EXTENDED TO OCTOBER 15, 2018

Forth **990-PF**

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 Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is atwww.irs.gov/form990pf 2017 DEC 1, 2016 , and ending For calendar year 2016 or tax year beginning NOV 30, Name of foundation A Employer identification number PODOLSKY FAMILY FOUNDATION C/O PODOLSKY CIRCLE 36-3648282 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1700 W. HIGGINS ROAD 280 (847) 444-5725 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 60018 DES PLAINES, IL G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization 1 E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 3,795,974. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 3,079 N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments STATEMENT 61 61 98,480. 98,480 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -7,2126a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 150,000. ō 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) STATEMENT -874.-874: 11 Other income 93,534. 97,667. 12 Total. Add lines 1 through 11 0. O. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest STMT 4 -77. 0. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. 9,125 Ó. STMT 5 23 Other expenses 24 Total operating and administrative 0 9,048. expenses. Add lines 13 through 23 191,652 191,652. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 200,700 0 191,652. Add lines 24 and 25 27 Subtract line 26 from line 12

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

3 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

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-107,166

SCANNED SEP 2

97,667.

N/A

Part III Analysis of Changes in Net Assets or Fund Balances

31 Total liabilities and net assets/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	3,472,527.
2	Enter amount from Part I, line 27a	2	-107,166.
3	Other increases not included in line 2 (itemize) NON TAXABLE DISTRIBUTIONS	3	1,662.
4	Add lines 1, 2, and 3	4	3,367,023.
5	Decreases not included in line 2 (itemize) ► NON DEDUCTIBLE CONTRIBUTIONS	5	200.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,366,823.

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3,472,527.

3,366,8213

Page 3

2-story brick ware			Date acqu mo , day, y		(d) Date sold (mo , day, yr)					
CEE AMMACUED	STATEM	IT-NT/III			├					
	STATEM	ENT			├					
 					├					
<u> </u>					 					
	(f) Donro	ciation allowed	(a) Cost	t or other basis	-			(h) Gain o	or /locc	L
(e) Gross sales price		allowable)		pense of sale	}		(e) plus (f)		
1				·			`			····
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150,000.				157,21	2.					-7,212
Complete only for assets showing	gain in colum	on (h) and owned b	v the foundation				(I) G	ains (Col (h) gain	
		justed basis		cess of col (I)			col (k), but not k	ess thai	n -0-) or
(i) F M V as of 12/31/69	10,	f 12/31/69		col (j), if any	- 1			osses (fro		
			+			· · · ·				
										
										
										
										-7,212
										-1,212
		∫ If gain, also ent	ter in Part I, line ?	7]	_ (7 211
Capital gain net income or (net cap	oital loss)	If (loss), enter-	-0- in Part I, line	7	1	2				<u>-7,212</u>
Net short-term capital gain or (loss	s) as defined ir	n sections 1222(5)	and (6)		5	1				
If gain, also enter in Part I, line 8, o	aluma (a)				1 1					
	columni (c)				D	ļ			/-	
or optional use by domestic private	nder Sect foundations s						nt Inco		N/A	
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Form **990-PF** (2016)

Form 990-PF (2016) C/O PODOLSKY CIRCLE

Part VII-A Statements Regarding Activities (continued)			
	1	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)	11		<u>X</u> _
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	i	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► N/A			
14 The books are in care of ▶ PODOLSKY CIRCLE Telephone no ▶847-44	4-5	725	
Located at ► 1700 W. HIGGINS ROAD #280, DES PLAINES, IL ZIP+4 ►60	018		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
and enter the amount of tax-exempt interest received or accrued during the year		/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		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign country	<u></u>		
Part 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)			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
(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?			
(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"			
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)			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
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	}		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			х
before the first day of the tax year beginning in 2016?	10	 -	<u> </u>
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))			
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			
If "Yes," list the years ►			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	l	1
Statement 300 more actions /			
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	}		
during the year?			
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	3ь	1]
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70	1	 •
had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X
	orm 99	n_PF	

