

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

29491139 1 3 MEN . 1154-0528

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For calendar year 2017 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
IGLEWSKI FAMILY FOUNDATION				
C/O DOROTHY JURS	<u></u>		36-6109490	
Number and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
1024 CELLANA COURT			239-466-18	71
City or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	ending, check here
FORT MYERS, FL 33908		<u> </u>		
G Check all that apply: Initial return	Initial return of a form	ner public charity	D 1 Foreign organizations	, check here
Final return	Amended return		2 5	
Address change	Name change		Foreign organizations me check here and attach col	mputation P
H Check type of organization: X Section 501(c)(3) ex	empt private foundation	2	E If private foundation stat	tus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	on J	under section 507(b)(1)	(A), check here
I Fair market value of all assets at end of year J Accounting	-	Accrual	F If the foundation is in a (60-month termination
	ther (specify)	!	under section 507(b)(1)	(B), check here
\$ 1,067,982. (Part I, colur	nn (d) must be on cash basis.)			
Partil 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	ıncome	income	(cash basis only)
1 Contributions, gifts, grants, etc., received			N/A	
2 Check X if the foundation is not required to attach Sch. B		<u></u>		
Interest on savings and temporary cash investments			<u> </u>	
4 Dividends and interest from securities	36,932.	36,932.		STATEMENT 1
5a Gross rents		^ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7.5 * 14890.	
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	, , , , , , , , , , , , , , , , , , ,			1470
			F	101
		0.	1001 1 23	101/ 8/05
5 Net Short-term capital yairi			10 WAY 1 12	191
9 Income modifications Gross sales less returns			131	The second secon
10a and allowances b Less Cost of goods sold			101	38 38 38
• • • • • • • • • • • • • • • • • • • •				
c Gross profit or (loss)	43.	43.	Name of the second	STATEMENT 2
11 Other income 12 Total Add lines 1 through 11	36,975.	36,975.		SKATEMENT 2%
	2,000.	0.		2,000.
13 Compensation of officers, directors trustees etc14 Other employee salaries and wages	2,000.			2,000.
15 Pension plans, employee benefits				
3 16a Legal fees				
b Accounting fees STMT 3	2,800.	0.		2,800.
b Accounting fees STMT 3 c Other professional fees	2,000.			2,000.
	 			
17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	2,041.	683.		0.
19 Depreciation and depletion				Till A
20 Occupancy				·> ·×**
21 Travel, conferences, and meetings				
1	} -			
22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses Add lines 13 through 23	140.	115.		25.
E 24 Total operating and administrative				
expenses Add lines 13 through 23	6,981.	798.		4.825.
25 Contributions, gifts, grants paid	50,000.			4,825. 50,000.
26 Total expenses and disbursements				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add lines 24 and 25	56,981.	798.		54,825.
27 Subtract line 26 from line 12.				-,-
a Excess of revenue over expenses and disbursements	-20,006.			
b Net investment income (if negative enter -0-)		36,177.		
c Adjusted net income (if negative enter -0-)			N/A	

