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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491222003197

2016

OMB No 1545-0052

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-20)16 , aı	nd er	nding 12-31-	2016 entification numbe	
		AMILY FOUNDATION			26-1287682	entification number	
Num	ber and	street (or P O box number if mail is not delivered to street address)	Room/suite				
		OTTSDALE CIRCLE	B Telephone number (see instructions)				
City	or town	, state or province, country, and ZIP or foreign postal code			(630) 904-7560		
NAPI	RVILLE	, IL 60564			C If exemption	application is pendin	g, check here
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check h	ere
		Final return Amended return				rganizations meeting k here and attach co	
		Address change Name change				undation status was	· -
_		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), chec	
		1 4947(a)(1) nonexempt charitable trust					
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$782,563	be on cash basis)	ıaı		ation is in a 60-mont n 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ✓ If the foundation is not required to attach					
	_	Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	12,096		13,846		
	5a b	Gross rents					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	18,190				
Revenue	ь	Gross sales price for all assets on line 6a 18,190	,				
Rev	7	Capital gain net income (from Part IV, line 2)			18,190		
_	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	11	Oth / / / / / / / /-					
	12	Total. Add lines 1 through 11	30,286		32,036		
	13	Compensation of officers, directors, trustees, etc	0,233		0		
	14	Other employee salaries and wages					
S	15	Pension plans, employee benefits					
nse	16a	Legal fees (attach schedule)					
×pe	b	Accounting fees (attach schedule)	1,380		690		690
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	1,608		1,608		(
ati∨	17	Interest	_				
St E	18	Taxes (attach schedule) (see instructions)	460		0		(
<u> </u>	19	Depreciation (attach schedule) and depletion					
Adı	20	Occupancy					
nd	21 22	Printing and publications					
e G	23	Other expenses (attach schedule)	9 225		0		22!
at III	24	Total operating and administrative expenses.	_				
ber		Add lines 13 through 23	3,673		2,298		915
0	25	Contributions, gifts, grants paid	40,138				40,138
	26	Total expenses and disbursements. Add lines 24 and 25	43,811		2,298		41,05
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-13,525				
	ь	Net investment income (If negative, enter -0-)			29,738		
	С	Adjusted net income(If negative, enter -0-)					
Or	Daner	work Reduction Act Notice, see instructions.			Cat No. 11289)	/ Eas	m QQN-DF (2016

٠,

22

23

24

25

28

29

30

31

Part III

2

3

Balances

Fund 26

ō

Assets 27

Net

Other liabilities (describe -_

Unrestricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Permanently restricted . .

Temporarily restricted

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

0

768,363

768,363

768,363

1,000

1,000

781,563

781,563

782,563

1

2

3

4

5

6

768,363

-13,525

26,725

781,563

781,563 Form **990-PF** (2016)

instructions

Cupital Callis	una zoooco ioi iax on ziiicoi	inione znoome			
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a CAPITAL GAINS DIVIDEN	IDS		Р		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain ò	h) r (loss)) minus (g)
a 1	.8,190				18,19
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) l (յ), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a					18,19
b					
С					
d					
e					
•	gain or (loss) gain or (loss) structions:		Part I, line 7	3	18,190
Part V Qualification	Under Section 4940(e) for Re	duced Tax on Net	Investment I	ncome	
For optional use by domestic p	private foundations subject to the sec	ction 4940(a) tax on ne	et investment inco	me)	
f section 4940(d)(2) applies, lo	eave this part blank			_	_
f "Yes," the foundation does no	ne section 4942 tax on the distributal ot qualify under section 4940(e) Do	not complete this part			es 🔽 No
	nount in each column for each year,	see instructions before	making any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab		(d) Distribution rati (col (b) divided by c	ol (c))
2015	40,792		805,163		0 050663
2014	40,102		827,957		0 048435
2013	35,374		766,891		0 046127
2012	35,096		706,671		0 049664
2011	33,178		714,773		0 046418
2 Total of line 1, column (,		2		0 241307
	o for the 5-year base period—divide to the following for the follo		, or by the 3		0 048261
	incharitable-use assets for 2016 from		4		757,396
5 Multiply line 4 by line 3			5		36,553
	ent income (1% of Part I, line 27b)		6		297
			7		36,850
	ions from Part XII, line 4 ,		8		41,053
	eater than line 7, check the box in Pa			ing a 1% tax rate Se	

