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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491306011307

2016

OMB No 1545-0052

## **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 instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 07-01-20	16 , aı	nd er	nding 06-30-	2017	
		Indation	A Employer Id	entification numbe	r		
		IDLER & DEBORAH WITZBURG BLE FOUNDATION	46-3741665				
		d street (or P O box number if mail is not delivered to street address). CKSON BLVD NO 530	B Telephone number (see instructions)				
					(312) 922-3792	!	
		i, state or province, country, and ZIP or foreign postal code L 60604			<b>C</b> If exemption	application is pendin	g, check here
G Ch	neck al	I that apply $\Box$ Initial return $\Box$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, check h	ere
		☐ Final return ☐ Amended return				ganizations meeting	
		Address change Name change				k here and attach co	· _
H Ch	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private f	oundation			undation status was f n 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust			_		
of '	year <i>(f</i>	set value of all assets at end from Part II, col (c), \$\frac{1}{3}\$ Accounting method \to Other (specify) \to (Part I, column (d) must	✓ Cash ☐ Accru	al		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and		N		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc , received (attach	51,033				(cash basis only)
		schedule)	51,033				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	1		7.405		
	4	Dividends and interest from securities	7,186		7,186		
	5a b	Gross rents  Net rental income or (loss)					
e	Б 6а	Net gain or (loss) from sale of assets not on line 10	35,453				
Ĭ	١.	- , ,	33,433				
Revenue	р 7	Gross sales price for all assets on line 6a 230,764  Capital gain net income (from Part IV, line 2)			35,453		
~	8	Net short-term capital gain			25,155		
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	93,673		42,640		
	13	Compensation of officers, directors, trustees, etc	0		0		(
	14	Other employee salaries and wages					
95	15	Pension plans, employee benefits					
12	16a	Legal fees (attach schedule)					
<u>ş</u> .	ь	Accounting fees (attach schedule)					
i O	С	Other professional fees (attach schedule)					
Operating and Administrative Expenses	17	Interest					
Stre	18	Taxes (attach schedule) (see instructions)	3,068		0		(
Ē	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy					
ρ	21	Travel, conferences, and meetings					
a	22	Printing and publications	_				
ğ	23	Other expenses (attach schedule)	15		0		(
rat	24	Total operating and administrative expenses.					
<u>8</u>		Add lines 13 through 23	3,083	-	0		(
_	25	Contributions, gifts, grants paid	10,000				10,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	13,083		0		10,000
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	80,590				
	ь	Net investment income (If negative, enter -0-)			42,640		
	С	Adjusted net income(if negative, enter -0-)					
For	Paper	work Reduction Act Notice, see instructions.			Cat No 11289>	C For	m <b>990-PF</b> (2016

251,195

257,672

132,532

125,140

257,672

257,672

331,257

338.262

132.532

205,730

338,262

338,262

2 3

4

5

6

257,672

80,590

338,262

338,262 Form **990-PF** (2016)

423,881

430,886

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Foundations that follow SFAS 117, check here ▶

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

Investments—U S and state government obligations (attach schedule)

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

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

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

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

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Less allowance for doubtful accounts -

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted . . . . Temporarily restricted

