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Form **990-PF** 

# EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

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

FOL	calen	dar year 2016 or tax year beginning		, and ending		
Na	me of	foundation	A Employer identification	number		
	OL	ONEL JAMES N. PRITZKER	LIBRARY OF TH	HE	36-4477083	
Nur	nber a	nd street (or P.O. box number if mail is not delivered to street	B Telephone number			
_1	04	S MICHIGAN AVE		500	3123749455	
Cit	y or to	own, state or province, country, and ZIP or foreign i	oostal code	<u> </u>	C If exemption application is pe	anding, check here
	HI	CAGO, IL 60603				
G (	Check	all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H (	Check	type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	
	] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
I Fa			ting method: X Cash	Accrual	F If the foundation is in a	
(f)	rom F	Part II, col (c), line 16)	Other (specify)		under section 507(b)(1)	
•	\$	17,467,403. (Part I, cold	umn (d) must be on cash l	basis )	` ^ /	
Pa	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	7,601,936.	,		
	2	Check if the foundation is not required to attach Sch. B	1, X 11, X 14, X 1	, å « », «		*\ A }
	3	Interest on savings and temporary cash investments	14,377.	8,713.	14,377.	STATEMENT 2
	4	Dividends and interest from securities	8,439.	1,221.	8,439.	STATEMENT 3
	5a	Gross rents	109,288.		109,288.	STATEMENT 4
	Ь	Net rental income or (loss) 109,288.	<b>%</b> /	₹^	* * · · · · ·	`! <b>}</b> \$ ##
	6a	Net gain or (loss) from sale of assets not on line 10	35,849.			STATEMENT 1
Revenue	ь	Gross sales price for all assets on line 6a 35,849.				. ;
Š	7	Capital gain net income (from Part IV, line 2)	* * * * * * * * * * * * * * * * * * *	29,453.		`, ',
å	8	Net short-term capital gain	* 4, 7,	333	14,917.	2
	9	Income modifications				, , <u>, , , , , , , , , , , , , , , , , </u>
	10a	Gross sales less returns	<b>4</b>		4 . 1 . 1	
	1 .	Less Cost of goods sold	7		'# \$.\$ \ \ \$	71 1 1 N A
	1	Gross profit or (loss)				
	11	Other income	899,058.	0.	899,058.	STATEMENT 5
	12	Total. Add lines 1 through 11	8,668,947.	39,387.	1,046,079.	
	13	Compensation of officers, directors, trustees, etc	142,500.	0.	0.	142,500.
	14	Other employee salaries and wages	1,119,144.	0.	0.	1,119,144.
	15	Pension plans, employee benefits	203,873.	0.	0.	203,873.
S		Legal fees STMT 6	290.	0-	0.	290.
Š	1	Accounting fees STMT 7	25,865.	REC		25,865.
X	i	Other professional fees STMT 8	37,430.	87,475.		37,430.
e Ex	4	Interest	6.	8,332.	1 3 2017   S 0.	6.
ati	18	Taxes STMT 9	121,092.	32.	<b>2</b> 0.	121,092.
Administrative	19	Depreciation and depletion	1,445,622.	OGD		* * * * * * * * * * * * * * * * * * * *
<u>.</u>	20	Occupancy	1,176,129.	0.	0.	1,176,129.
Å	21	Travel, conferences, and meetings	24,094.	0.	24,094.	0.
þ	1	Printing and publications	7,960.	0.	0.	7,960.
a	23	Other expenses STMT 10	1,862,509.	48,336.	1,021,985.	840,521.
ţi	24	Total operating and administrative		==,,,,,,,,,		3.0,022.
Operatin	- 7	expenses. Add lines 13 through 23	6,166,514.	143,574.	1,046,079.	3,674,810.
ô	25	Contributions, gifts, grants paid	0,100,311.		1978: 18 8 8 2 5	0.
	l	Total expenses and disbursements.		* **** ***** * * * * * *		<u> </u>
	[	Add lines 24 and 25	6,166,514.	143,574.	1,046,079.	3,674,810.
	27	Subtract line 26 from line 12:	0,100,314.	1	7	\$2 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$
			2,502,433.		704	I WALL
	1	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	* * *	0.	**************************************	* ************************************
	ı	Adjusted net income (if negative, enter -0-)	e		0.	
		rielegion not module (a negative, ente -0-)	á.* ך.	1 1 2 2 2 2 2 2 2 2 2 2	<u> </u>	~ × · · · · · · · · · · · · · · · · · ·

