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

Department of the Treasury

_			gowronnssorr for insti	2/21 , <b>2017</b>			12/31, <b>20</b> 17
		alendar year 2017 or tax year beginning		2/21, 2017	, and ending	A Employer ident	
,		IDBECK US CHARITABLE FUND				82-37782	
		er and street (or P O box number if mail is not delivered	I to street address)		Room/suite		ber (see instructions)
	NUIIID	ter and street (or P.O. box humber if mains not delivered	i to sileet address)		Room/suite	B releptione turi	iber (see instructions)
_		PARKWAY NORTH BLVD				(847) 2	82-1000
	City o	r town, state or province, country, and ZIP or foreign pos	stal code			C If exemption appl	ication is
	DEE	CRFIELD, IL 60015				pending, check he	ere
G	Che	eck all that apply X Initial return	Initial return	of a former p	ublic charity	D 1 Foreign organia	zations check here
		Final return	Amended re		•	orongar organia	zations meeting the
		Address change	Name chang			85% test, check	k here and attach
H	Che	eck type of organization X Section 501(			<i>(</i> 51)		
ſ	_	Section 4947(a)(1) nonexempt charitable trust			tion		ion status was terminated (b)(1)(A), check here
Ť		r market value of all assets at JAcco					
			ther (specify)				is in a 60-month termination (b)(1)(B), check here
		· · · · · · · · · · · · · · · · · · ·	column (d) must be on ca	esh basis )		-	(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(
		Analysis of Revenue and Expenses (The	<del></del>	I John Salaria			(d) Disbursements
	CII U	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may not necessarily equal the amounts in	books	incon	ne	income	purposes (cash basis only)
_	4	column (a) (see instructions) )	5,000,000.				(SSS: SSSS SHIY)
	1	Contributions, gifts, grants, etc., received (attach schedule).  Check fight foundation is not required to	2,300,000.	<u> </u>			<del> </del>
	2	attach Sch B					<del></del>
	3	Interest on savings and temporary cash investments.					+
	4	Dividends and interest from securities					<del> </del>
	5a						+
۵.		Net rental income or (loss)					
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				pa	
š	7	Capital gain net income (from Part IV, line 2).			0.		RECEIVED
Ŕ	8	Net short-term capital gain					
	9	Income modifications				3098	Nove Notes
	10 a	Gross sales less returns and allowances				98	140 A(5 3) 5019
	ь	Less Cost of goods sold .					
	ı	Gross profit or (loss) (attach schedule)					GDEN UT
	11	Other income (attach schedule)					<del></del>
	12	Total Add lines 1 through 11	5,000,000.		0.		
_	13	Compensation of officers, directors, trustees, etc	0.				
es	14	Other employee salaries and wages					
Su	45	Pension plans, employee benefits					
be	46.	Legal fees (attach schedule)					-
Ĕ		Accounting fees (attach schedule)				<del>.</del>	
Š	້	Other professional fees (attach schedule)					-
aţi	17 18 19 20	· · · · · · · · · · · · · · · · · · ·					<del>                                     </del>
str	11/	Interest					<del>                                     </del>
Ë	18	Taxes (attach schedule) (see instructions)					-
Ξ	19	Depreciation (attach schedule) and depletion.				<u> </u>	<del> </del>
Ac	20	Occupancy					<del> </del>
pu	21 22	Travel, conferences, and meetings					+
a	22	Printing and publications				<del></del>	<del></del>
ing	23	Other expenses (attach schedule)	<del></del>				<del></del>
rat	24	Total operating and administrative expenses	_				
bel	23 24 25	Add lines 13 through 23	0.				<u> </u>
Õ	25	Contributions, gifts, grants paid					<u> </u>
	26	Total expenses and disbursements Add lines 24 and 25	0.				
	27	Subtract line 26 from line 12					
1	а	Excess of revenue over expenses and disbursements	5,000,000.				
	ь	Net investment income (if negative, enter -0-)			0.		
	ء ا	Adjusted not income (if negative enter -N-)					

JSA For Paperwork Reduction Act Notice, see instructions
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Page 2

