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2016

OMB No 1545-0052

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

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 06-01-20)16 , aı	nd en	ding 05-31-	2017				
Name of foundation HOWARD & ROBERTA GOSS CHARITABLE						A Employer identification number				
FO	UNDATI	ON INC	36-3370191							
		street (or P O $$ box number if mail is not delivered to street address) HARD LANE	Room/suite		B Telephone nu	mber (see ınstructıoı	ns)			
					(312) 427-2818	1				
		, state or province, country, and ZIP or foreign postal code L 60022			C If exemption	application is pendin	g, check here			
G Ch	neck al	that apply Initial return Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere \Box			
		☐ Final return ☐ Amended return	rannar pagna anama,		2. Foreign or	ganizations meeting	the 85%			
		Address change Name change			test, chec	k here and attach co	mputation 🕨 🔲			
H Ch	eck ty	pe of organization Section 501(c)(3) exempt private	foundation			indation status was t n 507(b)(1)(A), chec				
	Section	4947(a)(1) nonexempt charitable trust Other taxable	private foundation							
		tet value of all assets at end rom Part II, col (c),	☑ Cash ☐ Accru	ıal		ition is in a 60-montl n 507(b)(1)(B), chec				
		\$ 750,020	he an each hacia		under section	11 307(b)(1)(b), cliec	k liele F —			
			The Off Cash Dasis)							
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and	(b) I	Net investment	(c) Adjusted net	(d) Disbursements for charitable			
		equal the amounts in column (a) (see instructions))	expenses per books		income	ıncome	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach	83,457	,						
		schedule)								
	2	Check ► ☐ If the foundation is not required to attach Sch B								
	3	Interest on savings and temporary cash investments	19	,	19					
	4	Dividends and interest from securities	10,011		10,011					
	5a	Gross rents								
	b	Net rental income or (loss)								
E	6a	Net gain or (loss) from sale of assets not on line 10	122,467	'						
Revenue	b	Gross sales price for all assets on line 6a 1,193,489								
\aleph	7	Capital gain net income (from Part IV, line 2)			249,175					
	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	C	Gross profit or (loss) (attach schedule)		<u> </u>						
	11	Other income (attach schedule)	245.054		250 205					
	12	Total. Add lines 1 through 11	215,954	<u> </u>	259,205					
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0	1	0		0			
w	15	Other employee salaries and wages								
156	16a	Legal fees (attach schedule)		+						
<u>B</u>	ь	Accounting fees (attach schedule)	3,234	1	1,617		0			
Operating and Administrative Expenses	c	Other professional fees (attach schedule)	· ·	1	•					
tıve	17	Interest		†						
tra	18	Taxes (attach schedule) (see instructions)	% 313	3	313		0			
SILI S	19	Depreciation (attach schedule) and depletion		1						
Ē	20	Occupancy		1						
۲ ک	21	Travel, conferences, and meetings								
ä	22	Printing and publications								
Бuı	23	Other expenses (attach schedule)	2,641	1	2,616		0			
rat	24	Total operating and administrative expenses.								
<u>6</u>		Add lines 13 through 23	6,188	-	4,546		0			
_	25	Contributions, gifts, grants paid	94,843	3			94,843			
	26	Total expenses and disbursements. Add lines 24 and 25	101,031		4,546		94,843			
	27	Subtract line 26 from line 12			·					
	а	Excess of revenue over expenses and disbursements	114,923	3						
	ь	Net investment income (If negative, enter -0-)		1	254,659					
	С	Adjusted net income(if negative, enter -0-)		t						
-or	Danor	work Reduction Act Notice see instructions	I		at No. 11280		m 000-PE (2016)			

615,257

615,257

615,257

615,257

688,153

730,180

730,180

730,180

730,180

2

3

4

5

6

615,257

114,923

730,180

730,180 Form **990-PF** (2016)

0

707,993

750,020

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

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

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

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

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

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

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

Enter the appropriate amount in each column for each year, see instructions before making any entries

108,618

114,196

108,275

97,403

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

108,615

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

number of years the foundation has been in existence if less than 5 years

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

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

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

Part IV Capital Gains and	Losses for Tax on Investment	t Income				
	(a) ind(s) of property sold (e g , real esta se, or common stock, 200 shs MLC C	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1aSee Additional Data Table						
b						
С						
d						
e		-				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a See Additional Data Table						
b						
С						
d						
e						
Complete only for assets show	wing gain in column (h) and owned by	the foundation	on 12/31/69	((I)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (j), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))	
a See Additional Data Table						
b						
С						
d						
e						
2 Capital gain net income or (r 3 Net short-term capital gain of	1 2	n, also enter in P ss), enter -0- in F 5) and (6)		2	249,175	
If gain, also enter in Part I, l in Part I, line 8	ine 8, column (c) (see instructions) 1	• •	}	3		
Part V Qualification Unde	er Section 4940(e) for Reduce	d Tax on Net	Investment In	come		
	e foundations subject to the section 4	940(a) tax on ne	t investment incom	ne)		
, , p 11134		()		,		

