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Return of Private Foundation

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

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

Name of 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. Open to Public Inspection For calendar year 2016 or tax year beginning 07-01 , 2016, and ending 06-30 ,2017 A Employer identification number THE HILB FAMILY FOUNDATION 36-4417758 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 199 N MONTCLAIR AVE City or town, state or province, country, and ZIP or foreign nostal code

~		Ell TI 60137			C If exempt	ion application is pending,	check here	
		Ellyn, IL 60137	-f - f					
G	Check		of a former public charit	У	D 1. Foreig	n organizations, check her	e . I	▶□
		Final return Amended re			2. Foreig	n organizations meeting th	e 85% test,	
_	<u> </u>	Address change Name chang	,			here and attach computati		▶∐
H	_	type of organization X Section 501(c)(3) exempt priv				foundation status was tern	ninated under	
	-		axable private foundation		section 50	07(b)(1)(A), check here	•	▶∐
		arket value of all assets at J Accounting method	X Cash A	ccrual	F If the four	ndation is in a 60-month tei	rmination	
		year (from Part II, col (c), Other (specify)			under sed	ction 507(b)(1)(B), check h	ere.	▶∐
_	line 16)		e on cash basis)			,		
_	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Nas			(d) Disburser for charital	
501		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books		investment come	(c) Adjusted net income	purposes	s
2	T 4	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					(cash basis	only)
(Y)	1	Contributions, gifts, grants, etc , received (attach schedule)	60,000				·	
lec:	2	Check ▶ ☐ If the foundation is not required to attach Sch B						
NO\	3	Interest on savings and temporary cash investments	15		15		·	
Ž	4	Dividends and interest from securities	46,502		46,502			
	5a	Gross rents						
C. ALLENDE	þ	Net rental income or (loss)						
29	6a	Net gain or (loss) from sale of assets not on line 10	66,109				·	
5	_b	Gross sales price for all assets on line 6a 337, 033	ж.,			makin makin makin to the second		
و ک	7	Capital gain net income (from Part IV, line 2)			66,109	FECEIVEL	<u></u>	
(I)	8	Net short-term capital gain		,	720	4,717	<u> 81</u>	
	9	Income modifications .				MON BB SOIL	4	
	10a	Gross sales less returns and allowances .			18	The contract of the contract o	黑	
	b	Less Cost of goods sold			b	OGCEN UT		
	C	Gross profit or (loss) (attach schedule)			Taur			
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	172,626		112,626			
(0	13	Compensation of officers, directors, trustees, etc	5,000		2,500		<u>2,</u>	500
ses	14	Other employee salaries and wages						
ē	15	Pension plans, employee benefits .	-					
X	16a	Legal fees (attach schedule) .	-		-		-	
ē	þ	Accounting fees (attach schedule)						
ministrative Expenses	17 C	Other professional fees (attach schedule)						
stra	17 18	Interest						
ij		Taxes (attach schedule) (see instructions)						
Ē	19	Depreciation (attach schedule) and depletion						
Ą	20	Occupancy						
þ	21	Travel, conferences, and meetings	1,673		1,673			
Ω α	22	Printing and publications	22.53		40.015			
Operating and Ad	23	Other expenses (attach schedule) STM103	22,605		12,049		10,	556
era	24	Total operating and administrative expenses.	22		46 55-			0
ã	- a-	Add lines 13 through 23	29,278		16,222		13,	056
	23	Contributions, gifts, grants paid	90,000		46.55			0
_	26	Total expenses and disbursements. Add lines 24 and 25	119,278		16,222		13,	056
	27	Subtract line 26 from line 12	53.346					
	a	Excess of revenue over expenses and disbursements	53,348		06.151		·	
	b	Net investment income (if negative, enter -0-)		.,	96,404	A 717		
		Annisten net income itt nenative enter .il.i						

For Paperwork Reduction Act Notice, see instructions.