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

orm 990-PF (2016) COLO	NEL JAMES N. PRI			OF	THE	3	36-447	7083	Page 3
	nd Losses for Tax on Inv		Income			- 			
							c) Date acquired (mo., day, yr.)		te sold lay, yr.)
a BPEA III K1									
b BPEA III K1									
c BOOK ONLY	<del>-</del>			<u> </u>			. <u> </u>		
<u>d</u>				<u> </u>					
<u>e</u>	(A) Dansandara allamad			Щ			#10 · · · //···	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	(g)	
<u>a</u> 29,453.							<del> </del>		<u>,536.</u>
<u>b</u>			5 20	ᅱ		<del></del>		14	<u>,917.</u>
<u>6,396.</u>	<del></del>		6,39	6.		_			0.
<u>d</u>				_		_			
Complete only for assets showing	gain in column (h) and owned by t	he foundation	on 12/31/60				Councy (Co.L. (b.) gour		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			còl. (	Gains (Col. (h) gair k), but not less tha Losses (from col.	n -0-) <b>or</b>	
			- (j), ii aliy		_			1 /	,536.
<u>a</u>						_	<del></del>		,917.
<u> </u>				$\neg$		_	<del>.</del> -		0.
d						_			
e									
Capital gain net income or (net capi	tal loss) { If gain, also enter If (loss), enter -0-			}	2			29	,453.
Net short-term capital gain or (loss)		-							
If gain, also enter in Part I, line 8, co	, ,	a (0).		J					
If (loss), enter -0- in Part I, line 8				Ш	3			14	<u>,917.</u>
	der Section 4940(e) for					nt Incon	<u>ne</u>		
For optional use by domestic private for	oundations subject to the section 4	940(a) tax on	net investment ind	come	.)				
f section 4940(d)(2) applies, leave this	s part blank.								
.,,,,,,	·							<u> </u>	<b>ॼ</b>
Vas the foundation liable for the section				100?				Yes	X No
f "Yes," the foundation does not qualify Enter the appropriate amount in each				ntries			<del></del>		<del></del>
(a)	(b)	ou doulons but	ore making any er				T -	(d) bution ratio	
Base periód years Calendar year (or tax year beginning	والمراجع المراجع	tributions	Net value of no	(c) nchai		e assets	Distri (col. (b) dr	bùtión ratio vided by col	. (c))
2015		2,426.		7	.186	,878.	(05.11 (127 0.1		42150
2014		8,835.	-			,838.			27696
2013		5,248.							00419
2012	2,64	7,223.				,462.			23832
2011	3,95	8,593.		1	,059	,780.		3.7	35297
Total of line 1, column (d)							2	7.8	<u> 29394</u>
Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of ye	ars		1		
the foundation has been in existence	e if less than 5 years						3	1.5	<u>65879</u>
Enter the net value of noncharitable	-use assets for 2016 from Part X, I	ine 5					4	816	<u>,557.</u>
Multiply line 4 by line 3					5	1,278	,629.		
Enter 1% of net investment income	(1% of Part I, line 27b)						6		0.
Add lines 5 and 6							7	1,278	,629.
Enter qualifying distributions from F	Part XII, line 4						8	3,674	,810.
If line 8 is equal to or greater than li See the Part VI instructions.	•	1b, and comp	lete that part using	g a 1'	% tax rate	е.			

	ngo-pf (2016) COLONEL JAMES N. PRITZKER LIBRARY OF THE 3  ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494		4477( see ins		Page 4	
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	. <u>.</u>	300 III		13)	
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	,				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X and enter 1%						
-		4.4	ni 52.	** * ***	0.	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			( )	\$ \$ \$ \$ : â :	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		لامه د د مشکد	0.	
3	Add lines 1 and 2	3			0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<del></del>		0.	
6	Credits/Payments:	3.34	8 W 1 W	ř.	ž i6.d	
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6	. 3				
b	Exempt foreign organizations - tax withheld at source	ľ			. Š** *	
c	Tax paid with application for extension of time to file (Form 8868)  6c 2,000.	1			,	
d	Backup withholding erroneously withheld 6d 6d	l	*			
7	Total credits and payments. Add lines 6a through 6d	.7		2,0	000.	
8	Enter any <b>penalty</b> 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	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		2,0	000.	
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11	<u> </u>		0.	
	rt VII-A Statements Regarding Activities			157	<del></del>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1		Yes		
	any political campaign?		Ļ	1a	X	
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		-	1b	X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or	1			
	distributed by the foundation in connection with the activities			1c	`\ <b>x</b>	
c Did the foundation file Form 1120-POL for this year?						
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 .						
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. > \$			2 2		
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			18	T -	
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		L	3	X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		.	4a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	N,	/A	4b	<del></del>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		ļ,	5	X	
	If "Yes," attach the statement required by General Instruction T		];		l	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or					
					ŀ	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la remain in the governing instrument?</li> </ul>	lW			İ	
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			6 X 7 X	+	
•	bit 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		3.		<del>                                     </del>	
8.2	Enter the states to which the foundation reports or with which it is registered (see instructions)		*			
-	IL			5.		
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)		1	è.i		
_	of each state as required by General Instruction G? If "No," attach explanation			8b X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ar		30 22 3 33		
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		İ	9	x	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	X	
			Forn	990-PF	(2016)	