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

(a) Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Net value of noncharitable-use assets

688,399

745,975

742,314

658,221

663,191

2

3

4

5

6

7

8

0 157783

0 153083

0 145861

0 147979

0 163776

0 768482

0 153696

696,734

107,085

109,632

Form 990-PF (2016)

94,843

2,547

Yes V No

(d)

Distribution ratio

(col (b) divided by col (c))

Page 3

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		,			, ,				i
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6a	Did the foundation, during the year	, rece	ive any funds, directly or	ındırectly, to pay premıu	ms on			
## Title, and average hours per week (b) devoted to position as west managers and their compensation (see instructions). ### Title, and average hours per week (b) devoted to position as west more than \$50,000 Name and address 1		!	·	No					
Tall time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	Ь	·	6b		No				
Title, and average hours per week (b) devoted to position 1 00 100		,							
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address Title, and average hours per week (b) devoted to position RESIDENT/DIRECTOR 1 00						∟ Yes 💌	No		
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address Title, and average (b) devoted to position PRESIDENT/DIRECTOR GOO ORCHARD LANE (GLENCE), IL 60022 DAVID GOSS DIRECTOR DAVID GOSS SEC/TREAS/DIRECTOR O CLENCE, IL 60022 DAVID GOSS Name and address of each employee paid more than \$50,000 and the store of their employee paid more than \$50,000 and the store of their employees benefit plans and deferred compensation Title, and average hours pre week (b) devoted to position (c) Compensation (If not paid, enter -0-) and paid, enter -0-) and compensation O O O O O O O O O O O O O O O O O O O	ь	• •		•					
(a) Name and address Title, and average hours per week (b) devoted to position (c) Compensation (If not paid, enter -0-) (e) other allowances	Pa		Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid En	nployees	5,	
(a) Name and address Total number of other employees paid of the decimal of the paid of the position Contributions to employee benefit plans and deferred (e) other allowances	1	List all officers, directors, truste	es, fo	oundation managers an	d their compensation	(see instructions).			
620 ORCHARD LANE GLENCOE, IL 60022 ROBERTA GOSS DIRECTOR 1 00 DAVID GOSS 33 WEST HURON STREET UNIT 407 CHICAGO, IL 60654 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Contributions to employee benefit plans and deferred (a) compensation NONE Total number of other employees paid over \$50,000		(a) Name and address		hours per week	not paid, enter	Contributions to employee benefit plans and deferred			
ROBERTA GOSS ROBERTA GOSS ROBERTA GOSS DIRECTOR DAVID GOSS SEC/TREAS/DIRECTOR 1 00 DAVID GOSS SEC/TREAS/DIRECTOR 1 00 DAVID GOSS SEC/TREAS/DIRECTOR Total number of other employees paid over \$50,000.	HOW	ARD GOSS		IDENT/DIRECTOR	0	C)		
620 ORCHARD LANE GLENCOE, IL 60022 DAVID GOSS SEC/TREAS/DIRECTOR 1 0 0 0 STREET UNIT 407 CHICAGO, IL 60654 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE NONE Total number of other employees paid over \$50,000.			1 00						
DAVID GOSS 33 WEST HURON STREET UNIT 407 CHICAGO, IL 60654 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred (d) compensation (e) other allowances Expense account, (e) other allowances Total number of other employees paid over \$50,000.	ROBE	RTA GOSS		CTOR	0	C)		0
33 WEST HURON STREET UNIT 407 CHICAGO, IL 60654 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (d) Compensation (e) other allowances Expense account, plans and deferred compensation (e) other allowances Total number of other employees paid over \$50,000.			1 00						
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." Name and address of each employee paid more than \$50,000 NONE Title, and average hours per week (b) devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) other allowances Total number of other employees paid over \$50,000.				TREAS/DIRECTOR	0	c	1		0
(a) Title, and average hours per week (b) devoted to position (c) Compensation Contributions to employee benefit plans and deferred compensation Expense account, (e) other allowances Total number of other employees paid over \$50,000. Contributions to employee benefit plans and deferred compensation Expense account, (e) other allowances	CHIC	AGO, IL 60654							
Name and address of each employee paid more than \$50,000 NONE Compensation employee benefit plans and deferred compensation employee benefit plans and employee employee employee employee employee employee employee employee em	_2_	Compensation of five highest-pa	id en	nployees (other than th	ose included on line 1	-see instructions). If no	ne, enter	"NONE	<u>." </u>
Total number of other employees paid over \$50,000	Na	ame and address of each employee p	aıd	hours per week	(c) Compensation	employee benefit plans and deferred			
	NON	E							
Form 990-PF (2016)	Tota	I number of other employees paid ov	er \$5	0,000					0
						<u>'</u>	Form 99	90-PF	(2016)