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Page 2

Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of yea	<u></u>
	should be for end-of-year amounts only (See instructions)	(a) Book Value		(c) Fair Market Value
1	Cash - non-interest-bearing	45,799	24,758	24,758
2	Savings and temporary cash investments .		26,289	26,289
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 (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts			
8 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges		2,513	2,513
▼ 10a	Investments - US and state government obligations (attach schedule)			
1	Investments - corporate stock (attach schedule) STM137	1,131,640	1,183,360	1,598,474
- -	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule)			
15	Other assets (describe >			
16	Total assets (to be completed by all filers - see the		· 	
-	instructions Also, see page 1, item l)	1,177,439	1,236,920	1,652,034
17	Accounts payable and accrued expenses		.,,200,,200	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18	Grants payable			
	Deferred revenue			
Liabilities 51 20 21	Loans from officers, directors, trustees, and other disqualified persons			
Q 21	Mortgages and other notes payable (attach schedule)			
ت ₂₂	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
9 24	Unrestricted	1 177 420	1,236,920	
alances 25	Temporarily restricted .	1,177,439	1,230,920	
	Permanently restricted			
בַּן נַ	Foundations that do not follow SFAS 117, check here			
֡֡֞֝֞֓֞֞֞֞֞֞֓֓֓֡֞֞֞֞֞֞֞֞֞֓֓֡֡֡֡֡֡֡֡֡	· · · · · · · · · · · · · · · · · · ·			
5 27	and complete lines 27 through 31.			
O 27	Capital stock, trust principal, or current funds			
Assets or Fund B 52 25 26 26 26 26 26 26 26 26 26 26 26 26 26	Paid-in or capital surplus, or land, bldg, and equipment fund			
8 29	Retained earnings, accumulated income, endowment, or other funds			
च । उ०	Total net assets or fund balances (see instructions)	1,177,439	1,236,920	
Z 31	Total liabilities and net assets/fund balances (see			
Dord	instructions)	1,177,439	1,236,920	
Part I				
	al net assets or fund balances at beginning of year - Part II, column (a), line	30 (must agree with		حسر و
	of-year figure reported on prior year's return)		1	1,177,439
	er amount from Part I, line 27a		. 2	53,348
	er increases not included in line 2 (itemize) >STM115		3	6,133
	lines 1, 2, and 3		. 4	1,236,920
	reases not included in line 2 (itemize)		5	
6 Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,236,920
EEA				Form 990-PF (2016)

