

Form **990-PF**

EXTENDED TO NOVEMBER 15, 2018

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.

► Go to www irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052 Open to Public Inspection

For	calendar year 2017 or tax year beginning		, and ending		
	ne of foundation	A Employer identification	number		
~	OHENGRIN FOUNDATION INC.	12 (141220			
	/O PETER & LUCY ASCOLI	13-6141339			
	nber and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	20
	744 S. KIMBARK AVE			773-667-42	
	or town, state or province, country, and ZIP or foreign p ${\tt HICAGO}$, ${\tt IL}$ ${\tt 60637-1615}$	ostai code		C If exemption application is p	ending, check here
_		Initial return of a fo	rmer public charity	D 1. Foreign organizations	chack hara
u (Check all that apply: Initial return Final return	Amended return	ittlet public cliarity	1. Foreign organizations	s, check here
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
н	theck type of organization: X Section 501(c)(3) ex		,[1	
Ë		Other taxable private founda	_{ition} $\theta \Psi$	E If private foundation sta under section 507(b)(1)	
I Fa	ur market value of all assets at end of year J Accounti		Accrual	F If the foundation is in a	
	· 1 —	her (specify)	1	under section 507(b)(1)	
Ì	.\$ 46,896. (Part I, colun	nn (d) must be on cash basi	s.)		
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1 Contributions, gifts, grants, etc., received	180,021.		N/A	
	2 Check if the foundation is not required to attach Sch. B				,
	3 Interest on savings and temporary cash investments	4.50	4.00		(m) mm) (m) m
	4 Dividends and interest from securities	170.	170.		STATEMENT 1
	5a Gross rents				
	Net rental income or (loss)	179,228.			
e	6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all 180, 359.	1/9,220.			
Revenue	b assets on line 6a 18U, 359. 7 Capital gain net income (from Part IV, line 2)		179,228.		FN
æ	Net short-term capital gain		175,220.	II RECLIV	EU
	9 Income modifications				100
	10a Gross sales less returns and allowances			18 NOV 21	2018
	b Less Cost of goods sold			IN NOV	Œ
	c Gross profit or (loss)			LESSEN	117
	11 Other income			1 OGNETS	
	12 Total. Add lines 1 through 11	359,419.	179,398.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
S	15 Pension plans, employee benefits				
penses	16a Legal fees	3,900.	0.		3,900.
Ď	b Accounting fees STMT 2 c Other professional fees STMT 3	599.	599.		3,900.
e Ext	c Other professional fees STMT 3	333.	333.		· · · · · · · · · · · · · · · · · · ·
Administrative	18 Taxes				
str	19 Depreciation and depletion				
Ē	20 Occupancy				
Adr	21 Travel, conferences, and meetings				
and	22 Printing and publications				
ig a	23 Other expenses STMT 4	60.	0.		60.
atır	24 Total operating and administrative				
Operating	expenses Add lines 13 through 23	4,559.	599.		3,960. 186,333.
0	25 Contributions, gifts, grants paid	186,333.	· · · · · · · · · · · · · · · · · · ·		186,333.
	26 Total expenses and disbursements	400 00-	= 0.5		100 000
	Add lines 24 and 25	190,892.	<u>599.</u>		190,293.
	27 Subtract line 26 from line 12	1.00 505			
	Excess of revenue over expenses and disbursements	168,527.	170 700		
	b Net investment income (if negative, enter -0-)		178,799.	N/A	
	c Adjusted net income (if negative, enter -0-)	<u> </u>		IV / PA	<u> </u>

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2017)

C/O PETER & LUCY ASCOLI

۵	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
드	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	58,639.	46,896.	46,896.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	,	Less: allowance for doubtful accounts			
w	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations			
	l				
		Investments - corporate stock	-		
		Investments - corporate bonds	-		i
	11	Investments land buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation	-		
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the	50 600	46.006	46.006
		instructions. Also, see page 1, item I)	58,639.	46,896.	46,896.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	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.			
ances	24	Unrestricted			
ā	25	Temporarily restricted			
Ba	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31			
õ	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	58,639.	46,896.	
Net Assets or Fund Ba	30	Total net assets or fund balances	58,639.	46,896.	
_					
	31	Total liabilities and net assets/fund balances	58,639.	46,896.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	58,639.
	,	r amount from Part I, line 27a		2	168,527.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	227,166.
		eases not included in line 2 (itemize)	SEE STA	TEMENT 5 5	180,270.