Forn	m 990-PF (2016) COLONEL JAMES N. PRITZKER LIBRARY OF THE 36-447' art VII-A Statements Regarding Activities (continued)	7083		Page 5
	art VII-A   Statements negarding Activities (continued)	1	N7	- NO.
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		37
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	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?	١.,		37
40	If "Yes," attach statement (see instructions)	12	Х	_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13	Δ	
4.4	Website address ► N/A  The books are in care of ► MICHAEL BINNEY  Telephone no. ► 312374	1015	5	
14	The books are in care of ► MICHAEL BINNEY  Located at ► 104 S MICHIGAN AVE, NO. 500, CHICAGO, IL  Telephone no. ► 312374	1543	<u> </u>	
45		1603		
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	NT	/A	· 🗀
16	and enter the amount of tax-exempt interest received or accrued during the year  At any time during calandar year 2016, did the foundation have an interest in a constitute or attendant point and the foundation have an interest in a constitute or attendant point.	14	Yes	No
10	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?	10	163	X
	· · ·	16	1,3	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		iá d	>
P	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<b>≪</b> /√ ∰	3200 · 3	
نت	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	2 : 10	Yes	No
1.	a During the year did the foundation (either directly or indirectly):	3	163	-140
•	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	~ ~*	, &	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			14
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	į.		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No		)	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1033		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		ľ	
	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.)			
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			, 4
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			48
(	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?	16	~ * * *	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	: 323	. (11	
	defined in section 4942(j)(3) or 4942(j)(5)):	120		
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No			, , , , , , , , , , , , , , , , , , ,
	If "Yes," list the years ►,,,			. , ;
ı	Are there any years listed in 2a for which the foundation is 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			, i
	statement - see instructions.) N/A	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.			
	<b>)</b>	<b>%</b> `		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	3		
	during the year?			- 3
i	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	1		`
	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		ر ۾ کا ر	
	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,		<u>LTH</u>	1
	Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
t	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?	4b		X

Form 990-PF (2016) COLONEL JAMES N. PRITZKEI			36-44//08	3
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ıed)	
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))?	Ye	s 🗴 No 🍃	
(2) Influence the outcome of any specific public election (see section 4955); o	to carry on, directly or indire	ctly,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	>	Ye	s X Na	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section			
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or	1:	
the prevention of cruelty to children or animals?	, , ,	☐ Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described in	<del></del>		
section 53.4945 or in a current notice regarding disaster assistance (see instru-		· ·	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?		/A  \ \ \ \ \ \ \ \	s No	
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			
a personal benefit contract?	ouy promisimo on		s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			ib X
If "Yes" to 6b. file Form 8870	orsonal benefit contract.		F	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	·     ` ` ` ` ` `
b If "Yes," did the foundation receive any proceeds or have any net income attribu				'b
Part VIII Information About Officers, Directors, Truste		agers Highly	147 21 1 /	<u> </u>
Paid Employees, and Contractors	co, i ouridation man	lagers, riigiliy		
1 List all officers, directors, trustees, foundation managers and their of	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
	to position	`enter`-0-)`	compensation	allowances
SEE STATEMENT 13		142,500.	14,250.	0.
SEE STATEMENT 13		142,300.	14,2000	<u>-</u>
		)		
		i		
		<u> </u>		<del></del>
		ļ		
		L		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	/ ) [:::::::::::::::::::::::::::::::::::
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	· · · · -	compensation	allowances
JOHN LAPINE	<b>\</b>	ERVICE MGI		
104 S MICHIGAN AVE, CHICAGO, IL 60603	40.00	115,428.	15,006.	<u> </u>
THERESA EMBREY	SENIOR LIBRAR	IAN		
104 S MICHIGAN AVE, CHICAGO, IL 60603	40.00	87,543.	5,956.	0.
MEGAN WILLIAMS	DIR OF EXTERN	AL AFFAIR	5	
104 S MICHIGAN AVE, CHICAGO, IL 60603	40.00	73,391.	4,544.	0 <u>.</u>
<del></del>	PRODUCTION MA			
104 S MICHIGAN AVE, CHICAGO, IL 60603	40.00	70,269.	2,791.	0.
	ARCHIVIST	, , , , , , , , , , , , , , , , , , ,	<del></del>	
104 S MICHIGAN AVE, CHICAGO, IL 60603	40.00	65,500.	0.	0.
Total number of other employees paid over \$50,000		,		3
το απιτικού του οποίο συμβιού σου φαία στου φουζούσ	<del></del>		Form	990-PF (2016)

Form 990-PF (2016) COLONEL JAMES N. PRITZKER LIBRARY OF		4477083 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	IE."	
(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 relevant statistical inf	formation such as the	T
number of organizations and other beneficiaries served, conferences convened, research papers produced, e	tc.	Expenses
1		
		]
SEE STATEMENT 14		1,125,815.
2		}
		_
		<u> </u>
3		4
<del></del>		-
		<del> </del>
4		†
		†
Part IX-B Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1N/A		
		]
2		_
		4
		<del> </del>
All other program-related investments. See instructions.		
3		1
<del></del>	<del></del>	1
<del></del>		1
<del></del>		1
	<del></del>	1
Total, Add lines 1 through 3		0.