Part	IV Capital Gains	and Losses for Tax on Inve	stment Inco	me		
	(a) List and descr 2-story brick war	ibe the kind(s) of property sold (e.g., real exceptions, or common stock, 200 shs. MLC (state, Co)	(b) How acquired P-Purchase D-Donation	(c) Date acqui (mo , day, y	
1a	PUBLICLY TRADED	SECURITIES		P	01-01-201	15 06-30-2017
b	PUBLICLY TRADED	SECURITIES		P	07-01-20	16 06-30-2017
_ <u>c</u>						
<u>d</u>					ļ	
<u>e</u>		_				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		(h) Gain or (loss)) plus (f) minus (g)
_ <u>a</u>	322,152			256,043		66,109
_ <u>b</u> _	14,881			10,164	 	4,717
<u>c</u>			.		 	
e			·			
	omplete only for assets sho	wing gain in column (h) and owned by	the foundation of	on 12/31/69		
		(j) Adjusted basis		ess of col (i)		ins (Col (h) gain minus but not less than -0-) or
	(i) F M V as of 12/31/69	as of 12/31/69		ol (j), if any		sses (from col (h))
а						66,109
b						4,717
_с						
_ <u>d</u>						
e				·	ļ	
2 C	apital gain net income or (ne	et canital ioss)	so enter in Part I, inter -0- in Part I,	f	2	66,109
3 N	et short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)			
lf	gaın, also enter ın Part I, lın	e 8, column (c) (see instructions) If (k	oss), enter -0- ın	3]	
P	art I, line 8 .	··			3	4,717
Par	V Qualification U	Jnder Section 4940(e) for Re	duced Tax o	on Net Investme	ent Income	
(For o	ptional use by domestic priv	vate foundations subject to the section	4940(a) tax on	net investment incom	ne)	
If sect	ion 4940(d)(2) applies, leav	re this part blank				
	••	·			_	n
		section 4942 tax on the distributable a		•	?	∐ Yes ∑ No
		qualify under section 4940(e) Do not on the control of the control			loc	
<u></u> -	(a)		e ilistructions be		les	(d)
Ca	Base period years endar year (or tax year beginn	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use a	ssets (Distribution ratio col (b) divided by col (c))
	2015	12,9	980	1,607,		0.008077
	2014	101,:		1,655,		0.061249
	2013	81,		1,547,		0.052447
	2012	70,		1,433,		0.049387
	2011	71,0	577	1,292,	643	0.05545
	otal of line 1, column (d)				. 2	0.226611
3 A	verage distribution ratio for	the 5-year base period - divide the total	al on line 2 by 5,	or by the	1 1	
nı	umber of years the foundati	on has been in existence if less than 5	years	•	3	0.045322
4 E	nter the net value of noncha	aritable-use assets for 2016 from Part	X, line 5	•	4	1,601,462
5 M	ultiply line 4 by line 3 .		•		5	72,581
					1 _ 1	
6 E	nter 1% of net investment in	ncome (1% of Part I, line 27b)			. 6	964
<u>.</u> .					_	
7 A	dd lines 5 and 6			•	7	73,545
	حديد ميرماية برمم طبيقيات مريد	from Dort VII line A				12 056
	nter qualifying distributions		no 1h and com	alote that part using a	8 1% tay rate S	13,056
	line & is equal to or greater art VI instructions	than line 7, check the box in Part VI, li	ne ro, and comp	olete triat part USING a	ı ı∞ ıdxıdıe S	cc ((le
Ρ.	ait vi irişti üütüütis					

	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see ins	truction	15)	
,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)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	<u>,928</u>
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2		1	<u>,928</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	,928
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 4,441			
b	Exempt foreign organizations - tax withheld at source . 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d .		4	,441
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2	<u>,513</u>
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 2,513 Refunded ▶ 11			
Pai	t 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		Yes	No
	participate or intervene in any political campaign?	1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1 1		7.7
	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			ĺ
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			İ
	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	'		
_	on foundation managers > \$			v
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			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		Х
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	 -	X
3	If "Yes," attach the statement required by General Instruction T	<u> </u>		1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1	
U	By language in the governing instrument, or		l	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		[
	conflict with the state law remain in the governing instrument?	6		
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	\vdash
_	Enter the states to which the foundation reports or with which it is registered (see instructions)	- - -		\vdash
8a	IL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-	[
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	135	 	
3	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	1	f	1
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		 	+
	names and addresses	10]	X
				10010

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)