LHA For Paperwork Reduction Act Notice, see instructions



36-6109490

D	w.	Balance Sheets Atlached schedules and amounts in the description column should be for end of year amounts only	Begini	ning of year		End (of year	-	
113	an	column should be for end of year amounts only	(a) B	ook Value	(b) Bo	ook Value	(c) Fa	ır Market Va	lue
_	1	Cash - non-interest-bearing		177,388.		55,254.		155,2	
	l .		_	277,3000	 	33,231.	 		
		Savings and temporary cash investments	10 10 100 Eller	W 22464 1960	1 20 86 1 2		884.F 34	878.58 33V	74. 30000
	3	Accounts receivable	F 7 MARINO			<u> </u>	3		Ya 💮
		Less: allowance for doubtful accounts							
	4	Pledges receivable ►					#E1		*
		Less: allowance for doubtful accounts							
	5	Grants receivable					 -		
	1 -				 		-		
	6	Receivables due from officers, directors, trustees, and other							
	İ	disqualified persons	// halle		683		V		. w
	7	Other notes and loans receivable					12.97		· · · · · · · · · · · · · · · · · · ·
		Less: allowance for doubtful accounts	1						
"	l a	Inventories for sale or use			†				
Assets	"	Prepaid expenses and deferred charges			 		 		
Ş	9	· · · · · · · · · · · · · · · · · · ·	 		 		+		
_	1	Investments - U.S. and state government obligations	 	260 700	 	60 505	 		<u> </u>
	b	Investments - corporate stock STMT 6		268,720.	4	60,525.		780,1	.36.
	C	Investments - corporate bonds					l		
	11	Investments land, buildings, and equipment basis	3.7%	7.4	§ (3.5) -				پ د پ
	}	Less accumulated depreciation							
	10	Investments - mortgage loans			 		 		
	12			26 900	+	20 011	+	122 6	0.2
	13			<u> 136,899.</u>		38,811.		132,5	774
	14	Land, buildings, and equipment basis			Ø. \$4		/ 🛣), r 1 📸	,
		Less accumulated depreciation							
	15	Other assets (describe >					Ţ		
		Total assets (to be completed by all filers - see the					†		
	'`	instructions. Also, see page 1, item I)	.	583,007.	5	54,590.	1 1	,067,9	82
-	47		 	, , , , , , , , , , , , , , , , , , , 	+	31,3300		, 00, , 3	3 Tay (88)
	1	Accounts payable and accrued expenses			 	-	-		
	18	Grants payable			 			500	
Ś	19	Deferred revenue			<u> </u>				
Liabilities	20	Loans from officers directors, trustees, and other disqualified persons	1				. 76	* 12	
횰	21	Mortgages and other notes payable	-						
==		Other liabilities (describe >					1 🔏		34
		Other Habilities (Goodings)			 			·. 4	
		T > 1 to 1 to 1 to 1 to 1 do 1 d		0.	1	0.			
_	23	Total liabilities (add lines 17 through 22)			 	<u> </u>	4		
		Foundations that follow SFAS 117, check here							- 35
		and complete lines 24 through 26, and lines 30 and 31	Ì				14%.		3))
es	24	Unrestricted	ļ						
2	25	Temporarily restricted							
Fund Balances	26				 				
B	20	Permanently restricted			 		1		
Ĕ		Foundations that do not follow SFAS 117, check here							32
ıΞ		and complete lines 27 through 31							
ŏ	27	Capital stock, trust principal, or current funds		83,007.	5	54,590.			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	1	0.		0.		1 1 1	
1SS	29	Retained earnings, accumulated income, endowment, or other funds		0.		0.			:234 354
Net/		Total net assets or fund balances		83,007.	5	54,590.	┥ 🐔	1 1 1 1 1 1 1	27
ž	30	I DI AI HEL 455612 OF TORIO DATAILLES		303,007.	 	734,330.	1 ?		.5
	ŀ		Ι.	-02 007		E4 E00	43	× ,	
	31	Total liabilities and net assets/fund balances		<u> 83,007.</u>	15	<u>54,590.</u>	<u> </u>	,	3/.
Ē	art	Analysis of Changes in Net Assets or Fund B	alances						
ட	art								
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	: 30				T		
		t agree with end-of-year figure reported on prior year's return)				1		583,0	107
						 -	 -		
		amount from Part I, line 27a				2	+	-20,0	
		increases not included in line 2 (itemize)					 		0.
		ines 1, 2, and 3				4		563,0	
5	Decr	eases not included in line 2 (itemize) COST BASIS ADJ	USTMEN	T		5			111.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), lır	ne 30		6		554,5	<u> 90.</u>
_	_						Γοιι	n 990-PF	