Form 990-PF (2016)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highland Contractors (continued)	y Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, e	nter "NONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	• 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the n	umber of Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 NONE	0
2	
•	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	
	Form 990-PF (2016)

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

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

1b

2

За 3h

4

5

94.843

94.843

Form 990-PF (2016)

2016

Page 9

29.744

29.744

Form **990-PF** (2016)

Form 990-PF (2)	016)
Part XIII	Und

b Total for prior years

From 2011. . . .

d From 2014. . . .

e From 2015.

b From 2012. . . . c From 2013. .

XII, line 4 > \$

indicated below:

-orm 990-PF (2016)									
Part XIII	Undistributed Income (see instruct	ions)							

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e.

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

same amount must be shown in column (a))

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

b Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. . .

c Excess from 2014. . . .

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

4 Qualifying distributions for 2016 from Part

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).

77,003 65,362

72.957 78,129

75,364

65.362 72,957

78.129

75.364

65.099

(a)

Corpus

368,815

65.099

433.914

77,003

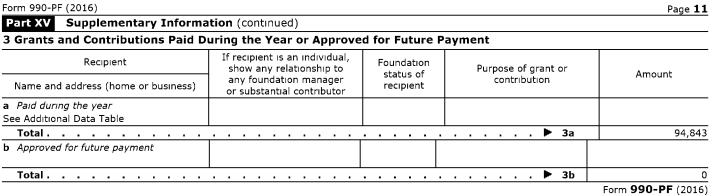
356,911

(b)

Years prior to 2015

(c)

2015



	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
d						
	and contracts from government agencies					
2 Membe	rship dues and assessments					
	st on savings and temporary cash ments			14	19	
	ds and interest from securities			14	10,011	
	tal income or (loss) from real estate financed property.					
	ebt-financed property					
6 Net re	ntal income or (loss) from personal property					
	nvestment income					
	or (loss) from sales of assets other than ory			18	122,467	
9 Net inc	ome or (loss) from special events				·	
O Gross p	profit or (loss) from sales of inventory revenue a					
	evenue a					
			0		132 497	(
2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	132,497 3	
2 Subtota 3 Total. See worksl		ns)			· · · · · · · · · · · · · · · · · · ·	
2 Subtota 3 Total. See worksl Part XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497
2 Subtota 3 Total. 6ee works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497
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2 Subtota 3 Total. 6ee works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497
2 Subtota 3 Total. 6ee works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497
2 Subtota 3 Total. Gee works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497
2 Subtota 3 Total. Gee works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497
2 Subtota 3 Total. Gee works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497
2 Subtota 3 Total. Gee works Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplishi income is reporte	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribut	Bted importantly to	132,497

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organiz	zations									
	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Yes No											
a Tra	nsfers f	rom the reporting found	dation to a no	oncha	rıtable ex	empt organizatioi	n of		-			
(1) Cash										1a(1)		No
(2)	Other	assets								1a(2)		No
b Other transactions												
(1) Sales of assets to a noncharitable exempt organization										. 1b(1)		No
(2)	Purch	ases of assets from a n	oncharitable	exem	pt organiz	zation				. 1b(2)		No
(3)	Renta	l of facilities, equipmen	it, or other as	sets.						. 1b(3)		No
٠.		oursement arrangemen								1b(4)		No
٠.		or loan guarantees.								1b(5)		No
٠, ٠		mance of services or me	•		-					1b(6)		No
	-	facilities, equipment, m			· ·					1c		No
		ver to any of the above ds, other assets, or serv										
		saction or sharing arra										
/- X L	N. I	(1-) A	l (-) N			1	(4)			d -1		
(a) Line	INO	(b) Amount involved	(c) Name of I	noncna	aritable exe	mpt organization	(a) [Jescription of	transfers, transactions, an	a snaring arra	ngemen	its
2a Is t	he foun	dation directly or indire	ectly affiliated	with,	, or relate	d to, one or more	tax-ex	empt organ	zations			
des	cribed i	n section 501(c) of the	Code (other	than :	section 50	01(c)(3)) or in se	ction 52	77		. 🗌 Yes	✓ N	lo
b If "	Yes," co	mplete the following so	chedule									
		(a) Name of organizatio	n		(1	b) Type of organizat	ion		(c) Description of	relationship		
	Unde	er penalties of perjury,	I declare that	: I hav	ve examın	ed this return. in	cludina	accompanyi	ng schedules and state	ments, and	to the	best
	of m	y knowledge and belief	, it is true, co									
Sign		h preparer has any kno	wledge			1						
Here	*	*****				2017-07-25	_	*****		the IRS discu		
	7 -	Signature of officer or tr	rustee			Date	— ,	Title		instr)? 🗹		
		<u> </u>							(300	. III3ti / —		
		Print/Type preparer's	name	Prepa	arer's Sıgı	nature	Date		PTI Check if self-	N		
									employed ▶ □	P0104	5120	
D-:4		FRED M BRODY										
Paid				_								_
Prep		Firm's name ► MOR	RISON & MOF	RRISC	ON LTD				Firr	m's EIN ▶36	-31431	.86
Use	Only	Firm's address ▶ 19	SOUTH LASA	\	T CHITE	1100			, , , ,			
		Films address ► 19	JOUIN LASA	TLLE S	JI JUILE	1100				(315	. 246	7141
		СН	ICAGO, IL 6	0603					Pho	one no (312) 346-2	2141
								l				

