable amount	0.	\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	· · · · · · · · · · · · · · · · · · ·	17,614.
Remaining amount distributed out of corpus     Excess distributions carryover applied to 2016     (If an amount appears in column (d), the same amount must be shown in column (a))	35,386.			0.
6 Enter the net total of each column as indicated below:		·		
Corpus Add lines 3f, 4c, and 4e Subtract line 5     Prior years' undistributed income. Subtract line 4b from line 2b	207,385.	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.		Ÿ
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				0.
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 2011 not applied on line 5 or line 7	24,868.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	182,517.			
10 Analysis of line 9:  a Excess from 2012 b Excess from 2013 c Excess from 2014  28,158. 38,378. 39,561.	* , ,		,	
d Excess from 2015 e Excess from 2016 2016 41,034. 35,386.			5	

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Form **990-PF** (2016)

Part XIV   Private Operating Fo	oundations (see ins	tructions and Part V	II-A, guestion 9)	N/A	-3370403 Tage
1 a If the foundation has received a ruling or			<del></del>		
foundation, and the ruling is effective for			▶		
<b>b</b> Check box to indicate whether the foundation		-	in section	4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			1,,	· · · ·	
each year listed					
b 85% of line 2a			<del></del>	····	
c Qualifying distributions from Part XII,	· · · · · ·				<del></del>
line 4 for each year listed					
d Amounts included in line 2c not		.,,	<del></del>		
used directly for active conduct of					
· ·					
e Qualifying distributions made directly					
· · ·					
for active conduct of exempt activities.  Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				<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 "Endowment" alternative test - enter			+		
2/3 of minimum investment return					
shown in Part X, line 6 for each year	İ				
listed					<del></del>
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	j				
organizations as provided in	ļ				
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV   Supplementary Infor	motion (Complet	o this port only	if the foundation	n had \$5 000 a	r more in essets
at any time during th			ii tile loullaatit	Jii iiau \$5,000 0	i iliore ili assets
		icuons.,		<del></del>	
1 Information Regarding Foundation	_				
a List any managers of the foundation who year (but only if they have contributed me			tributions received by	the foundation before t	the close of any tax
	ore triair \$5,000). (See Se	cuon 307 (u)(2).)			
IONE					_ <del>;</del>
<ul> <li>List any managers of the foundation who other entity) of which the foundation has</li> </ul>			(or an equally large p	ortion of the ownership	of a partnership or
• •	a 10 % of greater interes	<b></b>			
NONE					<del> </del>
2 Information Regarding Contribution					
Check here X if the foundation or					
the foundation makes gifts, grants, etc. (	·			<del></del>	, c, and u.
a The name, address, and telephone numb	er or e-mail address of th	e person to whom app	ications should be add	dressed:	
<b>b</b> The form in which applications should be	submitted and informati	on and materials they s	should include:		
c Any submission deadlines;			· · · · · · · · · · · · · · · · · · ·	<del></del>	
Mily Submission ucaumics,					
d Any restrictions or limitations on awards	, such as by geographical	l areas, charitable fields	, kınds of ınstitutions,	or other factors:	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
AMERICAN CANCER SOCIETY	NONE	₽C	CHARITABLE	
CHICAGO, IL		<del> </del>		1,000
AMERICAN RED CROSS	NONE	₽C	CHARITABLE	
CHICAGO, IL		+		1,000
AMERICAS VET DOGS	NONE	PC	CHARITABLE	
CULTON CO. T.				500
CHICAGO, IL				500
		ļ		
CBO	NONE	PC PC	CHARITABLE	
CHICAGO, IL				1,000
inicado, 11				1,000
CHICAGO BOTANICAL GARDEN	NONE	PC	CHARITABLE	
CHICAGO, IL				1,000
	ONTINUATION SHEE	T(S)	► 3a	53,000
<b>b</b> Approved for future payment				
NONE				
110112				
		<u> </u>		
Total	<del></del>		<u>▶ 3b</u>	0 rm <b>990-PF</b> (201