6

46,896.

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

C/O PETER & LUCY ASCOLI

Partily Capital Gains and Losses for Tax on Investment Income

									_		
				roperty sold (for exar nmon stock, 200 shs		ate,	(b) How	acquired urchase onation	(c) Date (mo., d	acquired lay, yr)	(d) Date sold (mo , day, yr.)
12				SCIENTIF			0-00	D	03/1	6/78	01/20/17
		HERMO		SCIENTIF				$\frac{\overline{D}}{D}$	03/1		11/21/17
<u> </u>				SCIENTIF				D	03/1		11/21/17
d	260 SHS T	HERMO	FISHER	SCIENTIF	IC			D	03/1	6/78	12/26/17
_e											
	(e) Gross sales p	rice		ciation allowed Illowable)		st or other basis expense of sale				iain or (loss s (f) minus	
a		,458.				38					50,074.
b		,170.				23					39,939.
		,170.				23				_	39,939.
<u>d</u>		,561.				28	5.			 	49,276.
_ <u>e</u>	Complete only for as	ooto ohowun	a agin in agliim	a (h) and award by	the foundation	on 12/21/60			//\ O /6	2-1 (1-)	
	(i) FMV as of 12/3		(j) Adı	usted basis 12/31/69	(k) E>	cess of col (i)			ol (k), but i	Col. (h) gain not less tha (from col. (n -0-) or
_	····		43 01	1231703	0401		_		_		50,074.
_ <u>a</u>											39,939.
	• • •										39,939.
-d									-		49,276.
e											
	Capital gain net incom	ne or (net cap	oital loss)	If gain, also enter			} 2		·		179,228.
	Net short-term capital	• ,	,								
	If gain, also enter in Pa If (loss), enter -0- in P		column (c).) ₃			N/A	
įΡ.	art Va Qualific	cation U	nder Secti	on 4940(e) for	Reduced	Tax on Net			come	,	
Wa If "\	ection 4940(d)(2) appl s the foundation liable (es," the foundation do	for the sect besn't qualify	ion 4942 tax on under section	4940(e). Do not com	nplete this par	t.					Yes X No
1	Enter the appropriate		ach column for		istructions be	tore maxing any er					(d)
((a) Base period Calendar year (or tax y	l years rear beginnin	g in) Ad	(b) Justed qualifying dist		Net value of nor	(c) ncharitab	le-use asset	s	Distrib (col. (b) div	(d) oution ratio iided by col. (c))
_	2016				1,259.			99,12			1.626858
_	2015				8,983.			38,27			1.945219
_	2014				7,859.			10,34			1.974290
_	2013				7,305.			70,06			3.244387
	2012				3,612.			52,41	U •		4.075787
	Total of line 1, column	` '		- d - dd- ab- a-a-l -	l 0 b 5 -	0		_	2		12.866541
	Average distribution ra the foundation has be				on line 2 by 5.0	o, or by the normoe	o or year:	5	3		2.573308
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5					4		82,918.				
5 Multiply line 4 by line 3					5		213,374.				
6	Enter 1% of net invest	tment incom	e (1% of Part I,	line 27b)					6		1,788.
7	7 Add lines 5 and 6				7		215,162.				
8	Enter qualifying distrib	outions from	Part XII, line 4						8		190,293.

