N 14			_ /	000202		
990-T Exempt Organization Bus	sine	ss Incom	ne T	ax Returr). L	OMB No 1545-0687
(and proxy tax und	ler se	ection 6033(e	·))	170	7	
For calendar year 2016 or other tax year beginning AUG 1					<u>.7</u>	2016
Department of the Treasury				•	-	Open to Public Inspection for
Internal Revenue Service Do not enter SSN numbers on this form as it ma				zation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only over identification number
A Check box if Name of organization (Check box if name of address changed	change	d and see instruction	ons.)		(Emp	loyees' trust, see
B Exempt under section Print JAMES S. KEMPER FOUNDA	ידים א	NT.				6-6007812
X 501(c)(3 0)3 or Number, street, and room or suite no. If a P.O. bo					E Unrel	ated business activity codes
408(e) 220(e) Type 20 N. WACKER DRIVE, NO					(See II	nstructions)
408A 530(a) City or town, state or province, country, and ZIP					1	
529(a) CHICAGO, IL 60606					531	390
C Book value of all assets at end of year F Group exemption number (See instructions.)	>					
38,557,110. G Check organization type ► X 501(c) corporation		501(c) trust		401(a) trust		Other trust
		<u>STATEMEN</u>		.2		
1 During the tax year, was the corporation a subsidiary in an affiliated group or a pare	nt-subs	sidiary controlled g	roup?	▶ 1	Ye	es X No
If 'Yes,' enter the name and identifying number of the parent corporation.					10	220 2114
J The books are in care of ► JERRY FULLER, PRESIDENT Part I Unrelated Trade or Business Income	•	(A) Income		one number > 3		320-3114 (C) Net
1a Gross receipts or sales	T	(A) moone		(b) cxpenses	<u> </u>	(O) NET
b Less returns and allowances	1c					
2 Cost of goods sold (Schedule A, line 7)	2					
3 Gross profit. Subtract line 2 from line 1c	3					
	4a	4,8	46.			4,846.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		54.			154.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts	4c					
□5 Income (loss) from partnerships and S corporations (attach statement)	5	9,4	73.	STMT 1	.3	9,473.
6 Rent income (Schedule C)	6					
7 Unrelated debt-financed income (Schedule E)	7					
Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8					<u> </u>
 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G Exploited exempt activity income (Schedule I) 						<u> </u>
\$10 Exploited exempt activity income (Schedule !) 211 Advertising income (Schedule J)	10					
12 Other income (See instructions; attach schedule)	12			 		
13 Total. Combine lines 3 through 12	13	14,4	73.	-		14,473.
Part II Deductions Not Taken Elsewhere (See instructions.f	or limit					
(Except for contributions, deductions must be directly connected	d with	the unrelated by	ısınes	s income.)		
14 Compensation of officers, directors, and trustees (Schedule K)	(C)				14	
15 Salaries and wages	1 2	1 2018			15	
10 depairs and maintenance	∀ ≥ .	ည္			16	
17 Bad debts	16774 S-00	25 117			17	
		N, UT	,		18	
19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) STATEME	יחומי	16 SEE S	ጥአጥ	EMENT 14	19 20	1,148.
21 Depreciation (attach Form 4562)	714 T	21		EMENI 14		1,140.
22 Less depreciation claimed on Schedule A and elsewhere on return		22a			22b	
23 Depletion		<u> </u>	<u> </u>		23	
24 Contributions to deferred compensation plans					24	
25 Employee benefit programs					25	
26 Excess exempt expenses (Schedule I)					26	
27 Excess readership costs (Schedule J)					_27	
Other deductions (attach schedule)		SEE S	TAT	EMENT 15	28	1,995.
29 Total deductions. Add lines 14 through 28					29	3,143.
Unrelated business taxable income before net operating loss deduction. Subtra	ct line 2	9 from line 13			30	11,330.
Net operating loss deduction (limited to the amount on line 30)	rom lie	20			31	11,330.
 Unrelated business taxable income before specific deduction. Subtract line 31 f Specific deduction (Generally \$1,000, but see line 33 instructions for exception 		: 30			32	11,330.
 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is 	•	than line 32 enter	the se	naller of zero or	33	1,000.
line 32	groutel	mio 02, 611(6)	1116 31	nunor of ZGTO Of	34	10,330.
623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.		a 1				Form 990-T (2016)