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
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Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7.11104111	
<u> </u>	<u> </u>		_		
D			_		
c					
d				·	
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	22.	
4 Dividends and interest from securities			14	9,480.	•
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income			14	482.	
			1	402.	
8 Gain or (loss) from sales of assets other	}		18	5,041.	
than inventory	<del> </del>		10	3,041.	
9 Net income or (loss) from special events	<del> </del>		$\vdash$		
10 Gross profit or (loss) from sales of inventory			$\vdash$		
11 Other revenue:	ľ				
a					
b			$\vdash$		
c					
d					
e				15 005	
12 Subtotal. Add columns (b), (d), and (e)		0.		15,025.	0.
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	15,025.
Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which income the foundation's exempt purposes (other than by	ne is reported	ın column (e) of Part XVI-A			plishment of
			<del></del>		
				<del></del>	
623621 11-23-18		<u> </u>			Form <b>990-PF</b> (2016)

Form 990-PF		DWARD POI					20-39		Pa	<u>ige</u> 13
Part XVII	Information Re Exempt Organ		sfers To a	and Transaction	s and Re	lationships \	Vith Noncha	ritable		
1 Did the d	organization directly or indi		of the follows	ng with any other organi	zation descri	ibed in section 501	(c) of		Yes	No
	e (other than section 501(c									
	s from the reporting found	ation to a noncharita	able exempt or	ganization of:						
(1) Cas								1a(1)		X
(2) Other	er assets ansactions:							1a(2)		X
	es of assets to a noncharita	ible exempt organiza	ition					1b(1)		X
	chases of assets from a no							1b(2)		X
	tal of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·	Ū					1b(3)		X
(4) Reir	mbursement arrangements							1b(4)		X
• •	ns or loan guarantees							1b(5)		X
	formance of services or me		_					1b(6)		X
-	of facilities, equipment, ma					46 - 4		10		<u> </u>
	swer to any of the above is es given by the reporting f								ets,	
	(d) the value of the goods,				value iii ariy	transaction or shall	my arrangement,	311014 111		
(a) Line no	(b) Amount involved	(c) Name o	f noncharitabl	e exempt organization	(d	Description of trans	ers, transactions, an	d sharing arra	ngemen	ts
			N/A							
	<del></del>					v.*				
	<del></del> .									
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				<del>_</del>	-	·				
		-	<u>-</u>							
ın sectior	undation directly or indirect n 501(c) of the Code (other complete the following sch	than section 501(c			ganizations d	escribed	i	Yes	X	No
	(a) Name of org			(b) Type of organization	on	(c) Des	cription of relation	ıshıp		
	N/A									
		<del></del>		<u> </u>						
	$\overline{}$	<del></del>		<del> </del>						
Unde	r penalties of perjury, I declare t	hat I have examined this	return, including	accompanying schedules an	d statements, a	and to the best of my k	nowledge			
Sign   and b	periof, it is true, dorrect, and conf	plete Declaration of pre	parer (other than	taxpayer) is based on all info	rmation of whic	ch preparer has any kn	owledge K	lay the IRS disturn with the hown below (s  X Yes	preparer	
Sig	nature of officer or trustee		1	Date	Title	<b>.</b>				
	Print/Type preparer's na	me	Preparer's si	gnature	Date	Check	If PTIN			
Paid	KIMBEDIA	LI A TIMA NINT	W TMDED	TV A HAIDER	11/0		nployed	NE 4 6 4	101	
Preparer	Firm's name ► PLA	NULE & WUD	VINDEK	LY A. HAUMA	11/0		. PU EIN ► 38-1	35795		
Use Only	THE STREET	LIL & HOR	ди, FU			Firm's	S CIN ► 30-1		, 1	
•	Firm's address ▶ 10	S. RIVER	SIDE P	LAZA, 9TH F	LOOR	_	<del></del>			
		ICAGO, IL				Phone	e no. (312)	207-	104	0
								Form <b>990</b>		