36	- 6	1	09	4	9	n
-		, _	\mathbf{v}	-	_	v

	and Losses for Tax on In			1/63.1				, , , , , , , , , , , , , , , , , , , ,
	the kınd(s) of property sold (for exar rehouse; or common stock, 200 shs		le,	D	ow acquired Purchase Donation	(c) (n	Date acquired no , day, yr)	(d) Date sold (mo., day, yr.)
1a		- <u></u> -			Donation			
b NOI	NE							
_ <u>C</u>				 		-		
_d				├─-		┼		
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (loss) plus (f) minus	
_a								
<u>b</u>								
d d				一十		_		
e								
Complete only for assets showin	g gain in column (h) and owned by t	he foundation	on 12/31/69.				ns (Col (h) gair	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			coi. (k), Lo	but not less tha sses (from col.	n -U-) or (h))
a b								
C								
d								
_e					 ,			
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	in Part I, line in Part I, line	7 7	}	2			
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8		d (6):		}	3			
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment In	come	,	
(For optional use by domestic private	foundations subject to the section 4	940(a) tax on	net investment in	come.)				
If section 4940(d)(2) applies, leave th	us nart blank.							
.,,,,			Al V					
Was the foundation liable for the sect If "Yes," the foundation doesn't qualify Enter the appropriate amount in e		plete this part.	<u> </u>					Yes X No
(a)	(b)	otractions but	ore making arry or	(c)			5 .	(d) bution ratio
Base periód years Calendar year (or tax year beginnir	ng in) Adjusted qualifying dis		Net value of no	nchari			Distri (col. (b) di	vided by col. (c))
2016		8,990.			018,78			.057902
2015		1,687. 1,264.			009,10			.051220
<u>2014</u> 2013		4,933.		Ι,	030,30 981,91			.049756 .045761
2012		0,199.			985,59			.050933
2 Total of line 1, column (d)						_	2	.255572
3 Average distribution ratio for the 5 the foundation has been in exister		on line 2 by 5.0), or by the numbe	er of ye	ears		3	.051114
4 Enter the net value of noncharitab	le-use assets for 2017 from Part X, I	ine 5				-	4	1,098,485.
5 Multiply line 4 by line 3							5	56,148.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6	362.
7 Add lines 5 and 6						-	7	56,510.
8 Enter qualifying distributions from	n Part XII, line 4 line 7, check the box in Part VI, line	1h and	lote that same us	0.0.40	tou -ota		8	54,825.
See the Part VI instructions	THE T, CHECK THE DUX HI PAIT VI, IME	io, and comp	nere mat batt usin	y a 1%			<u></u>	

IGLEWSKI FAMILY FOUNDATION C/O DOROTHY JURS

Form 990-PF (V-V 4040/hV 40			09490		ge 4
Part VI	Excise Tax Based on Investment Income (Section 4940		140(e), or 49	48 - Se	e instruc	lions	5 3 781
	operating foundations described in section 4940(d)(2), check here and e ruling or determination letter. (attach copy of letter if nec		ons)				
b Domestr	ic foundations that meet the section 4940(e) requirements in Part V, check here 🌗	► 🔲 and enter 1%) [1		724	4.
	l, line 27b r domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Port I lung 12 col	(b)				
	er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of		. (U). J	3/8/2/294	* 3021*4400	<u> </u>	0.
	er section 311 (domestic section 4347(a)(1) trosts and taxable foundations only, on	iers, enter -0-)		2		72	
_		hara antar ()		3 4			0.
	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-	iners, enter -u-)		5		72	<u> </u>
	Payments:			3	11 MIST	· 1	
	timated tax payments and 2016 overpayment credited to 2017	6a	360.		23		
	foreign organizations - tax withheld at source	6b	0.				. Sec
•	d with application for extension of time to file (Form 8868)	6c	0.				
	withholding erroneously withheld	6d	0.				
•	edits and payments. Add lines 6a through 6d	<u> </u>		7	y 23455	36	<u></u>
	by penalty for underpayment of estimated tax. Check here X if Form 2220 is atta	ched		8			8.
	e. If the total of lines 5 and 8 is more than line 7, enter amount owed	ciica		9		37:	
	ment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10			
	e amount of line 10 to be: Credited to 2018 estimated tax		Refunded	11	· · · · ·		
	A Statements Regarding Activities		Heldinger				
1a During t	the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it particip	ate or intervene	ın	1.	Yes N	No
_	tical campaign?	, ,			1a		X
b Did it sp	pend more than \$100 during the year (either directly or indirectly) for political purpos	ses? See the instruction	ons for the defini	tion	1b		X
	iswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of				: 33	, []	
	ted by the foundation in connection with the activities.	,					
c Did the f	foundation file Form 1120-POL for this year?				1c		X
d Enter the	e amount (if any) of tax on political expenditures (section 4955) imposed during the	year:					,
(1) On t	the foundation. > \$ (2) On foundation managers	. > \$	0.				
	e reimbursement (if any) paid by the foundation during the year for political expendi	ture tax imposed on fo	oundation		(,)	73	
	rs ▶ \$0.				·	- 3	
	foundation engaged in any activities that have not previously been reported to the IF	RS?			2		X
	attach a detailed description of the activities.						÷
	foundation made any changes, not previously reported to the IRS, in its governing in or other similar instruments? If "Yes," attach a conformed copy of the changes	nstrument, articles of	incorporation, or		3		X
	foundation have unrelated business gross income of \$1,000 or more during the year	.7			4a		<u>x</u>
	has it filed a tax return on Form 990-T for this year?			N/A	-		
	ere a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	attach the statement required by General Instruction T				\$	A1866.19	
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther:			8.		
	nguage in the governing instrument, or						
By star	ite legislation that effectively amends the governing instrument so that no mandatory	y directions that confli	ct with the state	law			ļ
remain ii	in the governing instrument?				6	Х	
7 Did the f	foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Part II, col. (c), ar	nd Part XV		7	X	
					Ž.		
8a Enter the	e states to which the foundation reports or with which it is registered. See instruction	ns >			_ 🔊	3 1	
IL						3	
b If the an	iswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (or de	signate)		<u>"</u>	ą ś	
of each s	state as required by General Instruction G? If "No," attach explanation				8b	Х	^
	oundation claiming status as a private operating foundation within the meaning of sec		42(j)(5) for caler	ndar			□ ル
	17 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com				9		X
10 Did any	persons become substantial contributors during the tax year? If "Yes" attach a schedu	le listing their names and a	addresses		10		<u>X</u>
					Form 990	-PF (2)	017)