Page **3**

	If "Yes," attach the statement requir	ed b	y Regulations section 53	4945-5(d)					
6 a	Did the foundation, during the year,	rece	eive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?				· 🗌 Yes 🗸				
b	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal bei	nefit contract?	NO	6b		No
	If "Yes" to 6b, file Form 8870					Ī			
7a	At any time during the tax year, was	the	foundation a party to a p	rohibited tax shelter tran	nsaction? Yes				
b	If yes, did the foundation receive an				⊔ Yes 💌	No	7b		
	Information About O		· · · · · · · · · · · · · · · · · · ·		nagers, Highly Paid Er	nplov	vees.		
Pa	and Contractors		,,		g, g ,		, ,		
1	List all officers, directors, trustee	s. f	oundation managers an	d their compensation	(see instructions).				
	List all officers, affectors, trastee	<i>5</i> ,			(d)				
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	Contributions to employee			se acc	
	(a) mame and address	(b) devoted to position	-0-)	benefit plans and deferred	(e)	other	allowa	nces
	Addıtıonal Data Table		-	-	compensation	1			
see	Additional Data Table								
						-			
2	Compensation of five highest-pai	d er	nployees (other than th	ose included on line 1		ne, er	nter "l	NONE.	
	(a)		Title, and average		Contributions to				
Na	ame and address of each employee pa	ıd	hours per week	(c) Compensation	employee benefit plans and deferred			e acco allowar	
	more than \$50,000		(b) devoted to position		(d) compensation	(0)		anomai	1000
NON	E								
			1						
			1						
			1						
Tota	I number of other employees paid over	r¢	50,000	1					
OLA	in number of other employees paid over	н фС		· · · · · · · · ·		Г	004)-PF (2016
						For	пээ	,-PF	/U15

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		
2		
2		
2		
3		
		
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		▶ 0
		Form 990-PF (2016)

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

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

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

1a

1b

2

За 3b

4

5

41,053

41.053

40.756

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297

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37.573

5.400

32,173

Form **990-PF** (2016)

Form 990-PF (20	016)
Part XIII	Undistributed Income (see instructions)

1 Distributable amount for 2016 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

b Total for prior years a From 2011.

Excess distributions carryover, if any, to 2016

b From 2012. c From 2013. . . . d From 2014. e From 2015.

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part XII, line 4 > \$

(a)

Corpus

0

(b)

Years prior to 2015

(c)

2015

35,653

35,653

(Election required—see instructions).

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

6 Enter the net total of each column as

be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

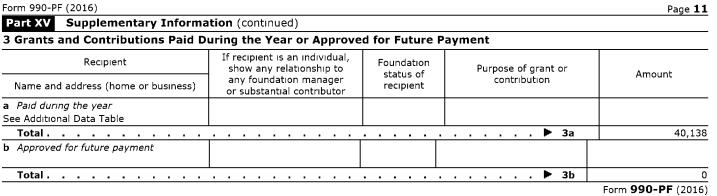
Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

N/A



nter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	rship dues and assessments					
	st on savings and temporary cash ments					
	ids and interest from securities			14	12,096	
	ital income or (loss) from real estate					
	financed property ebt-financed property					
	ental income or (loss) from personal property					
7 Other II	nvestment income					
	or (loss) from sales of assets other than cory			14	18,190	
	ome or (loss) from special events			14	10,190	
0 Gross p	profit or (loss) from sales of inventory					
	revenue a					
2 Suptota 3 Total:	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	30,286	30,286
See worksl	heet in line 13 instructions to verify calculatio	ns)			·	,
Part XVI Line No.	Relationship of Activities to th Explain below how each activity for which	income is reported	d in column (e) of	Part XVI-A contribut		
▼	the accomplishment of the foundation's ex instructions)	empt purposes (o	ther than by prov	riding funds for such	purposes) (See	