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	led)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye:	s X No	
(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on, directly or indire	ectly,		
any voter registration drive?		Ye:	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	or		
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	in Regulations		
section 53 4945 or in a current notice regarding disaster assistance (see instri		•	N/A 5	b
Organizations relying on a current notice regarding disaster assistance check l				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to		ined		
expenditure responsibility for the grant?		I/A 🛄 Ye	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494	15-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			[
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			/	'b
Part VIII Information About Officers, Directors, Trus		nagers. Highly		
Paid Employees, and Contractors			, 	
1 List all officers, directors, trustees, foundation managers and their	r compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowances
STEVEN PODOLSKY	PRESIDENT			
1700 W. HIGGINS RAOD SUITE 280				
DES PLAINES, IL 60018	0.00	0.	0.	0.
RANDY PODOLSKY	VICE PRESIDEN	VT/SECRETA	RY	
1700 W. HIGGINS RAOD SUITE 280	7			
DES PLAINES, IL 60018	0.00	0.	0.	0.
DEBORAH A. MARCUSSON	TREASURER			
1700 W. HIGGINS RAOD SUITE 280				
DES PLAINES, IL 60018	0.00	0.	0.	0.
NANCY L. GUNNING	SECRETARY	<u> </u>		
1700 W. HIGGINS RAOD SUITE 280			j	
DES PLAINES, IL 60018	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE		 		
			}	
			ł	
		1		
	7			
	7	1		
Total number of other employees paid over \$50,000				0
			Form	990-PF (2016)

Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion 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 NONE.	(b) Type of service	(c) Compensation
None		
	_	
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti number of organizations and other beneficiaries served, conferences convened, research papers produ	cal information such as the uced, etc	Expenses
1 N/A		
2		
3		
4		
Deat IV D. C. D. Lind L.		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on I	lines 1 and 2	Amount
1 N/A		
		· · · · · · · · · · · · · · · · · · ·
2		
All other program-related investments See instructions		······································
3		
Total. Add lines 1 through 3	-	0.
		Form QQ0_DF /2016

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations,	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	TTT	
	Average monthly fair market value of securities	1a	3,697,685.
	Average of monthly cash balances	1b	3,697,685. 22,537.
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	10	3,720,222.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,720,222.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	55,803.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,664,419.
6	Minimum investment return. Enter 5% of line 5	6	183,221.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part)	and certain	
1	Minimum Investment return from Part X, line 6	1	183,221.
2a	Tax on investment income for 2016 from Part VI, line 5	•	
b	Income tax for 2016 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1,953.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,953. 181,268.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	181,268.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	181,268.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	191,652. 0.
b	Program-related investments - total from Part IX-B	1b	0.
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		
а		3a	
h		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	191,652.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	191,652.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundatio 4940(e) reduction of tax in those years	n qualifies f	or the section

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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				181,268.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2016		į.		
a From 2011 27, 235.				
b From 2012 13,919.				
c From 2013 10,164.		į		
d From 2014 1,674.	1	-		
e From 2015 35,594.	00.506	[
1 Total of lines 3a through e	88,586.			
4 Qualifying distributions for 2016 from				
Part XII, line 4 ► \$ 191,652.		}		
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			101 260
d Applied to 2016 distributable amount	10 204			181,268.
e Remaining amount distributed out of corpus	10,384.	,,_ , ,		
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add Ilnes 3f, 4c, and 4e Subtract line 5	98,970.			
b Prior years' undistributed income. Subtract		į		
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		0.		
d Subtract line 6c from line 6b Taxable			······································	······································
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2016 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of			***************************************	·
corpus to satisfy requirements imposed by		1		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				-, 't.', -, -, -, -, -, -, -, -, -, -, -, -
not applied on line 5 or line 7	27,235.	}		
9 Excess distributions carryover to 2017.			······································	
Subtract lines 7 and 8 from line 6a	71,735.		<u>.</u>	
10 Analysis of line 9			· · · · · · · · · · · · · · · · · · ·	
a Excess from 2012 13,919.				
b Excess from 2013 10, 164.				
c Excess from 2014 1,674.	1			
d Excess from 2015 35,594.		ł.	,	
e Excess from 2016 10,384.				
				

b 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

NONE

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

Check here \(\subseteq \subseteq \subseteq \) 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

b 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

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Grants and Contributions Paid During the Recipient	If recipient is an individual			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		····
a Paid during the year				
EEE ATTACHED SCHEDULE				101 650
				191,652
		!		
		Í		
			 	