		Attached schedules and amounts in the	Beginning of year	End o	of year
į	art ll	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		5,000,000.	5,000,000
	2	Savings and temporary cash investments			
		Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
		Grants receivable			
		Receivables due from officers, directors, trustees, and other		-	
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
ŧ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
۲		Investments - U.S. and state government obligations (attach schedule).		•	
	b	Investments - corporate stock (attach schedule)	·- ·- ·-		
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
		Investments - mortgage loans			
		Investments - other (attach schedule)			
		Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
- 1		Other assets (describe )			
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	0.	5,000,000.	5,000,000.
	17	Accounts payable and accrued expenses			
Ĭ	18	Grants payable			[
es	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			1
<u>Liabilities</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ►)			
ļ					
┙	23	Total liabilities (add lines 17 through 22)	0.	0.	
	••	Foundations that follow SFAS 117, check here ▶ 🔲			
alances		and complete lines 24 through 26, and lines 30 and 31.			
Ĕ	24	Unrestricted			]
<u>ā</u>	25	Temporarily restricted			]
	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here $lacksquare$			
Net Assets or Fund B		and complete lines 27 through 31			
000	27	Capital stock, trust principal, or current funds			!
ᇶ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			ĺ
28	29	Retained earnings, accumulated income, endowment, or other funds		5,000,000.	
1	30	Total net assets or fund balances (see instructions)	0.	5,000,000.	
ž	31	Total liabilities and net assets/fund balances (see			1
		instructions)	0.	5,000,000.	J
		Analysis of Changes in Net Assets or Fund Bala			
1		I net assets or fund balances at beginning of year - Part		-	
		of-year figure reported on prior year's return)			0.
		r amount from Part I, line 27a		2	5,000,000.
		er increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		<u>4</u>	5,000,000.
		reases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (I	b), line 30 6	5,000,000.

	1990-11 (2017)	<del></del>	· <del></del> · · · · · · · · · · · · · · · · · ·			Page J
Pa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income			
	(a) List and de 2-story b	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr )		
1 a				D - Donation		
b				1		
c						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a						
b						
c						
d						
е						
	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
-	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any		(k), but not less to Losses (from co	nan -0-) <b>or</b>
a						
b						<del></del>
<u>c</u>						
d						
е		<u> </u>				
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7 s 1222(5) and (6)	2		
	If gain, also enter in P	Part I, line 8, column (c) See ins	structions If (loss), enter -0- in $\}$	3		
Pa	t V Qualification l	Jnder Section 4940(e) for Re-	duced Tax on Net Investment I	ncome		
Was		TOUTO WHO PUTT ORDING	T AVAILABLE FOR INITIAL putable amount of any year in the boo not complete this part			Yes No
1	Enter the appropriate ar	mount in each column for each ye	ar, see the instructions before make	ing any en	tries	
Cali	(a)  Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2016				(55: (5) 5:::555 2)	CO. (O))
	2015					•
	2014					
	2013					
	2012					
			<u> </u>			
2	Total of line 1, column (	d)		2		
3		o for the 5-year base period - divid		-		
,	_	•	if less than 5 years	3		
4	Enter the net value of no	oncharitable-use assets for 2017 f	rom Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribut if line 8 is equal to or g	ions from Part XII, line 4	c in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See the

