

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



Form 990-PF

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf 2017 For calendar year 2016 or tax year beginning MAR 1, 2016 FEB 28, and ending A Employer identification number Name of foundation 47-2493486 POLL FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) B Telephone number 312-346-8380 389 HAZEL AVENUE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here IL 60035 HIGHLAND PARK,_ Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E if private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust X Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 1,284,322. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purpose (cash basis only) (a) Revenue and expenses per books (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income ıncome 602,402. 84 »N/A Contributions, gifts, grants, etc., received 101 1.86 23 23 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 22,267. 22,267 STATEMENT 4 Dividends and interest from securities N M 5a Gross rents 1 h Net rental income or (loss) 3. 700 X. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 3. W.: 13 ** 3. 7 Capital gain net income (from Part IV, line 2) W 388 18.7 8 Net short-term capital gain 133 9 Income modifications Gross sales less returns and allowances 1 ١, \$1 %. b Less Cost of goods sold c Gross profit or (loss) 11 Other income OGDEN 624,672. 22,270 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees STMT 2 3,001. 3,001. 0. c Other professional fees 17 Interest 527 405 0. STMT 3 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 3,528 3,406 0. expenses. Add lines 13 through 23 15,110. 3/8 110. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 18,638 3,406 15,110 Add lines 24 and 25 27 Subtract line 26 from line 12: 8:4 × 606,034. & Excess of revenue over expenses and disbursements 18,864 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form 990-PF (2016) 623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

POLL FAMILY FOUNDATION 47-2493486 Page 2 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (c) Fair Market Value (a) Book Value (b) Book Value Cash - non-interest-bearing 104,952. 2 Savings and temporary cash investments 3 - Accounts receivable Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts Grants receivable -Receivables-due-from-officers, directors, trustees, and otherdisqualified 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 433,941 1,102,019. 1,179,370. STMT 4 b Investments - corporate stock c Investments - corporate bonds · 18 W. 11 / 2. 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 600,937. 1,206,971 instructions. Also, see page 1, item I) 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) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted **▶** X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ō 27 Capital stock, trust principal, or current funds **Net Assets** 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 600,937. 206,971 29 Retained earnings, accumulated income, endowment, or other funds 1,206,971 600,937. 30 Total net assets or fund balances 600,937. 1,206,971 31 Total liabilities and net assets/fund balances 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) 600<u>,937</u>. 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3

623511 11-23-16

Decreases not included in line 2 (itemize)

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

Form 990-PF (2016)