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor CHICAGO ZOOLOGICAL SOCIETY NONE ÞС CHARITABLE CHICAGO, IL 2,500. CHILDRENS ADVOCACY CENTER NONE PC CHARITABLE CHICAGO, IL 1,000. CHILDRENS CANCER RESEARCH FOUNDATION NONE CHARITABLE CHICAGO, IL 2,500. LURIE CHILDREN'S HOSPITAL NONE PC CHARITABLE CHICAGO, IL 3,000. DISABLED AMERICAN VETERANS NONE CHARITABLE CHICAGO, IL 1,500. DOCTORS WITHOUT BORDERS NONE ÞС CHARITABLE CHICAGO, IL 2,500. FAMILY SERVICES NONE CHARITABLE PLEASANT PRAIRIE, WI 1,000. FRIENDS OF CONSERVATION NONE ÞС CHARITABLE CHICAGO, IL 2,500. FRIENDS OF DISABLED ISRAELI VETS NONE ÞС CHARITABLE CHICAGO, IL 1,000. FRIENDS OF THE ISRAEL DEFENSE FORCES NONE ₽C CHARITABLE CHICAGO, IL 1,000. Total from continuation sheets 48,500.

Recipient  Name and address (home or business)  LABITAT FOR HUMANITY  CHICAGO, IL  LIAS CHICAGO	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)  LABITAT FOR HUMANITY  CHICAGO, IL	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CHICAGO, IL		PC	CHARITABLE	
IIAS CHICAGO			· · ·	4
				1,00
HICAGO, IL	NONE	PC	CHARITABLE	
				1,000
P COMMMUNITY PROGRAM	NONE	PC	CHARITABLE	
HICAGO, IL				1,000
P COMMUNITY FOUNDATION	NONE	PC	CHARITABLE	
HICAGO, IL				1,000
SRAEL SPORT CENTER FOR DISABLED	NONE	PC	CHARITABLE	
HICAGO, IL			_	1,000
AKE COUNTY CARES	NONE	PC	CHARITABLE	
ARRINGTON, IL				1,000
YNN SAGE FOUNDATION	NONE	PC	CANCER RESEARCH	
HICAGO, IL			+	1,000
ASSACHUSETTS COLLEGE OF PHARMACY	NONE	PC	CHARITABLE	l
OSTON, MA				5,000
ATIONAL MULTIPLE SCLEROSIS SOCIETY	NONE	PC	CHARITABLE	l
HICAGO, IL			_	1,000
ATIONAL PACK FOUNDATION	NONE	PC	CHARITABLE	
HICAGO, IL  Total from continuation sheets				500

Part XV Supplementary Informati			<del></del>	г
3 Grants and Contributions Paid During th		<del></del>	<del></del>	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
NO IL FOOD BANK	NONE	₽C	CHARITABLE	
	NONE		CHARTTABLE	
CHICAGO, IL		-		1,000
PADS OF LAKE COUNTY	NONE	₽C	CHARITABLE	
NORTH CHICAGO, IL				1,000
				İ
PARALYZED VETS OF AMERICA	NONE	PC	CHARITABLE	
CHICAGO, IL				1,000
SALVATION ARMY	NONE	PC	CHARITABLE	
CHICAGO, IL				3,000
SPECIAL OLYMPICS	NONE	PC	CHARITABLE	
RALEIGH, NC				1,000
ST. JUDES HOSPITAL	NONE	PC	CHARITABLE	
	KONE			
CHICAGO, IL		<u> </u>		1,000
THE ARK	NONE	PC	CHARITABLE	
CHICAGO, IL				1,000
chickey, 11				1,000
TROUT UNLIMITED	NONE	РC	CHARITABLE	
WOOLY BUGGER, WV				500
· ·				
UNITED WAY	NONE	PC	CHARITABLE	
CHICAGO, IL				4,000
US HOLOCAUST MUSEUM	NONE	PC	CHARITABLE	
CHICAGO, IL			<u> </u>	1,000
Total from continuation sheets				<u> </u>