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Χ

3b

4a

Yes X No

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	VII-B Statements Regarding Activitie		Vhich Form	1 4720	May Be F	Require	ed (contir	nued)		
ā	During the year did the foundation pay or incur any arr					_		1		
	Carry on propaganda, or otherwise attempt to influence	_				L	_ Yes ∐X	No		
	(2) Influence the outcome of any specific public election	on (see s	section 4955), o	or to carr	ry on,	_		3		
	directly or indirectly, any voter registration drive?						_ Yes X	No	1 1	
	(3) Provide a grant to an individual for travel, study, o	r other si	milar purposes	.?	•	L	_ Yes X	No		
	(4) Provide a grant to an organization other than a ch	arıtable,	etc., organizati	on descr	ibed in	F		,		
	section 4945(d)(4)(A)? (see instructions)				•	Ĺ	Yes _X	No		
	(5) Provide for any purpose other than religious, char	ıtable, sc	entific, literary	, or educ	ational	г		7		
	purposes, or for the prevention of cruelty to children	en or anı	mals?			Ĺ	Yes X	No		
)	If any answer is "Yes" to 5a(1)-(5), did any of the trans						d in			
	Regulations section 53 4945 or in a current notice reg	ardıng dı	saster assistan	ce (see	instructions)	?		· —	5b	
	Organizations relying on a current notice regarding dis	saster as	sistance check	here			. •	· 📙	1	
;	If the answer is "Yes" to question 5a(4), does the foun	idation cl	aım exemption	from the	e tax	-		-	1 1	
	because it maintained expenditure responsibility for th	e grant?				. [Yes	No		
	If "Yes," attach the statement required by Regulations	section	53.4945-5(d).							
1	Did the foundation, during the year, receive any funds	, directly	or indirectly, to	pay pre	miums	_				
	on a personal benefit contract?					Ĺ	Yes X	No	1 1	
)	Did the foundation, during the year, pay premiums, dir	ectly or i	ndirectly, on a	personal	l benefit cont	ract?			6b	X
	If "Yes" to 6b, file Form 8870					_		_		
ı	At any time during the tax year, was the foundation a	party to a	prohibited tax	shelter t	transaction?	[Yes X	No		
	If "Yes," did the foundation receive any proceeds or ha								7b	
a	VIII Information About Officers, Dire	ectors,	Trustees,	Found	lation Ma	nager	s, Highly	Paid	Emplo	yees,
	and Contractors									
ı	st all officers, directors, trustees, foundation mana	agers an	d their compe	nsation	(see instru	ctions).				
	(a) Name and address		e, and average		mpensation ot paid,		Contributions			nse accour
	(a) Name and address		ed to position		ter -0-)		erred comper		other a	illowances
N	Y BRINKMAN, TRUSTEE	TRUST	EE							
9	N MONTCLAIR AVE, IL 60137	Ì	0.00		5,000			0		0
		1		_	-					
]				
		1		ŀ		İ				
		1		1		ļ				
(ompensation of five highest-paid employees (othe	r than th	ose included	on line	1 - see instr	uctions	. If none, e	nter	<u> </u>	
	NONE."									
_			(b) Title on the	avorese.			(d) Contribu			-
	(a) Name and address of each employee paid more than \$50	000,0	(b) Title, and a hours per v	veek	(c) Compe	nsation	employee b	penefit eferred		nse accour allowances
			devoted to po	osition			compens		00.	
N	:									
	· · · · · · · · · · · · · · · ·				 					
			 				<u> </u>		l	
_			1							
_										
_			 		 		 			
_										
_										
	number of other employees paid over \$50,000							_		

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE	ILB FAMILY FOUNDATION 36-4417758 Page 7
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation	
	nt contractors for professional services (see instructions). If none, enter "NONE."
NONE	ess of each person paid more than \$50,000 (b) Type of service (c) Compensation
Total number of others receiving over \$50,000 for professional services ▶	r \$50,000 for professional services
Part IX-A Summary of Direct Charitable Activities	irect Charitable Activities
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CONTRIBUTIONS TO TAX EXEMPT ORGANIZATIONS	EXEMPT ORGANIZATIONS
2	90,000
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	A investment indue by the loan dating the tax year of times if and 2
2	
All other program-related investments. See instructions	iee instructions
3	
Total. Add lines 1 through 3	───

