

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2016 or tax year beginning and ending Name of foundation A Employer identification number ST. ANDREWS FOUNDATION 36-3746882 Number and street (or P O box number if mail is not delivered to street address) Room/suite **B** Telephone number 395 E DUNDEE ROAD - SUITE 350 847-947-8445 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here WHEELING, IL 60090 G 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 Name change Address change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X Cash If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 1,543,356. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) charitable purposes (cash basis only) expenses per books ıncome 1,121,000 1 Contributions, gifts, grants, etc., received N/A if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 2,057 2,057 STATEMENT 1,861. 4 Dividends and interest from securities 1,861 STATEMENT 5a Gross rents b Net rental income or (loss) -75,7546a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Ñ 7 Capital gain net income (from Párt IV, line 2) ₽UQ 8 Net short-term capital gain 9 Income modifications OGDEN, UT 10a Gross sales less returns and allowances **b** Less Cost of goods sold c Gross profit or (loss) -21,452-21,452 11 Other income STATEMENT 1,027,712 -17,53412 Total Add lines 1 through 11 13 Compensation of officers directors, trustees, etc. 0. 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 156. 16a Legal fees STMT 0. 156. **b** Accounting fees STMT 5 900. 0. 900. c Other professional fees 6 12,036. 12,036. STMT 0. AUG 2 5 2010 and Administrative 4,694. 17 Interest 4,694. 0. 18 Taxes STMT 7 679. 646. 19 Depreciation and depletion 20 Оссиралсу 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 411 STMT 8 0 411. 24 Total operating and administrative expenses. Add lines 13 through 23 18,876. 16,763. 2,113. 25 Contributions, gifts, grants paid 54,304. 54,304. 26 Total expenses and disbursements. Add lines 24 and 25 73,180 16,763 56,417. 27 Subtract line 26 from line 12: 954,532. & Excess of revenue over expenses and disbursements

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

b Net investment income (if negative, enter -0-)
 c Adjusted net income (if negative, enter -0-)

Form 990-PF (2016)

0.

N/A

G13 V

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1_	580,196.
2	Enter amount from Part I, line 27a	2	954,532.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,534,728.
5	Decreases not included in line 2 (itemize)	5	0.
_	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,534,728.

94,279.

56,417.

7

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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

	n 990-PF(2016) ST. ANDREWS FOUNDATION 36-374			Page 4
$\overline{}$	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instru	ICTIO	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter:			^
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			0.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			^
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u> </u>
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
	2016 estimated tax payments and 2015 overpayment credited to 2016			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			_
7	Total credits and payments. Add lines 6a through 6d			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11			
Pa	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?				_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	ŀ		
	distributed by the foundation in connection with the activities	ŀ		
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	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	ļ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_X_
	If "Yes," attach the statement required by General Instruction T		-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	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	
88	Enter the states to which the foundation reports or with which it is registered (see instructions)	.		
	IL			
b If the answer is "Yes" to line 7, has the foundation furnished 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	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
-	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	<u> 30-3/400</u> nued)	004	Page 6
5a During the year did the foundation pay or incur any amount to:		(00//00/		-	T
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Пү	es X No		
(2) Influence the outcome of any specific public election (see section 4955);	· · · ·				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			İ	
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	for			
the prevention of cruelty to children or animals?		Y	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	uned		1	
expenditure responsibility for the grant?	N	1/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 494	15-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y	es 🗓 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🗶 No 📙		<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attrib			74(74	7b	Ш_
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highl	y		
List all officers, directors, trustees, foundation managers and their	compensation.				· · · · -
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accoun allow	pense t, other ances
JOEL S. HIRSCH	PRES/TREAS/DI		compensation	unom	
395 E DUNDEE RD (STE 350)		T			
WHEELING, IL 60090	5.00	0.	0.		0.
CYNTHIA B. HIRSCH	SECRETARY/DIR	+			
395 E DUNDEE RD (STE 350)	1]			
WHEELING, IL 60090	1.00	0.	٥.		0.
NEAL HIRSCH	DIRECTOR				
395 E DUNDEE RD (STE 350)					
WHEELING, IL 60090	1.00	0.	0.		0.
		<u> </u>			
2 Compensation of five highest-paid employees (other than those in	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Ex	nence
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accoun allow	t, other
NONE	_				
	<u> </u>				
	_				
	_				
		-			
	_				
Total number of other employees paid over \$50,000			I	L	0

36-37	46882 Page
gers, Highly	
-	
(b) Type of service	(c) Compensation
	>
such as the	_
	Expenses
<u></u>	
	Amount •
	^
	gers, Highly