=	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions)
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	14,875.
	Average of monthly cash balances	1b	14,875. 814,117.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	828,992.
е	Reduction claimed for blockage or other factors reported on lines 1a and	×	
	1c (attach detailed explanation) 1e 0.	3	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	828,992.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,435.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	816,557.
6	Minimum investment return. Enter 5% of line 5	6	40,828.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here <b>X</b> and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	
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	2¢	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
ŗΡ	art XII <sup>®</sup> Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	3,674,810.
þ	Program-related investments - total from Part IX-B	1b	
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:	<b>.</b>	
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	3,674,810.
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	3,674,810.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income	(see instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI,				
line 7  2 Undistributed income, if any, as of the end of 2016				* \sum_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
a Enter amount for 2015 only				
b Total for prior years:		\$ <u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3 Excess distributions carryover, if any, to 2016:				
a From 2011	-			
<b>b</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 Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions) c Treated as distributions out of corpus		***		
(Election required - see instructions)				
d Applied to 2016 distributable amount			· · · · · · · · · · · · · · · · · · ·	
e Remaining amount distributed out of corpus				- W .M W
5 Excess distributions carryover applied to 2016				<u> </u>
(If an amount appears in column (d), the same amount must be shown in column (a) )	N. 60 N. 18			
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5     b Prior years' undistributed income. Subtract		<u> </u>		
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				3.7 4.48
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2016. Subtract	7. 20 00 00 00 00			
lines 4d and 5 from line 1. This amount must				
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)	3			
8 Excess distributions carryover from 2011		* 1		· * * * * * * * * * * * * * * * * * * *
not applied on line 5 or line 7				
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a				
O Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
23581 11-23-16				Form <b>990-PF</b> (2016)

Form 990-PF (2016) COLONEL JAMES	N. PRIT	<u>ZKER LIBR</u>	ARY (	OF I	THE 36-	- <b>44</b> 77083 P	age 12
Part XVI-A Analysis of Income-Produ	cing Activit	ties					
Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		Exclude	d by section 512, 513, or 514	(e)	
their gross amounts unless otherwise indicated.	(a)	(b)		(c)	(d)	Related or exem	nt
. 5	Business	Amount	1	sion	Amount	function income	•
1 Program service revenue:	code	Allount		code	Allioun		
a PROGRAM REVENUE	-					17,1	<u>.73.</u>
b COLLECTION - ARCHIVE -	_						
c OTHER						35,0	00.
d	·						
е	-						
f	-	<del></del>		-		<del>                                     </del>	
	-		<del></del>			<del> </del>	
g Fees and contracts from government agencies					<del></del>	<del> </del>	
2 Membership dues and assessments						82,7	99.
3 Interest on savings and temporary cash	ĺ	]		- 1			
investments	L			14	14,377.	,	
4 Dividends and interest from securities				14	8,439.	, ]	
5 Net rental income or (loss) from real estate:		\$1 1.4	.3				<b>%</b> %.
a Debt-financed property	· _ `*	*		<del>- 1</del> -		7.00	87.67
· · · ·				-+		109,2	00
b Not debt-financed property	<b> </b>	<del> </del>	<del></del> +	<del></del>	<del></del>	109,2	.00.
6 Net rental income or (loss) from personal				ı			
property							
7 Other investment income		L					
8 Gain or (loss) from sales of assets other							
than inventory			1	18	35,849.		
9 Net income or (loss) from special events			$\overline{}$			437,1	77.
10 Gross profit or (loss) from sales of inventory				-+			
	<del></del>		<del></del>	<del></del>	<del></del>	<del></del>	
11 Other revenue:	]	Ì		ì		100 0	
a MISC INCOME	-			<del></del>		108,3	
b CONSERVATION REALIZED	_					6	00.
c	_	<u> </u>		<u>_</u>			
d	_ L			L		<u> </u>	
e					<del>"</del>		
12 Subtotal. Add columns (b), (d), and (e)	.23		0.		58,665.	790,4	30.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<del>'</del>			13	849,0	95.
					10_		<del></del>
(See worksheet in line 13 instructions to verify calculations.)		<del></del>					-
Part XVI-B Relationship of Activities	to the Acco	emplishment of	of Exen	npt P	Purposes		
Line No. Explain below how each activity for which inc	ome is reported	in column (e) of Pai	rt XVI-A co	ontribut	ted importantly to the acco	mplishment of	
the foundation's exempt purposes (other than					or many to the moor		
	37						
		<del></del>					
		·					
					<del></del>		

