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EXTENDED TO NOVEMBER 15, 2017  
Return of Private Foundation

Form 990-PF  
Department of the Treasury  
Internal Revenue Service

OMB No 1545-0052

2016

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► Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2016 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation

OBERWEILER FOUNDATION

Number and street (or P O box number if mail is not delivered to street address)

1250 S. GROVE AVENUE

Room/suite

200

A Employer identification number

36-4376705

B Telephone number

(847) 277-7443

C If exemption application is pending, check here ►

D 1. Foreign organizations, check here ►

2 Foreign organizations meeting the 85% test, check here and attach computation ►

E If private foundation status was terminated under section 507(b)(1)(A), check here ►

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

G Check all that apply  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year  Accounting method:  Cash  Accrual  
(from Part II, col (c), line 16)  Other (specify) \_\_\_\_\_  
► \$ 9,918,689. (Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	60,000.		N/A	
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	243,509.	243,509.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	206,918.			
	b Gross sales price for all assets on line 6a	835,851.			
	7 Capital gain net income (from Part IV, line 2)		206,918.		
	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns and allowances				
	10a Less Cost of goods sold				
Operating and Administrative Expenses	10b Gross profit or (loss)				
	11 Other income	5,220.	8,230.		STATEMENT 2
	12 Total Add lines 1 through 11	515,647.	458,657.		
	13 Compensation of officers, directors, trustees etc	140,600.	70,300.		70,300.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	13,577.	6,788.		6,789.
	16a Legal fees	STMT 3	1,278.	1,278.	0.
	b Accounting fees				
	c Other professional fees	STMT 4	1,477.	738.	739.
	17 Interest	STMT 5	12,009.		15.
	18 Taxes		2,223.		
	19 Depreciation and depletion		126.	126.	
	20 Occupancy		13,531.	6,765.	6,766.
	21 Travel, conferences, and meetings		954.	0.	954.
	22 Printing and publications				
	23 Other expenses	STMT 6	62,742.	58,449.	4,293.
	24 Total operating and administrative expenses Add lines 13 through 23		246,294.	146,667.	89,856.
	25 Contributions, gifts, grants paid		386,090.		386,090.
	26 Total expenses and disbursements Add lines 24 and 25		632,384.	146,667.	475,946.
	27 Subtract line 26 from line 12		-116,737.		
	a Excess of revenue over expenses and disbursements				
	b Net investment income (if negative, enter -0-)		311,990.		
	c Adjusted net income (if negative, enter -0-)			N/A	

9-28 (8)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end of year amounts only				
1 Cash - non-interest-bearing				
2 Savings and temporary cash investments		422,248.	1,093,710.	1,093,710.
3 Accounts receivable ►				
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 ►				
Less: allowance for doubtful accounts ►				
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10a Investments - U.S. and state government obligations				
b Investments - corporate stock				
c Investments - corporate bonds				
11 Investments - land, buildings and equipment basis ►				
Less accumulated depreciation ►				
12 Investments - mortgage loans		STMT 7	8,504,516.	7,716,443.
13 Investments - other		6,345.		8,824,089.
14 Land, buildings, and equipment basis ►		STMT 8	6,155.	316.
Less accumulated depreciation				190.
15 Other assets (describe ►		STATEMENT 9	700.	700.
16 Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)			8,927,780.	8,811,043.
				9,918,689.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe ►		)		
23 Total liabilities (add lines 17 through 22)			0.	0.
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ► <input type="checkbox"/>		
		and complete lines 24 through 26 and lines 30 and 31		
24 Unrestricted				
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
		and complete lines 27 through 31		
27 Capital stock, trust principal, or current funds			0.	0.
28 Paid-in or capital surplus, or land, bldg , and equipment fund			0.	0.
29 Retained earnings, accumulated income, endowment, or other funds			8,927,780.	8,811,043.
30 Total net assets or fund balances			8,927,780.	8,811,043.
31 Total liabilities and net assets/fund balances			8,927,780.	8,811,043.