_ =====================================		perty sold (e.g., real estate stock, 200 shs. MLC Co.)	,	(b) H	low acc - Purch - Dona	quired nase ition		acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS	DIVIDENDS			Ĭ					
<u>-b</u>									
<u>c</u>							-		
e	· · · · · · · · · · · · · · · · · · ·								
(e) Gross sales price	(f) Depreciation or_allowat		ost or other basis s_expense_of_sale	_				ain or (loss s.(f).minus.	
<u>a</u> 3.				_					3.
<u>b</u>				\dashv					
d				_					
<u>e</u>									
Complete only for assets shows	T							col. (h) gaın not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted as of 12/31		Excess of col. (1) er col. (j), if any			•	Losses	(from col. ((h))
a					-				3.
<u>b</u>									
<u>c</u>				-+	_				
e				1	-				
	∫ If	gain, also enter in Part I, Iii	ne 7	1					
2 Capital gain net income or (net c	apital loss) 👤 If	(loss), enter -0- ın Part I, lı	ne 7	外	2				3.
3 Net short-term capital gain or (lo if gain, also enter in Part i, line 8		ons 1222(5) and (6):		1					
If (loss), enter -0- in Part I, line 8	3				3			N/A	•
		940(e) for Reduce		Inve		ent Inc	ome		
(For optional use by domestic privat	a faundatione cubiact t								
•	e iouiluations subject i	to the section 4940(a) tax (n net investment in	come.))				
		to the section 4940(a) tax (on net investment in	come.))				
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec	this part blank.	istributable amount of any	year in the base per)				Yes [X] No
If section 4940(d)(2) applies, leave to Was the foundation liable for the section and the section of the sectio	this part blank. Stion 4942 tax on the d Ulfy under section 4940	istributable amount of any 0(e). Do not complete this	year in the base per part.	iod?)				Yes X No
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec If "Yes," the foundation does not quate Enter the appropriate amount in	this part blank. Stion 4942 tax on the d Ulfy under section 4940	istributable amount of any O(e). Do not complete this year; see the instructions t	year in the base per part.	iod?) 				
If section 4940(d)(2) applies, leave to Was the foundation liable for the section and the section of the sectio	this part blank. Stion 4942 tax on the d lify under section 4940 each column for each	istributable amount of any 0(e). Do not complete this	year in the base per part.	iod? htries.		use assets		Distrit (col. (b) div	Yes X No (d) Outton ratio inded by col. (c))
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015	this part blank. Stion 4942 tax on the d lify under section 4940 each column for each	istributable amount of any O(e). Do not complete this year; see the instructions to (b)	year in the base per part. efore making any er Net value of no	iod? htries.	ıtable-u	use assets	_	Distrit (col. (b) div	(d) oution ratio vided by col. (c))
Was the foundation liable for the set If "Yes," the foundation does not quate in Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015 2014	this part blank. Stion 4942 tax on the d lify under section 4940 each column for each	istributable amount of any 0(e). Do not complete this year; see the instructions b (b) d qualifying distributions	year in the base per part. efore making any er Net value of no	iod? htries.	ıtable-u		_	Distrit (col. (b) div	(d) oution ratio vided by col. (c))
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2015 2014 2013	this part blank. Stion 4942 tax on the d lify under section 4940 each column for each	istributable amount of any 0(e). Do not complete this year; see the instructions b (b) d qualifying distributions	year in the base per part. efore making any er Net value of no	iod? htries.	ıtable-u		_	Distrit (col. (b) div	(d) oution ratio vided by col. (c))
Was the foundation liable for the set If "Yes," the foundation does not quate in Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015 2014	this part blank. Stion 4942 tax on the d lify under section 4940 each column for each	istributable amount of any 0(e). Do not complete this year; see the instructions b (b) d qualifying distributions	year in the base per part. efore making any er Net value of no	iod? htries.	ıtable-u		_	Distrit (col. (b) div	(d) oution ratio vided by col. (c))
If section 4940(d)(2) applies, leave to Was the foundation liable for the section "Yes," the foundation does not quate a Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011	this part blank. Stion 4942 tax on the d lify under section 4940 each column for each	istributable amount of any 0(e). Do not complete this year; see the instructions b (b) d qualifying distributions	year in the base per part. efore making any er Net value of no	iod? htries.	ıtable-u			Distrit (col. (b) div	oution ratio rided by col. (c))
If section 4940(d)(2) applies, leave to Was the foundation liable for the sectif "Yes," the foundation does not quate an enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011 2 Total of line 1, column (d)	this part blank. Stion 4942 tax on the dilify under section 4940 each column for each sing in) Adjusted	istributable amount of any 0(e). Do not complete this year; see the instructions to (b) di qualifying distributions 0	year in the base per part. efore making any er Net value of no	ntries. (c)	304		_	Distrit (col. (b) div	oution ratio rided by col. (c))
If section 4940(d)(2) applies, leave to Was the foundation liable for the section "Yes," the foundation does not quate a Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011	this part blank. Stion 4942 tax on the dilify under section 4940 each column for each sing in) Adjusted 5-year base period - d	istributable amount of any 0(e). Do not complete this year; see the instructions to (b) di qualifying distributions 0	year in the base per part. efore making any er Net value of no	ntries. (c)	304			Distrit (col. (b) div	(d) pution ratio pided by col. (c)) . 0 0 0 0 0 0
If section 4940(d)(2) applies, leave to Was the foundation liable for the section 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the	this part blank. Stion 4942 tax on the dilify under section 4940 each column for each sing in) Adjusted 5-year base period - d	istributable amount of any 0(e). Do not complete this year; see the instructions to (b) di qualifying distributions 0	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2	Distrit (col. (b) div	(d) Oution ratio Inded by col. (c)) • 0 0 0 0 0 0 • 0 0 0 0 0 0
If section 4940(d)(2) applies, leave to Was the foundation liable for the section 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the	chis part blank. Interpretation 4942 tax on the delify under section 4940 each column for each sing in) Adjusted 5-year base period - dence if less than 5 years	istributable amount of any D(e). Do not complete this year; see the instructions to (b) di qualifying distributions O	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2	Distrit (col. (b) div	(d) Oution ratio Inded by col. (c)) • 0 0 0 0 0 0 • 0 0 0 0 0 0
If section 4940(d)(2) applies, leave to Was the foundation liable for the section "Yes," the foundation does not quate in Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed.	chis part blank. Interpretation 4942 tax on the delify under section 4940 each column for each sing in) Adjusted 5-year base period - dence if less than 5 years	istributable amount of any D(e). Do not complete this year; see the instructions to (b) di qualifying distributions O	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2 3 4	Distrit (col. (b) div	.000000 .000000
Was the foundation liable for the section 4940(d)(2) applies, leave to the section of the sectio	chis part blank. Interpretation 4942 tax on the delify under section 4940 each column for each sing in) Adjusted 5-year base period - dence if less than 5 years	istributable amount of any D(e). Do not complete this year; see the instructions to (b) di qualifying distributions O	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2 3	Distrit (col. (b) div	.000000 .000000
If section 4940(d)(2) applies, leave to Was the foundation liable for the section 'Yes," the foundation does not quate in the section of the	this part blank. Stion 4942 tax on the dilify under section 4940 each column for each sing in) Adjusted 5-year base period - dence if less than 5 years ble-use assets for 2016	istributable amount of any 0(e). Do not complete this year; see the instructions to (b) di qualifying distributions 0	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2 3 4	Distrit (col. (b) div	.000000 .000000 .000000 .000000 .000000
If section 4940(d)(2) applies, leave to Was the foundation liable for the section 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed the full plant of the the net value of noncharitation 1 Multiply line 4 by line 3 Enter 1% of net investment income	this part blank. Stion 4942 tax on the dilify under section 4940 each column for each sing in) Adjusted 5-year base period - dence if less than 5 years ble-use assets for 2016	istributable amount of any 0(e). Do not complete this year; see the instructions to (b) di qualifying distributions 0	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2 3 4 5	Distrit (col. (b) div	.000000 .000000 .000000 .000000 .000000 .000000
If section 4940(d)(2) applies, leave to Was the foundation liable for the section 1 Enter the appropriate amount in Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed the full plant of the the net value of noncharitation 1 Multiply line 4 by line 3 Enter 1% of net investment income	this part blank. Stion 4942 tax on the dilify under section 4940 each column for each sing in) Adjusted 5-year base period - dence if less than 5 years ble-use assets for 2016	istributable amount of any 0(e). Do not complete this year; see the instructions to (b) di qualifying distributions 0	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2 3 4 5	Distrit (col. (b) div	.000000 .000000 .000000 .000000 .000000 .000000
If section 4940(d)(2) applies, leave to Was the foundation liable for the section "Yes," the foundation does not quate in Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2015 2014 2013 2012 2011 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed.	this part blank. Stion 4942 tax on the dilify under section 4940 each column for each sing in) Adjusted 5-year base period - dence if less than 5 years ble-use assets for 2016 me (1% of Part I, line 2)	istributable amount of any 0(e). Do not complete this year; see the instructions to (b) di qualifying distributions 0	year in the base per part. efore making any er Net value of no	ntries. (c)	304		2 3 4 5	Distrit (col. (b) div	(d)