SEE STATEMENT 15

Form 990-PF		NEL JAMES N.						4477083	Pa	age <b>13</b>
Part AVII	Intormation R Exempt Orgai	legarding Transfe	ers to an	d Transaction	is and	Relations	nips with Non-	cnaritable		
1 Did the d	organization directly or ind		he fallowing v	with any other organ	nization de	escribed in sect	ion 501(c) of	;	Yes	No
	e (other than section 501(						( /	<b>)</b>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	s from the reporting found			-	Ū			E Same in		1 / N / 1
(1) Cash								1a(1)		X
(2) Oth	er assets							1a(2)		X
<b>b</b> Other tra	ansactions:							* 1	^	٠,
(1) Sale	es of assets to a noncharit	able exempt organization						1b(1)		X
	chases of assets from a no							1b(2)		X
	ntal of facilities, equipment							1b(3)		Х
(4) Reii	mbursement arrangement	\$						1b(4)		Х
(5) Loa	ins or loan guarantees							15(5)		X
(6) Peri	formance of services or m	embership or fundraising	solicitations					1b(6)		X
c Sharing	of facilities, equipment, m	iailing lists, other assets,	or paid emplo	oyees				1c		X
d If the an	swer to any of the above is	s "Yes," complete the follo	wing schedu	le. Column (b) shou	ıld always	s show the fair i	market value of the g	oods, other ass	sets,	
or servic	ces given by the reporting	foundation. If the foundat	tion received							
	(d) the value of the goods (b) Amount involved	<del>`</del>		xempt organization	<del></del> -	(4) 5				
(a) Line no	(b) Amount involved	(c) Name of not		xempt organization	<del></del>	(a) Description	n of transfers, transaction	ns, and sharing arr	angemer	its
		<del> </del>	N/A							
		<del></del>			+	<del></del>				
<del></del>		<del> </del>	<del></del>							
		<del> </del>								
		<del> </del>		·	一寸	<del></del> -	<del></del>			
		<del>                                     </del>					<del></del>			
									_	
		<u> </u>								
2a Is the fo	undation directly or indire	ctly affiliated with, or relat	ted to, one or	more tax-exempt or	rganızatıo	ons described				_
ın sectio	in 501(c) of the Code (othe	er than section 501(c)(3))	or in section	1 527?				Yes	X	No
b If "Yes,"	complete the following sci		<del></del>							
	(a) Name of or	ganization	<del></del>	<b>b)</b> Type of organizat	tion		(c) Description of re	lationship		
<del></del>	<u> N/A</u>	<del></del>		<del></del> _	<del> </del>					
	·				-+-					
	<del></del>									
		<del></del>	1			<del>-</del>	<del></del>	<del></del>		
Unde	er penalties of perjury, I declare	that I have examined this sty	including acc	companying schedules a	end stateme	ents, and to the be	st of my knowledge			
Sign and	belief, it is true, correct, and cor	mplete Declaration of Penede	(other than tax	payer) is based on all int	formation o	of which preparer h	as any knowledge	May the IRS or return with th	e prepar	er
Here			>	- 1		PRESI	DENT & CEC	shown below		] No
Sig	gnature of officer or truste	ie /		Date	&	Title				
	Print/Type preparer's n		eparer's sign		Da		Check If	PTIN		
		}				1	self- employed			
Paid		A. HAUMANN KI	MBERL'	Y A. HAUM	A 08	3/29/17		P00546		
Preparer	Firm's name ▶ PL7	ANTE & MORAN					Firm's EIN ► 3			
Use Only	<i>/</i>									

 $\frac{\text{Phone no.} \quad \textbf{(312)} \quad 207 - \textbf{1040}}{\text{Form } \textbf{990-PF} \text{ (2016)}}$ 

Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR

CHICAGO, IL 60606

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990.

COLONEL JAMES N. PRITZKER LIBRARY OF THE

OMB No 1545-0047

2016

Name of the organization

Employer identification number

36-4477083

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

Organization type (check one)									
Filers of:	Filers of: Section:								
Form 990 or 990-EZ	501(c)( ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
. * -	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.								
General Rule									
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special Rules									
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.									
year, contributions is checked, enter h purpose Don't co	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 <b>General Rule</b> 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.

Employer identification number

#### COLONEL JAMES N. PRITZKER LIBRARY OF THE

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	J.N.PRITZKER  104 S MICHIGAN AVE STE 500  CHICAGO, IL 60603	\$ <u>4,175,000</u> .	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
2	J.N.PRITZKER-RENT  104 S MICHIGAN AVE STE 500  CHICAGO, IL 60603	\$ <u>1,114,152.</u>	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
3	COLONEL (IL) JAMES N PRITZKER CHARTIABLE DISTRIBUTION FUND  105 S MICHIGAN AVE STE 500  CHICAGO, IL 60604	\$ <u>1,170,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PO BOX 7  ARLINGTON HEIGHTS, IL 60006	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DUCHOSSOIS FAMILY FOUNDATION  1515 W 22ND ST STE 650  OAK BROOK, IL 60523	\$ <u>250,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RMS INVESTMENT GROUP INC 50 PUBLIC SQ STE 1600 CLEVELAND, OH 44113	\$52,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	l space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NORTHERN TRUST COMPANY  50 S LASALLE ST  CHICAGO, IL 60603	\$50,000.	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
8	EXELON CORP  10 S DEARBORN ST FL 53  CHICAGO, IL 60603	\$\$	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
9	JOHN W ROWE  PO BOX 805398  CHICAGO, IL 60680	\$\$	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
10	ROBERT & MAYARI PRITZKER FAMILY FOUNDATION  1 N FRANKLIN ST STE 2420  CHICAGO, IL 60606	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	SEEDLINGS FOUNDATION  984 MAIN ST  BRANFORD, CT 06405	\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DOBRUSIN  815 GROVE ST  GLENCOE, IL 60022	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)