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	8,927,780.
2 Enter amount from Part I, line 27a	2	-116,737.
3 Other increases not included in line 2 (itemize) ►	3	0.
4 Add lines 1, 2, and 3	4	8,811,043.
5 Decreases not included in line 2 (itemize) ►	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,811,043.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
<b>1a PUBLICLY TRADED SECURITIES</b>					
<b>b CAPITAL GAINS FROM PARTNERSHIPS</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)	
a 819,933.		628,933.		191,000.	
b 15,918.				15,918.	
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a				191,000.	
b				15,918.	
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	206,918.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8			3	N/A	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	523,338.	10,224,477.	.051185
2014	522,643.	10,451,044.	.050009
2013	502,555.	10,429,548.	.048186
2012	509,567.	9,888,907.	.051529
2011	423,983.	10,338,206.	.041011

2 Total of line 1, column (d)

2 .241920

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

3 .048384

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

4 9,475,797.

5 Multiply line 4 by line 3

5 458,477.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 3,120.

7 Add lines 5 and 6

7 461,597.

8 Enter qualifying distributions from Part XII, line 4

8 475,946.

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  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1	► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	3,120.
1b	Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
3	Add lines 1 and 2		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		
6	<b>Credits/Payments:</b>		
6a	2016 estimated tax payments and 2015 overpayment credited to 2016	► <input type="checkbox"/>	15,364.
6b	Exempt foreign organizations - tax withheld at source		
6c	Tax paid with application for extension of time to file (Form 8868)		
6d	Backup withholding erroneously withheld		
7	Total credits and payments. Add lines 6a through 6d	► <input type="checkbox"/>	20,364.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		
10	<b>Overpayment</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	► <input type="checkbox"/>	17,244.
11	Enter the amount of line 10 to be, <b>Credited to 2017 estimated tax</b> ► 10,000.   <b>Refunded</b> ► 7,244.		

**Part 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 any political campaign?	► <input checked="" type="checkbox"/>	Yes X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		
c	Did the foundation file Form 1120-POL for this year?	► <input checked="" type="checkbox"/>	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.		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.	► <input type="checkbox"/>	N/A
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		
	<i>If "Yes," attach a detailed description of the activities</i>		
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? <i>If "Yes," attach a conformed copy of the changes</i>	► <input checked="" type="checkbox"/>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	► <input checked="" type="checkbox"/>	X
	<i>If "Yes," attach the statement required by General Instruction T</i>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	• By language in the governing instrument, or	► <input checked="" type="checkbox"/>	X
	• 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?		
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► <u>IL</u>	► <input checked="" type="checkbox"/>	X
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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>		
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)? <i>If "Yes," complete Part XIV</i>		
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	► <input checked="" type="checkbox"/>	X

## Part VII-A Statements Regarding Activities (continued)

11	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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13		X	
Website address ► <u>N/A</u>			
14	The books are in care of ► <u>MARY E. ROWE</u> Located at ► <u>1250 S. GROVE AVE, SUITE 200, BARRINGTON, IL</u>	Telephone no. ► <u>(847) 277-7443</u>	
		ZIP+4 ► <u>60010</u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/> 15	<input type="checkbox"/> 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, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16			X

## Part 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.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1a	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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(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.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)-(6), did any 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)? Organizations relying on a current notice regarding disaster assistance check here ►	<input type="checkbox"/> 1b	<input checked="" type="checkbox"/> X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	<input type="checkbox"/> 1c	<input checked="" type="checkbox"/> 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? If "Yes," list the years ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not 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.)	<input type="checkbox"/> 2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)	<input type="checkbox"/> 3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<input type="checkbox"/> 4a	<input checked="" type="checkbox"/> X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	<input type="checkbox"/> 4b	<input checked="" type="checkbox"/> X

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?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 maintained expenditure responsibility for the grant?

N/A

Yes  No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

6b

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

Yes  No

7b

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		140,600.	4,200.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

►

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total number of others receiving over \$50,000 for professional services**

10

### Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Number of organizations and other organizations surveyed, conferences convened, research papers produced, etc.	
1	NONE
2	
3	
4	

## Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

<b>1</b> <b>NONE</b>		
		0.
<b>2</b>		
All other program-related investments See instructions.		
<b>3</b> <b>NONE</b>		
<b>Total. Add lines 1 through 3</b>	►	0.
		0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations, see 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	8,400,004.
b	Average of monthly cash balances	1b	1,220,094.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	9,620,098.
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	2	0.
3	Subtract line 2 from line 1d	3	9,620,098.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	144,301.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,475,797.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	473,790.