Pa	rt VII-A Statements Regarding Activities (continued)		•	
-11		1 3	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		Х
40	• • • • • • • • • • • • • • • • • • • •			
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1		v
	If "Yes," attach statement. See instructions	12	-,-	_X_
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 ► DOROTHY JURS Telephone no. ► 239-46		<u> 371</u>	
	Located at ► 1024 CELLANA COURT, FORT MYERS, FL ZIP+4 ►33	<u> 3908</u>		
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		<u>/A</u>	
16	At any time during calendar year 2017, 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	7.2		
	foreign country	2.5		
·Pa	int 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):	ð,	1	الاستراكية - :
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	y41 .		£ 5
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	× . *	132	esign.
	(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? X Yes No	835		- 5
	(5) Transfer any income or assets to a disqualified person (or make any of either available		~^? [*] ą,	
	for the benefit or use of a disqualified person)?	2	^	13
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	3,	*	
	if the foundation agreed to make a grant to or to employ the official for a period after			7
	termination of government service, if terminating within 90 days.) Yes X No	7	No. To	* -{
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			32
D		45		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u> </u>
	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	7000	- "	X
_	before the first day of the tax year beginning in 2017?	1c		A &
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		À.	
	defined in section 4942(j)(3) or 4942(j)(5)).			
а	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 \blacktriangleright ,,,,	i,		,
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	17.		*
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	* \$', * '	1	
	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	ه ^۲	200	}
	during the year?	,	2.54 8.54	·
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	\(\frac{1}{2}\)	4.	{
	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	£	- K	
	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,		Š	ķ
	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?	4b		X
		200	<u> </u>	

Form 990-PF (2017)