Form 9	90-PF	(2016)							Pa	ge 13
	t XVI	Exempt Organiz	zations				ationships With No			
		organization directly or inc e Code (other than section						ion 501	Yes	No
a Tr	ansfer	s from the reporting foun	dation to a non	charitable ex	kempt organization	of				
(1) Cas	sh						. 1a(1)	_	No
•	•	ner assets						1a(2)		No
		ansactions								
•	•	es of assets to a nonchari		-				1b(1)		No
•	-	chases of assets from a n						1b(2)		No
•	-	ntal of facilities, equipmen mbursement arrangemen	-					1b(3)		No No
		ins or loan guarantees.						. 1b(5)		No
•	-	ormance of services or me						. 1b(6)		No
•	-	of facilities, equipment, m	•	-				1c		No
of ın	the go any tr	swer to any of the above bods, other assets, or serv ansaction or sharing arrai	vices given by t ngement, show	the reporting in column (foundation If the d) the value of the	foundation red goods, other	ceived less than fair ma assets, or services rece	rket value Ived		
(a) Lir	e No	(b) Amount involved	(c) Name of no	ncharitable ex	empt organization	(d) Description	on of transfers, transactions	s, and sharing arra	ingemen	ts
		undation directly or indire	•	•	•	,	-			
		d in section 501(c) of the	•	an section 5	01(c)(3)) or in sec	tion 527?		∐Yes	✓ N	0
b If	"Yes,"	complete the following so (a) Name of organizatio		1 4	b) Type of organizati	on I	(c) Description	n of relationship		
		(a) Name of organization	11	<u> </u>	Type or organizati	OII	(c) Description	ir or relationship		
Sigr Her	of wh	nder penalties of perjury, my knowledge and belief nich preparer has any kno *****	, it is true, corr				ther than taxpayer) is b	pased on all info	rmation	n of eturn
		Signature of officer or tr	ustee		Date	Title		with the preparer (see instr)? 🗹		
	1	Print/Type preparer's	name P	reparer's Sig	nature	Date	Check if self- employed ▶ □	PTIN P0124	6734	
Paid		JILL BOYLE				2017-07-2				
Pre _l Use		THE STATE OF STATE	CH LLP					Fırm's EIN ►36	-31680	81
		-	15 W DIEHL R	SUITE 400						
		NA	PERVILLE, IL	605632349				Phone no (630) 566-8	3400

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation GERALD PALMER DIRECTOR-PRESIDENT 0 00 3604 SCOTTSDALE CIRCLE NAPERVILLE, IL 60564 MARY E PALMER DIRECTOR 0 00 CHRISTINA P HOWARD DIRECTOR-SECRETARY 0.00 5201 CENTRAL

NAPERVILLE, IL 60564				
GEOFFREY S PALMER	DIRECTOR-VICE	0	0	C
1507 KEYSTONE AVENUE RIVER FOREST, IL 60305	PRESIDENT 0 00			

DIRECTOR-TREASURER

0.00

WESTERN SPRINGS, IL 60558

1507 KEYSTONE AVENUE NAPERVILLE, IL 60305

ASHLEY E PALMER

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)	any foundation manager or substantial contributor	recipient	
a Paid during the year			

a Paid during the year				
AURORA AREA INTERFAITH FOOD PANTRY 659 S RIVER ST	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	3,000

659 S RIVER ST AURORA, IL 60506		CHARITY	GENERAL SUPPORT	
AURORA UNIVERSITY 347 S GLADSTONE AVE AURORA, IL 60506	NONE	PUBLIC CHARITY	WELCOME FUND	6,250

AURORA, IL 60506				
AURORA UNIVERSITY 347 S GLADSTONE AVE AURORA, IL 60506	NONE	PUBLIC CHARITY	WELCOME FUND	6,250
AURORA UNIVERSITY 347 S GLADSTONE AVE AURORA. IL 60506	NONE	PUBLIC CHARITY	"A" FUND, AURORA CAMPUS	2,500

347 S GLADSTONE AVE AURORA, IL 60506		CHARITY		,
AURORA UNIVERSITY 347 S GLADSTONE AVE AURORA, IL 60506	NONE	PUBLIC CHARITY	"A" FUND, AURORA CAMPUS	2,500
BALL STATE UNIVERSITY FOUNDATION PO BOX 672	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000

347 S GLADSTONE AVE AURORA, IL 60506	NONE	CHARITY	A FUND, AURURA CAMPUS	2,500
BALL STATE UNIVERSITY FOUNDATION PO BOX 672 MUNCIE, IN 47308	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
CHICAGO ZOOLOGICAL SOCIETY	NONE	PUBLIC	UNRESTRICTED CONTRIBUTION-	1,444

BALL STATE UNIVERSITY FOUNDATION PO BOX 672 MUNCIE, IN 47308	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,444

MUNCIE, IN 47308		CHARITI	GENERAL SUPPORT	
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 60513	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,444

40,138

Total .