**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)

1	Minimum investment return from Part X, line 6	1	473,790.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	3,120.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	3,120.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	470,670.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	470,670.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	470,670.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	475,946.
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	<b>Qualifying distributions</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	475,946.
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	3,120.
6	<b>Adjusted qualifying distributions</b> Subtract line 5 from line 4	6	472,826.

**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.

**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				470,670.
2 Undistributed income, if any, as of the end of 2016			378,542.	
a Enter amount for 2015 only				
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 475,946.			378,542.	
a Applied to 2015, but not more than line 2a				
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				97,404.
e Remaining amount distributed out of corpus	0.			
5 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:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed			0.	
d Subtract line 6c from line 6b Taxable amount - see instructions			0.	
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				373,266.
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	0.			
9 Excess distributions carryover to 2017 Subtract lines 7 and 8 from line 6a	0.			
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				



## Part XV Supplementary Information (continued)

## 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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)				
<i>a Paid during the year</i>				
ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL 1650 MOON LAKE BLVD HOFFMAN ESTATES, IL 60169	PUBLIC		RESTRICTED - PIVOTAL RESPONSE THERAPY	10,000.
BRAVEHEARTS 7319 MAXON RD HARVARD, IL 60033	PUBLIC		RESTRICTED - OPERATION MUSTANG	25,000.
CASA KANE COUNTY 100 3RD STREET, SUITE 460 GENEVA, IL 60434	PUBLIC		RESTRICTED - ADVOCATE SUPERVISOR POSITION	10,000.
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 60513	PUBLIC		RESTRICTED - FAMILY FUN SATURDAYS	5,000.
CITIZENS FOR CONSERVATION P.O. BOX 435 ATTN: SHARON PASCH, PRESIDENT BARRINGTON, IL 60010	PUBLIC		RESTRICTED - NATIVE HABITAT INTERN RESTORATION PROJECT	16,616.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3a 386,090.
<i>b Approved for future payment</i>				
COMER CHILDREN'S HOSPITAL 5721 S MARYLAND AVENUE CHICAGO, IL 60637	PUBLIC		RESTRICTED - INTEGRATIVE MEDICINE RESIDENCY PROGRAM, COMPLEMENTARY AND ALTERNATIVE SERVICES	40,000.
FRIENDS OF THE CHICAGO RIVER 411 S WELLS ST #800 CHICAGO, IL 60607	PUBLIC		RESTRICTED - MWRD LAND LEASING PROJECT	25,000.
GREEN CITY MARKET 2613 W. LAWRENCE AVENUE CHICAGO, IL 60625	PUBLIC		RESTRICTED - EDIBLE EDUCATION PROGRAM	20,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3b 105,000.