Form 990-PF (2016) POLL FAMILY FOUNDATION	1010/ \ 1010/ \ 1010/	47-2493	
Part VI Excise Tax Based on Investment Income (Section		948 - see in	structions)
1a Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.		
Date of ruling or determination letter: (attach copy of let			Kul kal i
b Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	189.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations	enter 4% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations		2	0.
3 Add lines 1 and 2	, ,	3	189.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	is only. Others enter -0-)	4	0.
= 5=Tax based-on-investment-income=Subtract-line-4-from-line-3=lf-zero-or-less=entel			189.
6 Credits/Payments;		831 2	22
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a		
	6b	1001	
b Exempt foreign organizations - tax withheld at source	400	-	
c Tax paid with application for extension of time to file (Form 8868)		-	
d Backup withholding erroneously withheld	6d		400.
7 Total credits and payments. Add lines 6a through 6d		7	400.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 22	20 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9	244
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over		10	211.
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	211. Refunded ▶	11	0.
Part VII-A Statements Regarding Activities			Two Types I No.
1a During the tax year, did the foundation attempt to influence any national, state, or le	ocal legislation or did it participate or interver	ie in	Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for politic	cal purposes (see instructions for the definition	n)?	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the act	tivities and copies of any materials publis	hed or	
distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed d	Juring the year:		
(1) On the foundation. > \$ 0 . (2) On foundation i		•_	
e Enter the reimbursement (if any) paid by the foundation during the year for political		_	1*
managers. ► \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported	d to the IRS?		2 X
If "Yes," attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its go	overning instrument, articles of incorporation.	or	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the			3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more durin			4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?	g the year	N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the year?	,	5 X
	no your.		
If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	aticfied either		
	มแอกอน Gittigi,		
By language in the governing instrument, or Divide a projection that off objects are monder the governing instrument on that are	mandatary directions that conflict with the sate	eto love	
By state legislation that effectively amends the governing instrument so that no research.	mandatory directions that conflict with the sta	te iaw	
remain in the governing instrument?			6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? $H = 1$	Yes," complete Part II, col (c), and Part X	N	7 X
			[s./]
8a Enter the states to which the foundation reports or with which it is registered (see	instructions)		
IL			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-Pl	F to the Attorney General (or designate)		
of each state as required by General Instruction G? If "No," attach explanatio	n en		8b X
9 Is the foundation claiming status as a private operating foundation within the mean	ning of section 4942(j)(3) or 4942(j)(5) for ca	lendar	
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? H	f "Yes," complete Part XIV		9 X
10 Did any persons become substantial contributors during the tax year? h Yes, attack	ch a schedule listing their names and addresses		10 X
		Fo	orm 990-PF (2016)

3a	Did the found
	during the ye
	J. 16.7

before 2016? If "Yes," list the years

statement - see instructions.)

Website address

foreign country

a disqualified person?

idation hold more than a 2% direct or indirect interest in any business enterprise at any time

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)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

3b

Form **990-PF** (2016)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	ili'i	
а	Average monthly fair market value of securities	1a	783,050.
	Average of monthly cash balances — — — — — — — — — — — — — — — — — — —	1b-	783,050.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	917,380.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le le 0.]	
-2 -	-Acquisition-indebtedness applicable-to-line-1-assets-	_2	0_•
3	Subtract line 2 from line 1d	3	917,380.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,761.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	903,619.
6	Minimum investment return. Enter 5% of line 5	6	45,181.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	45,181.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	189.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	44,992.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	44,992.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	44,992.
F	art XII 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	1a	15,110.
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:		
а	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	15,110.
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	189.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,921.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	r the section

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
- 1 - Distributable amount for 2016 from Part XI,-			· ***	
line 7	` * }**			44,992.
2 Undistributed income, if any, as of the end of 2016	#			
a Enter amount for 2015 only		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15,107.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2016:				
a From 2011	· **			
b From 2012				
c From 2013				
d From 2014				
e From 2015		. } 1 - 1 - 1		
f Total of lines 3a through e	0.		/ 23 (0.15)	
4 Qualifying distributions for 2016 from	1. " . " . " . " . " . " . " . " . " . "			
Part XII, line 4: \triangleright \$ 15,110.	33.66		1. 107 ·	
a Applied to 2015, but not more than line 2a	. 66.67	<u> </u>	15,107.	8·3/ 73
b Applied to undistributed income of prior		_		
years (Election required - see instructions)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0.	*	· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	₩.	.18*	× 23.855	3
d Applied to 2016 distributable amount	0.	2 2 2 3 3 4	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016	0.	* 1 / * * * * *	; <u>\$</u> ; \$ () 2	0.
(If an amount appears in column (d), the same amount		K (1) X (2) X		
must be shown in column (a).) 6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		. 1988	3 · · · ·
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	\$ p.			
amount - see instructions	* *	0.		
e Undistributed income for 2015. Subtract line	!			
4a from line 2a. Taxable amount - see instr.	:		0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				44,989.
7 Amounts treated as distributions out of		(*		*.
corpus to satisfy requirements imposed by		2018 2018		* * *
section $170(b)(1)(F)$ or $4942(g)(3)$ (Election		78.7		
may be required - see instructions)	0.	, , , , , , , , , , , , , , , , , , ,	` ` ` ` ` ` `	**
8 Excess distributions carryover from 2011		100	` ,*	<i>*</i>
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	1		İ	
d Excess from 2015	1			
e Excess from 2016	1			
3 EN0000 II OIII E0 10			•	Form 990-PF (2016)

623581 11-23-16

	MILY FOUNDA			47-24	93486 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VI	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	r 2016, enter the date of t	the ruling	▶		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described	n section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net -	Tax-year		– Prior 3-years –		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
===c=Qualifying-distributions-from-Part-XII,==					
line 4 for each year listed					
d Amounts included in line 2c not					
=					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the				<u> </u>	
alternative test relied upon;					
a "Assets" alternative test - enter:					
(1) Value of all assets			ļ		<u></u>
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				<u> </u>	
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed				ł	
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,	İ				
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)	ľ				
		 	 		