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation SHORT-TERM PUBLICLY TRADED LONG-TERM PUBLICLY TRADED AMAZON COM INC D 2016-12-14 2017-01-04 CELGENE CORP D 2016-12-14 2017-01-04 COLUMBIA ACORN INTERNATIONAL FUND D 2013-10-31 2017-04-12 COLUMBIA LARGE CAP ENHANCED CORE FUND CLASS Z D 2015-11-06 2017-04-12 D 2017-01-04 FACEBOOK INC 2016-12-14 PRICELINE GROUP INC D 2016-12-14 2017-01-04 EAGLE SMALL CAP GROWTH FUND CLASS 1 D 2013-10-31 2016-11-30 JOHN HANCOCK FDS III DISCIPLINED VALUE MID CAP FUND D 2015-11-06 2016-09-15 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Cost or other basis Gain or (loss) (e) Gross sales price Depreciation allowed (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 411,886 396,277 15,609 546,788 455,404 91,384 23,482 2,277 21,205 18,389 3,546 14,843 22,165 16,033 6,132 17,500 13,827 31,327 19,579 3,662 15,917 20.838 937 19,901 25,150 17,744 7,406 37,043 17,081 19,962 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 15,609 91,384 21,205 14,843 6,132 13,827 15,917 19,901 7,406 19,962

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold How acquired P—Purchase (mo, day, yr) (mo, day, yr) D-Donation JOHN HANCOCK FDS III DISCIPLINED VALUE MID CAP FUND D 2010-05-27 2016-09-15 CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (q) (f) 30,042 13,853 16,189 6,800 6,800 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) (I)Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 16,189

contributions received by the foundation before the close of any tax year (but only if they have contributed more	Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the tota
	contributions received by the foundation before the close of any tax year (but only if they have contributed more
than \$5,000).	than \$5,000).

HOWARD GOSS

ROBERTA GOSS

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ADOPT A PLATOON PO BOX 1457 SEABROOK, NH 03874	NONE	PUBLIC	CHARITABLE	132
AKR YELLOW UMBRELLA FOUNDATION 111 W WASHINGTON ST SUITE 1500 CHICAGO, IL 60602	NONE	PUBLIC	CHARITABLE	25
ALZHEIMER ASSOCATION 225 N MICHIGAN AVENUE 17TH FL CHICAGO, IL 60601	NONE	PUBLIC	CHARITABLE	500
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE 1200 CHICAGO, IL 60601	NONE	PUBLIC	CHARITABLE	100
AMERICAN FRIENDS OF MAGEN DAVID	NONE	PUBLIC	CHARITABLE	50

•				
ALZHEIMER ASSOCATION 225 N MICHIGAN AVENUE 17TH FL CHICAGO, IL 60601	NONE	PUBLIC	CHARITABLE	500
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE 1200 CHICAGO, IL 60601	NONE	PUBLIC	CHARITABLE	100
AMERICAN FRIENDS OF MAGEN DAVID ADOM FOR ISRAEL	NONE	PUBLIC	CHARITABLE	50