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FOX VALLEY UNITED WAY NONE PUBLIC UNRESTRICTED CONTRIBUTION-1.000 44 EAST GALENA BLVD CHARITY GENERAL SUPPORT AURORA, IL 60505 IU FOUNDATION POST OFFICE BOX 500 NONE **PUBLIC** UNRESTRICTED CONTRIBUTION-1,000

BLOOMINGTON, IN 47402		CHARITY	GENERAL SUPPORT	
LAKE FOREST COLLEGE 555 NORTH SHERIDAN ROAD LAKE FOREST, IL 60045	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,500

LAKE FOREST, IL 60045		011/11/11	SERVICE SOFT SIXT	
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,500
OAK PARK RIVER FOREST FOOD PANTRY	NONE	PUBLIC	UNRESTRICTED CONTRIBUTION-	1 000

MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,50
OAK PARK RIVER FOREST FOOD PANTRY	NONE	PUBLIC	UNRESTRICTED CONTRIBUTION-	1,00

3a

4100 ILLINOIS ROUTE 53 LISLE, IL 60532		CHARITY	GENERAL SUPPORT	,
OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE STREET OAK PARK. IL 603011314	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000

OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE STREET OAK PARK, IL 603011314	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
Total				40,138

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		
a Paid during the year				
SARAH'S INN 309 HARRISON ST OAK PARK, IL 60304	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
SOC OF ST VINCENT DE PAUL - PHOENIX PO BOX 13600 PHOENIX, AZ 850023600	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	2,000
ST MARY'S FOOD BANK ALLIANCE 2831 N 31ST AVENUE PHOENIX, AZ 85009	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	2,000
UW-WHITEWATER FOUNDATION INC 800 WEST MAIN STREET WHITEWATER, WI 531901790	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
WAUBONSEE COMMUNITY COLLEGE FOUNDATION ROUTE 47 AT WAUBONSEE DRIVE SUGAR GROVE, IL 605549454	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	3,000

За

40,138

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)		recipient		
a Paid during the year				
ST LUKE'S CATHOLIC CHURCH 528 LATHROP AVENUE RIVER FOREST, IL 60305	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
HOLIDAY AND FOOD BASKET PO BOX 3365 OAK PARK, IL 60303	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,500
OAK PARK COUNTRY CLUB FOUNDATION 2001 N THATCHER AVE RIVER GROVE, IL 60171	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,500
SAFETY VILLAGE OF WESTERN SPRINGS 4233 JOHNSON AVENUE WESTERN SPRINGS, IL 60558	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	500
SHEDD AQUARIUM 29017 NETWORK PLACE CHICAGO, IL 606731290	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	2,500

За

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paic	During the	Year or Approved for Future I	Payment
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		
a Paid during the year				
MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DRIVE CHICAGO, IL 60637	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,000
ST JOHN OF THE CROSS PARISH SCHOOL 708 51ST STREET WESTERN SPRINGS, IL 60558	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	2,000
CHICAGO ZOOLOGICAL SOCIETY -	NONE	PUBLIC	UNRESTRICTED CONTRIBUTION-	1.444

ST JOHN OF THE CROSS PARISH SCHOOL 708 51ST STREET WESTERN SPRINGS, IL 60558	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	2,000
CHICAGO ZOOLOGICAL SOCIETY - HOWARDS 3300 GOLF ROAD BROOKFIELD, IL 60513	NONE	PUBLIC CHARITY	UNRESTRICTED CONTRIBUTION- GENERAL SUPPORT	1,444

За

40,138

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TY 2016 Accounting Fees Schedule							
-							
Name: PALMER FAMILY FOUNDATION EIN: 26-1287682							
Category	Amoun	t Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		1,380	690		690		

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TY 2016 Investments Corporat	e Stock Sche	dule

710,702

710,702

Name: PALMER FAMILY FOUNDATION

FTN: 26-1287682

CORPORATE STOCKS

20 1207002		
Name of Stock	End of Year Book Value	End of Year Fair Market Value

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TY 2016 Other Expenses Schedule							
Name:	: PALMER FAMILY	Y FOUNDATION					
EIN:	: 26-1287682						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
IL CHARITY BUREAU	15	0		15			
SECRETARY OF STATE	10	0		10			
POSTAGE	23	0		23			
PRINTING AND SUPPLIES	141	0		141			
BANK FEES	36	0		36			

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TY 2016 Other Increases Schedule						
Name:	PALMER FAMII	LY FOUNDATION				
EIN:	26-1287682					
De	escription		Amount			
CHANGE IN UNREALIZED GAINS/LOSSES	ON INVESTMEN	ITS	26,725			

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TY 2016 Other Liabilities Schedule						
Name:	PALMER FAMII	Y FOUNDAT	ION			
EIN: 26-1287682						
Descriptio	n		Beginning of Year - Book Value	End of Year - Book Value		
OUTSTANDING CHECK #1349			0	1,000		

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TY 2016 Other Professional Fees Schedule							
Name: PALMER FAMILY FOUNDATION EIN: 26-1287682							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

1,608

1,608

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLI	N: 93491222003197		
TY 2016 Taxes Schedule						
Name: PALMER FAMILY FOUNDATION EIN: 26-1287682						
EIN: 20-120/002						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL INCOME TAXES	460	0		0		