Part VII-By Statements Regarding Activities for Which F	orm 4/20 May Be Re	equired _{(contini}	ued)	
5a During the year, did the foundation pay or incur any amount to.			\$	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s 🗓 No	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		(TET)	
any voter registration drive?	0		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'(4) Provide a grant to an organization other than a charitable, etc., organization		Y6	es 🔀 No 🖟	
4945(d)(4)(A)? See instructions	I described in section		s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo		.s <u>.e.</u> 110	
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 und	der the exceptions described in		<u> </u>	
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h	ere			第 日
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	I/A 🔲 Ye	sNo	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			Į.	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	<u></u>		
a personal benefit contract?		Ye	s X No	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.	ersonal benefit contract?		 -	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		16		7b
Part VIII Information About Officers, Directors, Truste		nagers, Highly	-17	·
Paid Employees, and Contractors				
List all officers, directors, trustees, and foundation managers and the		1	7-10-2	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	PRESIDENT			
1024 CELLANA COURT			_	
FORT MYERS, FL 33908	5.00	2,000.	0.	0.
	SECRETARY]	1	Ì
799 BIRDIE VIEW PT. SANIBEL, FL 33957	0.00	0.	0.	0.
ANIBBB, FB 33737	0.00	0.		
				<u> </u>
2 Compensation of five highest-paid employees (other than those incl	(b) Title, and average	enter "NONE."	(d) Contributions to	(a) Eynansa
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position		compensation	allowalices
110112				
Tabal number of other ampleyees pard over \$50,000	<u> </u>	L		0
otal number of other employees paid over \$50,000			Eorm	990-PF (2017)
			1 01111	222 1 (2017)

IGLEWSKI FAMILY FOUNDATION

Form 990-PF (2017), C/O DOROTHY JURS	36-63	L09490 Page 7
PartVIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		,
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A	00000, 610.	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of $1 N/A$	n lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.

C/O DOROTHY JURS

<u>P</u>	Art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	1	
a	Average monthly fair market value of securities	1a	948,473.
b	Average of monthly cash balances	1b	948,473. 166,740.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,115,213.
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	1,115,213.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	16,728.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,098,485.
6	Minimum investment return Enter 5% of line 5	6	54,924.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
_	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	54,924.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	724.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	54,200.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	54,200.
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	54,200.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Š.	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	54,825.
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:	1	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	54,825.
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	54,825.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2017)

Form 990-PF (2017).

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				54,200.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only	<u>, </u>		0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 627.				
b From 2013				
c From 2014 571.				
d From 2015 2,088.				
e From 2016 8,927.	10 013			
f Total of lines 3a through e	14,413.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$ 54,825.			0.	
a Applied to 2016, but not more than line 2a	<u> </u>	<u> </u>	U •	
b Applied to undistributed income of prior years (Election required - see instructions)		٥.		
c Treated as distributions out of corpus	37400 -4005 ° 2739177			
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				54,200.
e Remaining amount distributed out of corpus	625.			
5 Excess distributions carryover applied to 2017	0.	1. 12. San San San	(8) 845 128	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,838.			
b Prior years' undistributed income Subtract				
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				0.
be distributed in 2018 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	627.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	12,211.			3 3
10 Analysis of line 9:			,	1
a Excess from 2013				
b Excess from 2014 571.	1			
c Excess from 2015 2, 088.				1
d Excess from 2016 8, 927.]
e Excess from 2017 625.				<u></u>

Form 990-PF (2017)

NONE

NONE

c Any submission deadlines:

WRITTEN STATEMENT OF CHARITABLE PURPOSE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2017). C/O DOROTHY JURS

Part XV Supplementary Information (continued)

36-6109490

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual.			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Paid during the year		<u> </u>		
AMERICAN RED CROSS	N/A	CHARITABLE	SUPPORT	
PO BOX 37839	N/A	CHARTTABLE	BUFFORT	
BOONE, IA 50037				1,000.
		 		
CHILDREN'S HOSPITAL FOUNDATION	N/A	CHARITABLE	SUPPORT	
PO BOX 1997			}	
MILWAUKEE, WI 53201		-	 	1,000.
		1		
CHILDREN'S ONCOLOGY SERVICE	N/A	CHARITABLE	SUPPPORT	
213 W INSTITUE				
CHICAGO, IL 60610				1,000.
		1		
		[
CHRISTMAS COMMANDOS	N/A	CHARITABLE	SUPPORT	
1528 N LAKE GEORGE	[,,		SSICONI	
MISHAWAKA, IN 46545				5,000.
				
DANNY DID FOUNDATION PO BOX 46576	N/A	CHARITABLE	SUPPORT	
CHICAGO, IL 60646				2,000.
	ONTINUATION SHEE	T(S)	▶ 3a	50,000.
b Approved for future payment		1		
,,				
NONE				
		ĺ		
		 		
		1		
		1		
		 		
		1		
		1		
		<u> </u>		
Total			► 3b	0.