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· · · · · · · · · · · · · · · · · · ·
a	Average monthly fair market value of securities	1a	528,470.
b	Average of monthly cash balances	1b	528,470. 90,637.
c	Fair market value of all other assets	1c	3070371
ď	Total (add lines 1a, b, and c)	1d	619,107.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	Ť ₂	0.
3	Subtract line 2 from line 1d	3	619,107.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,287.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	609,820.
6	Minimum investment return. Enter 5% of line 5	6	30,491.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)		20 / 2220
1	Minimum investment return from Part X, line 6	1	30,491.
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.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	30,491.
4	Recoveries of amounts treated as qualifying distributions	_4	0.
5	Add lines 3 and 4	5	30,491.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	30,491.
P	art XII Qualifying Distributions (see instructions)	2	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	56,417.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	56,417.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,417.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	e section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7			,	30,491.
2 Undistributed income, if any, as of the end of 2016			-	
a Enter amount for 2015 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2016:		0.		
a From 2011 47,698.				
b From 2012 59,059.				
c From 2013 58,713.				
d From 2014 45,140.				
e From 2015 33, 218.				
f Total of lines 3a through e	243,828.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 56,417.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		,		
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	•			30,491.
e Remaining amount distributed out of corpus	25,926.			
Excess distributions carryover applied to 2016 (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 indicated below:				
& Corpus Add lines 3f 4c, and 4e Subtract line 5	269,754.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		0.		
assessed		U.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions 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	47,698.			
9 Excess distributions carryover to 2017.	1			
Subtract lines 7 and 8 from line 6a	222,056.			
0 Analysis of line 9:		.,		
a Excess from 2012 59,059.				
b Excess from 2013 58,713.				
c Excess from 2014 45,140.				
d Excess from 2015 33,218.			į	
e Excess from 2016 25, 926.				
			· —	Form 990- PE (2016)

	DREWS FOUNDA			36-37	46882 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2016, enter the date of t	the ruling	.		
b Check box to indicate whether the foun	dation is a private operation	ng foundation described	I in section	4942(j)(3) or 49	942(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					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					_
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(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 listed					
c "Support" alternative test - enter:					, , , , , , , , , , , , , , , , , , ,
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<u></u>	
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during	the year-see instr	ructions.)			
Information Regarding Foundation List any managers of the foundation whyear (but only if they have contributed regions) JOEL S. HIRSCH	no have contributed more		tributions received by the	e foundation before the clo	se of any tax
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc	only makes contributions t	to preselected charitable	organizations and does		
a The name, address, and telephone num	ber or e-mail address of the	he person to whom app	lications should be addre	essed:	
b The form in which applications should be	se submitted and informat	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields	, kinds of institutions, or	other factors:	-

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of recipient Name and address (home or business) a Paid during the year SCHEDULE ATTACHED 54,304. Total ▶ 3a 54,304. **b** Approved for future payment NONE **≥** 3b Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue.	code	Amount	sion	Amount	function income
a					
b					
C					
d					
e					··· <u>·</u>
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2,057.	
4 Dividends and interest from securities			14	2,057. 1,861.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property				•	
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income			14	-21,452.	
8 Gain or (loss) from sales of assets other					
than inventory			18	-75,754.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b		40.00			
c			<u> </u>		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		-93,288.	<u> </u>
13 Total Add line 12, columns (b), (d), and (e)				13	-93,288.
(See worksheet in line 13 instructions to verify calculations.)			_		
Part XVI-B Relationship of Activities to	the Accor	nplishment of Ex	cempt	Purposes	
Line No.					
Explain below how each activity for which incon the foundation's exempt purposes (other than be	ne is reported in V providina func	COIUMN (8) OF PART XVI-A	contribu	ted importantly to the accomp	disnment of
The real real of a system purposes (effect than a	y providing faire	is for such purposes;		-	
					· · · · · · · · · · · · · · · · · · ·