<u>ο</u> τη 99	9Q-PF (2017)		F	age <b>4</b>
art	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstri	uction	s)
a E	xempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1 )			
	ate of ruling or determination letter (attach copy of letter if necessary - see instructions)		_	
	omestic foundations that meet the section 4940(e) requirements in Part V, check			0.
h	ere  and enter 1% of Part I, line 27b			
	Il other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	art I, line 12, col (b)	_		
	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
	dd lines 1 and 2			0.
	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
	ax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
	redits/Payments			_
	017 estimated tax payments and 2016 overpayment credited to 2017   6a			
	xempt foreign organizations - tax withheld at source			
	ax paid with application for extension of time to file (Form 8868).			
	ackup withholding erroneously withheld			
	otal credits and payments. Add lines 6a through 6d		•	0.
	nter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	nter the amount of line 10 to be Credited to 2018 estimated tax   Refunded   11			
	VII-A Statements Regarding Activities			
	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	articipate or intervene in any political campaign?	1a	163	X
	id it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	<u>"</u>		
		1b		x
	structions for the definition	15		
	ublished or distributed by the foundation in connection with the activities			
-	·	1c		X
	id the foundation file Form 1120-POL for this year?	···		<u> </u>
	nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year ) On the foundation ▶ \$			
	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ļ	
	n foundation managers > \$			
				~ X
	as the foundation engaged in any activities that have not previously been reported to the IRS?	<u> </u>		
	"Yes," attach a detailed description of the activities	1		
	as the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			~ _ X
	corporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a	-	X
	id the foundation have unrelated business gross income of \$1,000 or more during the year?	<del></del>	<b>-</b>	- 11
	"Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
	/as there a liquidation, termination, dissolution, or substantial contraction during the year?	5	$\vdash$	
	"Yes," attach the statement required by General Instruction T	1	1	
Α	re the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1		
•	By language in the governing instrument, or	1		
•	By state legislation that effectively amends the governing instrument so that no mandatory directions that		-	
	onflict with the state law remain in the governing instrument?	6	X	
	the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
_	nter the states to which the foundation reports or with which it is registered. See instructions.	1		
_	5,			
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
(0	r designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation ATCH 1	8b		Х
Is	the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-	.	
4	942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	1		
C	omplete Part XIV	9		Х
	d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	omes and addresses. ATCH 2	10	Х	

Pai	rt VII-A Statements Regarding Activities (continued)			
			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
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ THOMAS D. FORRESTER Telephone no ▶ 847-282-	-100	<u> </u>	
	Located at ▶6 PARKWAY NORTH BLVD DEERFIELD, IL ZIP+4 ▶ 60015			
15			_	П
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, 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	-	l	
	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
1 4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	r	Yes	No
4-	· · · · · · · · · · · · · · · · · · ·		-03	
Id	During the year, did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	5, 5 page 2 page			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	(c) the same of the same is the same is the same parameter paramet			
	(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)?			
	<del></del>			
	(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.)			·
D	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	45		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		i
_	Organizations relying on a current notice regarding disaster assistance, check here			1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	10		<u>_</u>
•	were not corrected before the first day of the tax year beginning in 2017?	1c		
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))			ŀ
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			
D	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)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			ľ
•	Del the females hald are the expense of the second		i	İ
зa	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			ı
	at any time during the year?			l
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 )	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			ا
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X_

Form 990-PF (2017) Page 6 Statements Regarding Activities for Which Form 4720 May Be Required (continued) Part VII-B During the year, did the foundation pay or incur any amount to Yes No X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . . (2) Influence the outcome of any specific public election (see section 4955), or to carry on, Χ directly or indirectly, any voter registration drive?............. No (3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . . . . . . Х Yes No (4) Provide a grant to an organization other than a charitable, etc., organization described in (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions 5b Organizations relying on a current notice regarding disaster assistance, check here . . . . . . . . . . . If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax If "Yes," attach the statement required by Regulations section 53 4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums Yes X No Х Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . 6b If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?. b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . . Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. See instructions. (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, (d) Contributions to (e) Expense account, (a) Name and address employee benefit plans other allowances enter -0-) and deferred compensation ATCH 3 O 0 0. Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE. (d) Contributions to (b) Title, and average employee benefit plans and deferred (e) Expense account, hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation other allowances compensation NONE

Form 990-PF (2017)

Total number of other employees paid over \$50,000................

Forn	990-PF (	2017)	Page <b>7</b>
Pa	rt VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3	Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
			•
	NONE		
_			
_	,		
		<del></del>	
Tot	al numh	er of others receiving over \$50,000 for professional services	
=			
Ра	rt IX-A	Summary of Direct Charitable Activities	
		ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of is and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	N/A		
2			
3			
4			
Pa	rt IX-B	Summary of Program-Related Investments (see instructions)	
	escribe th	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE		
		<del></del>	
2			
•			
Α	II other pro	ogram-related investments. See instructions	
3	NONE		
-			
Tota	ıl. Add I	ines 1 through 3	
	, 100 01 1	**** ' ******* *	