		1		
				
			}	
			}	
				101 650
Total			<u>▶</u> 3a	191,652
b Approved for future payment		ĺ		
		(1	
NONE		}		
		į	}	
]		
		 	 	
		1		
		}		
		 	 	
		<u> </u>	L	
Total			▶ 3b	orm 990-PF (201

C/O PODOLSKY CIRCLE

er gross amounts unless otherwise indicated	Uniferated b	usiness income		section 512, 513, or 514	(e)
Program candos revenue	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
rogram service revenue	code		- Code		
			 - -		
	1 1		 		
	1 1		 		
	1 1				
	— -				·
Fees and contracts from government agencies	_		 		·
lembership dues and assessments			 - -		
aterest on savings and temporary cash					
estments			14	61.	
ividends and interest from securities	<u> </u>		14	98,480.	
et rental income or (loss) from real estate		. , , , , , , , , , , , , , , , , , , ,	1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Debt-financed property			1		
Not debt-financed property			 		
let rental income or (loss) from personal			 		
roperty					
Other investment income	<u> </u>		18	-874.	
Gain or (loss) from sales of assets other			+		
han inventory			18	-7,212.	
let income or (loss) from special events			1 -		
Gross profit or (loss) from sales of inventory			1		
Other revenue			 		
			1 1		
a			1-1-		
C	1 1				
d	l l				
e	1 1			90,455.	
e		0	•1 _ 1_		
Subtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e)	s)	0	·Ll		90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation Art XVI-B Relationship of Activities	es to the Accon	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities te No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities te No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities te No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities te No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities te No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activities te No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	es to the According	nplishment of E	xempt P	13	90,4

Part XVII	Information Re Exempt Organ		sfers To a	nd Transactions a	nd Relationships With N	oncharitable	9	ige 13
1 Did the org			of the following	with any other organization	in described in section 501(c) of		Yes	No
				, relating to political organ		}		
	rom the reporting found							
(1) Cash						1a(1)		X
(2) Other:	assets					1a(2)		X
b Other trans	sactions							
(1) Sales	of assets to a noncharita	ble exempt organizat	ion			1b(1)		X
	ases of assets from a no		rganization			1b(2)		X
• •	l of facilities, equipment,					1b(3)	-	X
	oursement arrangements					1b(4)		X
	or loan guarantees	mharahia ar fundrai	na colleitatio	20		1b(5)		X
, ,	rmance of services or me facilities, equipment, ma	·	-			1b(6)	<u> </u>	X
		=			ways show the fair market value of the		LL sets	
or services		oundation If the four	ndation receive		ie in any transaction or sharing arran		3013,	
	(b) Amount involved			exempt organization	(d) Description of transfers, transac	tions, and sharing a	папдет	ents
	<u> </u>		N/A					
								_
								
		 						
	 							
		 			 			
		 						
								
		 			- 			
		 						
		 						
		 						
ın section	ndation directly or indirectly or indirectly of the Code (other complete the following sci	er than section 501(c		or more tax-exempt organ ion 527?	izations described	Yes	Σ	∑ No
	(a) Name of or	ganization		(b) Type of organization	(c) Description o	f relationship		
	N/A							
							·	
				<u> </u>	 			
					 			
Sign Here	elief, it is true, correct, and co	amplete Declaration of p	reparer (other tha	n taxpayer) is based on all infor	d statements, and to the best of my knowled mation of which preparer has any knowledge to the following the statements of the best of my knowledge to the statements of the best of my knowledge to the statements of the best of my knowledge to the best of		he prepa w (see in	arer
Sigi	nature of officer or truste		I Deserve to a	Date	Title Chack The	f DTIN		
	Print/Type preparer's r	iame	Preparer's s	ignature — /	Date Check r	f PTIN		
Paid	TAMES NOW	N 12	1.	/_	self- employed	D0130	2101	.
Preparer Use Only	JAMES NOV		rello c	PA GROUP, LI	GC Firm's EIN ►	P01283 46-46123		·
Joe Offig	Firm's address ▶ 22			STREET, #45	l	212. 22		•
	CI	HICAGO, II	<u> </u>		Phone no	312) 223	<u>2-1</u> 4	