	_ ~		_		
(2/0	PETER	&	LUCY	ASCOLI

Part VI Excise Tax Based on Inv	estment Income (Section 494	0(a), 4940(b), 4940(e), or 4	948 - se	e instru	ictio	ns)
1a Exempt operating foundations described in se	ction 4940(d)(2), check here ▶ 🔲 and e	nter "N/A" on line 1				
Date of ruling or determination letter:	(attach copy of letter if nec	cessary-see instructions)				
b Domestic foundations that meet the section 49	940(e) requirements in Part V, check here	➤ 🔲 and enter 1%	1		3,5	76.
of Part I, line 27b						
c All other domestic foundations enter 2% of lin	e 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; ot	thers, enter -0-)	2			0.
3 Add lines 1 and 2			3		3,5	76.
4 Subtitle A (income) tax (domestic section 494	7(a)(1) trusts and taxable foundations only, o	thers, enter -0-)	4			0.
5 Tax based on investment income Subtract li	ne 4 from line 3. If zero or less, enter -0-		5		3,5	76.
6 Credits/Payments						
a 2017 estimated tax payments and 2016 overp	ayment credited to 2017	6a 3,764.				ľ
b Exempt foreign organizations - tax withheld at	source	6b 0.				
c Tax paid with application for extension of time	to file (Form 8868)	6c 4,000.				ľ
d Backup withholding erroneously withheld		6d 0.				
7 Total credits and payments Add lines 6a throu	ıgh 6d		7		7,7	
8 Enter any penalty for underpayment of estima	ted tax. Check here 🔲 ıf Form 2220 ıs atta	iched	8			0.
9 Tax due If the total of lines 5 and 8 is more th	an line 7, enter amount owed	>	9			
10 Overpayment. If line 7 is more than the total of	f lines 5 and 8, enter the amount overpaid	. ▶	10		4,1	
11 Enter the amount of line 10 to be: Credited to		4,188. Refunded▶	11			0.
Part VII-A Statements Regardin	g Activities					
1a During the tax year, did the foundation attemp	t to influence any national, state, or local legis	slation or did it participate or intervene	ın		Yes	
any political campaign?				1a		X
b Did it spend more than \$100 during the year (ition	1b		<u>X</u>
If the answer is "Yes" to 1a or 1b, attach a de	tailed description of the activities and copies o	of any materials published or				
distributed by the foundation in connection wi						
c Did the foundation file Form 1120-POL for this				10		X
d Enter the amount (if any) of tax on political exp		_				1
(1) On the foundation. > \$	0 . (2) On foundation managers					
e Enter the reimbursement (if any) paid by the fo		iture tax imposed on foundation				- 1
managers. ► \$ 0.	_			-		<u>.</u>
2 Has the foundation engaged in any activities the		RS7		2		X
If "Yes," attach a detailed description of the act				ŀ		1
3 Has the foundation made any changes, not pro		instrument, articles of incorporation, o	r			<u></u>
bylaws, or other similar instruments? If "Yes,"		0		3		X
4a Did the foundation have unrelated business gr		IF?	N/A	4a		
b If "Yes," has it filed a tax return on Form 990-T		1	14 / M	4b 5		<u> </u>
5 Was there a liquidation, termination, dissolution		•		-		
If "Yes," attach the statement required by Gene		uth are				- 1
6 Are the requirements of section 508(e) (relating		ııleı				
By language in the governing instrument, or By state languages that effectively amond at		are directions that conflict with the state	law			
 By state legislation that effectively amends the remain in the governing instrument? 	ie governing instrument so that no manuator	y directions that connet with the state	Idv	6	X	
7 Did the foundation have at least \$5,000 in assi	ate at any time during the year? If "Vec " comp	Nete Part II col (c) and Part V/		7	X	
7 Did the location have at least \$5,000 in assi	ets at any time during the year. It is, comp	heter art ii, cor (c), and r art xv				
8a Enter the states to which the foundation report	s or with which it is registered. See instruction	ane >				
IL, NY	which it is registered. Occ mandelle			-		
				- 1		- 1
	ion furnished a conv of Form 990-PF to the A	ttorney General (or designate)				l
	ion furnished a copy of Form 990-PF to the A	attorney General (or designate)		8b	<u></u>	
of each state as required by General Instruct	ion G? If "No," attach explanation		ndar	8b	х	
of each state as required by General Instruct 9 Is the foundation claiming status as a private of	on G? If "No," attach explanation perating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5) for cale	ndar	8b 9	<u>x</u>	
of each state as required by General Instruct	non G2 If "No," attach explanation operating foundation within the meaning of se See the instructions for Part XIV If "Yes," com	ection 4942(j)(3) or 4942(j)(5) for cale uplete Part XIV	ndar		X	<u> </u>

