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# SCANNED AUG 0 8 2017

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

Do not enter social security numbers on this form as it may be made public Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No. 1545-0052

For cale	endar year 2016 or tax year beginning JUI	v 1, 2016	, and ending	MAY 31, 2017	
Name	of foundation			A Employer identification	n number
NA	THAN & JOCELYN ZIVIN FOU	NDATION		, ,	
_C/0	MARK ZIVIN			36-6083971	
Number	and street (or P,O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
163	37 JUDSON AVE	312-346-54	52		
Cily or	town, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	ending, check here
EVA	ANSTON, ÍL 60201	•	•		
G Chec	k all that apply Initial return	Initial return of a f	former public charity	D 1 Foreign organization	s, check here
	Final return	Amended Leturn			
	X Address change	Name change		2 Foreign organizations mi check here and attach co	eeting the B5% test,
H Chec	k type of organization X Section 501(c)(3) e	xempt private foundation		E If private foundation sta	
		Other taxable private found	lation	under section 507(b)(1	
I Fair n	narket value of all assets at end of year   J   Account	ing method: X Cash	Accrual	F If the foundation is in a	• •
(from	Part II, col (c), line 16)	Other (specify)		under section 507(b)(1)	
\$	1,759,496. (Part I, colu	ımn (d) must be on cash l	basis.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	500,000.	` (1) }	1, 14/3/2	1000
2	Check I if the foundation is not required to attach Sch. B	414 ×	1.	- 31. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Res :
3	Interest on savings and temporary cash investments	3,513.	3,513.		STATEMENT 1
4	Dividends and interest from securities	34,167.	34,167.		STATEMENT 2
5	a Gross rents				1. * * * * * * * * * * * * * * * * * * *
	Net rental income or (loss)				
6	Net gain or (loss) from sale of assets not on line 10	-40,847.	77. H. X.		
20	Gross sales price for all assets on line 6a 104,396.	* 5.61 ×			
<b>9</b> 7	Capital gain net income (from Part IV, line 2)	1,500	0.		
æ 8	Net short-term capital gain	', <b>"</b> , ',	**	FCEIVE	220
9	Income modifications	k×2.	**************************************	RELIE	18/1
10:	Grace color loce returne 1		: *** <b>* *</b> * .	الأدائية عندالما	17 101
	Less Cost of goods sold	\$ \tau_{\text{sh}} \tau		18 AUG	<u> </u>
	Gross profit or (loss)		, ì		UTTO
11	Other income			OGDEN.	
12	Total. Add lines 1 through 11	496,833.	37,680.	0.	
13	Compensation of officers directors, trustees, etc	0.	0.	0.	0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits			·	
0 10	Legal fees				
xpense	Accounting fees STMT 3	3,675.	3,675.	0.	0.
ğ ,	Other professional fees				
m					
Administrative 12 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Taxes				
19	Depreciation and depletion				
· E 20	Occupancy				<u> </u>
된 21	Travel, conferences, and meetings				<u> </u>
D 22	Printing and publications				<del></del>
101	Other expenses STMT 4	100.	75.	0.	0.
5 23 24	Total operating and administrative	100.			<u> </u>
era	expenses Add lines 13 through 23	3,775.	3,750.	0.	٥
ed 25	Contributions, gifts, grants paid	122,750.		<u> </u>	122,750.
1-0	Total expenses and disbursements	122,130.			144,150.
120	Add lines 24 and 25	126,525.	3,750.	0.	122 750
127	Subtract line 26 from line 12	120,323.	3,730.	<u> </u>	122,750.
		370,308.			= 1277 12 (# 1 4 5 74
	Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	370,300.	33,930.		
		<u> </u>	33,330.	0.	<u> </u>
	Adjusted net income (il negative, enter -0-)				*

623501 11-23-18 LHA For Paperwork Reduction Act Notice, see instructions.