Employer identification number

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Contributors (See instructions) Use duplicate copies of Part I if additi	ional space is needed	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
CARING FOR MILITARY FAMILIES  600 NEW HAMPSHIRE AVE NW STE 1020  WASHINGTON , DC 20037		Person X Payroll  Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DAVID TRUITT  505 N LAKE SHORE DR APT 2710  CHICAGO, IL 60611		Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
PLANTE MORAN PLLC  10 S RIVERSIDE PLZ STE 900  CHICAGO, IL 60606	\$15,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
FAHNER  71 S WACKER DR STE 1000  CHICAGO, IL 60606		Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
EDITH-MARIE APPLETON FOUNDATION  1028 SENECA RD  WILMETTE, IL 60091	\$10,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BERGLUND BEYOND BUILDING  8410 S SOUTH CHICAGO AVE  CHICAGO, IL 60617		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
	(b) Name, address, and ZIP+4  CARING FOR MILITARY FAMILIES 600 NEW HAMPSHIRE AVE NW STE 1020 WASHINGTON , DC 20037  (b) Name, address, and ZIP+4  DAVID TRUITT 505 N LAKE SHORE DR APT 2710 CHICAGO, IL 60611  (b) Name, address, and ZIP+4  PLANTE MORAN PLLC 10 S RIVERSIDE PLZ STE 900 CHICAGO, IL 60606  (b) Name, address, and ZIP+4  FAHNER 71 S WACKER DR STE 1000 CHICAGO, IL 60606  (b) Name, address, and ZIP+4  EDITH-MARIE APPLETON FOUNDATION 1028 SENECA RD WILMETTE, IL 60091  (b) Name, address, and ZIP+4  BERGLUND BEYOND BUILDING 8410 S SOUTH CHICAGO AVE	Name, address, and ZIP+4   Total contributions

Employer identification number

### COLONEL JAMES N. PRITZKER LIBRARY OF THE

Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MEDAL OF HONOR MUSEUM FOUNDATION PO BOX 309 MOUNT PLEASANT, SC 29465	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	JAY ROBERT PRITZKER  111 S WACKER DR STE 4000  CHICAGO, IL 60606	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_	PELIZZON  49 WELLS RD  GRANBY, CT 06035	\$10,000.	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
22	REED SMITH LLP - HARRY ROSENBERG  10 S WACKER DR STE 4000  CHICAGO, IL 60606	\$ <u>10,000.</u>	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
23	VIETNAM VETERANS MEMORIAL FUND INC  1235 S CLARK ST STE 910  ARLINGTON , VA 22202	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	SATTER FOUNDATION  676 N MICHIGAN AVE STE 4000  CHICAGO, IL 60611	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

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Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	HOGAN MARREN BABBO & ROSE LTD  321 N CLARK ST STE 1301  CHICAGO, IL 60654	\$11,800.	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
26	KATHLEEN T MURRAY  50 S LASALLE ST  CHICAGO, IL 60603	\$5,000.	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
27	PRITZKER PUCKER FAMILY FOUNDATION  2141 N SOUTHPORT AVE  CHICAGO, IL 60614	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	CHICAGO HISTORY MUSEUM  1601 N CLARK ST  CHICAGO, IL 60614	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	KATZENMEYER  1400 S LAKE SHORE DR  CHICAGO, IL 60605	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	FALCON  1754 HARRISON ST  GLENVIEW, IL 60025	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## COLONEL JAMES N. PRITZKER LIBRARY OF THE

COLON			<u> </u>
Part I	Contributors (See instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JOHN H SCHWAN  27 WATERGATE DR  SOUTH BARRINGTON, IL 60010	\$5,000.	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
32	AMERICAN REVOLUTION CENTER  101 S 3RD ST  PHILADELPHIA, PA 19106	\$5,000.	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
33	DAYTON 701 PENNSYLVANIA AVE NW STE 123 WASHINGTON , DC 20004	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	AMELL  158 N HARMON DR  NORTHFIELD, VT 05663	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	FLANAGAN  800 E GRAND AVE ON NAVY PIER  CHICAGO, IL 60611	\$5,000.	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
36	ILLINOIS INSTITUTE OF TECHNOLOGY  10 W 35TH ST #1700  CHICAGO, IL 60616	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

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COLON.	EL JAMES N. PRITZKER LIBRARY OF THE		-4477083
Part I	Contributors (See instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	UNION LEAGUE CLUB OF CHICAGO 65 W JACKSON BLVD CHICAGO, IL 60604	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	MARSDEN  2650 W MONTROSE AVE STE 112  CHICAGO, IL 60618	\$5,000.	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
39	RONALD J GIDWITZ  440 S LA SALLE ST STE 3100  CHICAGO, IL 60605	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	ALLIANT INSURANCE SERVICES INC  353 N CLARK ST 11TH FL  CHICAGO, IL 60654	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	MUELLER  945 MAGAZINE ST  NEW ORLEANS, LA 70130	\$5,000.	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
42	COTTON  945 MAGAZINE ST  NEW ORLEANS, LA 70130	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

COLONEL	<b>JAMES</b>	N.	PRITZKER	LIBRARY	OF	THE

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	4477000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MACK  1 E WACKER DR STE 2810  CHICAGO, IL 60601	\$5,000.	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
44	MICCIO  233 S WACKER DR 25TH FL  CHICAGO, IL 60607	\$5,000.	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
45	HOLT  3350 BRUNELL DR  OAKLAND, CA 94602	\$6,000.	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
46	ROBERT & RAEANNE SARAZEN  2230 N MAGNOLIA AVE  CHICAGO, IL 60614	\$5,241.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	FREDERICK H & CATE WADDELL  42 INDIAN HILL RD  WINNETKA, IL 60093	\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
622452 10.11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