Form 990-PF (2017)* C/O PETER & LUCY ASCOLI Part VII-A Statements Regarding Activities (continued) 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 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 Indi the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A 14 The books are in care of PETER ASCOLI Telephone no. 773-667-4220 Located at 5744 S. KIMBARK AVE., CHICAGO, IL ZIP+4 60637-16	X X 515 No X
Part VII-A Statements Regarding Activities (continued) 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 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 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► PETER ASCOLI Located at ► 5744 S. KIMBARK AVE., CHICAGO, IL ZIP+4 ►60637-16	X X X 515 S No X
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 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 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► PETER ASCOLI Located at ► 5744 S. KIMBARK AVE., CHICAGO, IL 2 P+4 ►60637-16	X X 515 No X
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 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► PETER ASCOLI Located at ► 5744 S. KIMBARK AVE., CHICAGO, IL 2 P+4 ►60637-16	X X 515 No X
section 512(b)(13)? If "Yes," attach schedule. See instructions 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address N/A 14 The books are in care of PETER ASCOLI Located at 5744 S. KIMBARK AVE., CHICAGO, IL ZIP+4 60637-16	X 515 No X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 16 "Yes," attach statement. See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► PETER ASCOLI Located at ► 5744 S. KIMBARK AVE., CHICAGO, IL 21P+4 ►60637-16	X 515 No X
If "Yes," attach statement. See instructions 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Website address ► N/A 14 The books are in care of ► PETER ASCOLI Located at ► 5744 S. KIMBARK AVE., CHICAGO, IL ZIP+4 ►60637-16) 515 No X
Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X X X X X X X X X) 515 No X
Website address ► N/A 14 The books are in care of ► PETER ASCOLI Located at ► 5744 S. KIMBARK AVE., CHICAGO, IL ZIP+4 ►60637-16	515 No X
14 The books are in care of ▶ PETER ASCOLI Telephone no. ▶ 773-667-4220 Located at ▶ 5744 S. KIMBARK AVE., CHICAGO, IL	515 No X
Located at ► 5744 S. KIMBARK AVE., CHICAGO, IL ZIP+4 ►60637-16	515 No X
	No X
	Х
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	Х
and enter the amount of tax-exempt interest received or accrued during the year	Х
	Х
securities, or other financial account in a foreign country?	No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	l No
foreign country	NIA
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	NIA
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	
1a During the year, did the foundation (either directly):	1
	'
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	
a disqualified person?	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	
(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	
section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A 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	
before the first day of the tax year beginning in 2017?	X
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	
before 2017?	
! !	
If "Yes," list the years , , , ,	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	
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.) N/A 2b	 -
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 2017 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 2017.) N/A 3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a	X
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 2017?	X
Form 990-PF	