Permanently restricted . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) -

	5
	6
	7
ts	8
Assets	9
As	10a
	b
	С

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

Capital Gains	and Losses for rax on invest	illent Illcome			
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1aSee Additional Data Tabl	e				
b	<u>-</u>				
C					
d					
e		1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	<b>h)</b> r (loss) ) minus (g)
a See Additional Data Tabl	e				
b					
С					
d					
<u>е</u>					
			12/21/60	_	
Complete only for assets	s showing gain in column (h) and ow	<u> </u>			<b>l)</b> h) gain minus
(i) F M V as of 12/31/69	( <b>j)</b> Adjusted basis as of 12/31/69	Excess	<b>(k)</b> s of col (ı) l (j), ıf any	col (k), but not	less than -0-) <b>or</b> om col (h))
a See Additional Data Tabl	e				
b					
<u>е</u>					
		If gain, also enter in F	Danis I line 7		
·	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	, , , , ,	)- }	3	35,453
Part V Qualification	Jnder Section 4940(e) for Re	duced Tax on Net	Investment In	come	
•	rivate foundations subject to the sec				
(101 optional use by domestic p	invate roundations subject to the set	ction +3+o(a) tax on hi	et investment incom	,	
If section 4940(d)(2) applies, le	eave this part blank				
Was the foundation liable for th	e section 4942 tax on the distributa	ble amount of any year	r in the bace period?	,	es 🔽 No
	ot qualify under section 4940(e) Do				25 🖭 110
	nount in each column for each year,				
(a)	oute in each column for each year,	See mistractions before	I making any entrie.	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitat		Distribution rati (col (b) divided by c	ol (c))
2015	4,993		211,263		0 023634
2014	3,461		131,842		0 026251
2013	500		133,025		0 003759
2012					
2011					
2 Total of line 1, column (	d)		2		0 053644
number of years the four	o for the 5-year base period—divide andation has been in existence if less	than 5 years	i, or by the		0 017881
4 Enter the net value of no	ncharitable-use assets for 2016 fron	n Part X, line 5	4		372,201
<b>5</b> Multiply line 4 by line 3			5		6,655
<b>6</b> Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		426
			7		7,081
	ions from Part XII, line 4 ,		8		10,000
If line 8 is equal to or gre	eater than line 7, check the box in Pa			ı g a 1% tax rate Se	
instructions					000 55 (55)
				Fo	orm <b>990-PF</b> (2016)

If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was	s the foundation a party to a p	prohibited tax shelter trai	nsaction? Yes	No
<b>b</b> If yes, did the foundation receive an	ly proceeds or have any net in	come attributable to the	transaction?	NO   7b
Part VIII Information About C and Contractors	Officers, Directors, Trust	tees, Foundation Ma	nagers, Highly Paid Er	nployees,
1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JACOB BEIDLER	TRUSTEE	0	C	0
53 W JACKSON BLVD STE 530 CHICAGO, IL 60604	10 00			
DEBORAH WITZBURG	TRUSTEE	0	C	0
53 W JACKSON BLVD STE 530 CHICAGO, IL 60604	10 00			
2 Compensation of five highest-pa	id employees (other than t	hose included on line 1	-see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over	er \$50,000 <b></b>	<del></del> .		0
				Form <b>990-PF</b> (2016)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (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		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		<del> </del>
2		<del> </del>
2		<del> </del>
2		
3		<del> </del>
		<del> </del>
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		<b>▶</b> 0
		Form <b>990-PF</b> (2016)

1a

1b

2

3a 3b

4

5

10,000

10.000

426

9,574

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

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

1

2

3

4

5

Page 9

18.184

1.193

16,991

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Part	XIII

**b** Total for prior years

XII, line 4 > \$

From 2011. . . . **b** From 2012. . . . c From 2013. . **d** From 2014. . . . e From 2015. . . . .

Forr	m 990-PF (20	016)	
P	art XIII	Undistributed Income (see instru	ıctıons
1	Distributab	le amount for 2016 from Part XI, line 7	

2 Undistributed income, if any, as of the end of 2016

a Enter amount for 2015 only. . . . . . .

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . 4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . . d Applied to 2016 distributable amount. . . . .

e Remaining amount distributed out of corpus

6 Enter the net total of each column as

be distributed in 2017 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . 8 Excess distributions carryover from 2011 not 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 a Excess from 2012. . b Excess from 2013. . c Excess from 2014. . d Excess from 2015. . e Excess from 2016. .

indicated below:

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must

same amount must be shown in column (a) )

(a)

Corpus

0

(b)

Years prior to 2015

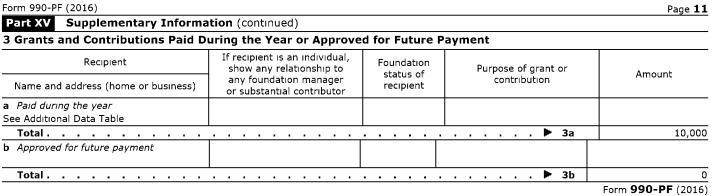
(c)

2015

8,807

8.807

NONE



Form 990-PF (2016)					Page <b>12</b>
Part XVI-A Analysis of Income-Producing	ng Activities				
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a					
b					
c d					
e					
f					
g Fees and contracts from government agencies					
<ul><li>2 Membership dues and assessments</li><li>3 Interest on savings and temporary cash investments</li></ul>			14	1	
4 Dividends and interest from securities			14	7,186	
5 Net rental income or (loss) from real estate				·	
a Debt-financed property					
<b>b</b> Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal proper	ty				
7 Other investment income					
<b>8</b> Gain or (loss) from sales of assets other than inventory			18	35,453	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		(		42,640	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)				3	42,640
(See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to					
Explain below how each activity for whith the accomplishment of the foundation's instructions )	ch income is report	ed in column (e) o	of Part XVI-A contribu		
				Fo	rm <b>990-PF</b> (2016)