1620 NW 87TH TER

PLANTATION, FL 33322

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
AMERICAN JEWISH WORLD SERVICE 45 W 36TH STREET 11 NEW YORK, NY 10018	NONE	PUBLIC	CHARITABLE	50			
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL FOUNDATION 225 E CHICAGO AVE CHICAGO, IL 60611	NONE	PUBLIC	MEDICAL	100			
ANTI-DEFAMATION LEAGUE 120 S LASALLE STREET CHICAGO, IL 60603	NONE	PUBLIC	CHARITABLE	100			
ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVENUE CHICAGO, IL 60603	NONE	PUBLIC	CHARITABLE	190			
B'NAI B'RITH YOUTH ORGANIZATION 12500 NW MILITARY HIGHWAY SAN ANTONIO, TX 78231	NONE	PUBLIC	CHARITABLE	36			
Total	94,843						

orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
B'NAI JEHOSHUA BETH ELOHIM SYNAGOGUE 901 MILWAUKEE AVENUE GLENVIEW, IL 60025	NONE	PUBLIC	RELIGIOUS	7,652
BBYO INTERNATIONAL 800 EIGHTH STREET NW WASHINGTON, DC 20001	NONE	PUBLIC	CHARITABLE	50
BETA GAMMA SIGMA INC 125 WELDON PKWY MARYLAND HEIGHTS, MO 63043	NONE	PUBLIC	CHARITABLE	100
BETH HILLEL CONG BNAI EMUNAH 3220 BIG TREE LANE WILMETTE, IL 60091	NONE	PUBLIC	CHARITABLE	25
BIRTHRIGHT ISRAEL FOUNDATION PO BOX 5892 HICKSVILLE, NY 11802	NONE	PUBLIC	CHARITABLE	100

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS TOWN 14100 CRAWFORD ST NONE PUBLIC **CHARITABLE** 36 BOYS TOWN, NE 68010 25 550 300 1000 LAKE COOK ROAD GLENCOE, IL 60022 CHICAGO COALITION FOR THE NONE **PUBLIC** CHARITABLE 36 HOMELESS

BRAIN RESEARCH FOUNDATION 111 W WASHINGTON ST SUITE 1460 CHICAGO, IL 60602	NONE	PUBLIC	CHARITABLE	2
CANCER WELLNESS CENTER 215 REVERE DRIVE NORTHBROOK, IL 60062	NONE	PUBLIC	MEDICAL	55
CHICAGO BOTANIC GARDEN	NONE	PUBLIC	CHARITABLE	30

70 E LAKE ST CHICAGO, IL 60601

Total .

3a

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
CHICAGO JEWISH HISTORICAL SOCIETY 610 S MICHIGAN AVE CHICAGO, IL 60605	NONE	PUBLIC	CHARITABLE	65	
COALITION TO SALUTE AMERICAN HEROES 12 GODFREY PLACE WILTON, CT 06897	NONE	PUBLIC	CHARITABLE	50	
CONGREGATION BETH SHALOM 3433 WALTERS AVE NORTHBROOK, IL 60062	NONE	PUBLIC	CHARITABLE	50	
DEPAUL UNIVERSITY 1 E JACKSON STREET CHICAGO, IL 60604	NONE	PUBLIC	EDUCATIONAL	10,100	
EASTER SEALS 233 S WACKER DR 2400	NONE	PUBLIC	CHARITABLE	150	

CHICAGO, IL 60606

Total . . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FAMILY SERVICE OF GLENCOF NONE PUBLIC. CHARITABLE 50 675 VILLAGE COURT GLENCOE, IL 60022 FOOD FOR THE POOR INC NONE PUBLIC **CHARITABLE** 50 6401 LYONS ROAD

COCONUT CREEK, FL 33073				
FREE WHEELCHAIR MISSION 2705 S ARCHER 2ND FLOOR CHICAGO, IL 60608	NONE	PUBLIC	CHARITABLE	500
FRIENDS OF THE GLENCOE PUBLIC LIBRARY 320 PARK AVENUE GLENCOE, IL 60022	NONE	PUBLIC	CHARITABLE	36
FRIENDS OF THE ISRAEL DEFENSE FORCES 350 FIFTH AVENUE	NONE	PUBLIC	PUBLIC SAFETY	500

NEW YORK, NY 10118

Total . 3a

undation tatus of contribution LIC CHARITABLE Amount Amount Amount Amount Amount Amount Amount
LIC CHARITABLE 36
LIC CHARITABLE 36
LIC CHARITABLE 210
LIC CHARITABLE 500
LIC CHARITABLE 1,200
LIC CHARITABLE 100
LI

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Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	NONE	PUBLIC	CHARITABLE	300
JEWISH UNITED FUND 30 S WELLS STREET CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	46,325
KELLOGG SCHOOL OF MANAGEMENT 2169 CAMPUS DRIVE EVANSTON, IL 60208	NONE	PUBLIC	EDUCATIONAL	200
LEUKEMIA RESEARCH FOUNDATION 3520 LAKE AVENUE SUITE 202 WILMETTE, IL 60091	NONE	PUBLIC	MEDICAL	25
MAINE CORP HERITAGE FOUNDATION 18900 JEFFERSON DAVIS HWY TRIANGLE, VA 22172	NONE	PUBLIC	CHARITABLE	25