(2) Support from general public and 5 or more exempt				1	
organizations as provided in					
section 4942(j)(3)(B)(III)			 		
(3) Largest amount of support from					
an exempt organization	ļ	 	 		
Part XV Supplementary Info	rmetion (Comple	to this port only	f the foundation	had \$5 000 or man	o in cocoto
Part XV Supplementary Info at any time during t			i the loundation	nad \$5,000 or mor	e in assets
at any time during t	ne year-see instr	uctions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed in	nore than \$5,000). (See s	section 507(d)(2).)			
N. BARRY POLL	·				
b List any managers of the foundation wh			(or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% or greater intere	st.			
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🗓 if the foundation of				not accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
	and a second desired of the	paraen to innom uppn			
b The form in which applications should be	e submitted and informa	tion and materials they s	nould include;		
c Any submission deadlines:					
				die Cert	·
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields,	kinds of institutions, or	other factors;	
		 			
623601 11-23-16					Form 990-PF (2016)

3 Grants and Contributions Paid During the Y		Pavment		
Recipient	If recipient is an individual,			
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
a Paid during the year	o_oooaanna oona paroi	icolpiont		_
ROBERT H. LURIE CHILDREN'S HOSPITAL		PC	TO SUPPORT CHILDREN'S	
OF CHICAGO			HEALTH	
225 E CHICAGO AVE.	*			
CHICAGO , IL 60611				7,560.
			.	
JEWISH CHILD AND FAMILY SERVICES		PC	TO SUPPORT FAMILIES	
3145 W. PRATT BLVD.			AND CHILDREN	
CHICAGO , IL 60645				7,550.
				- :
		ļ		
			1	
	<u> </u>			
			1	
			1	
			·	
			1	
		 	 	
			1	
			1	
			1	
	<u> </u>	<u></u>		15 110
b Approved for future payment		_	<u>▶ 3a</u>	15,110.
Approved for lattire payment				
NONE			Į.	
			1	
	 			
		<u> </u>		
	1	<u> </u>	<u> </u>	
Total			▶ 3b	0.
- 			Fo	rm 990-PF (2016)

Form 990-PF (2016) POLL FAMILY FO	UNDATION			47-	2493486 Page 12
Part XVI-A Analysis of Income-Produ	cing Activities	5			
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Exclude	ed by section 512, 513, or 514	(e)
zinai groco amounto amoso ottormos mosacos.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
4 Dragram coruso revianuo:	(a) Business	Amount	sion	Amount	function income
-1 Program service revenue:—	<u> code </u>		- 6008	-	
å	·		++		<u></u>
b	·		+		
C					
d			_		
		 			
f					
g Fees and contracts from government agencies				· · · · · · · · · · · · · · · · · · ·	
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	1 1				
Dividends and interest from securities			14	22,267.	
5 Net rental income or (loss) from real estate:	多 注意、	F.			* # # # # # # # # # # # # # # # # # # #
		···· · · · · · · · · · · · · · · · · ·		2 % 2 4 2 18 No. C. M. 20 W. 2.	<u> </u>
a Debt-financed property	 -				
b Not debt-financed property	·				
6 Net rental income or (loss) from personal					
property					
7 Other investment income	ļ				
8 Gain or (loss) from sales of assets other					
than inventory			18	3.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С	·				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	·	0	. 83.5	22,270.	0.
13 Total. Add line 12, columns (b), (d), and (e)			- 1 - 2 - 2 3 3 4 1	13	22,270.
(See worksheet in line 13 instructions to verify calculations.)				""—	22,270.
				· · · · · · · · · · · · · · · · · · ·	
Part XVI-B Relationship of Activities t	o the Accom	plishment of E	xempt F	Purposes	
Line No. Fundam halour hour each patrioth for urbish man		aluma (a) at Dart MII	A	*************	
Explain below how each activity for which income the foundation's exempt purposes (other than			-A Contribu	teo importantly to the accom	ipiisiiment oi
the fourioation's exempt purposes (other than	by providing rands	ior such purposes).			
•					
-					

	,				
	 				

Form **990-PF** (2016)