NATHAN & JOCELYN ZIVIN FOUNDATION C/O MARK ZIVIN 36-6083971 Form 990-PF (2016) Beginning of year Part II Balance Sheets Allached schedules and amounts in the description column should be for end of year amounts only End of year (a) Book Value (b) Book Value (c) Fair Market Value  $3, \overline{293}$ . 5,558. 1 Cash - non-interest-bearing .. ...... 3,293. 34,254. 2 Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts 4 Pledges receivable ▶ Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons . . 7 Other notes and toans receivable Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 49,505. 49,505. 52,367. 10a Investments - U.S and state government obligations STMT 5 **b** Investments - corporate stock .... 781,035. 1,137,843. 1,404,484. c Investments - corporate bonds ....... 50,000. 11 Investments land, buildings and equipment basis 232,946. 13 Investments - other ..... 14 Land, buildings, and equipment basis 15 Other assets (describe ► PURCHASE INTEREST O) 100. 100. 100. 16 Total assets (to be completed by all filers - see the 1,123,882. 1,496,251 1,759,496 instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses ... ... 19 Deferred revenue .... 20 Loans from officers directors trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► OTHER PAYABLE 2,061 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 24 Unrestricted ..... Fund Foundations that do not follow SFAS 117, check here ... > X and complete lines 27 through 31 28 Paid-in or capital surplus, or land, bldg., and equipment fund 123,882. 29 Retained earnings, accumulated income, endowment, or other funds ... 1,123,882. 494,190 1,123,882. 1,496,251 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) 1,123,882. 2 Enter amount from Part I, line 27a 370<u>,308.</u> 3 Other increases not included in line 2 (itemize) 1,494,190. Decreases not included in line 2 (itemize)

623511 11-23-16

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

1.494.190.

Form 990-PF (2016)

	MARK ZIVIN and Losses for Tax on in	vestment	Income	SEE	ATTAC	пан	36-608 STATEM	
(a) List and descri	ibe the kind(s) of property sold (e.g	., real estate,		(b) H	ow acquired Purchase	(c) D	ate acquired	(d) Date sold
2-story brick war	ehouse, or common stock, 200 shs	s. MLC Co.)		Б-	Donation	, (mo	o., day, yr.)	(mo., day, yr.)
<u>1a</u>				<u> </u>				
<u>b</u>						-		-
d					- · · · · · · · · · · · · · · · · · · ·			
e	· · · · · · · · · · · · · · · · · · ·		<del></del>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ı) Gain or (loss plus (f) mınus	
<u>a</u>								
<u>b</u>								
d d								Mar
e 104,396.			145,24	3.	<del></del>		······································	-40,847.
	gain in column (h) and owned by t	he foundation		<b>~</b> +		/I) Gains	s (Col. (h) gain	
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	col. (j), if any		C	ol. (k), b	ut <b>no</b> t less that ses <b>(f</b> rom col. (	n -0-) or
a .	-							
<u>b</u>						·····		
C			**************************************	<del></del>				
<u>d</u>								40 047
<u>e</u>		L	-	$\overline{}$			<u>-</u>	-40,847.
2 Capital gain net income or (net cap	, ( ( 0.00), 0		7	<b>}</b>	2		<u>.</u>	-40,847.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c if (loss), enter -0- in Part I, line 8	olumn (c).	`,		}	3			0.
Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net I	nves	tment Inc	ome	_	
(For optional use by domestic private f	oundations subject to the section 4	940(a) tax on	net investment inc	ome.)				
If section 4940(d)(2) applies, leave this	s part blank.							
Was the foundation liable for the section	on 4942 tax on the distributable amo		-	od?			*, *********	Yes X No
If "Yes," the foundation does not qualify  1. Enter the appropriate amount in ea	y under section 4940(e). Do not con ch column for each year; see the in:			trioc				
		Situctions bei	ore making any em					(d)
(a) Base period years Calendar year (or tax year beginning			Net value of non				Distrib (col. (b) divi	(d) ution ratio ded by col. (c))
2015		7,330.			272,199			.052924
2014	35	9,495. 5,841.	·		288,857 L16,059			.030643
2013 2012		5,196.			21,09			.032114
2011		2,336.			39,503			.034418
		- 70001			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.034410
2 Total of line 1, column (d)	* * ** ** ** ** **					.   2		.184568
3 Average distribution ratio for the 5-	year base period - divide the total or	n line 2 by 5,	or by the number o	f years				
the foundation has been in existence	e if less than 5 years		*** ** * * * *** **** *			3		.036914
4 Enter the net value of noncharitable								L,380,978.
5 Multiply line 4 by line 3			***********	• •• ••••	4, 4, 4,,,,,,	5		50,977.
6 Enter 1% of net investment income	(1% of Part I, line 27b)		· ······ · · · · · · · · · · · · · · ·			. 6		339.
7 Add lines 5 and 6	· · · · · · · · · · · · · · · · · · ·	1	• • • • • • • • • • • • • • • • • • • •			7		51,316.
B Enter qualifying distributions from F						. 8	<u></u>	122,750.
If line 8 is equal to or greater than li See the Part VI instructions	ne 7, check the box in Part VI, line 1	1b, and compl	ete that part using	a 1% ta	ıx rate.			