Total . . 3a

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the \	ear or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MAKE-A-WISH FOUNDATION 640 N LASALLE ST 280 CHICAGO, IL 60654	NONE	PUBLIC	CHARITABLE	25
MARINE TOYS FOR TOTS FOUNDATION 3034 W FOSTER AVENUE CHICAGO, IL 60625	NONE	PUBLIC	CHARITABLE	50
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	NONE	PUBLIC	MEDICAL	50
MD ANDERSON CENTER 1840 OLD SPANISH TRAIL HOUSTON, TX 77054	NONE	PUBLIC	CHARITABLE	100
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	NONE	PUBLIC	CHARITABLE	100
Total				94,843

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NATIONAL PARKS CONSERVATION ASSN 8 S MICHIGAN AVE CHICAGO, IL 60603	NONE	PUBLIC	CHARITABLE	25	
NORTH SHORE CONGREGATION ISRAEL 1185 SHERIDAN ROAD GLENCOE, IL 60022	NONE	PUBLIC	RELIGIOUS	8,740	
OLIVE BRANCH MISSION 2626 W MARQUETTE CHICAGO, IL 60636	NONE	PUBLIC	CHARITABLE	36	
OPENLANDS 25 E WASHINGTON ST 1650 CHICAGO, IL 60602	NONE	PUBLIC	CHARITABLE	100	
ORT AMERICA	NONE	PUBLIC	CHARITABLE	360	

OLIVE BRANCH MISSION 2626 W MARQUETTE CHICAGO, IL 60636	NONE	PUBLIC	CHARITABLE	
OPENLANDS 25 E WASHINGTON ST 1650 CHICAGO, IL 60602	NONE	PUBLIC	CHARITABLE	

3701 COMMERCIAL AVENUE

NORTHBROOK, IL 60062

94,843 Total . .

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Pasinient	If recipiont is an individual	Foundation	Purpose of grant or	Amount
Recipient	If recipient is an individual, show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PARALYZED VETERANS OF AMERICA 2235 ENTERPRISE DR 3501 WESTCHESTER, IL 60154	NONE	PUBLIC	CHARITABLE	36
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN ROAD HIGHLAND PARK, IL 60035	NONE	PUBLIC	CHARITABLE	7,000
RECOVERING COMMUNITIES OF STEP AHEAD 6345 N WAYNE AVE CHICAGO, IL 60660	NONE	PUBLIC	CHARITABLE	25
RONALD MCDONALD HOUSE CHARITIES 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	PUBLIC	CHARITABLE	200
SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	PUBLIC	CHARITABLE	50
Total				94,843

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SHALVA PO BOX 46375 NONE PUBLIC CHARITABLE 100 CHICAGO, IL 606460375 SHRINERS HOSPITAL FOR CHILDREN NONE PUBLIC MEDICAL 150 **FOUNDATION**

2900 N ROCKY POINT DRIVE TAMPA, FL 33607				
SIMON WIESENTHAL CENTER 1399 S ROXBURY DRIVE LOS ANGELES, CA 90035	NONE	PUBLIC	CHARITABLE	

1399 S ROXBURY DRIVE LOS ANGELES, CA 90035	NONE	POBLIC	CHARITABLE	•
SPECIAL OLYMPICS 1133 19TH STREET WASHINGTON, DC 20036	NONE	PUBLIC	CHARITABLE	

SPECIAL OLYMPICS 1133 19TH STREET WASHINGTON, DC 20036	NONE	PUBLIC	CHARITABLE	36
ST VINCENT DE PAUL CENTER 2145 N HALSTED ST	NONE	PUBLIC	CHARITABLE	25

250

WASHINGTON, DC 20036	NONE	PUBLIC	CHARITABLE	
ST VINCENT DE PAUL CENTER 2145 N HALSTED ST	NONE	PUBLIC	CHARITABLE	

<u> </u>				
ST VINCENT DE PAUL CENTER 2145 N HALSTED ST CHICAGO, IL 60614	NONE	PUBLIC	CHARITABLE	

Total	•	•	 04 042
2145 N HALSTED ST CHICAGO, IL 60614			

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	Amount
Recipient	show any relationship to	status of	contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PUBLIC	MEDICAL	150
THE ARK 6450 N CALIFORNIA AVENUE CHICAGO, IL 60645	NONE	PUBLIC	CHARITABLE	100
THE CHICAGO LIGHTHOUSE ASSOCIATE BOARD 1850 W ROOSEVELT RD CHICAGO, IL 60608	NONE	PUBLIC	CHARITABLE	80
THE FRESH AIR FUND 633 3RD AVE NEW YORK, NY 10017	NONE	PUBLIC	CHARITABLE	36
THE LYNN SAGE FOUNDATION 141 W JACKSON BLVD CHICAGO, IL 60604	NONE	PUBLIC	CHARITABLE	500