	4=00.00				
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	Required (contin	ued)	Yes	LNI
5a During the year, did the foundation pay or incur any amount to	10.157 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		es X No	res	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	,		S LAJ NO		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire		es X No		
any voter registration drive?	n		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Y6	S LA NO		
(4) Provide a grant to an organization other than a charitable, etc., organization	1 described in section		es X No		
4945(d)(4)(A)? See instructions			S LA NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		es X No		
the prevention of cruelty to children or animals?			S LAUNO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N/A	<u></u>	
section 53 4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	ļ
Organizations relying on a current notice regarding disaster assistance, check h					'
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			s No		
expenditure responsibility for the grant?	1/	/A Ye	s L NO		l .
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	Day premiums on		es X No		
a personal benefit contract?	araanal hanafit aantraat?		" - ON LA	6ь	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	00	1
If "Yes" to 6b, file Form 8870	haltar transaction?		es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax sb If "Yes," did the foundation receive any proceeds or have any net income attribution.			N/A	7b	-
Part VIII Information About Officers, Directors, Trusto		nagers Highly		70	J
Paid Employees, and Contractors	ees, i oundation wa	magers, mgm	,		
List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account allows	i, other Inces
PETER M. ASCOLI		EASURER	compensation		
5744 S. KIMBARK	•				
CHICAGO, IL	1.00	0.	0.		0.
	SECRETARY				
5744 S. KIMBARK					
CHICAGO, IL	1.00	0.	0.		0.
ELIZABETH ASCOLI	VICE PRESIDEN	Г	-		
55 BEACONSFIELD ROAD					
BROOKLINE, MA	1.00	0.	0.		0.
				l	
Compensation of five highest-paid employees (other than those inc		enter "NONE."	-Y-II		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	oense Lother
(a) Name and address of each employee paid more than \$60,000	devoted to position	(c) compensation	and deferred compensation	allowa	inces
NONE					
				[
				<u> </u>	
				<u> </u>	
otal number of other employees paid over \$50,000			<u> </u>	000 DE	0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of sei	rvice (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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
4	
Doubly D. C.	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	Amount
IN/A	
	o.
2	
All other program-related investments. See instructions.	
3 N/A	
	_
	0.
Total. Add lines 1 through 3	▶ 0.

Į,	art!X Minimum Investment Return (All domestic foundations	must complete this	part Foreign fou	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble, etc , purposes			
а	Average monthly fair market value of securities			1a	0.
	Average of monthly cash balances			1b	84,181.
C	Fair market value of all other assets			1c	0.
đ	Total (add lines 1a, b, and c)			1d	84,181.
е	Reduction claimed for blockage or other factors reported on lines 1a and				<u> </u>
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	84,181.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	it, see instructions)		4	1,263.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and c			5	82,918.
6	Minimum investment return. Enter 5% of line 5			6	4,146.
ĮP.	art∤XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here and do not complete this par		ating foundations ai	nd certain	
1	Minimum investment return from Part X, line 6			1	4,146.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	3,576.		
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b			
¢	Add lines 2a and 2b			2c	3,576.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	570.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	570.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	570.
	artiXIIi Qualifying Distributions (see instructions)			II	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes		10	100 203
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	190,293.
	Program-related investments - total from Part IX-B	able etc. nurnesses		1b 2	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	able, etc., purposes			
3	Amounts set aside for specific charitable projects that satisfy the			3a	
	Suitability test (prior IRS approval required)			3b	
	Cash distribution test (attach the required schedule)	and Dort VIII, line 4		4	190,293.
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; a			 •	170,273.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invincome Enter 1% of Part I, line 27b	esunem		5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	190,293.
0	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whet	her the foundation		
	4940(e) reduction of tax in those years.	which calculating which	no mo roundation	quannes ior un	, 3000011

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
Distributable amount for 2017 from Part XI, line 7				570.
2 Undistributed income, if any, as of the end of 2017				3,0.
a Enter amount for 2016 only			0.	
b Total for prior years				
·		0.		
3 Excess distributions carryover, if any, to 2017:				
aFrom 2012 215,867.				1
bFrom 2013 226,588.				
c From 2014 216,593.				
dFrom 2015 267,041.				
eFrom 2016 157,916.				
f Total of lines 3a through e	1,084,005.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 190,293.				
a Applied to 2016, 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				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				570.
e Remaining amount distributed out of corpus	189,723.			
5 Excess distributions carryover applied to 2017 (if an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	1,273,728.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,2/3,/20.			
b Prior years' undistributed income Subtract		0.		
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 2016 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				:
not applied on line 5 or line 7	215,867.			<u>.</u> 1
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	1,057,861.			
O Analysis of line 9:				i
a Excess from 2013 226,588.				Ì
bExcess from 2014 216,593.				
c Excess from 2015 267, 041.				
dExcess from 2016 157, 916.]
e Excess from 2017 189, 723.				