C/O DOROTHY JURS

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	code		Code		
a			+		·
b			+	<u> </u>	
c			+		
<u> </u>	ľ		+		
e					
· · · · · · · · · · · · · · · · · · ·					
g Fees and contracts from government agencies			 -		
2 Membership dues and assessments					<u> </u>
3 Interest on savings and temporary cash					
investments			1 1	26 020	
4 Dividends and interest from securities	###		14	36,932.	
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	<u> </u>			_ 	
7 Other investment income			14	43.	
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
	l l		<u> </u>		
C	—— ———				
d	l l				ļ
d e 12 Subtotal. Add columns (b), (d), and (e)	l l	0	· 🗽	36,975.	
d		0	• 8	36,975.	3.6 0.05
d e 12 Subtotal. Add columns (b), (d), and (e)		0	• 8		36 005
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)	tions.)			13 _	36 005
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVIB Relationship of Activ	tions.)	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVIB Relationship of Activ	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI B Relationship of Activ Line No. Explain below how each activity for wh	tions.) ities to the Acco	omplishment of Ex	kempt	13 _ Purposes	36,975.

	IGLEW	SKI FAMILY FO	UNDATION				
		OROTHY JURS		36-610		Pa	ige 13
Part >	Information Re Exempt Organ		to and Transactions and	d Relationships With Nonchari	table	•	
1 Did	the organization directly or indi	rectly engage in any of the fol	llowing with any other organization	described in section 501(c)		Yes	
		•	elating to political organizations?				
a Trai	nsfers from the reporting found	ation to a noncharitable exem	pt organization of:		143		n 3
٠,	Cash				1a(1)		X
	Other assets				1a(2)	was.	X
_	er transactions					. 37	37
	Sales of assets to a noncharita				1b(1)	-	X
	Purchases of assets from a no	· -	on		1b(2)		X
	Rental of facilities, equipment, Reimbursement arrangements				1b(3) 1b(4)		X
	Loans or loan guarantees				1b(5)		X
	Performance of services or me	embership or fundraising solic	eitations		1b(6)	_	X
	iring of facilities, equipment, ma				10	-	X
	= :			ays show the fair market value of the goods,	other asse	ts,	
				in any transaction or sharing arrangement, s			
colu	umn (d) the value of the goods,	, 					
(a) Line no	(b) Amount involved		ritable exempt organization	(d) Description of transfers, transactions and	sharing arra	ngemen	its
	 	N/	'A	 			
	 	 					
	- 	 		 			
				 			
	 					_	
	 				, , , , , , , , , , , , , , , , , , , 		
	<u> </u>						
		ļ					
	 	 					
	 						
22 ls tl	ne foundation directly or indirec	tly affiliated with or related to	o, one or more tax-exempt organiza	utions described			
	ection 501(c) (other than section	•		anone described	Yes	X	No
	'es," complete the following sch	· · · · //					
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relations	ship		
	N/A						
	Under penalties of periury I declare t	that I have examined this return inc	luding accompanying schedules and state	ements, and to the best of my knowledge			
Sign			er than taxpayer) is based on all information	on of which preparer has any knowledge Ma	y the IRS di urn with the	prepare	er i
Here	X	WASV	X 5/5/18	PRESIDENT She	own below? X Yes	See ins	No.
	Signature of officer or trustee		Date	Title	162		., 140
	Print/Type preparer's pa	nma Define	er's sanature / 1	Date Check Dat DTIN			

Form **990-PF** (2017)