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE ST NEW ORLEANS, LA 70130	NONE	PUBLIC	CHARITABLE	104
U S OLYMPIC AND PARALYMPIC FOUNDATION ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	NONE	PUBLIC	CHARITABLE	50
ULTIMATE PEACE INC 78 CRITTENDEN HILL ROAD SHELBURNE, MA 01370	NONE	PUBLIC	CHARITABLE	100
UNITED SERVICE ORGANIZATIONS 333 S WABASH AVE CHICAGO, IL 60604	NONE	PUBLIC	CHARITABLE	50
UNITED STATES HOLOCAUST MEMORIAL MUSEUM 595 ELM STREET	NONE	PUBLIC	CHARITABLE	5,000

SHELBURNE, MA 01370				
UNITED SERVICE ORGANIZATIONS 333 S WABASH AVE CHICAGO, IL 60604	NONE	PUBLIC	CHARITABLE	50
UNITED STATES HOLOCAUST MEMORIAL MUSEUM 595 ELM STREET HIGHLAND PARK, IL 60035	NONE	PUBLIC	CHARITABLE	5,000

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
UNITED WAY OF EAGLE RIVER VALLEY PO BOX 4153 EDWARDS, CO 81632	NONE	PUBLIC	CHARITABLE	50
UNIVERSITY OF WISCONSIN - HILLEL FOUNDATION 611 LANGDON STREET MADISON, WI 53703	NONE	PUBLIC	EDUCATION	100
US OLYMPIC COMMITTEE 27 SOUTH TEJON COLORADO SPRINGS, CO 80903	NONE	PUBLIC	CHARITABLE	100
VAIL VALLEY MEDICAL CENTER FOUNDATION PO BOX 309 VAIL, CO 81658	NONE	PUBLIC	MEDICAL	100
VIETNAM VETERANS MEMORIAL FUND 2600 VIRGINIA AVENUE NW SUITE 104 WASHINGTON, DC 20037	NONE	PUBLIC	CHARITABLE	36

Total . 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year				
WORLD JEWISH CONGRESS 501 MADISON AVENUE NEW YORK, NY 10022	NONE	PUBLIC	PUBLIC SAFETY	100

NEW YORK, NY 10022				
WOUNDED WARRIOR PROJECT 230 W MONROE ST 200 CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	50
				1

230 W MONROE ST 200 CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	50
WTTW CHANNEL 11 5400 N ST LOUIS	NONE	PUBLIC	CHARITABLE	50

CHICAGO, IL 60606				
WTTW CHANNEL 11 5400 N ST LOUIS CHICAGO, IL 60625	NONE	PUBLIC	CHARITABLE	50

0.110.100/12 00000				1
WTTW CHANNEL 11 5400 N ST LOUIS CHICAGO, IL 60625	NONE	PUBLIC	CHARITABLE	50
Total				94,843

3a

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		D	LN: 93491212001147		
TY 2016 Accounting Fe	TY 2016 Accounting Fees Schedule						
	Name:	HOWARD & F	ROBERTA GOSS	CHARITABLE			
	FOUNDATION INC						
	EIN: 36-3370191						
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