623621 11-23-16

Information Regarding Transfers To and Transactions and Relationships With Noncharitable	form 990-PF (2	(016) POLL	FAMILY FO	UNDATI	ON			47-2	493486	Page 13
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of — 1 (1) Cash 1 (2) Other assets 1 (3) Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Performance of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rental organization or annotharitable exempt organization (5) Loans or loan guarantees (6) Performance of services or membership or fundations seemed employees (6) Performance of services or membership or fundations (secondal). Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in rootlining (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in rootlining (b) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in rootlining (b) the value of the goods, other assets, or searces received. (a) Lineary (b) Amount movived (c) Name of noncharitable evempt organization (d) Owerginary of transactions, good where germanations is section of noncharitable evempt organization (e) Description of relationships (a) In the reporting organization (b) Type of organization (e) Description of relationships (b) Type of organization (e) Description of relationships (c) Description of relationships (c) Description of relationships (e) Description of relationships (b) Type of organization (e) Description of relationships (e) Description of relationships (e) Description of relationships (e) Description of relationships (e) Description of rel	Part.XVII			sfers To a	and Transa	actions a	nd Relations	hips With Nonc	haritable	
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 4. Transfers from the reporting foundation to a noncharitable ewempt organization of: (1) Cash (2) Other sacets 5. Other transactions: (1) Sales of assets to a noncharitable ewempt organization (2) Performs as Jassets floring, noncharitable exempt organization (3) Rental of Sactions, equipment, or other assets (4) Rental personnel arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement arrangement are of services or membership or fundations good and employees (5) Loans or loan quarantees (8) Performance of services or membership or fundations (in following scholadisc). Column (b) should always show the fair market value or the goods, other assets, or past employees or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or should be colored to the subset of the goods, other assets, or past employees or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or past employees or services given by the reporting foundation. If the foundation received for the section of the starting arrangements or starting arrangement (d) the section of the starting arrangement (d) the section of the starting arrangement (d) the section of the starting arrangement (d) the section of the section of the starting arrangement (d) the section of the starting arrangement (d) the section of the starting arrangement (d) the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section	1 Did the or			of the following	ng with any oth	er organizatio	on described in sect	tion 501(c) of	,	
18 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 19 (2) Other assets 19 (2) Other assets 19 (3) Sales of assets for a noncharitable exempt organization (1) Sales of assets for a noncharitable exempt organization (2) Purchased assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reminuscement rangements (5) Loans or bear guarantees (8) Performance of services or membership or fundriarising solicitations (8) Performance of services or membership or fundriarising solicitations (9) Performance of services or membership or fundriarising solicitations (8) Ferformance of services or membership or fundriarising solicitations (9) Amount involved (1) Performance of services for services processes or services for services processes from the process of the pools, other assets, or services steaded. (14) Iversical (1) Performance of services for services for services steaded and services for services processes of the pools, other assets, or services steaded. (14) Iversical (1) Performance of services for services for services for services processes. (15) Iversical (1) Performance of services for serv					_	_		` '	ľ	
(2) Purchases of assets to a nonchardable exempt organization (1) Sales of assets to a nonchardable exempt organization (2) Purchases of assets from a nonchardable exempt organization (3) Retail of facilities, equipment or other assets (4) Reindursement arrangements (5) Loans or Bara guarantes (5) Loans or Bara guarantes (6) Performance of services or membership or fundasing solicitations (6) Performance of services or membership or fundasing solicitations (7) Performance of services or membership or fundasing solicitations (8) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or membership or fundasing solicitations (9) Performance of services or fundasing solicitations (9) Performance of services or fundasing solicitations (9) Performance of services or fundasing solicitations (9) Performance or services or fundamental solicitations (9) Performance or services or fundamental solicitations (9) Performance or services or fundamental solicitations (9) Performance or services or fundamental solicitations (9) Performance or services or fundamental solicitations (9) Performance or services or fundamental solicitations (9) Performance or services or fundamental	_ a Transfers	from the reporting founda	ation to a noncharita	ble exempt or	ganization of:					
b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Perchases of assets from a noncharitable exempt, or panization (3) Rental of facilities, equipment, or other assets (4) Rental conserved a rangement service services or membership or fundrasing solicitations (5) Loans or foan quarantess (6) Performance of services or membership or fundrasing solicitations (7) It the assets to a rough produce of the goods, other assets, or paid amployees (8) It the assets to a rough the reporting foundation. If the foundation econeved less than fair market value in any transaction or sharing arrangement, show in column (a) the value of the goods, other assets, or services received. (8) Performance of services in the goods, other assets, or services received. (9) Amount involved (9) Amount involved (1) It was of noncharitable evempt organization (4) Description of varieties transactions, and sharing arrangements in section 591(c) of the Good (other than section 591(c)) of the Good (other than section 59	(1) Cash					,			1a(1)	Х
(1) Sales of assets to a noncharable exempt or ganzation (2) Purchases of assets from noncharable exempt or ganzation (3) Rental of facilities, equipment, or other assets (4) Reindusement an angenerics (5) Loans or loan quarantees (6) Performance of services or membership or fundrasing solicitations (7) Endown or loan quarantees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) In an an an angeneric of the above is "res," complete the following solicitations or services grower by the reporting foundation if the droughdon research (b) should always show the fair market value of the goods, other assets, or services grower by the reporting foundation. If the droughdon research (e) should always show the fair market value of the goods, other assets, or services grower by the reporting foundation. If the droughdon research (e) should always show the fair market value or sharing arrangement, show in column (a) the value of the goods, other assets, or services growers by the reporting foundation. If the droughdon or services growers have the service of control of the goods, other assets, or services growers are received. (a) Name of organization (b) Amount involved (c) Name of organization (d) Description of values is because the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service, and complete package in the service in the service, and complete package in the service, and complete package in the service, and complete package in the service, and the service, and complete package in the service in the service, and the se	(2) Other	assets							1a(2)	
(2) Purchases of assets from a nonchartable esempt or ganzation (3) Rental of facilities, equipment, or other assets (4) Renthorsement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or review the fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received. (8) Line or (9) Amount involved (c) Name of nonchardable exempt organization (d) Description of sharing arrangement, show in socious 5279 (9) If Yes, Complete the following schedule. (9) Name of nonchardable exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 5279 (9) Type of organization (e) Description of relationship (9) Type of organization of the Description of relationship (9) Type of organization of the Description of relationship (1) Type	b Other tran	isactions;								كلند لشد