. ,	,											
ш	Information Regard Exempt Organization	To an	d Trans	actions	and Rela	tion	ship	s W	ith No	onchai	itable	

Par	t XVII	Exempt Organia		1 4115	1613 10	and mansac		iis and Ke	iatio	nsinps with Noi	iciiaiite	DIC		
		rganization directly or in Code (other than sectio	directly enga								on 501		Yes	No
a Tra	ansfers	from the reporting foun	dation to a n	oncha	arıtable ex	empt organizat	ion	of						
		1									. :	La(1)		No
(2	) Othe	er assets									. 5	La(2)		No
<b>b</b> Ot	- her trai	nsactions												
(1	) Sale	s of assets to a nonchari	table exemp	t orga	nızatıon.						1:	lb(1)		No
(2	) Purc	hases of assets from a n	oncharitable	exem	npt organi	zation					3	lb(2)		No
-	-	tal of facilities, equipmen									3	lb(3)		No
(4	.) Reim	nbursement arrangemen	ts									lb(4)		No
(5	) Loar	ns or loan guarantees.									. [3	lb(5)		No
(6	) Perfo	rmance of services or m	embership or	r fund	raising so	licitations					. [3	lb(6)		No
c Sh	arıng o	of facilities, equipment, n	nailing lists, d	other .	assets, or	paid employee	s.				. [	1c		No
		swer to any of the above										lue		
		ods, other assets, or serv ensaction or sharing arra												
In	any tra	insaction or snaring arra	ngement, sno	ow in	column (	d) the value of	tne	goods, other	rasse	ts, or services receiv	vea			
(a) Lir	ne No	(b) Amount involved	(c) Name of	noncha	arıtable exe	empt organization		(d) Descript	tion of	transfers, transactions,	, and sharıı	ng arrar	ngemen	ts
			<u> </u>											
			<u> </u>				_							
							+							
							+							
							+							
	-						+							
							+							
							T							
<b>2a</b> Is	the fou	indation directly or indire	ctly affiliated	d with	, or relate	ed to, one or mo	ore t	tax-exempt o	organı	zations				
de	scribed	I in section 501(c) of the	Code (other	than	section 5	01(c)(3)) or in :	sect	ion 527?			$\square$	Yes	<b>✓</b> N	0
<b>b</b> If	"Yes," d	complete the following so	chedule											
		(a) Name of organization	n		(	<b>b)</b> Type of organi	zatio	n		(c) Description	of relation	ship		
	T													
		der penalties of perjury, ny knowledge and belief												
Sigr		ch preparer has any kno		JII ECC,	, and com	ipiete Deciarati	011	or preparer (	other	chan caxpayer, is be	aseu on a		mation	1 01
Her		*****	_			2017-11-01		****	**	M	May the IRS	discus	s this re	eturn
iiei (								_ )			with the pre	·		
	'	Signature of officer or ti	ustee			Date		<b>7</b> Title		(.	see instr )	<sup>,</sup> ∐ γ	es 🗆 N	lo
	•	Print/Type preparer's	name	Dren	arer's Sıg	nature		Data			PTIN			
		Tring Type preparers	ume	' 'ep	a, c, 3 319	acare		Date		Check if self-	1 1 11/1			
										employed ▶ 🔲				
Paic	i													
_	parei	r Firm's name ▶						İ						
_	Only	I II III S Haine F									Fırm's EIN	<b>I</b>		
	,	Fırm's address ▶												
											Phone no			
		i .								J.				