Pa	rt X	<b>Minimum Investment Return</b> (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo	oses		
а	Avera	age monthly fair market value of securities	1a	
		age of monthly cash balances	1b	5,000,000.
С	Fair	market value of all other assets (see instructions)	1c	
d	Total	I (add lines 1a, b, and c)	1d	5,000,000.
е	Redu	ction claimed for blockage or other factors reported on lines 1a and		
	1c (a	ttach detailed explanation)		
2	Acqu	isition indebtedness applicable to line 1 assets	2	
3	Subtr	ract line 2 from line 1d	3	5,000,000.
4	Cash	deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		_
	ınstru	uctions)	4	75,000.
5	Net v	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,925,000.
6	Minin	num investment return. Enter 5% of line 5	6	7,421.
Pai	rt XI	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	dation	ıs
1	Mınım	num investment return from Part X, line 6	1	7,421.
2 a		on investment income for 2017 from Part VI, line 5 2a		
b	Incon	ne tax for 2017 (This does not include the tax from Part VI) 2b		
		ines 2a and 2b	2c	
3		butable amount before adjustments Subtract line 2c from line 1	3	7,421.
4	Reco	veries of amounts treated as qualifying distributions	4	
5		ines 3 and 4	5	7,421.
6		ction from distributable amount (see instructions)	6	
7		ibutable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
			7	7,421.
	rt XII	Qualifying Distributions (see instructions)		
1		unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
		nses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
		ram-related investments - total from Part IX-B	1b	
2		unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purpo	ses	2	
3		unts set aside for specific charitable projects that satisfy the		
		bility test (prior IRS approval required)	3a	
		distribution test (attach the required schedule)	3b	
4		ying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<del></del>
	Enter	1% of Part I, line 27b See instructions	5	0.
6		sted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note:	The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculatı	ng whether the foundation

Pa	art XIII Undistributed Income (see inst	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				7,421.
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only				
Ł	Total for pnor years 20_15_,20_14_,20_13				
3	Excess distributions carryover, if any, to 2017				
а	From 2012				
t	From 2013				
c	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				]
	line 4 ▶ \$				
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				<u>'</u>
С	Treated as distributions out of corpus (Election required - see instructions)				ļ
d	Applied to 2017 distributable amount			<del>-</del>	-
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				}
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				<u> </u>
С	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				<u>_</u>
d	Subtract line 6c from line 6b Taxable				ļ
e	amount - see instructions				1
-	4a from line 2a Taxable amount - see				i i
	instructions				
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2018				7,421.
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)				ļ
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				<u>'</u>
9	Excess distributions carryover to 2018.	•			
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9				1
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
e	Excess from 2017				

	n 990-PF (2017)	<del></del>			······································			Page 10
		erating Foundation					NOT	APPLICABL
1 a	If the foundation has			· · · · · · · · · · · · · · · · · · ·	- I			
	foundation, and the ruling							
b	Check box to indicate v		is a private operating		in section	4942(j)	(3) or [	4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<u> </u>			(e) Total
	justed net income from Part tor the minimum investment	(a) 2017	(b) 2016	(c) 2015	(d)	2014	_/_	
	return from Part X for each							
	year listed	-						
b	85% of line 2a					/_		
С	Qualifying distributions from Part		•					
	XII, line 4 for each year listed				<del>                                      </del>			
a	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	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							
а	"Assets' alternative test - enter							
	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
b	'Endowment" alternative test-							
	enter 2/3 of minimum invest- ment return shown in Part X			İ				
	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)							_
	(2) Support from general public and 5 or more							
	exempt organizations as							
	provided in section 4942 (j)(3)(B)(iii)				i			
	(3) Largest amount of sup-							
	port from an exempt organization							
	(4) Gross investment income.							
Рa		tary Information (		only if the found	ation had	\$5,000 or	more	in assets at
		uring the year - see						
	Information Regarding							
а	List any managers of the before the close of any	the foundation who f	nave contributed mo	re than 2% of the to	tal contribut	lions receiv	ed by th	ne foundation
	_	tax year (but only if th	icy nave contributed	more than \$5,000) (t	oce section .	307 (d)(Z) )		
	N/A	Abo formulationb -	400/	£ 41 4 - 1 - £				
D	List any managers of ownership of a partners					an equally	large p	portion of the
	ownership of a partiter.	ship of other entity) of	Willest the roundatio	ir nas a 10 % or greate	i iiileiest			
	N/A							
2	Information Regarding	Contribution Grant	Gift Loan Scholars	hin etc Programs:				
-		-		• • •				
	Check here ▶ if the unsolicited requests for	ne toundation only i	makes contributions	to preselected cha	ritable orga	inizations a	nd doe	s not accept
	complete items 2a, b, c			ants, etc., to individu	als or organ	nzations un	der otne	er conditions,
	The name, address, ar			ha narsan ta whom an	nlications sh	ould be add	rossod	
а	N/A	id telephone number	or email address or t	ne person to whom ap	plications st	louid be add	ressea	
h	The form in which appli	ications should be sul	omitted and informati	on and materials they	should incl	ude		
J	totti ili wilicii appii	ioditoria ariouto de Sul	omitted and initititial	on and materials tile)	anoulu inci	uue		
	N/A							
С	Any submission deadling	nes	<del></del>					
	N/A			~				
Ч	Any restrictions or lir	mitations on awards	such as by geogr	anhical areas charit	able fields	kinde of	institutio	ins or other
-	factors		, cacil as by geogl	apinodi dicas, cilani	abic licius,	KIIIGS OI		nio, or other
	N/A							