(a) List and de	es for Tax on investment income escribe the kind(s) of property so	ld, e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story brick	k warehouse, or common stock, 2	D - Donation	(mo, day, yr)	(mo,day,yr)	
1a DRIEFHAUS EMERG	IN MARKETS		P		11/03/17
b FPA CRESECNT			P	06/08/16	
c ALTAIR SMALLER	COMPANIES		P	11/18/14	
d BOSTON PARTNERS			P P		$\frac{11/03/17}{11/03/13}$
e MANNING AND NAP	IER		P	1.00.00	$\frac{11/03/17}{03/15/13}$
f VANGUARD REIT				VARIOUS	02/15/17
<u>g</u>			_+	 	
h !				 	
		·			
k			- 	 	
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h (e) j) Gain or (loss) plus (f) minus (g)	
a 25,000.		21,870.			3,130.
b 20,000.		18,105.			1,895.
c 20,000.		14,690.			5,310.
d 20,000.		18,628.			1,372.
e 65,000.		82,452.			-17 , 452 .
<u>f</u>		1,467.			-1,467.
9		 			
<u>h</u>		 - - - - - - -			
' 					
k					
Î.					
m					
n				_ 	
0					_
Complete only for assets showing				sses (from col (h)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	but	of col (h) gain ovi not less than "-0-")	er cur (k),
	45 01 12/31/03	Over cor ()), if any			3,130.
<u>a</u>		 			1,895.
<u>b</u>		 			5,310.
d		+			1,372.
6		 	 		-17,452
f		 			-1,467.
9					
h					
<u> </u>					
1					
k					
<u> </u>	- 				
m					
n		 			
0			- 1		
2 Capital gain net income or (net cap	oital loss) { If gain, also ent If (loss), enter	er in Part I, line 7 -0-" in Part I, line 7	2		-7,212.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		and (6)			

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

ame(s) PODOLSKY FA	MILY FOUNDATI	ON		Identifying Nun	
C/O PODOLSK				36-364	
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-		,	
04/15/17	117.	117.	30	.000109589	
05/15/17	116.	233.	92	.000109589	2
08/15/17	117.	350.	92	.000109589	4
11/15/17	116.	466.	136	.000109589	7
03/31/18	0.	466.	15	.000136986	1
			····		
					
				1	
Penalty Due (Sum of Colu	mn F)				1

^{*} Date of estimated tax payment, withholding credit date or installment due date

612511 04-01-16

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	IPORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE	REVE			(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME		
PRIVATE BANK				61.			
TOTAL TO PART I, LI				61.			
FORM 990-PF	DIVIDEND	S AND INTER	REST FRO	OM SECU	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
ALTAIR	98,480	•	0.	98,480	. 98,48	0.	
TO PART I, LINE 4	98,480	•	98,480		98,48	0.	
FORM 990-PF		OTHER :	INCOME			STATEMENT	3
DESCRIPTION			(A) REVEN PER BO		(B) NET INVEST- MENT INCOME		
LOSS FROM PARTNERSH	IIP	_		-874.	-874	<u> </u>	_
TOTAL TO FORM 990-F	PF, PART I,	LINE 11		-874.	-874		
FORM 990-PF	TA	TAXES			STATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME			
TAXES FOREIGN TAX	_	-1,534 1,457		0.			0.
TO FORM 990-PF, PG	1, LN 18	-77	•	0.			0.

FORM 990-PF	OTHER EXPENSES				STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES INVESTMENT FEES OTHER EXPENSES	1,621. 7,393. 111.		0.			0.	
TO FORM 990-PF, PG 1, LN 23	9,125.		0.			0.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6	
DESCRIPTION		ALUATION METHOD BO		OK VALUE	FAIR MARKE VALUE	FAIR MARKET VALUE	
ALTAIR - SECURITIES & PARTNER INVESTMENTS	COST	3,339,992.		3,769,1	43.		
TOTAL TO FORM 990-PF, PART I	I, LINE 13	=	3,339,992.		3,769,143.		
FORM 990-PF	PART XV - L		STATEMENT	 7			

NAME OF MANAGER

STEVEN PODOLSKY RANDY PODOLSKY