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date sold How acquired Date acquired (mo, day, yr) (mo, day, yr) P-Purchase D-Donation 142 SH BORG WARNER Ρ 2016-09-12 2016-11-18 467SH MICROSOFT Р 2016-02-02 2016-09-07 1725SH NET APP Р 2016-02-02 2016-09-07 1105SH SONY Р 2016-02-02 2016-09-07 Р 510SH VANGUARD 2016-09-07 2016-09-12 CASH IN LIEU 2017-02-28 2017-02-28 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 5,061 4.963 98 26,855 25.039 1,816 60,881 37,760 23,121 37,127 25,094 12,033 100,826 102,455 -1,62914 14 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 98 1,816 23,121 12,033 -1,62914

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BE THE MATCH 500 N 5TH ST NONE PUBLIC **GENERAL** 500 MINNEAPOLIS, MN 65401 PLANNED PARENTHOOD NONE PUBLIC **GENERAL** 1,000 18 S MISCHIGAN AVE 6TH FLOOR CHICAGO, IL 60603

<u>'</u>				
BROWN UNIVERSITY ANNUAL FUND PO BOX 1877 PROVIDENCE, RI 02912	NONE	PUBLIC	GENERAL	500
GIRLS PLAY SPORTS 3536 HILLSIDE RD EVANSTON, IL 60201	NONE	PUBLIC	GENERAL	250
CHICAGO METROPOLITALAKE TANGANYIKA FLOATING HEALTH CLINIC	NONE	PUBLIC	GENERAL	250

10,000

FROVIDENCE, NI 02312				1
GIRLS PLAY SPORTS 3536 HILLSIDE RD EVANSTON, IL 60201	NONE	PUBLIC	GENERAL	:
CHICAGO METROPOLITALAKE TANGANYIKA FLOATING HEALTH CLINIC 1646 N LEAVITT ST	NONE	PUBLIC	GENERAL	

CHICAGO METROPOLITALAKE TANGANYIKA FLOATING HEALTH CLINIC 1646 N LEAVITT ST CHICAGO, IL 60647  PUBLIC GENERAL	EVANSTON, IL 60201				
	TANGANYIKA FLOATING HEALTH CLINIC 1646 N LEAVITT ST	NONE	PUBLIC	GENERAL	

Total . 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CREATIVE VISIONS (STOP BATTENORG) NONE PUBLIC **GENERAL** 500 18820 PACIFIC COAST HWY STE 201 MALIBU, CA 90265 NONE PUBLIC **GENERAL** 5,000 **METROSQUASH** 6100 S COTTAGE GROVE AVE

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

CHICAGO, IL 60637				
WBEZ CHICAGO PUBLIC MEDIA 848 E GRANDS AVE NAVY PIER CHICAGO, IL 60611	NONE	PUBLIC	GENERAL	500
ACLU FOUNDATION 125 BROAD ST 18TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC	GENERAL	1,000
SMILE TRAIN PO BOX 96231	NONE	PUBLIC	GENERAL	250

CHICAGO, IL 60611				
ACLU FOUNDATION 125 BROAD ST 18TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC	GENERAL	1,
SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090	NONE	PUBLIC	GENERAL	,

125 BROAD ST 18TH FLOOR NEW YORK, NY 10004	NONE	TOBLIC	CENTERVIE	<u>-</u> ,
SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090	NONE	PUBLIC	GENERAL	

3a

SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090	NONE	PUBLIC	GENERAL	25
Total				10,000

Recipient If recipient is an individual, show any relationship to any foundation manager

Name and address (home or business)