EEA

Form **990-PF** (2016)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	itions,
<u>. </u>	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities .	1a	1,604,086
b	Average of monthly cash balances	1b	48,423
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,652,509
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d .	3	1,652,509
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1	
	instructions)	4	51,047
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 .	5	1,601,462
6	Minimum investment return. Enter 5% of line 5	6	80,073
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	undatı	ons
	and certain foreign organizations check here ► and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	80,073
2a	Tax on investment income for 2016 from Part VI, line 5 . 2a 1,928		
b	Income tax for 2016 (This does not include the tax from Part VI)		
¢	Add lines 2a and 2b	2c	1,928
3	Distributable amount before adjustments Subtract line 2c from line 1	3	78,145
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	78,145
6	Deduction from distributable amount (see instructions)	6	 _
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 .	7	78,145
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		12.056
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	13,056
ь	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	12.056
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	13,056
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	
c	Enter 1% of Part I, line 27b (see instructions)	5	12.056
6	Adjusted qualifying distributions. Subtract line 5 from line 4	لـنــ	13,056
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	ounda	IUOII
	qualities for the section 4940(e) reduction of tax in those years		

	90-PF (2016) THE HILB FAMILY FOUND			36-441775	8 Page 9
Part	XIII Undistributed Income (see instruc	tions)	 1		
	Distributable amount for 2016 from Bort VI	(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016
	Distributable amount for 2016 from Part XI, ine 7	_			78,145
	Undistributed income, if any, as of the end of 2016				
	Enter amount for 2015 only			24,896	
	Total for prior years.				
	Excess distributions carryover, if any, to 2016				
	From 2011 7,805				
	From 2012 . 1,164				
	From 2013 . 4,405		É		
-	From 2014 20,895				
	From 2015 . 14,087			Į	
-	Total of lines 3a through e	48,356			
	Qualifying distributions for 2016 from Part XII,				
	line 4 ▶ \$13,056				
	Applied to 2015, but not more than line 2a			13,056	
	Applied to undistributed income of prior years				
_	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election			Ì	
_	required - see instructions)				
d	Applied to 2016 distributable amount				
e	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2016	48,356			48,356
	(If an amount appears in column (d), the same			ŗ	
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:		į	ŀ	
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income Subtract	·			
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed			ļ	
	income for which a notice of deficiency has		ļ	f	
	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				
е	Undistributed income for 2015 Subtract line	-		-	
	4a from line 2a Taxable amount - see			11 010	
	instructions			11,840	
f	Undistributed income for 2016 Subtract lines	}			
	4d and 5 from line 1. This amount must be	ŀ			29,789
	distributed in 2017				29,703
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	ļ			
	170(b)(1)(F) or 4942(g)(3) (Election may be			ŀ	
	required - see instructions)			., ., ., ., ., ., ., ., ., ., ., ., ., .	
8	Excess distributions carryover from 2011 not			ļ	
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	, , , , , , , , , , , , , , , , , , , ,	-		
10	Analysis of line 9				
а					
þ		-			
C	Excess from 2014 20,89	<u> </u>		<u> </u>	

14,087

Form **990-PF** (2016)

d Excess from 2015 e Excess from 2016

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

an exempt organization

а	List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation
	before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

ROBERT H HILB, JANE G HILB

þ	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the
	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

ownership of a partnership of other entity) of which the foundation has a 10% of greater interest

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
- The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount recipient Name and address (home or business) a Paid during the year MARIAN JOY SCHOLARSHIP PC 10,000 CONTRIBUTION BOSOM BUDDIES PC 20,000 CONTRIBUTION ST. ANDREW'S SCHOOL PC CONTRIBUTION 18,000 FOCUS PCCONTRIBUTION 10,000 AGING CARE CONNECTIONS PC CONTRIBUTION 16,000 CHRISTOPHER LYONS FOUNDATION PCCONTRIBUTION 5,000 YOUNG IRISH FELLOWSHIP CLUB PC CONTRIBUTION 4,000 BOSOM BUDDIES LUNCHEON PC CONTRIBUTION 2,500 За Approved for future payment

3b

Total

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Form 990-PF (2016) THE HILB FAMILY FOUNDATION

[Part XV | Supplementary Information (continued)