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of recipient show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) บรด NONE CHARITABLE 1,000. CHICAGO, IL WOUNDED WARRIOR PROJECT NONE CHARITABLE CHICAGO, IL 1,000. Total from continuation sheets

## 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

Name of the organization

POLEN FAMILY FOUNDATION C/O EDWARD POLEN

Employer identification number

20-3970463

Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	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 <b>General Rule</b> or a <b>Special Rule</b> .  (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 \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II						
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for itielty to children or animals. Complete Parts I, II, and III						
year, contributions is checked, enter h purpose Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" on	rat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to						

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) (2016) Name of organization POLEN FAMILY FOUNDATION Employer identification number

C/O E	DWARD POLEN	20	0-3970 <u>463</u>
Part I		of additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMCO 2100 COMMONWEALTH AVE NORTH CHICAGO, IL 60064	s100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)

623452 10-18-16

Name of organization POLEN FAMILY FOUNDATION C/O EDWARD POLEN Employer identification number

20-3970463

<u>-,                                    </u>	JAMES TOREN		
Part II	Noncash Property (See instructions) Use duplicate copies of P	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	
(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
323453 10-18		\$	990, 990-EZ, or 990-PF) (2016

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	(e) Transfer of gift	

623454 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF INTERES	T ON SAVIN	IGS AND	TEMPOR	ARY C	ASH I	NVESTMENTS	STATEMENT 1
SOURCE			(A) REVENUE R BOOK			(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
JPMORGAN BANK			22.			22.	
TOTAL TO PART I, LIN	TE 3			22.		22.	
FORM 990-PF	DIVIDENDS	AND IN	ITEREST	FROM	SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPI GAI DIVII	:NS	REV	A) ENUE BOOKS	(B) NET INVES MENT INCO	
HARRIS BANK JPMORGAN BANK	2,770. 8,182.		93.	_	2,677 6,803		
TO PART I, LINE 4	10,952.	1	.,472.		9,480	9,48	0.
FORM 990-PF		ОТНЕ	R INCO	ME			STATEMENT 3
DESCRIPTION			RE	(A) VENUE BOOK		(B) NET INVEST- MENT INCOME	
HARRIS BANK					482.	482	
TOTAL TO FORM 990-PF	, PART I,	LINE 11			482.	482	-
FORM 990-PF		LE	GAL FE	ES	<del></del>	<u> </u>	STATEMENT 4
FORM 990-PF DESCRIPTION		(A) EXPENSE PER BOO	S NE	(B) T INV		(C) ADJUSTED NET INCOM	(D) CHARITABLE
		(A) EXPENSE PER BOO	S NE	(B) T INV	EST-	ADJUSTED	(D) CHARITABLE

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	1,515.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	1,515.	0.		0.	
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S'	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVISORY FEE BANK FEES	1,960. 45.	1,960. 15.		0.	
TO FORM 990-PF, PG 1, LN 16C	2,005.	1,975.		0.	
FORM 990-PF	TAX	ES	S'	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE	
				PURPOSES	
FEDERAL	91. 66. 110.	91. 0. 0.		PURPOSES 0	
FOREIGN TAXES ON DIVIDENDS FEDERAL IL STATE TAXES TO FORM 990-PF, PG 1, LN 18	66.	0.			
FEDERAL IL STATE TAXES	66. 110.	91.	S	PURPOSES  0. 0. 0.	
FEDERAL IL STATE TAXES TO FORM 990-PF, PG 1, LN 18  FORM 990-PF	66. 110. 267.	91.	(C) ADJUSTED NET INCOME	PURPOSES  0. 0. 0.	
FEDERAL IL STATE TAXES TO FORM 990-PF, PG 1, LN 18	OTHER E	0. 0. 91. XPENSES  (B) NET INVEST- MENT INCOME	(C) ADJUSTED	PURPOSES  0. 0. 0. TATEMENT 8  (D) CHARITABLE	

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
HARRIS BROKERAGE JPMORGAN	COST	0. 296,571.	0. 333,632.
TOTAL TO FORM 990-PF, PART II, LIN	IE 13	296,571.	333,632.