If recipient is an individual, show any relationship to any foundation manager

Recipient is an individual, show any relationship to any foundation manager

Recipient is an individual, show any relationship to any foundation manager

250

a Paid during the year				
THE TRUST FOR PUBLIC LAND	NONE	PUBLIC	GENERAL	

or substantial contributor

120 S LASALLE ST STE 2000 CHICAGO, IL 60603

CHICAGO, IL 60603		
Total	 	10,000

## **TY 2016 Investments Corporate Stock Schedule**

Name: JACOB BEIDLER & DEBORAH WITZBURG

CHARITABLE FOUNDATION

**EIN:** 46-3741665

Name of Stock	End of Year Book Value	End of Year Fair Market Value
1105SH SONY	25,094	42,200
525SH APPLE	50,102	75,611
500SH HONEYWELL	50,160	66,645
468SH MICROSOFT	25,093	32,259
2300SH NET APP	12,587	23,029
72SH ALASKA AIRLINES	5,008	6,463
20SH ADVANSTIX	267	625
29SH AMGEN	4,989	4,995
16SH BIOGEN	4,456	4,342
8SH BIOVERTIV	375	481
59SH CITRIX	3,946	4,695
379SH CVS	30,181	30,494
130SH DELTA	4,970	6,986
200SH DISCOVERY COMM	4,983	5,166
70SH EXPRESS SCRIPTS	5,026	4,469
42SH FS NETWORKS	4,984	5,337
85SH INTERCONTINENTAL EXCH	4,809	5,603
42SH JOHNSON AND JOHNSON	4,976	5,556
10SH LOGMEIN	1,015	1,045
28SH MCKESSON	5,042	4,607
3SH PRICELINE GROUP	4,314	5,612
81SH ROSS STORES	4,997	4,676
80SH SCRIPPS NETWORKS	5,014	5,465
18SH SHERWIN WILLIAMS	5,006	6,317
133SH SOUTHWEST AIRLINES	4,990	8,265
115SH VANGUARD INDEX	23,102	25,537
84SH VF CORP	4,980	4,838
45SH AON CORP	4,972	5,983
536SH TOTAL SA	25,819	26,580

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491306011307				
<b>TY 2016 Other Expenses Sche</b>	dule							
<del>-</del>								
Name: JACOB BEIDLER & DEBORAH WITZBURG								
CHARITABLE FOUNDATION								
EIN:	46-3741665							
Other Expenses Schedule								
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
BANK OF AMERICA-BANK CHARGES	15	0		0				
ILLINOIS CHARITY BUREAU-ANNUAL FILING FEE	0	0		0				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491306011307
TY 2016 Substantial Contribut	ors		
Schedule			
I			
Name:	JACOB BEIDLE	ER & DEBOF	RAH WITZBURG
	CHARITABLE F	OUNDATIC	ON
EIN:	46-3741665		
Name			Address
JACOB BEIDLER			3 W JACKSON BLVD 530 HICAGO, IL 60604

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	<u>-</u>	DLI	N: 93491306011307	
TY 2016 Taxes Schedule					
				,	
Name:	JACOB BEID	LER & DEBORAH V	WITZBURG	!	
	CHARITABLE FOUNDATION				
<b>EIN:</b> 46-3741665					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
SONY- FOREIGN TAX	30	0		0	
EXCISE TAX ON INVESTMENT INCOME	2,718	0		0	
TOTAL SA - FOREIGN TAX	320	0		0	

efile GRAPHIC print - DO NOT PROCESS							
Schedule B (Form 990, 990-EZ,	Schedule of Contrib	utors	-	OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or Section 1990, 990-EZ, or Section 2007   ► Information about Schedule B (Form 990, 990-EZ, or Section 2007)		ısıs at	2016			
Name of the organizat JACOB BEIDLER & DEBO			Employer ide	ntification number			
CHARITABLE FOUNDATION	N		46-3741665				
Organization type (che	ck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treat	ed as a private foundation	on				
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated a	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
141	ation filing Form 990, 990-EZ, or 990-PF that received, duing reproperty) from any one contributor. Complete Parts I and	•	-	•			
Special Rules							
under sections to under sections to under sections to under sections a	cion described in section 501(c)(3) filing Form 990 or 990-E 609(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (F by one contributor, during the year, total contributions of the ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	orm 990 or 990-EZ), Par	t II, line 13, 1	6a, or 16b, and that			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or form 990PF, Part I, line 2, to certify that it does not meet the	check the box on line H	of its				
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions Cat No 30613 0-PF	X Schedule	B (Form 990, 9	990-EZ, or 990-PF) (2016)			

Name of organization IACOB BEIDLER & DEBORAH WITZBURG CHARITABLE FOUNDATION		Employer identification 46-3741665	Employer identification number 46-3741665	
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	JACOB BEIDLER 53 W JACKSON BLVD 530  CHICAGO, IL60604	\$ 51,033	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person Payroll Complete Part II for noncash contributions )	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)	

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
	DEBORAH WITZBURG	Employer identification number	
CHARITABLE FOUN		46-37	41665
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	325 SHARES CVS HEALTH CORP, 536 SHARES TOTAL SA	\$ 51 033	2016-12-05
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4	
Name of organization  JACOB BEIDLER & DEBORAH WITZBURG  CHARITABLE FOUNDATION			Employer identification number 46-3741665	
than \$1, organiza the year	,000 for the year from any one contributo	r. Complete columns (a) thro of exclusively religious, chari actions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For itable, etc., contributions of <b>\$1,000 or less</b> for	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	t Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	t Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transfer		t Relationship of transferor to transferee		
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	