3,234

ACCOUNTING AND TAX RETURN

PREPARATION

TY 2016 Investments - Other Schedule

Name: HOWARD & ROBERTA GOSS CHARITABLE

FOUNDATION INC

EIN: 36-3370191

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
1,491.621 SH HARTFORD MUTUAL FUNDS	AT COST	18,633	21,151
279.804 SH MFS VALUE FUND CL I	AT COST	10,423	10,772
771.665 SH NATIXIS LOOMIS SAYLES GROWTH FUND CL Y	AT COST	9,939	10,772
239.938 SH OAKMARK SELECT FUND	AT COST	10,361	10,629
729 SH VANGUARD S&P 500 ETF	AT COST	158,195	161,597
2,408.375 SH BAIRD MIDCAP FUND	AT COST	40,677	43,592
302 SH ISHARES RUSSELL MID-CAP ETF	AT COST	55,681	57,480
1,895.966 SH MFS MID CAP VALUE FUND	AT COST	41,863	42,697
206 SH ISHARES RUSSELL 2000 ETF	AT COST	27,610	28,082
6,076.671 SH TOUCHSTONE SMALL CAP GROWTH FUND CL Y	AT COST	34,759	35,062
1,049.391 SH WELLS FARGO SPECIAL SMALL CAP VALUE FUND INSTL CL	AT COST	34,808	35,113
207.279 SH INVESCO INTL GROWTH FUND CL Y	AT COST	6,764	7,153
528.834 SH JP MORGAN INTL VALUE FUND INSTL CL	AT COST	6,721	7,134
2,945 SH VANGUARD FTSE DEVELOPED MARKETS	AT COST	118,321	122,335
1,225 SH VANGUARD FTSE EMERGING MKTS ETF	AT COST	49,459	49,907
937.110 SH AQR DIVERSIFIED ARBITRAGE FUND CL	AT COST	8,799	8,959
786.277 SH AQR MANAGED FUTURES STRATEGY CL I	AT COST	7,249	7,076
666.275 SH ARBITRAGE FUND CL I	AT COST	8,915	8,968
633.484 SH BLACKROCK GLOBAL LONG/SHORT EQUITY FUND INSTL CL	AT COST	7,120	7,241
721.730 SH BLACKROCK STRATEGIC INCOME OPPORTUNITIES PORTFOLIO CL I	AT COST	7,131	7,160
561.713 SH BOSTON PARTNERS LONG/SHORT RESH FUND INSTLCL	AT COST	8,802	8,948
589.045 SH LEGG MASON BW ABSOLUTE RETURN OPPORTUNITIES FUND CL	AT COST	7,122	7,169
651.899 SH NEUBERGER BERMAN LONG SHORT FUND INSTL CL	AT COST	8,801	8,996

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491212001147			
TY 2016 Other Expenses Sche	TY 2016 Other Expenses Schedule						
Name:	HOWARD & ROE	BERTA GOSS CHA	ARITABLE				
	FOUNDATION II	NC					
EIN:	36-3370191						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
IL ANNUAL FEES	15	0		0			
MANAGEMENT FEES	2,616	2,616		0			
SECRETARY OF STATE	10	0		0			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491212001147	
TY 2016 Taxes Schedule					
Name	HOWARD &	ROBERTA GOSS C	HARITABLE		
	FOUNDATIO	N INC			
EIN:	36-3370191				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES PAID	313	313		0	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491212001147					
Schedule B	Schedul	Schedule of Contributors		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990				
Name of the organizat HOWARD & ROBERTA GO			Employer id	entification number	
FOUNDATION INC			36-3370191		
Organization type (che	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number) org	anization			
	4947(a)(1) nonexempt charita	able trust not treated as a private found	ation		
	☐ 527 political organization				
Form 990-PF		ndation			
	4947(a)(1) nonexempt charita	able trust treated as a private foundation	I		
	501(c)(3) taxable private foun	dation			
•	ation filing Form 990, 990-EZ, or 990-PF r property) from any one contributor Cor		_	•	
Special Rules					
under sections a received from a	tion described in section 501(c)(3) filing F 509(a)(1) and 170(b)(1)(A)(vi), that check by one contributor, during the year, total the 1h, or (ii) Form 990-EZ, line 1 Comple	ted Schedule A (Form 990 or 990-EZ), F contributions of the greater of (1) \$5,000	Part II, line 13,	16a, or 16b, and that	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X Sched	ule B (Form 990,	990-EZ, or 990-PF) (2016)	

		Employer identification 36-3370191	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOWARD S GOSS		Person Payroll
	620 ORCHARD LANE	\$ 23,927	Noncash 🗸
	GLENCOE, IL60022		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HOWARD S GOSS		Person Payroll
	620 ORCHARD LANE	\$ 18,041	Noncash ✓
	GLENCOE, IL60022		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	HOWARD S GOSS		Person
	620 ORCHARD LANE	\$ 19,965	Payroll
	GLENCOE, IL60022		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HOWARD S GOSS		Person Payroll
	620 ORCHARD LANE	\$ 21,524	Noncash ✓
	GLENCOE, IL60022		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
			(Complete Part II for noncash
(a)	(b)	(c) Total contributions	contributions) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions)

Schedule B (Forr	m 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization HOWARD & ROBERTA GOSS CHARITABLE FOUNDATION INC		Employer identification number 36-3370191	
Part II	Noncash Property		70191
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	31 SH AMAZON COM INC	\$ 23 927	2016-12-14
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	156 SH CELGENE CORP	\$ 18 041	2016-12-14
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	166 SH FACEBOOK INC	\$ 19 965	2016-12-14
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	14 SH PRICELINE GROUP INC	\$ 21 524	2016-12-14
(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
		\$	
	<u> </u>		

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

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
FOUNDATION INC	ion A GOSS CHARITABLE		Employer identification number 36-3370191
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a)	41.5		
No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	t 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
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)