P00806685

Firm's EIN ► 39-0758449

Phone no 847.205.4700

self- employed

04/26/18

Paid

Preparer

Use Only

DANIEL A. WOLF

Firm's name ► WIPFLI LLP

Firm's address ► 5 REVERE DR., STE 400

NORTHBROOK, IL 60062

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ESSENTIAL TREMOR FOUNDATION	N/A	CHARITABLE	SUPPPORT	
PO BOX 14005		İ		1 000
LENEXA, KS 66285				1,000
FOOD BANK OF NORTHERN INDIANA	N/A	CHARITABLE	SUPPORT	
702 S CHAPIN ST				
SOUTH BEND, IN 46601		<u> </u>		1,000
GIVE THE KIDS THE WORLD VILLAGE	N/A	CHARITABLE	SUPPORT	
210 SOUTH BASS ROAD KISSIMMEE, FL 34746				1,000
GLADIOLUS LEARNING & DEVELOPMENT	N/A	CHARITABLE	SUPPORT	
CENTER	M/ A	CHARTABBE	BOFFORT	
10320 GLADIOLUS DR				
FORT MEYERS, FL 33908	,	 		1,000
GOLISANO CHILDREN'S HOSPITAL	N/A	CHARITABLE	SUPPORT	
LEE MEMORIAL HEALTH SYSTEM, PO BOX 2218 FORT MEYERS, FL 33902				1,000
HADLEY SCHOOL FOR THE BLIND	N/A	CHARITABLE	SUPPPORT	
700 ELM STREET				
WINNETKA, IL 60093		 		2,000
HEIGHTS FOUNDATION 10320 GLADIOLUS DR	N/A	CHARITABLE	SUPPORT	
FORT MEYERS, FL 33908				2,000
HISTIOCYTOSIS ASSOC OF AMERICA	N/A	CHARITABLE	SUPPORT	
332 NORTH BROADWAY PITMAN, NJ 08071				3 000
individual in the second		 		2,000
HOLLAND FREE HEALTH CLINIC	N/A	CHARITABLE	SUPPORT	
99 w 26TH ST				
HOLLAND, MI 49423		 	 	1,000
HOPE COLLEGE 141 E 12TH ST	N/A	CHARITABLE	SUPPORT	
HOLLAND, MI 49424				1,000
Total from continuation sheets		·	···	40,000

C/O DORO.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient LET'S TALK ABOUT CHILDREN N/A CHARITABLE SUPPORT 6773 CANTON ST FORT MYERS, FL 33966 1,000. LURIE CHILDREN'S HOSPITAL OF CHICAGO N/A SUPPORT CHARITABLE 225 E CHICAGO CHICAGO, IL 6011 2,000. MAKE A WISH ILLINOIS N/A CHARITABLE SUPPORT 640 N LASALLE DRIVE CHICAGO, IL 60654 1,000. MELODEERS CHORUS N/A CHARITABLE SUPPORT P.O. BOX 2112 NORTHBROOK, IL 60065 1,000. MICHAEL J FOX FOUNDATION FOR N/A CHARITABLE SUPPORT PARKINSON PO BOX 4777 NEW YORK, NY 10163 2,000. NEW MOM'S INC N/A CHARITABLE SUPPORT 5317 W CHICAGO AVE OAK PARK, IL 60301 1,000. PACE CENTER FOR GIRLS N/A CHARITABLE SUPPORT 13161 MCGREGOR BLVD FORT MEYERS, FL 33919 1,000. N/A PIZZA 4 PATRIOTS CHARITABLE SUPPORT P.O. BOX 542 ELK GROVE VILLAGE, IL 60009 1,000. PLAY FOR JAKE FOUNDATION N/A CHARITABLE SUPPORT 612 MONROE ST LAPORTE, IN 46350 2,000. REIGNS OF LIFE N/A CHARITABLE SUPPORT 55200 QUINCE ROAD SOUTH BEND, IN 46619 2,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				•
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
RILEY'S CHILDREN'S FUND	N/A	CHARITABLE	SUPPORT	
30 S MERIDEN, SUITE 200				
INDIANAPOLIS, IN 46204				1,000.
RONALD MCDONALD HOUSE CHICAGOLAND AND	N/A	CHARITABLE	SUPPORT	
NORTHWEST INDIANA 1900 SPRING ROAD, SUITE 300				
OAK BROOK, IL 60523				2,000.
			 	