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

3 Grants and Contributions Paid During the	Year or Approve	d for Future P	ayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
JOSH FOR A CURE]		
		PC	CONTRIBUTION	2,000
				i
YOUNG LIFE				1
	•			
		PC	CONTRIBUTION	1,000
CHI OMEGA				
		_		
		PC	CONTRIBUTION	1,000
		1	1	
UMAR				
				500
		PC	CONTRIBUTION	500
			ļ	
			ļ	
			į	
		ļ		
			1	
			1	
	j			
		}	}	
		1	ļ.	
	1	{		(
Total .		<u> </u>	▶ 3a	90,000
b Approved for future payment				30,000
в пррточестоглаше раутет			1	
)	}	
		1		Ì
				}
				1
	1	1		
		}	}	
		1		1
		j		
		1		
	1		1	
	1	1		
Total			▶ 3b	
Total	<u> </u>		<u> </u>	PE (9040)

EEA

Enter gross amounts unless otherwise indicated	 	business income	Excluded by se	ection 512, 513, or 514	(e)
,	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue	code				
ab	— 	-			
С					
d					
e			 		
·	— 		 	,	
g Fees and contracts from government agencies			 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investmen	nte -	15	14		
Dividends and interest from securities		46,502			
5 Net rental income or (loss) from real estate:		10,302	l		
a Debt-financed property .			<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal property		-			
7 Other investment income .		···			
8 Gain or (loss) from sales of assets other than inve	ntory	70,826	18		
9 Net income or (loss) from special events		,0,020	1		
40. 0					
11 Other revenue a					
b					
C					
d					
е					
12 Subtotal Add columns (b), (d), and (e)		117,343	3		
13 Total. Add line 12, columns (b), (d), and (e)				13	117,343
(See worksheet in line 13 instructions to verify calcula					
Part XVI-B Relationship of Activities					
Line No. Explain below how each activity for w					
accomplishment of the foundation's e	xempt purposes (othe	er than by providing t	funds for such p	ourposes) (See instru	ctions)
					
	· · · ·				
			·	<u>.</u>	
	**			·	
					
				·	
	·-				
			 		
					
	. , .				
					
					
					
					
			•		
1					

	0-PF (20		HE HILB FAMILY						4417758	_		ge 13
Part :				sfers To and Tran	sactions an	d Relation	ships	With	Nonch	arita	ble	
<u>. </u>			ganizations									
				in any of the following wi							Yes	No
			ode (other than section	501(c)(3) organizations)	or in section 52	7, relating to p	oolitical					ĺ
	rganizati											1
		from the report	ting foundation to a none	charitable exempt organiz	zation of							37
•) Cash		•					•	- H	1a(1)		X
-) Other		•						ļ	1a(2)	-	<u> </u>
_		sactions								4 L /4\		v
			noncharitable exempt oi from a noncharitable ex					•	- 1	1b(1) 1b(2)		X
	•		quipment, or other asset	, ,					}	1b(2) 1b(3)		X
		oursement arra	• •	.5			•			1b(3) 1b(4)	-	X
		or loan guarar	•		•				· •	1b(5)	 -	X
		•	ices or membership or f	undraising solicitations		•		•	Ì	1b(6)		X
			•	er assets, or paid employ	rees					1c	f	X
	•		•	lete the following schedul		nould always	show the	e fair n	narket		-	
		=		en by the reporting found		-						
va	alue in ai	ny transaction o	or sharing arrangement,	, show in column (d) the	value of the good	ds, other asse	ets, or se	ervices	received	_		
(a) Line	no (b) A	mount involved	(c) Name of noncha	arıtable exempt organization	(d) Des	cription of trans	fers tran	saction	s, and shar	ng arra	angeme	ents
	_											
	-											
												