Form 990-PF (2016)

	n 990-PF (2016) C/O MARK ZIVIN	36 -	6083	<u>971</u>		Page 4
-	art VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<del>348 -</del>	see in:	struc	ction	s)
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 letter if necessary-see instructions)		ļ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%	_1_	<u> </u>		3	39.
	of Part I, line 27b	§ ·	], :^`			9.4
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)	T,	<u> </u>	<u>.</u> మ	×4."	<u>, ( )</u>
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u> </u>			0.
3	Add lines 1 and 2	3	ļ		3	<u> 39.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			3	39.
6	Credits/Payments:			-	, ~ · .	`
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 892.			•		
	Exempt foreign organizations - tax withheld at source		"	•	-	
C	Tax paid with application for extension of time to file (Form 8868)	1	1		•	
d	Backup withholding erroneously withheld					<u>.</u>
7	Total credits and payments Add lines 6a through 6d	7_			8	<u>92.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	L			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			5	53.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ 553. Refunded ▶	11				0.
Pa	art/VII-A Statements Regarding Activities				·	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		,	Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or	j		١.	
	distributed by the foundation in connection with the activities			, *		
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			, ,	<u> </u>	- 1
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			法治	ŢŢĸ.	37 g
	managers. ► \$0.				,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.			, { },	a li	) , ; = 2 %
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	Г		de de		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a_		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Ŋ	/.A.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					* ************************************
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			"	*	3.5
	By language in the governing instrument, or				, .	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	]	<u>.</u> - <u>.</u>	(	
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		. [	7	X	<u> </u>
					. ~ ~	ļ, <sup>*</sup>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			, ~ . ]		ľI
	IL				1 1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_ [			
	of each state as required by General Instruction G? If "No," attach explanation	,,,,		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		[	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," ottoch a school of listing their names and addresses		<u> </u>	10		X
			Forr	n 990	)-PF	(2016)

Form	990-PF (2016) C/O MARK ZIVIN 36-608	3971		Page 5
·Rε	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	111		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			·-····
	If "Yes," attach statement (see instructions)	12		х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	-==-
10	Website address ► N/A	10	1	L
14	The books are in care of ► MARK ZIVIN  Telephone no. ► 312-34	16 - 5	452	
14	Located at \$\int 1637 \ JUDSON \ AVE , \ EVANSTON, \ IL \ \ ZIP+4 \ \$\int 6000000000000000000000000000000000000		474	
		0201		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		·/3	ـــا
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	l	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1		
F-22	foreign country			
Pa	rt.VII-B: Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	**;	Yes	No
1a	During the year did the foundation (either directly or indirectly):	*, 7°%	, , ,	1. 1,39
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1^		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		٠, ,,	. *
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	£ . \$	"	, * *
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1.00	3. S	
	If the foundation agreed to make a grant to or to employ the official for a period after	,,	, , ,	
	termination of government service, if terminating within 90 days.)	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	3.	2.3	
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			,
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			,
·	before the first day of the tax year beginning in 2016?	1c	-	X
2		77 7	٠,	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		~ '	
_	defined in section 4942(j)(3) or 4942(j)(5)):			. 4
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	, ,	' ;	
	before 2016? Yes X No	1000	* 4	**
	If "Yes," list the years	43.7	ĭ	` 1
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	]	İ	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ļ		
	statement - see instructions.) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1.3	·^ -	-
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	- 1		I
3a				.
	during the year?		i	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	-		-
	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	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
		m <b>99</b> 0	-PF	2016)