## OBERWEILER FOUNDATION

36-4376705

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMER CHILDREN'S HOSPITAL 5721 S MARYLAND AVENUE CHICAGO, IL 60637	PUBLIC		RESTRICTED - INTEGRATIVE MEDICINE RESIDENCY PROGRAM, COMPLEMENTARY AND ALTERNATIVE SERVICES	45,000.
COMMUNITY HOUSE - CHARLIES GIFT 415 W 8TH ST HINSDALE, IL 60521	PUBLIC		RESTRICTED - CENTER FOR AUTISM AND RELATED DISORDERS	10,000.
DEKALB COUNTY COMMUNITY GARDENS P.O. BOX 348 DEKALB, IL 60115	PUBLIC		RESTRICTED - WALNUT GROVE VOCATIONAL FARM	10,000.
FOREFRONT (FORMERLY DONOR'S FORUM OF CHICAGO) 208 S LASALLE #735 CHICAGO, IL 60604	PUBLIC		RESTRICTED - GENERAL FUND RAISER ASSESSMENT	174.
ENVIRONMENTAL LAW & POLICY CENTER 35 E WACKER DRIVE, STE 1300 CHICAGO, IL 60601	PUBLIC		RESTRICTED - PROTECTING THE DRIFTLESS AREA'S CLEAN WATER, HABITAT AND NATURAL AREAS	20,000.
FD NOW 1170 GREEN KNOLLS DRIVE BUFFALO GROVE, IL 60089	PUBLIC		RESTRICTED - LAB RESEARCH AT LABORATORY FOR FAMILIAL DYSAUTONOMIA	25,000.
FOREST PRESERVE FOUNDATION 69 WEST WASHINGTON, SUITE 2040 CHICAGO, IL 60602	PUBLIC		RESTRICTED - PROTECTION OF SHOE FACTORY NATURE PRESERVE	5,000.
FRIENDS OF THE CHICAGO RIVER 411 S WELLS ST #800 CHICAGO, IL 60607	PUBLIC		RESTRICTED - MWRD LAND LEASING PROJECT	25,000.
GREEN CITY MARKET 2613 W. LAWRENCE AVENUE CHICAGO, IL 60625	PUBLIC		RESTRICTED - EDIBLE EDUCATION PROGRAM	10,000.
HORSEFEATHERS THERAPEUTIC RIDING, NFP 1181 RIVERWOODS RD LAKE FOREST, IL 60045	PUBLIC		RESTRICTED - VETERAN WORK PLACEMENT PROJECT	15,000.
Total from continuation sheets				319,474.

## OBERWEILER FOUNDATION

36-4376705

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAND CONSERVANCY OF MCHENRY COUNTY PO BOX 352 WOODSTOCK, IL 60098	PUBLIC		RESTRICTED - WOLF OAK WOODS PRESERVE	10,000.
MARYVILLE ACADEMY'S CHILDREN'S HEALTHCARE CENTER 4015 N OAK PARK AVE, BLDG B CHICAGO, IL 60634	PUBLIC		RESTRICTED - COMPLEMENTARY MEDICINE SYMPTOM ASSESSMENT MANAGEMENT PROGRAM (CAM-SAM)	25,000.
NORTHSORE UNIV. HEALTH SYSTEM FOUNDATION 1033 UNIVERSITY PL #450 EVANSTON, IL 60201	PUBLIC		RESTRICTED - PEDIATRIC SERVICES IN INTEGRATIVE MEDICINE; INTEGRATIVE MEDICINE FELLOWSHIP	35,000.
OPENLANDS PROJECT 25 EAST WASHINGTON STREET, STE 1650 CHICAGO, IL 60602	PUBLIC		RESTRICTED - HEADWATER STREAMS IN THE CHICAGO WILDERNESS	16,300.
SALUTE, INC 14 NORTH BOTHWELL PALATINE, IL 60067	PUBLIC		RESTRICTED - EMERGENCY FINANCIAL ASSISTANCE	10,000.
THE WETLANDS INITIATIVE 53 W JACKSON BLVD #1015 CHICAGO, IL 60604	PUBLIC		RESTRICTED - DIXON WATERFOWL REFUGE AT HENNEPIN & HOPPER LAKES	20,000.
SHELTER INC 1616 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004	PUBLIC		RESTRICTED - SPECIAL ASSISTANCE FUND	10,000.
JOURNEYCARE 800 W CENTRAL RD ARLINGTON HEIGHTS, IL 60005	PUBLIC		RESTRICTED - CAM THERAPIES FOR SERIOUSLY ILL CHILDREN	25,000.
FOUNDATION FOR FLINT 500 SAGINAW ST SUITE 200 FLINT, MI 48502	PUBLIC		RESTRICTED - CHILD HEALTH AND DEVELOPMENT	3,000.
<b>Total from continuation sheets</b>				