											-	
												-
		·										
2a ls	the four	ndation directly	or indirectly affiliated w	ith, or related to, one or n	nore tax-exempt	organizations	3	<u>-</u>		_		
d	escribed	In section 501	(c) of the Code (other the	nan section 501(c)(3)) or	ın section 527?				į	Ye	es X	No
b If	"Yes," c	complete the fol	lowing schedule	·		T						
	(a) Name of organ	nization	(b) Type of organi	ızatıon		(c) Des	scription	of relation	ship		
						<u> </u>						
												
				N		 -						
	Under pe	nalties of periury. I	declare that I have examined	this return, including accompany	ving schedules and s	tatements, and to	the best o	of my kno	wledge and	pelief, it	t is true.	
Sign	correct,	and complete Decl	aration of preparer (other than	this return, including accompany taxpayer) is based on all information	ation of which prepare	er has any knowl	edge					
Here		Sul	Milk	1/0/31/	TRUSTE	₹.		Ī	May the IRS with the prep			
11010		ature of officer or tri	ustee	Date	Title			— I	(see inst)?			No.
	1	Print/Type prepai	rer's name	Preparer's signature	. 1	Date /		Check	ıf P	TIN		
Paid		GERALD A	SAUVE	Algorit 1	JI ain	10-24-20	17	self-em	ployed P	106	6484	·
Ргер	arer	Firm's name	► GERALD A SAU	VE LTD			Firm's Ell	•				
Use		Firm's address	▶ 1932 N Yale				Phone no)				
	•	1		1			l					

Arlington Heights IL 60004

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Name of the organization			Employer identification number
THE HILB FAMILY FOU	NDATION		36-4417758
Organization type (check on	e)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization	
1 01111 000 07 000 222	<u></u>	, (cino) hambor, organization	
	4947(a)(1) no	nexempt charitable trust not treated as a private foundation	
	527 political o	rganization	
Form 990-PF		mpt private foundation	
	4947(a)(1) no	nexempt charitable trust treated as a private foundation	
	☐ 501(c)(3) taxa	able private foundation	
Check if your organization is	covered by the General	Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) organizati	on can check boxes for both the General Rule and a Special	Rule See
instructions	•	·	
General Rule			
X For an organization fi	ing Form 990, 990, F7	or 990-PF that received, during the year, contributions totaling	a \$5,000
_ •	~	contributor Complete Parts I and II See instructions for dete	-
contributor's total cor		, , , , , , , , , , , , , , , , , , ,	
Special Rules			
Special nules			
		(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support	
•		0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ)	
	•	one contributor, during the year, total contributions of the grea	
\$5,000 or (2) 2% of the	e amount on (I) Form 9	90, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Pa	ris i and ii
☐ For an organization d	escribed in section 501	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	n any one
		s of more than \$1,000 <i>exclusively</i> for religious, charitable, sci	•
_		revention of cruelty to children or animals Complete Parts I, I	
•			
For an organization of	escribed in section 501	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	n any one
contributor, during the	e year, contributions exc	clusively for religious, charitable, etc., purposes, but no such	
contributions totaled	more than \$1,000 If this	s box is checked, enter here the total contributions that were r	eceived
during the year for ar	exclusively religious, c	haritable, etc., purpose. Don't complete any of the parts unles	ss the
	-	cause it received nonexclusively religious, charitable, etc, co	ntributions
totaling \$5,000 or mo	e during the year		▶ \$
Coutions An organization the	tion't agreed by the O	operal Rule and/or the Charles Rules descrit file Calendale Ru	(Form 990
•	•	eneral Rule and/or the Special Rules doesn't file Schedule B $^{\circ}$ IV, line 2, of its Form 990, or check the box on line H of its Fo	
		eet the filing requirements of Schedule B (Form 990, 990-EZ,	
	John Januari Goodii Cili	cocg requirements of contedute b (rotti coo, coo-Lz,	J. J.J. 1 1 /