1, "					
		1. 5			
				· · · · · · · · · · · · · · · · · · ·	
					·
	.				
	-				
P-3-14					
					

Form 99			ANDREWS F					746882		ge 13
Part :	XVII			nsfers To a	and Transactions	and Relations	hips With None	haritable	e	
		Exempt Orgai						 	V	Ni -
	-				ig with any other organizati		ion 501(c) of		Yes	No
	•	•			?7, relating to political orga	nizations?				
		rom the reporting found	gation to a nonchar	itable exempt or	ganization of:			10/1		v
	Cash	naata						1a(1)		X
	Other a	assets actions:						1a(2)		
		actions. of assets to a noncharit	ahla ayamnt organi	zation				16(1)		X
٠,		ases of assets from a n	· -					1b(2)		X
		of facilities, equipment		t organization				1b(3)		X
٠,,		ursement arrangement	•					1b(4)		X
(5) Loans or loan guarantees							1b(5)		Х	
(6) Performance of services or membership or fundraising solicitations						1b(6)		Х		
c Sha	aring of	facılıtıes, equipment, m	ailing lists, other as	sets, or paid em	ployees			10		X
d If th	ne answ	er to any of the above is	s "Yes," complete th	e following sche	dule. Column (b) should a	lways show the fair r	narket value of the goo	ds, other ass	ets,	
or s	services	given by the reporting	foundation. If the fo	oundation receive	ed less than fair market val	ue in any transactior	or sharing arrangeme	nt, show in		
		the value of the goods	 							
(a) Line n	° (b) Amount involved	(c) Name		exempt organization	(d) Description	of transfers, transactions,	and sharing ar	rangeme	nts
			ļ	N/A_						
	_		 		•					
										
			 					~		
		······································	<u> </u>							
	-		 -		101					
							-			
					1	-		·		
										
			_						_	
			L							
		•		•	or more tax-exempt organ	izations described			7.5	٦
		501(c) of the Code (oth		(c)(3)) or in sect	ion 52/7			L Yes	LA	No L
<u> </u>	res, co	mplete the following sci (a) Name of or			(b) Type of organization	1	(c) Description of relati	onshin		
		N/A	gamzation		(b) Typo of organization	 	(b) bosonphon or roll	- Indiana		
		H/A								
					··					
		· · · · · · · · · · · · · · · · · · ·								
					ig accompanying schedules and n taxpayer) is based on all infori			May the IRS	discuss t	his
Sign	and bei	ler, it is true correct, and co	omplete Declaration of	preparer (other tha	n taxpayer) is based on all inion		· ·	return with th shown below		
Here		Jul Ali	sol		0/2/1/	PRESI	DENT	X Yes		No
	Signa	aturé of officér or truste		<u> </u>	Date	Title	Charle 5	TAI		
		Print/Type preparer's r	name	Preparer's s		Date	<u> </u>	IN		
Paid	1	A	ייים אור אור	AT THE	WEINT A DOMENT	07/17/17	self- employed	00000	220	
Prepa	arer	ALLEN WEIL			WEINGARTEN	07/17/17	Firm's EIN ► 36-	200090		
llep		Firm's name ► ROC	LAUPF, HA	жьем, К	ABOL, LID		FILITI SEIN > 30	-4093/	υZ	

Phone no. (847)675-7777
Form **990-PF** (2016)

Firm's address > 3818 OAKTON STREET SKOKIE, IL 60076

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

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

2016

Name of the organization **Employer identification number** ANDREWS FOUNDATION 36-3746882 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation X 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, 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) (2016)

but it must answer "No" on 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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

ST. A	NDREWS FOUNDATION	3(<u>5-3746882</u>
Part I	Contributors (See instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOEL S. HIRSCH 395 E DUNDEE RD - SUITE 350 WHEELING, IL 60090	\$\$ 1,121,000.	Person X 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
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-18	3-16	\$Schedule B (Form	Person Payroli Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

ST. ANDREWS FOUNDATION

36-3746882

Part II	Noncash Property (See instructions) Use duplicate copies of Part II i	f 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
		\$	
(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
		s	

Anization		Employer identification number
the year from any one contributor. Complete (columns (a) through (e) and the following	lowing line entry. For organizations
completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000	or less for the year (Enterthis info once)
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of g	ift
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(b), dipose of gill	(0) 000 01 gill	(a) Description of now girt is not
	(e) Transfer of g	ift
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of g	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of g	ift Relationship of transferor to transferee
	DREWS FOUNDATION Exclusively religious, charitable, etc., contitue year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	DREWS FOUNDATION Exclusively: religious, charitable, etc., contributions to organizations describite year from any one contributor. Complete columns (a) through (e) and the follocompleting Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4 (e) Transfer of g