# NATHAN & JOCELYN ZIVIN FOUNDATION C/O MARK ZIVIN

Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be B	lequired (	36-60835	7/⊥ Page 6
5a During the year did the foundation pay or incur any amount to	Tomi n'Eq may BC I	required (conti	nued)	7
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	nn 4045(a)\Q	<b></b> ,	/ [ <del>V</del> ] ,	
(2) Influence the outcome of any specific public election (see section 4955);		\	es A No	'   ' '
·		• .	es X No	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
any voter registration drive?			es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		•	es A No	
· · · · · · · · · · · · · · · · · · ·			, <del>.</del>	
4945(d)(4)(A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary	or adventional numbers or d	, [] <sup>T</sup>	es A No	
			es X No	:     1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	adar the exceptions described	,	es 🕰 NO 🔓	
section 53.4945 or in a current notice regarding disaster assistance (see instri	•	_	NT/A	5b
Organizations relying on a current notice regarding disaster assistance check l	boro	• • • • • • • • • • • •	" " <b>"</b>	
c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption is	from the tay because it mointe			
expenditure responsibility for the grant?			es 🔲 No	
		VA . ∟T	es L NO	
If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to			ŀ	
a necessary benefit anatomy		Т	🖾 "-	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nercanal benefit contract?		<u></u>	6b X
If "Yes" to 6b, file Form 8870	personal benefit contract.		·	ν <u>Λ</u>
7a At any time during the tax year, was the foundation a party to a prohibited tax:	shelter transaction?	v		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	7b
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Mar	nagers, Highly		10 1
Paid Employees, and Contractors		J = 1 = 7 + 1 = 3 ,		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
C. Marsa and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	(d) Continuants to employee benefit plans and deferred compensation	allowances
MARK ZIVIN	PRESIDENT & D	IRECTOR		
1637 JUDSON AVE				
EVANSTON , IL 60201	0.00	0.	0.	0.
	TREASURER & D	IRECTOR		
1700 SECOND STREET APT 502				
HIGHLAND PARK, IL 60035-3555	0.00	0.	0.	0.
	SECRETARY & D	TRECTOR		
647 CLINTON AVE				
BRIDGEPORT , CT 06605	0.00	0.	0.	0.
	ASSISTANT SEC	RETARY & I	DIRECTOR	
333 W. WACKER DRIVE, SUITE 1700			1	
CHICAGO, IL 60606	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) cares was to	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE				
- Philipping III				
Total number of other employees paid over \$50,000	<u> </u>		<del></del> _	<del></del> 0
The state of the s		<u> </u>	Form	990-PF (2016)

Form 990-PF (2016) C/O MARK ZIVIN	36-6	083971 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ındation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del>** · · · · · · · · · · · · · · · · · · </del>	
7.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		. ▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the	Expenses
1 THE FOUNDATION DOES NOT CONDUCT ANY DIRECT		
ACTIVITIES. ACCORDINGLY, THERE IS NO RELEV		
INFORMATION.		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	gr on lines 1 and 2	Amount
1 THE FOUNDATION DOES NOT MAKE PROGRAM-RELAT		Amount
THEREFORE, NO INCOME WAS PRODUCED BY ANY P	ROGRAM-RELATED	
INVESTMENTS.	ROOTELL REMAILED	0.
2		<del></del>
All other program-related investments. See instructions.		
NONE		
The state of the s		
		0.
Total, Add lines 1 through 3	<u> </u>	0.
		Form <b>990-PF</b> (2016)