Name of organization	Employer identification number
THE HILB FAMILY FOUNDATION	36-4417758
Part I Contributors (See instructions). Use duplicate copies of Part I if additional space	ce is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT H HILB 199 N MONTCLAIR AVE Glen Ellyn, IL 60137	\$ 60,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	name, address, and En + +	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Federal Supporting Statements	2016 PG01
Name(s) as shown on return	FEIN
THE HILB FAMILY FOUNDATION	36-4417758
Form 990PF - Part III - Line 3 Other Increases Schedule	Statement #115
BROKER COST ADJUSTMENTS 6	,133
Total 6.	133

Federal Supporting Statements	2016 PG01
Name(s) as shown on return	FEIN
THE HILB FAMILY FOUNDATION	36-4417758

Form 990PF - Part II - Line 10(b) Investments: Corporate Stock Schedule

Statement #137

Category	ВОУ	Book Value	EOY FMV
A T & T INC	14,637	14,637	21,605
AUTO DATA PROCESSING	13,223	13,223	36,748
BRISTOL-MEYERS SQUIBB CO	14,750	14,750	51,485
CATERPILLAR INC	25,874	25,874	22,743
CHEVRON CORP	29,341	29,341	31,449
DUKE ENERGY CORP	17,740	17,740	35,689
ELI LILLY & CO	13,489	13,489	31,500
EXXON MOBILE CORP	23,686	23,686	28,122
ILLINOIS TOOL WORKS INC	23,428	23,428	39,060
INTEL CORP	19,345	19,345	26,240
JOHNSON & JOHNSON	19,659	19,659	36,390
KAYNE ANDERSON MLP	•	35,935	40,700
KIMBERLY-CLARK CORP	16,899	16,899	41,244
MCDONALDS CORP	11,226	11,226	18,051
NEWELL BRANDS INC	10,700	10,700	72,855
NEXTERA ENERGY INC	13,967	13,967	39,120
PEPSICO INC	24,108	24,108	39,727
PFIZER INC	14,272	14,272	26,408
PROCTOR & GAMBLE	25,272	25,272	33,868
SYGENTA AG ADR	14,591	14,591	30,716
TORTOISE EGY INFRASTRUCT	41,804	41,804	61,560
VERIZON COMM	9,969	9,969	15,356
3M COMPANY	9,234	9,234	17,512
VANGUARD S/T INV	56,744	56,744	56,836
BERKSHIRE HATHAWAY B NEW CL B	17,086	17,086	21,719
IBM	32,102	32,102	26,561
KINDER MORGAN INC	23,760	23,760	18,720
KRAFT FOODS GROUP	5,221	5,221	13,272
LAB CO OF AMERICA HLDG	15,109	15,109	19,541
MONDELEZ INTL INC CL A	25,636	25,636	40,959
WELLS FARGO & CO	15,019	15,019	17,749
CHAS SCHWAB US REIT	53,678	53,678	75,856
FISERV INC	26,174	26,174	43,492
GE CO	26,024	26,024	31,480
UNITED TECHNOLOGIES CORP	21,690	21,690	20,510
VANGUARD GLOBAL EX US	55,137	55,137	51,357
NORDSTROM INC	39,715	39,715	29,679
UNION PACIFIC CORP	23,616	23,616	26,175
WILLIS TOWERS WATSON F	212,715	212,715	211,078
DODGE & COX INT'L STK	75,000	75,000	70,086
AFLAC INC		15,785	25,256
Totals	1,131,640	1,183,360	1,598,474

		Federal Su	Federal Supporting Statements	nents	2016 PG01	
Name(s) as shown on return THE HILB FAMILY FOUNDATION					Your Social Security Number 36–4417758	
	Form 990PF - Part I		- Line 23 - Other Expenses Schedule	edu le	Statement #103~	
Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose		
ACCOUNTING FEES LICENSE INVESTMENT MANAGEMENT TAXES BROKER CHARGE	5,500 15 9,299 7,791	2,750 0 9,299 0	0 0 0 0 0	2,750 15 0 7,791		
Totals	22,605	12,049	0	10,556		