## COLONEL JAMES N. PRITZKER LIBRARY OF THE

(b) ption of noncash property given  (b) ption of noncash property given  RUST CORP STOCK  (b) ption of noncash property given	(c) FMV (or estimate) (See instructions)  \$ 5,241.  (c) FMV (or estimate) (See instructions)  \$ 10,475.  (c) FMV (or estimate) (See instructions)  (c) FMV (or estimate) (See instructions)	(d) Date received  11/17/16  (d) Date received  09/08/16  (d) Date received
(b) ption of noncash property given  RUST CORP STOCK  (b) ption of noncash property given	(c) FMV (or estimate) (See instructions)  s 10,475.  (c) FMV (or estimate) (See instructions)	(d) Date received  09/08/16
(b) ption of noncash property given	(c) FMV (or estimate) (See instructions)  s 10,475.  (c) FMV (or estimate) (See instructions)	(d) Date received  09/08/16
(b) ption of noncash property given	s 10,475.  (c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (See instructions)	09/08/16 (d)
(b) ption of noncash property given	(c) FMV (or estimate) (See instructions)	(d)
ption of noncash property given	(c) FMV (or estimate) (See instructions)	(d)
ption of noncash property given	FMV (or estimate) (See instructions)	
	(c)	
(b) ption of noncash property given	FMV (or estimate) (See instructions)	(d) Date received
(b) ption of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	   s	
(b) ption of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
· · · · ·		(b) (c) FMV (or estimate)

Name of orga	anization		Employer identification number									
COLONE	L JAMES N. PRITZKER LII	RARY OF THE	36-4477083									
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations described i	in section 501(c)(7), (8), or (10) that total more than \$1,000 for									
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once)									
(a) No.	Use duplicate copies of Part III if addition	al space is needed	<del></del>									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
		(e) Transfer of gif	it									
	Transferee's name, address, a	Relationship of transferor to transferee										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
Γ	(e) Transfer of gift											
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
-												
	(e) Transfer of gift											
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
(a) No.		<del></del>	<del></del>									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
<del></del>												
-												
}		(e) Transfer of gif	t									
	Transferee's name, address, a	Relationship of transferor to transferee										

FORM 990	)-PF		GAIN	OR	(LOSS)	) I	FROM	SALE	OF	7	ASSETS		STA	TEMEN	т 1
DESCRIP	(A) FION OF	PROPERT	Y.								MANNER CQUIRED	DA ACQU	TE IRED	DATE	SOLD
BPEA II	I K1								_						
	(B			((				(D)		_	(E)			(F)	
	GRO SALES				OR BASIS		EXF	ENSE SALE	OF	•	DEPRE	c.	GAIN	OR L	oss
_		29,453.	<del></del>		(	0.				<u> </u>		0.		14	,536.
DESCRIP	(A) TION OF	PROPERT	Ϋ́								MANNER CQUIRED		TE IRED	DATE	SOLD
BPEA II	r K1								_						
	(B GRO		(	)) r202	C) POR		EXF	(D) ENSE	OF	7	(E)			(F)	
_	SALES				BASIS			SALE			DEPRE	·	GAIN	OR L	oss
		0.			(	0.			(			0.		14	,917.
	(A) FION OF	PROPERT	Y'						_		MANNER CQUIRED		TE	DATE	SOLD
BOOK ON	(B	)		((	2)			(D)			(E)			(F)	
	GRO SALES				OR BASIS		EXF	ENSE SALE	OF	7	DEPRE	·	GAIN	OR L	oss
		6,396.			(	0.			(			0.		6	,396.
CAPITAL	GAINS D	IVIDEND	S FR	OM E	PART I	J									0.
TOTAL TO	FORM 9	90-PF,	PART	I,	LINE 6	δA						,		35	,849.
								·							
FORM 990	O-PF IN	TEREST	ON S	AVIN	IGS ANI	) 1	ГЕМРС	RARY	CZ	SF	H INVEST	1ENTS	STA	TEMEN	т 2
SOURCE					I		(A) EVENU R BOO		ı	Œ	(B) F INVESTE INCOME	MENT		(C) DJUST T INC	
BPEA III								370.	_		8,	713.			,370. ,007.
TOTAL TO	PART I	, LINE	3				14,	377.	-		8,	713.		14	,377.
									=				<del></del>		