0,00112211	
Part X Minimum Investment Return (All domestic foundations must complete the complete that it is a second to the complete that it is a sec	ete this part. Foreign foundations, see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpo	oses
a Average monthly fair market value of securities	
b Average of monthly cash balances	1b 47,01
c Fair market value of all other assets	
d Total (add lines 1a, b, and c)	1d 1,402,00
e Reduction claimed for blockage or other factors reported on lines 1a and	
1c (attach detailed explanation)	O.
2 Acquisition indebtedness applicable to line 1 assets	2
3 Subtract line 2 from line 1d	3 1,402,00
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruction)	ions) 4 21,03
5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line	4 5 1,380,97
6 Minimum investment return. Enter 5% of line 5	
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) priva	
foreign organizations check here  and do not complete this part.)	are operating foundations and outlain
1 Minimum investment return from Part X, line 6	1 69,04
2a Tax on investment income for 2016 from Part VI, line 5	339.
b Income tax for 2016. (This does not include the tax from Part VI.)	*
c Add lines 2a and 2b	2c 33
3 Distributable amount before adjustments. Subtract line 2c from line 1	3 68,71
4 Recoveries of amounts treated as qualifying distributions	4
5 Add lines 3 and 4	CO 771
6 Deduction from distributable amount (see instructions)	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 68,71
Part XII, Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	122,75
b Program-related investments - total from Part IX-B	1b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpo	
3 Amounts set aside for specific charitable projects that satisfy the	
a Suitability test (prior IRS approval required)	3a
<b>b</b> Cash distribution test (attach the required schedule)	, <u>3b</u>
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, III	ne 4 4 122,75
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	
	6 122,41
Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating 4940(e) reduction of tax in those years	ng whether the foundation qualifies for 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				68,710.
2 Undistributed income if any as of the end of 2016				
a Enter amount for 2015 only			53,848.	
<b>b</b> Total for prior years		_		
	AND STABLES TO SERVICE STATE	0.	With the second second	Har La Marie
3 Excess distributions carryover, if any, to 2016.				
a From 2011		MA TANDA		<b>一种人类的</b>
b From 2012				
c From 2013	The state of		A ACCIDANT SE	
d From 2014 . e From 2015				
• • • • • • • • • • • • • • • • • • • •	0.			
f Total of lines 3a through e  4 Qualifying distributions for 2016 from		STATE OF THE STATE		
Part XII, line 4 ► \$ 122,750.				
a Applied to 2015, but not more than line 2a			53,848.	
b Applied to undistributed income of prior		**************************************	Y? MARINE AND	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				68,710.
e Remaining amount distributed out of corpus	192.		ACTION OF STATE	A PARTICIAL PROPERTY.
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d) the same amount 'must be shown in column (a) )			MAY SOLA DUE	. The experience of the contract of the contra
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f 4c and 4e Subtract line 5	192.			
b Prior years' undistributed income. Subtract	Table Markets (A)			
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	The second second	0.		
d Subtract line 6c from line 6b. Taxable				DX:XPXPERIO
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a Taxable amount - see instr			0.	· State of the sta
f Undistributed income for 2016 Subtract				
lines 4d and 5 from line 1. This amount must				^
be distributed in 2017				<b>し、</b> を つん! (! つんだ 数を使する 4
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.	<b>李铁</b> 建二氢甲		
8 Excess distributions carryover from 2011	0.		Market Company of the	The second section of
not applied on line 5 or line 7	0.			: 路上公益調
9 Excess distributions carryover to 2017			######################################	
Subtract lines 7 and 8 from line 6a	192.			
10 Analysis of line 9	CHRY GERM TON			FEFFE 16 15 17 17 1
a Excess from 2012				
b Excess from 2013		ANTENNY MERON		
c Excess from 2014		A STATE OF THE STA	構造。伊思之間	
d Excess from 2015				於學生為這個
e Excess from 2016 192.				

oos tad mana lan ee ee aaaaan aaa tan maarkee ee ee ee ee ee ee ee ee aaaan aan ee ee ee

	K ZIVIN				183971 Pag	je 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A		
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating				
foundation, and the ruling is effective for	or 2016, enter the date of	the ruling				
b Check box to indicate whether the foun	dation is a private operation	ng foundation described	in section	4942(j)(3) or	942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		T	
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					<u> </u>	
c Qualifying distributions from Part XII,	<del></del>			·	<del> </del>	
		ŀ				
line 4 for each year listed			-		<del></del>	
d Amounts included in line 2c not				1		
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						
alternative test relied upon; a "Assets" alternative test - enter;			$\Lambda I I \Lambda$			
(4) Value of all assets			N/A			
• "						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return						
shown in Part X, line 6 for each year						
listed	<u> </u>					
c "Support" alternative test - enter:	ŀ	ļ	1			
(1) Total support other than gross			1			
investment income (interest, dividends, rents, payments on						
securities loans (section			1			
512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt						
organizations as provided in section 4942(j)(3)(B)(iii)			1			
(3) Largest amount of support from						
an exempt organization	İ					
(4) Gross investment income						
Part XV   Supplementary Info	rmation (Complet	a this part only i	f the foundation k	ad \$5 000 or mor	o in accete	—
at any time during t			i the foundation i	iau \$5,000 or illor	C III 035CI3	
		2011011317			<del></del>	
1 Information Regarding Foundatio	•					
a List any managers of the foundation wh			ributions received by the f	oundation before the close	of any tax	
year (but only if they have contributed n	iore man \$5,000). (See Se	sction 507(a)(2) )				
NONE						
b List any managers of the foundation wh			or an equally large portion	of the ownership of a pa	rtnership or	
other entity) of which the foundation has	s a 10% or greater interes	t.				
NONE						
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:			
Check here 🕨 🔲 if the foundation of	nly makes contributions t	o preselected charitable	organizations and does no	t accept unsolicited reque	sts for funds. If	
the foundation makes gifts, grants, etc.	(see instructions) to indiv	duals or organizations u	nder other conditions, con	nplete items 2a, b, c, and	d.	
a The name, address, and telephone numb				<u>-</u>		_
MARK ZIVIN	or or o man address or tr	ю рогоон то иноги арри	vations should be address	ou.		
1637 JUDSON AVE , EV	ANIGMONI TI. 6	0201				
			<del></del>		<del></del>	
b The form in which applications should b	e submitted and informati	on and materials they st	ionia iucinae:			
NO FORMAL FORM						_
c Any submission deadlines:						
NO SUBMISSION DEADLI						
d Any restrictions or limitations on awards						
ONLY RESTRICTION IS	THAT THE ORG	ANIZATION N	NUST BE A QU	ALIFIED 501	(C)(3)	
ORGANIZATION						
623601 11-23-16					Form 990-PF (20)	16)