	ER & LUCY A				141339 Page 10
Part XIV Private Operating Fo			I-A, question 9)	N/A	
1 a If the foundation has received a ruling or					/
foundation, and the ruling is effective for			▶ ∟	 	
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or	4942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0040	Prior 3 years		1007000
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,		,			
line 4 for each year listed					
d Amounts included in line 2c not	·	-		17	
used directly for active conduct of				X	
exempt activities			/		
e Qualifying distributions made directly		-			
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			/	· · · -	
alternative test relied upon:			/		
a "Assets" alternative test - enter (1) Value of all assets			/		
` , ,		/	1	 	+
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			_		
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,		/			
dividends, rents, payments on securities loans (section		/			
512(a)(5)), or royalties)	j	/			
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor	rmation (Comple	te this part only	if the foundation	n had \$5,000 or n	nore in assets
at any time during the				• •	
1 Information Regarding Foundation					
a List any managers of the foundation who	_	than 2% of the total cont	ributions received by the	e foundation before the c	lose of any tax
year (but only if they have contributed m			,		• • • • • • • • • • • • • • • • • • •
PETER M. ASCOLI					
b List any managers of the foundation who	own 10% or more of the	e stock of a corporation	(or an equally large port	on of the ownership of a	partnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribution					
Check here ► X if the foundation or		•	•		quests for funds If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone numb	er or email address of th	e person to whom applic	cations should be addres	ssed	
N/A					
		.,			
b The form in which applications should be	e submitted and informat	ion and materials they st	rould include.		
N/A					
c Any submission deadlines					
N/A		Jaroon aboutable fell	lundo of institutions	other feeters	
d Any restrictions or limitations on awards	, such as by geographica	n areas, charitable fields,	KINGS OF INSTITUTIONS, OF	other factors	
N/A					

C/O PETER & LUCY ASCOLI

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year 501(C)(3) GENERAL FUND SEE ATTACHED N/A CHICAGO, IL 186,333. 186,333. ▶ 3a Total b Approved for future payment NONE Total

Part XVI-A	Analysis of Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	711100111	code	Amount	- Tunction medine	
a						
b						
c	_		+			
đ						
e	_					
f	_					
g Fees and contracts from government agencies			4			
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	170.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
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 inventory			18	179,228.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
c						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		C		179,398.	0.	
13 Total Add line 12, columns (b), (d), and (e)				13	179,398.	
(See worksheet in line 13 instructions to verify calculations.	Y					

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
-	
-	
	,

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations									
1 Did the or	ganization directly or indi	rectly engage in any	of the following	ng with any other organizati	on described in se	ection 501(c)		Yes	No
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								. 1	
•	from the reporting found						l		
(1) Cash			·	-			1a(1)	-	X
(1) Cash (2) Other assets									X
b Other tran									
	of assets to a noncharita	ble exempt organizat	tion				1b(1)		X
٠,	hases of assets from a no	, ,					1b(2)		X
	al of facilities, equipment,	•	, gamaano ,				1b(3)		X
	bursement arrangements						1b(4)		X
	s or loan guarantees						1b(5)		X
	rmance of services or me	mhershin or fundrai	eina enlicitatio	nns			1b(6)		X
, <i>,</i>	f facilities, equipment, ma	· ·	_				1c	\vdash	X
•					wave chow the far	r market value of the goods, o		L	
						ion or sharing arrangement, st		ocio,	
	s given by the reporting it i) the value of the goods,				be in any transacti	ion of sharing arrangement, si	10 44 111		
	(b) Amount involved	•		e exempt organization	(d) December	tion of transfers, transactions, and s		~~~~	
(a)Line no	(b) Amount involved	(c) Name of		c exempt organization	(u) Descript	tion of transfers, transactions, and s	naring ai	rangense	
			N/A			<u> </u>			
		-		, · · · · ·					
					-				
ın section	ndation directly or indirect 501(c) (other than section complete the following sch	n 501(c)(3)) or in se		or more tax-exempt organ	izations described		Yes	X] No
	(a) Name of org			(b) Type of organization		(c) Description of relationsh	ір		
	N/A					·			
		-							
-									
									