FORM 990-PF DI	VIDENDS	AND INTER	REST	FROM SECU	TRITIES	S'	TATEMENT 3	
	ROSS MOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS				
PBEA III LP	8,439.		0.	8,439	9. 1,22		8,439	
TO PART I, LINE 4	8,439.		0.	8,439	1,2	21.	8,439	
FORM 990-PF		RENTAL IN	1COM	======== E	<del></del>	S'	TATEMENT 4	
KIND AND LOCATION OF PR	OPERTY				ACTIVITY NUMBER		GROSS ENTAL INCOM	
104 S MICHIGAN AVE, CHI	CAGO, II	60603			1		109,288	
TOTAL TO FORM 990-PF, P.	ART I, I	LINE 5A					109,288	
FORM 990-PF		OTHER I	INCO	ME		S'	TATEMENT 5	
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOME	
PROGRAM REVENUE COLLECTION - ARCHIVE - MISC INCOME CONSERVATION REALIZED	OTHER			17,173. 35,000. 108,393. 600.		0. 0. 0.	17,173 35,000 108,393 600	
MEMBERSHIP DUES AND ASS GROSS INCOME FROM SPECI		3		82,799.		0.	82,799	
				<i>6</i> 55 / 003			·	
FUNDRAISING EVENTS				655,093.		0. 	655,093	
TOTAL TO FORM 990-PF, P.	ART I, 1	<del>-</del>		899,058.		0.	655,093 899,058	
TOTAL TO FORM 990-PF, P.	ART I, 1	LEGAI	. FE	899,058.		0.	655,093	
		<del>-</del>	NE'	899,058.		0. S	655,093 899,058	
TOTAL TO FORM 990-PF, P.		LEGAI (A) EXPENSES	NE'	899,058. ES (B) T INVEST-	(C) ADJUSTE NET INCO	0. S	655,093 899,058 TATEMENT 6 (D) CHARITABL	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	25,865.	0.	0.	25,865.	
TO FORM 990-PF, PG 1, LN 16B	25,865.	0.	0.	25,865.	
FORM 990-PF C	THER PROFES	SIONAL FEES	Si	PATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TEI PROFESSIONAL SERVICES APPRAISAL MGMT FEES	32,500. 4,930. 0.	0. 0. 87,475.	0. 0. 0.	32,500. 4,930. 0.	
TO FORM 990-PF, PG 1, LN 16C	37,430.	87,475.	0.	37,430.	
FORM 990-PF	TAX	ES	Si	PATEMENT 9	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FOREIGN TAXES	121,092.	0. 32.	0.	121,092.	
TO FORM 990-PF, PG 1, LN 18	121,092.	32.	0.	121,092.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 10		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING AND PROMOTION	58,715.	0.	58,715.	0.	
ENTERTAINMENT & CATERING	11,961.		11,961.	0.	
SUBCONTRACT PERSONNEL	8,090.		8,090.	0.	
LITERATURE AWARDS	144,061.	0.	144,061.	0.	
FOUNDERS PROJECTS	801,654.		504,002.	297,652.	
WORLD WAR 1 CENTENNIAL	15,161.		15,161.	257,052.	
OTHER	62,079.		62,079.	0.	
IT SUPPLIES	20,814.		02,075.	20,814.	
POSTAGE & SHIPPING	14,900.		0.	14,900.	
TELEPHONE	20,527.		0.	20,527.	
EMPLOYEE RELATIONS &	20,527.	•	0.	20,321.	
TRAINING	35,260.	0.	0.	35,260.	
LIABILITY INSURANCE	103,045.	0.	0.	103,045.	
OUTSIDE SERVICES	82,868.	0.	0.	82,868.	
DATABASE SUBSCRIPTIONS	33,955.		0.	33,955.	
SECURITY SERVICES	43,269.		0.	43,269.	
MISC	53,672.		0.	53,669.	
ARCHIVE CONSUMABLES	12,095.		0.	12,095.	
BOOKS & PAPERS	13,774.		0.	13,774.	
COLLECTION CONSUMABLES	20,1,20	••	••	13,771	
LIBRARY	9,984.	0.	0.	9,984.	
EXHIBITS & FRAMING	2,548.		0.	2,548.	
MAINTENANCE	96,161.		0.	96,161.	
GALA EXPENSES	217,916.		217,916.	0.	
PORTFOLIO DEDUCTIONS FROM	,,,,,,,	••	22,,5200		
PASSTHROUGH	0.	48,336.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	1,862,509.	48,336.	1,021,985.	840,521.	

FORM 990-PF CORPORATE STOCK		STATEMENT 11
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
APPLE INC COMMON STOCK	8,303.	8,303.
TOTAL TO FORM 990-PF, PART II, LINE 10B	8,303.	8,303.

FORM 990-PF OTHER	RINVESTMENTS		STATEMENT 12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BPEA III LP	FMV	5,138,667.	5,138,667.
TOTAL TO FORM 990-PF, PART II, LINE	13	5,138,667.	5,138,667.

FORM 990-PF PART VIII - LIST TRUSTEES AND	T OF OFFICERS, D FOUNDATION MANA	STATEMENT 13		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
COL (IL) J.N. PRITZKER, IL ARNG (RET) 104 S MICHIGAN AVE	CHAIR 1.00	0.	0.	0.
CHICAGO, IL 60603  ARIE FRIEDMAN MC 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
JOHN WILLIAMS 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
ROBERT SARAZEN 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
GINNY NARSETE 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
KENNETH CLARKE 104 S MICHIGAN AVE CHICAGO, IL 60603	PRES & CEO 40.00	142,500.	14,250.	0.
JOHN W ROWE 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
TYRONE "TY" C. FAHNER 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
JAMES MUKOYAMA 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
SCOTT MURRAY 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.

COLONEL JAMES N. PRITZKER LI	BRARY OF THE		36-44	77083
JOHN SCHWAN 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
NORM BOBBINS 104 S MICHIGAN AVE CHICAGO, IL 60603	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, P	PAGE 6, PART VIII	142,500. 14	4,250.	0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

#### ACTIVITY ONE

THE PRITZKER MILITARY LIBRARY WAS FORMED TO ACQUIRE AND MAINTAIN A COLLECTION OF MATERIALS AND DEVELOP APPROPRIATE PROGRAMS FOCUSING ON THE CONCEPT OF THE CITIZEN SOLDIER AS AN ESSENTIAL ELEMENT FOR THE PRESERVATION OF DEMOCRACY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

1,125,815.