FORM 990-PF INTERE	EST ON SAVIN	GS AND T	EMPOR	ARY (CASH]	INVESTMENTS	STATEMEN	т 1
SOURCE		(A) REVENUE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
JHL CAPITAL GROUP F		2,057.			2,057.			
TOTAL TO PART I, LI		2,057.		2,057.				
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	1 SECU	JRITIES	STATEMEN	Т 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	REV	(A) (B) EVENUE NET INVES R BOOKS MENT INCO			
JHL CAPITAL GROUP FUND LLC	1,861.		0.		1,861	1,86	51.	•
TO PART I, LINE 4	1,861.		0.		1,861. 1,86		51.	
FORM 990-PF		OTHER	INCO	ME			STATEMEN	т 3
DESCRIPTION			RE	(A) VENUE BOOK		(B) NET INVEST- MENT INCOME		
THRU JHL CAPITAL GR	OUP FUND LL	c ·		-21,	452.	-21,452	·	
TOTAL TO FORM 990-PF, PART I, L		LINE 11		-21,452.		-21,452	:	
FORM 990-PF		LEG	LEGAL FEES			STATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOK				(C) ADJUSTED NET INCOM		TABLE
LEGAL EXPENSES		15	6.		0.			156.
TO FM 990-PF, PG 1,	LN 16A	15	6.		0.			156.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
AUDIT FEES	900.	0.		900.	
TO FORM 990-PF, PG 1, LN 16B	900.	0.	0.		
FORM 990-PF (OTHER PROFESSIONAL FEES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
INVESTMENT ADVISOR FEES	12,036.	12,036.		0.	
TO FORM 990-PF, PG 1, LN 16C	12,036.	12,036.		0.	
FORM 990-PF	TAX	ES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
2014 990-PF TAXES THRU K-1 - FOREIGN TAX	646.	0.		646.	
PAID -	33.	33.		0.	
TO FORM 990-PF, PG 1, LN 18 =	679.	33.		646.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
LICENSES & FEES MISCELLANEOUS	15. 396.			15. 396.	
TO FORM 990-PF, PG 1, LN 23	411.	0.		411.	

FORM 990-PF CORPORATE STOCK		STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
JHL CAPITAL GROUP FUND LLC	466,382.	475,010.
TOTAL TO FORM 990-PF, PART II, LINE 10B	466,382.	475,010.

ST ANDREWS FOUNDATION FORM 990-PF RETURN OF PRIVATE FOUNDATION FOR THE CALENDER YEAR 2016

PAGE 11- PART XV - Line 3a ⁻	Amount
1st of Palm Beaches Scholarship	1,000 00
Alzheimer's Association	150 00
American Committee for the Weizmann Found	100 00
American Diabetes Association	500 00
American Friends of Natal	200 00
American Friends of the Hebrew University	750 00
Andrew Michael Fund (Jewish Board)	250 00
Anshe Emet	500 00
Auditorium Theater	250 00
Auxiliary of Highland Park Hospital	100 00
Auxiliary of Highland Park Hospital	100 00
Birthright Israel Foundation	500 00
Camp to Belong	300 00
CBO Outing	2,500 00
Chicago Gateway Green	250 00
Cycle for Survival	200 00
Evans Scholar Foundation	250 00
Foundation for Hearing	200 00
Highland Park Community Foundation	250 00
l Fund	6,000.00
Ingalls Development Foundation	50 00
JASA	1,000 00
JDRF Gala	1,150 00
Jewish United Fund	20,000 00
Kids Golf Foundation	5,000 00
Kravis Center	1,000.00
Maccabi USA	610 00
Memorial Sloan	300 00
Merit School of Music Morselife	125 00 1,500 00
North Lawndale College Prep	150 00
North Suburban Synagogue Beth El	122 00
Northwestern Memorial Foundation	1,000 00
PADS Lake County	150 00
Palm Beach Country Club Foundation	1,000 00
Palm Beach Police Foundation	600 00
Palm Beach Synagogue	200 00
Palm Beach United Way	1,500 00
Pamela B Katten Memorial	125 00
PS 226 Nadia Pagan Gymnasium Fund	500 00
Rett Syndrome Research Trust	200 00
Samuel I Russell Foundation	200 00
SGA Youth & Family Services	750 00
South Florida Fund for Retired	1,000 00
Suzanne Wright Foundation	1,250 00
Ted Smith Memorial Foundation	100 00
The Ark	72 00
Thresholds	50 00
United States Holocaust	100 00
Youthbuild Lake County	150 00
Total	54,304 00
· 	

Product: Exempt Extension

Name: ST. ANDREWS FOUNDATION

FEIN: ****6882

Category:

IRS Center: Ogden

e-Postmark: 5/11/2017 2:00 PM

Notification:

Fiscal Year Begin Date: 1/1/2016

Fiscal Year End Date: 12/31/2016

eSigned:

Return Information

Date	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
05/11/2017	Upload Started	nder — verbreiteitung dere Lief Lein A. verbreite ist — Lieferstein A. verbreite			
05/11/2017	Released for Transmission - Validation In Progress			System	
05/11/2017	Ready to transmit - Validation Complete				
05/11/2017	Transmitted to FD	36901720171310386e47		name in and day and appearable describe	mann arr ann de reign - dhuideangagan Maile angàirt
05/11/2017	Accepted by FD on 5/11/2017	Common agrico			