Under	pegalties of perjury, I declare	that I have examined thi	s return, includir	ng accompanying schedules and	statements, and to	the best of my knowledge	Ab a line		
Sign Here	elies to is true, correct, and cor	nplete Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	PRESI	retur shov	the IRS of	9 See ins	er
Sign			Dranarada	Date /	Title	Check If PTIN			
	Print/Type preparer's na	11116	Preparer s	igilature	Date	self- employed			
ם: -	m T. V. C. S. C.	WTI 7 DD	نينزر	Millian	1119118	1 ' 1	1022	100	
Paid	TIMOTHY R		1	W Y W	HUMMIO		$\frac{933}{1142}$		
Preparer	Firm's name ► RSM	US LLP				Firm's EIN ► 42-07	143	45	
Use Only	5	~ ~							
	Firm's address ▶ 1							400	
	l CH	ICAGO, IL	, 60606			Phone no 312-63	<u> 4 - 3 </u>	400	

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

► Go to www.irs.gov/Form990 for the latest information.

LOHENGRIN FOUNDATION INC.

OMB No 1545-0047

Employer identification number

C/	O PETER & LUCY ASCOLI	13-6141339				
Organization type (check of	one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions				
General Rule						
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount in Complete Parts I and II	, or 16b, and that received from				
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductricity 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. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" on certify that it doesn't meet t	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fig. Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 EZ or on its Fithe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) action Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule					

Name of organization LOHENGRIN FOUNDATION INC. C/O PETER & LUCY ASCOLI

Employer identification number

13-6141339

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	PETER ASCOLI 5744 S. KIMBARK AVE	\$50,428.	Person Payroll Noncash X
	CHICAGO, IL 60637		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETER ASCOLI		Person Payroll
	5744 S. KIMBARK AVE	\$	Noncash X (Complete Part II for
	CHICAGO, IL 60637		noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LUCY ASCOLI		Person
	5744 S. KIMBARK AVE	\$\$	Payroll X
	CHICAGO, IL 60637		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PETER ASCOLI		Person
	5744 S. KIMBARK AVE	\$ 49,427.	Payroll Noncash (Complete Part II for
	CHICAGO, IL 60637		noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
723452 11-0	1-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

Name of organization LOHENGRIN FOUNDATION INC. C/O PETER & LUCY ASCOLI

Employer identification number

13-6141339

Partill	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	350 SHARES OF THERMO FISHER SCIENTIFIC		
		\$50,428.	01/19/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	210 SHARES OF THERMO FISHER SCIENTIFIC		
		\$\$	11/20/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	210 SHARES OF THERMO FISHER SCIENTIFIC		
		\$\$	11/20/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	260 SHARES OF THERMO FISHER SCIENTIFIC		
		\$\$	12/22/17
(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
723453 11-01-	-17	\$ Schedule B (Form 9	990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization LOHENGRIN FOUNDATION INC. 13-6141339 C/O PETER & LUCY ASCOLI Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Relationship of transferor to transferee

FORM 990-PF DIV	IDENDS	AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT	1
	OSS DUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTI NET INCO	
U.S. TRUST	170.		0.	170.	170.		
TO PART I, LINE 4	170.		0.	170.	170.		
FORM 990-PF		ACCOUNTI	NG I	rees	Si	TATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
TAX PREPARATION FEES		3,900.		0.		3,90	00.
TO FORM 990-PF, PG 1, LN	16B	3,900.		0.		3,90	00.
FORM 990-PF	ОТ	HER PROFES	SION	IAL FEES	Si	CATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) ! INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
MANAGEMENT FEES		599.		599.		-	0.
TO FORM 990-PF, PG 1, LN	16C	599.	-	599.			0.
FORM 990-PF		OTHER E	XPEN	ISES	SI	PATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) : INVEST- IT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
NEW YORK STATE DEPARTMENT LAW ILLINOIS SECRETARY OF STA		50. 10.	-	0.			50. 10.
TO FORM 990-PF, PG 1, LN	23	60.		0.		6	50.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 5
DESCRIPTION	AMOUNT
BASIS ADJUSTMENT TO STOCKS CONTRIBUTED AT FAIR MARKET VALUE TIMING DIFFERENCE	178,888.
TOTAL TO FORM 990-PF, PART III, LINE 5	180,270.