(a) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) It is answer to any of the above is Yes; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (8) Line no (8) Amount involved (9) Amount involved (1) The value of the goods, other assets, or services received. (8) Line no (8) Amount involved (9) Amount involved (1) The value of the goods, other assets, or services received. (8) Line no (9) Amount involved (1) The value of the goods, other assets, or services received. (9) Amount involved (1) The value of the goods, other assets, or services received. (1) The value of the goods, other assets, or services received. (1) The value of the goods, other assets, or services received. (1) The value of the goods, other assets, or services received. (1) The value of the goods, other assets, or services received. (2) The value of the goods, other assets, or services received. (3) The value of the goods, other assets, or services received. (4) Decorption of versions attended to the value of the goods of the value of the goods of the value of the goods of versions, services received. (2) The value of the goods of the value of the goods of the value of the goods of the value of the goods of the value of the goods of the value of the goods of the value of the goods of the value of the goods of the good of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the go	(1) Sales	of assets to a noncharita	ble exempt organiza	tion					1b(1)	
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrassing solicitations (6) Performance of services or membership or fundrassing solicitations (7) Intel® 2 (8) Performance of services or membership or fundrassing solicitations (8) Performance of services or services require to any of the above is *Yes*; complied the following befollow. So in the sests, or services require to any of the above is *Yes*; complied the following befollow. Services is required. (8) Intel® 2 (9) Amount involved (9) Name of noncharitable exempt organization (9) Pescription of venders, iteratactions, and drawing arrangements N/A (9) Amount involved (9) Name of noncharitable exempt organization (9) Pescription of venders, iteratactions, and drawing arrangements N/A 18 If *Yes*; compliate the following schedule. (9) Name of organization (9) Type of organization (19) Description of relationship (19) Tipe of organization (19) Description of relationship (19) Description of relationship (19) Type of organization (19) Description of relationship (19) Description of relations	(<u>2)_Purct</u>	hases_of_assets_from_a_no	ncharitable_exempt_c	organization					<u>-1b(2)</u>	X-
(6) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (1) Item answer to any of the above is Y'es; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (1) Lee no (b) Amount involved (c) Name of noncharitable exempt organization (d) Decognized of transfers, teresections, and dhaining arrangements. (1) Lee no (b) Amount involved (c) Name of noncharitable exempt organization (d) Decognized transfers, teresections, and dhaining arrangements. (1) Lee no (b) Amount involved (c) Name of noncharitable exempt organization (d) Decognized transfers, teresections, and dhaining arrangements. (a) Lee no (b) Amount involved (c) Name of noncharitable exempt organization (d) Decognized transfers, teresections, and dhaining arrangements. (a) Lee no (b) Amount involved (c) Name of noncharitable exempt organization (d) Decognized of transfers, teresections, and dhaining arrangements. (b) Yes (c) The Code (other than section 501(c)(3)) or in section 527? (c) Item (d) Decognized transfers, teresections, and dhaining arrangements. (e) Name of organization (e) Decognized or departments of the left of my tronsferge and the left of the left of my tronsferge and the left of the left of my tronsferge and the left of the left of my tronsferge and the left of the left of my tronsferge and the left of my tronsferge and the left of the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of my tronsferge and the left of	(3) Renta	al of facilities, equipment,	or other assets						1b(3)	X
(6) Performance of services or membership or fundrasing soluctations of Sharing of facilities, equipment, mailing lists, other assets, or part of the services given by the reporting foundation. If the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (d) Union (e) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b. If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign in individual from the section 501(c)(3) or in section 501(c)(3) or in section 501(c) or the Code (other than section 501(c)(3)) or in section 501(c) or in	(4) Reim	bursement arrangements				~			1b(4)	X
c Sharing of facilities, equipment, malling lists, other assets, or paid employees d if the answer to any of the above is "res," complete the following schedule. Cultum (a) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation cereval less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharinable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A 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? b. If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A White RR discuss the relationship of the prepare (other than topsymbly besed on all information of which prepare has my knowledge and taken and tak	(5) Loan:	s or loan guarantees							1b(5)	X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services egreen by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Living to (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of branches, the researchers, and sharing arrangements. N / A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization in section 501(c) of the Code (other than section 501(c)/3) or in section 527? b) If "Yes," complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N / A (b) Type of organization (c) Description of relationship N / A Under penalties of payer, i Sedice s that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge and the penalties of payer, i Sedice s that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and the penalties of payer, i Sedice s that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and the penalties of payer (o) the penalties of payer (o) the transport has any knowledge and sharing the penalties of payer (o) the p	• •		•	-					1b(6)	
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the polos, other assets, or services received. (a) I'me no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A 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? b If Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under paralless of operary, I declare that I have examined than retain, including accompanying schedules and statements, and to this best of my knowledge afforms the following parallel to the statement of the prepared in the second of the statement of prepare (other than tax plays) is based on all information of which prepare has any knowledge. PRESIDENT PRESIDENT With Preparer Signature of Officer or trustee Preparer I see Check I f PIII self-employed Preparer Use Only Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, II 60606 Phone no. (312) 207-1040	-		•		• •					<u> </u>
column (d) the value of the goods, other assets, or services received. (a) \(\text{lume no} \) (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 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? b if "Yes," complete the following schedules (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under paralities of per pay, if declare that I have examined than return, including accompanying schedules and statements, and to the best of my knowledge A Name of organization Description of relationship N/A PRESIDENT Title Prim" Signature of other or trustee Date Title Prim" Signature of other or trustee Date Title Prim" Signature Check if Prim self-employed Preparer Signature Preparer Sig										ets,
(a) Description of transfers, transactions, and sharing arrangements A						r market valu	ie in any transaction	or sharing arrangem	ent, show in	
N/A 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? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under permittive of parary, 1 declare that I have examined their educant, including accompanying schedules and laterwinits, and to the best of my shrowledge information of which prepare is early knowledge. N/A Under permittive of parary, 1 declare that I have examined their educant, including accompanying schedules and laterwinits, and to the best of my shrowledge. N/A Under permittive of parary, 1 declare that I have examined their educant that the paragraph is a series of which prepare is any knowledge. N/A PRESIDENT PRESIDENT PRESIDENT Primit's general intermation of which prepare is any knowledge. N/A Proparer Signature of officer or tritistee Date N/BERLY A. HAUMANIN KIMBERLY A. HAUMA 08/14/17 Firm's name PlantE & MORAN, PLLC Firm's address ► 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040	- 									
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? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Ves X h	(a) Line no	(b) Amount involved	(c) Name o		e exempt organ	ization	(d) Descriptio	n of transfers, transactions	s, and sharing arr	angements