Form 990-PF (2016) C/O MARK ZIVIN

Form 990-PF (2016) C/O MARK ZIV	/IN		36-6083	3971 Page 11
Part-XV Supplementary Information				
3 Grants and Contributions Paid During the Recipient	Year or Approved for Future	Payment		
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	or substantial contributor	- Josephani		<del>"</del>
- Y did during the year				
SEE ATTACHED STATEMENT 10	NO RELATIONSHIP	DUALIFIED 501(C)(3)		122,750.
The second section of the second section of the second section of the second section s				122,730.
****				
	- Marie - Mari			
Total			> 3a	122,750.
b Approved for future payment			<u></u>	
NONE				
Total	<u> </u>	<u> </u>	, ▶ 3b For	<u>0.</u> п <b>990-PF</b> (2016)

Enter gross amounts unless otherwise indicated	Unrelate	d business income	Excluded t	by section 512, 513 or 514	(a)
	(a) Business	(b) Amount	(C) Exclu- sion	( <b>d)</b> Amount	(e) Related or exempt function income
1 Program service revenue.	code	7477011	code	Amount	Infiction moons
a	<b>-</b>		-		
					· · · · · · · · · · · · · · · · · · ·
d					
е					· · · · · · · · · · · · · · · · · · ·
f					
g Fees and contracts from government agencies		······································			
2 Membership dues and assessments					
3 Interest on savings and temporary cash		·		**************************************	
investments			14	3,513.	
4 Dividends and interest from securities			14	34,167.	== · · · · ·
5 Net rental income or (loss) from real estate:	, , ,	A.	7, 7,		, , , , , , , ,
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					<del></del>
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-40,847.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:	1				
a					
b					
c					
c	Z v,				
c d e Subtotal. Add columns (b), (d), and (e)	7	0		-3,167.	
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e)	第 · · · · · · · · · · · · · · · · · · ·			-3,167.	
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)				. , . 13	A 4 6 5
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 6 See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 6 See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 6 See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 6 See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)  Part XVI: B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 6 See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 6 See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incon	the Accon	nplishment of Ex	cempt Pu	13	-3,167

Part XVII		egarding Transfers To	and Transactions ar	36-608 nd Relationships With Nonchar		Pa	ige 13
	Exempt Organ		and Transactions at	id neiationships with Notichan	labie		
1 Did the c	organization directly or indi	rectly engage in any of the follow	ving with any other organization	n described in section 501(c) of	=	Yes	No
the Code	(other than section 501(c)	)(3) organizations) or in section (	527, relating to political organi:	zations?	,	, , , , , , , , , , , , , , , , , , ,	
		ation to a noncharitable exempt of	organization of		+3 -X	' w i	<u>.</u>
(1) Cash	, , , ,		*** * * ** ** * * * * * * * *	, , , , , , , , , , , , , , , , , , ,	1a(1)		X
	er assets . ,				1a(2)	NS - 20 Tu	X
b Other tra		bla avanak avanaktar					*** .
	s of assets to a noncharita				1b(1)		X
		ncharitable exempt organization			1b(2)		X
	nbursement arrangements	or other assets , ,			1b(3)		X
	ns or loan guarantees			14 44/4 (4 A) 4 *********************************	1b(4)		X
	_	embership or fundraising solicitat		* * * * * * * * * * * * * * * * * * * *	1b(5)		X
		uling lists, other assets, or paid e			1b(6) 1c		X
				rays show the fair market value of the goods, o		L	
				in any transaction or sharing arrangement, sh		,,,,	
		other assets, or services received		,			
(a) Line no	(b) Amount involved	(c) Name of noncharitat	ole exempt organization	(d) Description of transfers, transactions, and s	haring arra	ngement	5
		N/A					
							,
	_						
						<del></del>	<del></del>
				***************************************			
						······································	
in section	501(c) of the Code (other omplete the following sche	edule	stion 527?		Yes	X	No
	(a) Name of orga	anization	(b) Type of organization	(c) Description of relationsh	ip		
<del></del>	N/A			e co consistence			
······································					<del></del>		—
			<del>                                     </del>				—
Sign Here		pethave examined this return, including plete declaration of preparer (other than	n taxpayer) is based of all information	PRESIDENT X	the IRS dis n with the p n below (s	preparer	
	Print/Type preparer's nar	me Preparer's s	Date/	Title Date Check if PTIN			
Paid	KATHRYN GAF	1/4	$\rho$ $M$ , $\Gamma$	1 2 E 204 Self- employed	6321	41	
Preparer		PARD SCHWARTZ &	HARRIS LLP	Firm's EIN ► 36-12			—
Use Only				THIN SERVE SO ILE	70.70	-	
	Firm's address ► 123	3 N. WACKER DRI	VE #1400				
	CH:	ICAGO, IL 60606		Phone no: 312-72	6-83	53	
			· · · · · · · · · · · · · · · · · · ·		m 990-		(016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs gov/form990 .