## OBERTWEILER FOUNDATION

36-4376705

## Part XV Supplementary Information

### 3 Grants and Contributions Approved for Future Payment (Continuation)

Part XV **Supplementary Information**

## 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - COMER CHILDREN'S HOSPITAL

RESTRICTED - INTEGRATIVE MEDICINE RESIDENCY PROGRAM, COMPLEMENTARY AND  
ALTERNATIVE SERVICES AND OUTPATIENT CLINIC

## Part XV Supplementary Information

**3b Grants and Contributions Approved for Future Payment Continuation of Purpose of Grant or Contribution**

NAME OF RECIPIENT - COMER CHILDREN'S HOSPITAL

**RESTRICTED - INTEGRATIVE MEDICINE RESIDENCY PROGRAM, COMPLEMENTARY AND  
ALTERNATIVE SERVICES AND OUTPATIENT CLINIC**

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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue.					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	243,509.	
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					
7 Other investment income	900000	-3,010.	14	8,230.	
8 Gain or (loss) from sales of assets other than inventory			18	206,918.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		-3,010.		458,657.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	455,647.
(See worksheet in line 13 instructions to verify calculations )					

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
NOT APPLICABLE	

**Part XVII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described

in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If "Yes," complete the following schedules

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

May the IRS discuss this return with the preparer shown below (see instr.)?

Signature of officer or trustee		Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JUDY ALBERTS		<i>Judy Alberts</i>	<i>11/6/2017</i>	P00735522
	Firm's name ► RSM US LLP			Firm's EIN ► 42-0714325	
Firm's address ► 1 S. WACKER DRIVE, STE 800 CHICAGO, IL 60606			Phone no. 312-634-3400		

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)\*Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

**2016**

- 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

OBERWEILER FOUNDATION

36-4376705

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

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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), 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).

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

Employer identification number

OBERWEILER FOUNDATION

36-4376705

## Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANITA REICHE 4332 CARLISLE DRIVE PRAIRIE GROVE, IL 60012	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	KURT WEILER 2316 THAYER ST EVANSTON, IL 60201	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

**OBERWEILER FOUNDATION****36-4376705****Part II Noncash Property** (See instructions) Use duplicate copies of Part 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
		\$ _____	_____
(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
		\$ _____	_____

**Name of organization**

**Employer identification number**

## OBERTWEILER FOUNDATION

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee	
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT

1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS FROM INVESTMENTS	226,306.	0.	226,306.	226,306.	
INTEREST & DIVIDENDS FROM PARTNERSHIPS	10,259.	0.	10,259.	10,259.	
INTEREST FROM INVESTMENTS	6,944.	0.	6,944.	6,944.	
TO PART I, LINE 4	243,509.	0.	243,509.	243,509.	

FORM 990-PF

OTHER INCOME

STATEMENT

2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME FROM PARTNERSHIPS	8,230.	8,230.	
OTHER INCOME FROM PARTNERSHIPS - UBTI	-3,010.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	5,220.	8,230.	

FORM 990-PF

LEGAL FEES

STATEMENT

3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	1,278.	1,278.		0.
TO FM 990-PF, PG 1, LN 16A	1,278.	1,278.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADP PAYROLL SERVICE FEES	1,477.	738.		739.
TO FORM 990-PF, PG 1, LN 16C	1,477.	738.		739.

FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	2,223.	2,223.		0.
LICENSES, FEES, AND PERMITS	15.	0.		15.
EXCISE TAX PAYMENTS NET	9,771.	0.		0.
TO FORM 990-PF, PG 1, LN 18	12,009.	2,223.		15.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES AND SUBSCRIPTIONS	989.	494.		495.
INFORMATION SYSTEMS	839.	419.		420.
FINANCE CHARGES	300.	300.		0.
INSURANCE	1,525.	762.		763.
INVESTMENT EXPENSES	54,284.	54,284.		0.
OFFICE SUPPLIES	416.	416.		0.
POSTAGE AND DELIVERY	55.	27.		28.
MEMBERSHIP DUES	850.	0.		850.
FILING FEES	10.	10.		0.
CONTRACT LABOR	250.	125.		125.
MISCELLANEOUS	3,224.	1,612.		1,612.
TO FORM 990-PF, PG 1, LN 23	62,742.	58,449.		4,293.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS - HEDGE FUNDS	FMV	1,423,861.	1,385,821.
INVESTMENTS - UBS 29350 CD	FMV	0.	0.
INVESTMENTS - UBS 14572 MUTUAL FUNDS	FMV	0.	0.
INVESTMENTS - WILLIAM BLAIR & COMPANY - JENSEN	FMV	0.	0.
INVESTMENTS - WILLIAM BLAIR & COMPANY - RIVER ROAD	FMV	0.	0.
INVESTMENTS - WILLIAM BLAIR & COMPANY - MUTUAL FUNDS/ETF	FMV	0.	0.
INVESTMENTS - WILLIAM BLAIR & COMPANY - MUTUAL FUND	FMV	0.	0.
INVESTMENTS - WILLIAM BLAIR & COMPANY - CARDINAL CAPITAL	FMV	0.	0.
INVESTMENTS - WILLIAM BLAIR & COMPANY - CD	FMV	0.	0.
INVESTMENTS - MERRILL LYNCH - SEE ATTACHMENT	FMV	4,755,045.	6,013,798.
25,000 SHARES HINES GLOBAL REIT	FMV	237,537.	256,000.
30,000 SHARES KBS REIT III	FMV	300,000.	318,900.
23,923.445 SHARES CION INVESTMENT CORP	FMV	250,000.	215,789.
23,696.682 SHARES FS INVESTMENT CORP II	FMV	250,000.	208,531.
25,000 SHARES RESOURCE REAL ESTATE OPPORTUNITY REIT II INC	FMV	250,000.	225,250.
25,252.525 SHARES HMS INCOME FUND INC	FMV	250,000.	200,000.
0 SHARES BANK OF BARODA NEW YORK NY CD	FMV	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 13		7,716,443.	8,824,089.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUIPMENT	1,334.	1,334.	0.
COMPUTER EQUIPMENT	2,300.	2,300.	0.
CHAIR	1,616.	1,616.	0.
HP LAPTOP	1,095.	905.	190.
TOTAL TO FM 990-PF, PART II, LN 14	6,345.	6,155.	190.

FORM 990-PF	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
RENT SECURITY DEPOSIT	700.	700.	700.
TO FORM 990-PF, PART II, LINE 15	700.	700.	700.
FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
JAMES R. BARTELL 1250 S GROVE AVE, STE 200 BARRINGTON, IL 60010	DIRECTOR 0.20	200.	0. 0.
SIEGFRIED WEILER 1250 S GROVE AVE, STE 200 BARRINGTON, IL 60010	PRESIDENT 0.20	0.	0. 0.
ANNA WEILER 1250 S GROVE AVE, STE 200 BARRINGTON, IL 60010	SECRETARY/TREASURER 0.10	0.	0. 0.
RUTH S. FLYNN 1250 S GROVE AVE, STE 200 BARRINGTON, IL 60010	DIRECTOR 0.10	0.	0. 0.
RONALD OHLSEN 1250 S GROVE AVE, STE 200 BARRINGTON, IL 60010	DIRECTOR 0.10	200.	0. 0.
MARTHA HEYLIN 1250 S GROVE AVE, STE 200 BARRINGTON, IL 60010	DIRECTOR 0.10	200.	0. 0.
MARY ROWE 1250 S GROVE AVE, STE 200 BARRINGTON, IL 60010	EXECUTIVE DIRECTOR 40.00	140,000. 4,200.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		140,600. 4,200.	0.

## 2016 DEPRECIATION AND AMORTIZATION REPORT

## FORM 990-PF PAGE 1

## 990-PF

Asset No	Description	Date Acquired	Method	Life	Line No	Undepreciated Cost Of Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	02/12/03	200DB	5.00	HY17	1,334.			400.	934.	934.		0.	934.
13	COMPUTER EQUIPMENT	04/28/08	200DE	5.00	HY17	2,300.				2,300.			0.	2,300.
24	CHAIR	03/11/09	SL	5.00	16	1,616.				1,616.	1,616.		0.	1,616.
35	HP LAPTOP	07/22/13	200DE	5.00	HY17	1,095.				1,095.	779.		126.	905.
* TOTAL 990-PF PG 1 DEPR														
						6,345.				400.	5,945.	5,629.	126.	5,755.