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of peryry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the water with the preparer of the firm tax payer) is based on all information of which preparer has any knowledge PRESIDENT Firm's name Preparer's signature Primt/Type preparer's name Preparer's signature Primt/Type preparer's name Preparer's signature Primt/Type preparer's name Preparer's signature Primt's name PLANTE & MORAN, PLLC Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040				N/A			-	.=-		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of peryry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is \$\text{Difficer}\$ and belief, it is \$\text{Difficer}\$ in \$\text{Difficer}\$ perparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? Yes \$\text{X} \text{N} \text{N} \text{Difficer}\$ Way the IRS discuss this return with the preparer shown below (see instr)? Yes \$\text{X} \text{N} \text{Difficer}\$ If the \$\text{PRESIDENT}\$ PRESIDENT Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Phone no. (312) 207-1040			 					 -		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of peryry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is \$\text{Difficer}\$ and belief, it is \$\text{Difficer}\$ in \$\text{Difficer}\$ perparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? Yes \$\text{X} \text{N} \text{N} \text{Difficer}\$ Way the IRS discuss this return with the preparer shown below (see instr)? Yes \$\text{X} \text{N} \text{Difficer}\$ If the \$\text{PRESIDENT}\$ PRESIDENT Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Phone no. (312) 207-1040							 	 -		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of peryry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is \$\text{Difficer}\$ and belief, it is \$\text{Difficer}\$ in \$\text{Difficer}\$ perparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? Yes \$\text{X} \text{N} \text{N} \text{Difficer}\$ Way the IRS discuss this return with the preparer shown below (see instr)? Yes \$\text{X} \text{N} \text{Difficer}\$ If the \$\text{PRESIDENT}\$ PRESIDENT Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Phone no. (312) 207-1040								 -		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of peryry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is \$\text{Difficer}\$ and belief, it is \$\text{Difficer}\$ in \$\text{Difficer}\$ perparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? Yes \$\text{X} \text{N} \text{N} \text{Difficer}\$ Way the IRS discuss this return with the preparer shown below (see instr)? Yes \$\text{X} \text{N} \text{Difficer}\$ If the \$\text{PRESIDENT}\$ PRESIDENT Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Phone no. (312) 207-1040							 			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of peryry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is \$\text{Difficer}\$ and belief, it is \$\text{Difficer}\$ in \$\text{Difficer}\$ perparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr)? Yes \$\text{X} \text{N} \text{N} \text{Difficer}\$ Way the IRS discuss this return with the preparer shown below (see instr)? Yes \$\text{X} \text{N} \text{Difficer}\$ If the \$\text{PRESIDENT}\$ PRESIDENT Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Firm's name \$\text{PLANTE & MORAN, PLLC}\$ Phone no. (312) 207-1040				****						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the preparer than the preparer shown below (see instr)? Yes X N If "Yes," complete the following schedules. (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer and belief, it is the preparer and belief, it is the preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name PLANTE & MORAN, PLLC Firm's name PLANTE & MORAN, PLLC Firm's address P 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040			 				- -			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the preparer than the preparer shown below (see instr)? Yes X N If "Yes," complete the following schedules. (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer and belief, it is the preparer and belief, it is the preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name PLANTE & MORAN, PLLC Firm's name PLANTE & MORAN, PLLC Firm's address P 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040	-	<u>-</u>	 							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the preparer than the preparer shown below (see instr)? Yes X N If "Yes," complete the following schedules. (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer and belief, it is the preparer and belief, it is the preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name PLANTE & MORAN, PLLC Firm's name PLANTE & MORAN, PLLC Firm's address P 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040			 							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is purfored, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge PRESIDENT Signature of officer or trustee Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's n							 		_	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the preparer than the preparer shown below (see instr)? Yes X N If "Yes," complete the following schedules. (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer and belief, it is the preparer and belief, it is the preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name PLANTE & MORAN, PLLC Firm's name PLANTE & MORAN, PLLC Firm's address P 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040		· · · · · · · · · · · · · · · · · · ·								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the preparer than the preparer shown below (see instr)? Yes X N If "Yes," complete the following schedules. (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer and belief, it is the preparer and belief, it is the preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name PLANTE & MORAN, PLLC Firm's name PLANTE & MORAN, PLLC Firm's address P 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040						-				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the preparer than the preparer shown below (see instr)? Yes X N If "Yes," complete the following schedules. (b) Type of organization (c) Description of relationship May the IRS discuss this return with the preparer and belief, it is the preparer and belief, it is the preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 Firm's name PLANTE & MORAN, PLLC Firm's name PLANTE & MORAN, PLLC Firm's address P 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040							 -			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is purfored, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge PRESIDENT Signature of officer or trustee Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's n	-···	-								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is purfored, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge PRESIDENT Signature of officer or trustee Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's n								 '		
Sign Under penalties of per pry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the perfect of officer or trustee Print/Type preparer's name Preparer's signature Date Title						xempt organi	zations described			
(a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of per pry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is pure complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge per pry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge with any the IRS discuss this return with the preparer shown below (see instr.)? PRESIDENT Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature RIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 P00546491 Firm's name PLANTE & MORAN, PLLC Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040)(3)) or in sect	ion 527?				Yes	X No
N/A Sign Here Under penalties of per jury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the parties, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge return with the prepare shown below (see instr.)? PRESIDENT	_ b If "Yes," co			 -	Laha Tuma at a			I-V December of volume		
Sign Here Sign Here			ganization		(b) Type of d	organization		(c) Description of rea	ationship	
Here A complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT PRESID		N/A			 					
Here Signature of officer or trustee Date Title					 					
Here Signature of officer or trustee Date Title							 			
Here Signature of officer or trustee Date Title					-			-		
Here Signature of officer or trustee Date Title	Under	penalties of perjury. I declare t	that I have examined this	return, including	accompanying so	chedules and st	atements and to the be	est of my knowledge		
Paid Preparer Use Only Paid Prim's name ▶ PLANTE & MORAN, PLLC Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 PRESIDENT Title PRESIDENT Title Check if PTIN self-employed P00546491 Firm's EIN ▶ 38-1357951 Phone no. (312) 207-1040									return with the	e preparer
Paid Preparer Use Only Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Check ☐ if PTIN self- employed self- employed self- employed Firm's EIN ▶ 38-1357951 Phone no. (312) 207-1040		12-2-			1		DDEGTI	ראות	shown below	(see instr.)?
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Date Check if PTIN self-employed self-employed Proparer Use Only Firm's name ▶ PLANTE & MORAN, PLLC Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040	Sign	nature of officer or trustee			Date			JEN I	· A Yes	No
Paid Preparer Use Only Firm's name ▶ PLANTE & MORAN, PLLC Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 CHICAGO, IL 60606 Self- employed P00546491 Firm's EIN ▶ 38-1357951				Preparer's s				Check I if I	PTIN	
Paid Preparer Use Only KIMBERLY A. HAUMANN KIMBERLY A. HAUMA 08/14/17 P00546491 Firm's name ► PLANTE & MORAN, PLLC Firm's EIN ► 38-1357951 Firm's address ► 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040		I many popular a ne		,	.5.1444.0					
Preparer Use Only Firm's name ▶ PLANTE & MORAN, PLLC Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040	Paid	KTMRERT.V A	. HAIIMANN	KIMBEP	T.Y A 1	ΙΔΙΙΜΆ	h8/14/17		D00546	4 91
Use Only Firm's address ► 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040						TIOLITY	00/13/1/			
Firm's address ► 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040	-	The state of the s	LIL & HON	,				Trillis EIN P 30	13313	J 1
CHICAGO, IL 60606 Phone no. (312) 207-1040	•	Firm's address ▶ 1 ∩	S. RIVER	SIDE P	LAZA. 9	TH HT	OOR			
								Phone no (31	2) 207	-1040
								,		