OMB No 1545-0047

Employer identification number

	ATHAN & JOCELYN ZIVIN FOUNDATION O MARK ZIVIN	36-6083971 -		
Organization type (check o				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions		
General Rule				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II See instructions for determining a contributor's			
Special Rules				
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
year, contributions is checked, enter h purpose Don't con	exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo ere the total contributions that were received during the year for an exclusively religious, inplete any of the parts unless the General Rule applies to this organization because it responses, etc., contributions totaling \$5,000 or more during the year	re than \$1,000 If this box charitable, etc.		
	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For	•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Name of organization
NATHAN & JOCELYN ZIVIN FOUNDATION
C.O. MARK ZIVIN

Employer identification number

C/O M	ARK ZIVIN	3	6-6083971
Part I	Contributors (See instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOCELYN ZIVIN MARITAL TRUST  1637 JUDSON AVE  EVANSTON , IL 60201	\$\$\$.	Person Payroll Noncash X  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOCELYN ZIVIN MARITAL TRUST  1637 JUDSON AVE  EVANSTON , IL 60201	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOCELYN ZIVIN MARITAL TRUST  1637 JUDSON AVE  EVANSTON , IL 60201	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 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

Name of organization NATHAN & JOCELYN ZIVIN FOUNDATION C/O MARK ZIVIN

Employer identification number

	K ZIVIN		36-6083971
artil N	Noncash Property (See instructions) Use duplicate copies of P	art 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
1 11	LINOIS TOOL WORKS STOCK		
		\$284,745.	04/11/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2 2	MORGAN CHASE & CO STOCK - NET OF PAYABLE		
=		\$46,815.	04/11/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3 <u>KI</u>	MBERLY-CLARK CORP STOCK		
		\$\\$168,440.	04/11/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
53 10-18-18		\$	2 000 000 E7 or 000 PE) (20

Part IV' Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co. (mo, day, yr) (mo., day, yr) 270 SHS KIMBERLY CLARK CORP 01/16/86 04/13/17 Ρ b 200 SHS CARPENTER TECHNOLOGY P 07/14/92 04/13/17 c 250 DONNELLEY FINL SOLUTIONS INC P 07/14/92**0**4/13/17 d 666 SHS DONNELLEY RR & SONS CO P 07/14/9204/13/17 e 300 SHS INTL BUSINESS MARCH 07/14/92 04/13/17 D CASH IN LIEU - RR DONNELLEY P 07/14/92**1**.0/31/16 \_0 h m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 35,179. 35,810. -631. 6,845. 13,386. -6,541.b 4,638. 14,597. -9,959. C 7,239. 40,313. -33,074. d 50,479. 41,097. 9,382. 16. 40. -24. g h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") over col. (j), if any as of 12/31/69 -631. a b -6,541.-9,959.-33.074.9,382. f -24 h m n { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) -40,847. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) if (loss), enter "-0-" in Part I, line 8 0.