orm 990-1	011110 0 110111 111 1	OUNDATION		36-60	07812	Page 2
Part I						
35	Organizations Taxable as Corporations. See insti					
	Controlled group members (sections 1561 and 15					
а	Enter your share of the \$50,000, \$25,000, and \$9,		rder):	•		
	(1) \$ (2) \$	(3) [\$		ك		
b	Enter organization's share of: (1) Additional 5% ta	x (not more than \$11,750) \$		_]		
	(2) Additional 3% tax (not more than \$100,000)	\$		ل	-	
C	Income tax on the amount on line 34			>	► 35c	1,550.
36	Trusts Taxable at Trust Rates See instructions for	or tax computation. Income tax on the amor	unt on line 34	from:		
	Tax rate schedule or Schedule D (Fo	orm 1041)		•	- 36	
37	Proxy tax. See instructions	•			> 37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See instr	uctions			39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, w				40	1,550.
Part I		писпечен аррнез			1 40	1,330.
		trusto attach Form 1116)	44.		- <u>r</u>	
	Foreign tax credit (corporations attach Form 1118	, itusis attach Form 1110)	41a			
b	Other credits (see instructions)		41b			
C	General business credit. Attach Form 3800		41c		⊣	
	Credit for prior year minimum tax (attach Form 88	01 or 8827)	41d			
е	Total credits. Add lines 41a through 41d				41e	
42	Subtract line 41e from line 40				42	1,550.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	8866(Other (attach schedule) 43	
44	Total tax. Add lines 42 and 43				44	1,550.
45 a	Payments: A 2015 overpayment credited to 2016		45a			
b	2016 estimated tax payments		45b	1,360).	
c	Tax deposited with Form 8868		45c	28		
	Foreign organizations; Tax paid or withheld at sou	rce (see instructions)	45d			
	Backup withholding (see instructions)	,	45e			
	Credit for small employer health insurance premiu	ms (Attach Form 8941)	45f		-	
	· · ·	form 2439	10.		-	
¥		Other Total	► 45g		1 1	
46	Total payments. Add lines 45a through 45g	Total j	709		46	1,388.
46		form 2220 is ottoched				1,300.
47	Estimated tax penalty (see instructions). Check if F			_	47	162.
48	Tax due. If line 46 is less than the total of lines 44				48	104.
49	Overpayment If line 46 is larger than the total of I	•	1		49	
50 Part V	Enter the amount of line 49 you want: Credited to			Refunded	<u>50</u>	
	<u> </u>					
51	At any time during the 2016 calendar year, did the	·		•		Yes No
	over a financial account (bank, securities, or other	-	-			
	FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If YES, enter the name of t	the foreign col	ıntry		
	here					_ <u>X</u>
52	During the tax year, did the organization receive a	distribution from, or was it the grantor of, o	or transferor to	o, a foreign trust?		X
	If YES, see instructions for other forms the organiz	zation may have to file.				1
53	Enter the amount of tax-exempt interest received of	or accrued during the tax year 🕨 💲				
	Under penalties of perjury, I declare that I have examine correct, and complete Declaration of prepaler (other than	ed this return, including accompanying schedules a	and statements, a	and to the best of my k	nowledge and belie	f, it is true,
Sign	correct, and complete operation prepare things in	an taxpayary is based on all knormation of which pr	eparer has any k	.nowledge	May the IRS discus	ss this return with
Here	1 X kg/r	ا کر /(ع/۱۲) PRESII	DENT	Ī	the preparer shown	3
	Signature of officer	Date (Title			instructions)? X	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
D	- Villa Vigos proparar a Hallia	i o o o o o o o o o o o o o o o o o o o	Duio	self- employe	1	
Paid	MELISSA STRUCK	120 12 1/8- J	06/ 11/:			10867
Prepa	C		VU/TI/.	Firm's EIN		746749
Use C		ND ST, STE 1100		FILLISEIN	41-0	140147
	.			Dhass	/620\ F	72 0600
	Firm's address OAK BROOK	, ти 00343	·	Phone no.		73-8600
					Forr	n 990-T (2016)

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Form 990-T (2016)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation > N/A	A		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	e and in f	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or			
5 Total Add lines 1 through 4b	5		the organization?	•	, ,,,,	
Schedule C - Rent Income	(From Real	Property and		Leas	ed With Real Prop	perty)
(see instructions)	<u> </u>					
Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the personal property is more 10% but not more than 50%)	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or in this based on profit or income)		3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns		ter			(b) Total deductions. Enter here and on page 1,	
here and on page 1, Part I, line 6, column Schedule E - Unrelated Del		Lincomo (see	unotrustia na)	0.	Part I, line 6, column (B)	<u> </u>
Scriedule E - Officialed Del	Dt-i mancec	income (see	instructions)	1	3. Deductions directly conn	ected with or allocable
			2. Gross income from		to debt-finance	ed property
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)	· · · · · · · · · · · · · · ·					
(4)				1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property ischedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Takala			_	'	• •	1
Totals	aludad ia aalu	. 0	•	·	<u>0</u> .	
Total dividends-received deductions in	iciuaea in column	0				

(2) (3)(4) 0 0 Totals (carry to Part II, line (5))

О. Form 990-T (2016)

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Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus	5. Circulation	6. Readership	7. Excess readership costs (column 6 minus
1. Name of periodical		income	advertising costs	col 3) If a gain, compute cols 5 through 7	income	costs	column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.
Cabadala K Ossassa		C O(C:	D .	1 -			*

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	 Compensation attributable to unrelated business
(1)		%	
(2)		%	
_(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0 <u>.</u>

Form 990-T (2016)

	RM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS					
DESCRIPTION		TUOMA				
NORTHERN TRUST PRIVATE EQUI NORTHERN TRUST PRIVATE EQUI	976 8, 4 97					
TOTAL TO FORM 990-T, PAGE 1	, LINE 5	9,4	73.			
FORM 990-T	CONTRIBUTIONS	STATEMENT	14			
DESCRIPTION/KIND OF PROPERT	Y METHOD USED TO DETERMINE FMV	AMOUNT				
PASS THROUGH FROM QB II AND IV	QB N/A		5.			
TOTAL TO FORM 990-T, PAGE 1		5.				
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	15			
DESCRIPTION		AMOUNT				
PASS THRU ITEMS FROM NORTHE	RN TRUST PRIVATE EQUITY FUND II	1,9	95.			
TOTAL TO FORM 990-T, PAGE 1	, LINE 28	1,9	95.			