		Ì		
RUSH UNIVERSITY CHILDREN'S HOSPITAL	N/A	CHARITABLE	SUPPORT	
1725 W HARRISON				1 000
CHICAGO, IL 60612	+	 -		1,000.
SEDOL FOUNDATION	N/A	CHARITABLE	SUPPORT	
18160 GAGES LAKE ROAD				
GAGES LAKE, IL 60030	 	<u> </u>		3,000.
ST JUDE'S CHILDREN'S RESEARCH	N/A	CHARITABLE	SUPPORT	
HOSPITAL				
501 ST JUDE PLACE]
MEMPHIS, TN 38105		<u> </u>		1,000.
THE HERREN PROJECT	N/A	CHARITABLE	SUPPORT	
РО ВОХ 131				
PORTSMOUTH, RI 02871				2,000.
UCONN FOUNDATION	N/A	CHARITABLE	SUPPORT	
10 TALCOTT NOTCH ROAD	[· · · ·			
FARMINGTON, CT 06030				2,000.
VALERIE'S HOUSE	N/A	PUADITADI P	CIIDDODE	
13161 MCGREGOR BLVD	N/A	CHARITABLE	SUPPORT	
FORT MEYERS, FL 33919				1,000.
Total from continuation sheets	<u> </u>			+

DS AND INT	EREST	FROM SECU	RITIES S	TATEMENT 1
GAIN	S	(A) REVENUE PER BOOKS		
2.	0.	36,932	36,932.	
2.	0.	36,932	36,932.	
OTHER	INCO	ME	S	TATEMENT 2
	RE	VENUE		(C) ADJUSTED NET INCOME
		43.	43.	
, LINE 11		43.	43.	
ACCOUN	ring	FEES	S	TATEMENT 3
(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2,80	0.	0.		2,800.
2,800	0. ===	0.		2,800.
	N V E C		· ·	
				TATEMENT 4
(A)	NIC	(B)	(C) ADJUSTED	
EXPENSES PER BOOKS		T INVEST- NT INCOME	NET INCOME	(D) CHARITABLE PURPOSES
PER BOOKS	8. ME		NET INCOME	CHARITABLE PURPOSES
PER BOOKS	S ME 8.	NT INCOME	NET INCOME	CHARITABLE
	CAPITE GAINS DIVIDES 2. OTHER ACCOUNT (A) EXPENSES PER BOOKS 2,800 2,800	CAPITAL GAINS DIVIDENDS 2. 0. OTHER INCO RE PER ACCOUNTING (A) EXPENSES NE PER BOOKS ME 2,800. 2,800. TAXES	CAPITAL (A) GAINS REVENUE DIVIDENDS PER BOOKS 2. 0. 36,932 OTHER INCOME (A) REVENUE PER BOOKS 43. 43. ACCOUNTING FEES (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME 2,800. 0. 2,800. 0. TAXES	CAPITAL (A) (B) GAINS REVENUE NET INVEST- DIVIDENDS PER BOOKS MENT INCOME 2. 0. 36,932. 36,932. OTHER INCOME S (A) (B) REVENUE NET INVEST- PER BOOKS MENT INCOME 43. 43. ACCOUNTING FEES S (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 2,800. 0. 2,800. 0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FILING FEES BROKER FEES	25. 115.	0. 115.		25.	
TO FORM 990-PF, PG 1, LN 23	140.	115.		25.	

FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VERIZON	10,000.	74,843.
AMEREN	63,076.	131,902.
DUKE ENERGY	34,087.	109,343.
SPECTRA ENERGY/ENBRIDGE	24,561.	75,013.
DNP SELECT INCOME FUND INC	16,418.	21,935.
PACIFIC GAS & ELECTRIC	17,777.	89,660.
AT&T	18,991.	143,428.
EXELON	22,511.	68,968.
HEALTH CARE PROPERTY INVESTORS INC.	39,221.	58,680.
QUALITY CARE PPTYS INC	13,883.	6,215.
FRONTIER COMMUNICATIONS	0.	149.
TOTAL TO FORM 990-PF, PART II, LINE 10B	260,525.	780,136.
FORM 990-PF OTHER INVESTMENTS		STATEMENT 7
DESCRIPTION METHOD	BOOK VALUE	FAIR MARKET VALUE
PRUDENTIAL SHORT-TERM CORPORATE COST		
BOND	65,683.	62,947.
PIMCO TOTAL RETURN FUND CL C COST	73,128.	69,645.
TOTAL TO FORM 990-PF, PART II, LINE 13	138,811.	132,592.