			-			
FORM 990-PF INTERES	ET ON SAVIN	GS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE	REVE	(A) REVENUE PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
CORPORATE BONDS			3,513.		3,513.	0.
TOTAL TO PART I, LI	NE 3		3,513.		3,513.	0.
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
ABBOTT LABS ABBVIE INC BLACKROCK	1,575. 3,630. 1,920.		0. 0. 0.	1,575. 3,630. 1,920.	3,63	0. 0.
CARPENTER TECHNOLOGY GENERAL ELECTRIC HANESBRANDS INC	144. 729. 480.		0. 0.	144. 729. 480.	48	9. 0. 0. 0.
IBM JOHNSON & JOHNSON JP MORGAN INCOME BUILDER	11,306. 2,112. 2,170.		0.	11,306. 2,112. 2,170.	11,30 2,11 2,17	2. 0.
LSC COMMUNICATIONS OPPENHEIMER STEELPATH	1,505.		0.	125.	1,50	5. 0.
PRINCIPAL GLOBAL RR DONNELLY	7,245. 1,226.		0.	7,245. 1,226.	1,30 7,24 1,22	5. 0.
TO PART I, LINE 4	34,167.	-	0.	34,167.	34,16	7. 0.
FORM 990-PF		ACCOUNTI	NG FEES	3		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES		3,675.		3,675.	(	0.
TO FORM 990-PF, PG 1		3,675.		3,675.	(	0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FILING FEES UBS ACCOUNT FEES	25. 75.	0. 75.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	100.	75.	0.	0.	

FORM 990-PF U.S. AND STATE/	CITY GOV	'ERNMEN'T	OBLIGATIONS	STATEMENT 5	
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
IL FINANCIAL AUTHORITY		X	49,505.	52,367.	
TOTAL U.S. GOVERNMENT OBLIGATIONS		-			
TOTAL STATE AND MUNICIPAL GOVERNMENT	NT OBLIG	ATIONS	49,505.	52,367.	
TOTAL TO FORM 990-PF, PART II, LIN	E 10A	=	49,505.	52,367.	
FORM 990-PF COI	RPORATE	STOCK		STATEMENT 6	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	
IBM HANES BRAND		-	235,486. 6,758.	262,371. 20,650.	
ABBOTT LABS BERKSHIRE HATHAWAY			37,629. 180,907.	68,490. 314,032.	
ABBVIE INC BLACKROCK			40,682. 50,000.	99,030. 46,660.	
GENERAL ELECTRIC			21,252.	21,220.	
TRANSOCEAN JOHNSON & JOHNSON LSC COMMUNICATIONS INC			14,965. 65,743. 18,180.	2,736. 84,645.	
ILLINOIS TOOL WORKS			284,745.	5,318. 302,776.	
JPMORGAN CHASE & CO KIMBERLY CLARK CORP			48,866. 132,630.	46,826. 129,730.	
CARPENTER TECHNOLOGY RR DONNELLY			0. 0.	0. 0.	
TOTAL TO FORM 990-PF, PART II, LINE	10B	_	1,137,843.	1,404,484.	

FORM 990-PF CORPORATE BOND	os	STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ROYAL BANK OR SCOTLAND MORGAN STANLEY FORD MOTOR CREDIT CO LLC	16,000. 16,000. 0.	16,019. 16,033. 0.
TOTAL TO FORM 990-PF, PART II, LINE 10C	32,000.	32,052.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
ISRAEL BOND JPMORGAN INCOME BUILDER PRINCIPAL GLOBAL OPPENHEIMER STEELPATH	COST COST COST	250. 59,263. 154,743. 25,000.	250 61,117 153,064 18,515	
TOTAL TO FORM 990-PF, PART II, I	LINE 13	239,256.	232,946.	
FORM 990-PF	OTHER ASSETS		STATEMENT 9	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
PURCHASE INTEREST ON BOND	100.	100.	100.	
TO FORM 990-PF, PART II, LINE 15	100.	100.	100.	

Nathan and Jocelyn Zivin Foundation

Contributions FEIN. 36-6083971 May 31, 2017

Description	Amount	
Bridgeport Hospital Foundation Inc - Bridgeport, CT	4,000 00	Charitable
Catonsville Emergency Assistance Inc - Catonsville, MD	2,000.00	Charitable
GLSEN IN - New York, NY	4,000 00	Charitable
Highland Park Community Foundation - Highland Park, IL	5,000.00	Charitable
JewishCare Foundation Inc - Glenview, IL	3,500.00	Charitable
Jewish Reconstructionist Congregation - Evanston, IL	3,500 00	Charitable
Jewish United Fund - Chicago, IL	30,000 00	Charitable
North Shore Congregational Israel - Glencoe, IL	7,250 00	Religious
Planned Parenthood Federation of America - New York, NY	10,000 00	Charitable
Rush University Medical Center - Chicago, IL	40,000 00	Charitable
Sierra Club Foundation - Oakland, CA	3,500 00	Charitable
The International Waledenstrom's Macroglobulinemia Foundation Inc - Sarasota, FL	10,000.00	Charitable

\$ 122,750 00

STATEMENT 10