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.rs.gov/form990.

OMB No 1545-0047

2016

	on	Employer identification number
	POLL FAMILY FOUNDATION	47-2493486
Organization type (chec	k 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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	X 501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and	l a Special Rule. See instructions.
General Rule		
X For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution one contributor. Complete Parts I and II See instructions for determining a	-
—	•	-
For an organiza property) from a Special Rules For an organiza sections 509(a) any one contrib	•	a contributor's total contributions. 1/3% support test of the regulations under, line 13, 16a, or 16b, and that received from
X For an organiza property) from a Special Rules For an organiza sections 509(a) any one contribor (ii) Form 990 For an organiza year, total contributions	any one contributor. Complete Parts I and II See instructions for determining a stron described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2%	a contributor's total contributions. 1/3% support test of the regulations under, line 13, 16a, or 16b, and that received from 6 of the amount on (i) Form 990, Part VIII, line 1h, received from any one contributor, during the
X For an organizar property) from a Special Rules For an organizar sections 509(a) any one contribution or (ii) Form 9900 For an organizar year, total contribution or the prevention of the prevention of the prevention of the contribution of the contribution of the purpose. Don't	any one contributor. Complete Parts I and II See instructions for determining a strion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% EZ, line 1. Complete Parts I and II tition described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that republicant of more than \$1,000 exclusively for religious, charitable, scientific, lit	a contributor's total contributions. 1/3% support test of the regulations under , line 13, 16a, or 16b, and that received from 6 of the amount on (i) Form 990, Part VIII, line 1h, received from any one contributor, during the terary, or educational purposes, or for received from any one contributor, during the tens totaled more than \$1,000. If this box usively religious, charitable, etc.

Name of organization

Employer identification number

POT.T.	V.TTMA	TOTAL	$M \cap T \cap M$

47-2493486

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
1	BARRY POLL CLAT		Person X
	839 HAZEL AVENUE HIGHLAND PARK, IL 60035	\$ 602,402.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

POLL FAMILY FOUNDATION

47-2493486

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 orga	anization		Employer identification number			
Part III	AMILY FOUNDATION Exclusively religious, charitable, etc., contrib	outions to organizations described	47-2493486 in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributes. Complete co	ilumns (a) through (e) and the follo charitable, etc., contributions of \$1,000 or	Wing line entry. For organizations less for the year (Enter this info once) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	=					
-		(e) Transfer of gif	t			
	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					
	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					
	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			
<u> </u>	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

FORM 990-PF I	OIVIDENDS	AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
NORTHERN TRUST	22,270.		0. 22,270.	22,270.		
TO-PART-I, LINE-4-22,25			0. 22,270.	22,270.		
FORM 990-PF	OT	HER PROFES	SIONAL FEES	Sī	PATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES		3,001.	3,001.		0.	
TO FORM 990-PF, PG 1, LN 16C		3,001. 3,001.		-	0.	
FORM 990-PF		TAXES		STATEMENT 3		
FORM 990-PF		TAX	ES	ST	ATEMENT 3	
		(A) EXPENSES	(B)	(C) ADJUSTED NET INCOME	(D)	
DESCRIPTION FOREIGN TAXES		(A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE	
FORM 990-PF DESCRIPTION FOREIGN TAXES EXCISE TAX ILLINOIS TAX		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES	

FORM 990-PF CORPORATE STOCK		STATEMENT 4	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
NORTHERN TRUST SECURITIES	1,102,019.	1,179,370.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,102,019.	1,179,370.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 5	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
N. BARRY POLL 389_HAZEL_AVENUE		PRESIDENT/DIRE			0.
HIGHLAND PARK, IL	60035	030	0.	0.	0.
ANITA M POLL 389 HAZEL AVENUE HIGHLAND PARK, IL	60035	TREASURER/DIRE	CTOR 0.	0.	0.
MARISSA TEPLITSKY 389 HAZEL AVENUE HIGHLAND PARK, IL		SECRETARY/DIRE	CTOR 0.	0.	0.
REID POLL 389 HAZEL AVENUE HIGHLAND PARK, IL	60035	DIRECTOR 0.00	0.	0.	0.
RYAN POLL 389 HAZEL AVENUE HIGHLAND PARK, IL	60035	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED OF	N 990-PF, PAGE 6,	PART VIII	0.	0.	0.