art XV Supplementary Information (	continueu)			
Recipient Name and address (home or business)	ng the Year or Appr	oved for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
		!!!		
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Total	<u> </u>		▶ 3a	
Approved for future payment				
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Part XVI-A Analysis of Income-Pro	ducing Act	ivities	-		
Enter gross amounts unless otherwise indicated	Unrel	ated business income	Excluded b	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income
-	_		<del> </del>		(See instructions)
a	· -				<del></del>
b	<b>-</b>				-
c d	-		<del> </del> -		<del></del>
			<del> </del>		
e				<u> </u>	
<del></del>					
g Fees and contracts from government agencies			<del>                                     </del>		
2 Membership dues and assessments	1				
3 Interest on savings and temporary cash investments	1				
4 Dividends and interest from securities	•		-		<u> </u>
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					<u> </u>
6 Net rental income or (loss) from personal property					<del></del>
7 Other investment income		· · · · · · · · · · · · · · · · · · ·			
8 Gain or (loss) from sales of assets other than invento.	- 1				
9 Net income or (loss) from special events · ·					·
10 Gross profit or (loss) from sales of inventory .	·				
11 Other revenue a	-				
b					
c d				<del></del>	<u></u>
· · · · · · · · · · · · · · · · · · ·	_		-		
e					
12 Subtotal Add columns (b), (d), and (e)				40	
13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify cal	culations )		• • • • • •	13	
Part XVI-B Relationship of Activiti		ccomplishment of Ex	remnt Puri	2000	<del>-</del>
					<del></del>
Line No. Explain below how each activ					
▼ accomplishment of the foundat	ion's exemp	t purposes (other than b	y providing	funds for such purposes	s) (See instructions)
					<del></del>
				<del></del>	<del></del>
				· · · · · · · · · · · · · · · · · · ·	
			-		
				- <del>-</del>	<del>-</del>
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				· · · · · · · · · · · · · · · · · · ·	
			<del></del>	<del>-</del>	

JSA 7E1492 1 000

Part 2	XVII	Information Re Exempt Organ		isters to and Transac	tions and R	telationships With Nor	ichari	table	
1 D	nd the			ngage in any of the follow	ing with any c	other organization described		Yes	No
						527, relating to political			i
		zations?		. , , , ,		•			ĺ
a Ti	ransf	ers from the reporting	g foundation to a	noncharitable exempt org	anization of				i
(1	1) Cas	sh		. , ,   , , , , , , , , , , , , , , , ,			. 1a(1)		Х
•	* .	er assets					. 1a(2)		Х
b O	ther t	ransactions							
(1	I) Sal	es of assets to a non	icharitable exem	pt organization			. 16(1)		X
(2	2) Pur	chases of assets from	m a noncharitab	le exempt organization			1b(2)		Х
(3	3) Rea	ntal of facilities, equip	oment, or other a	ssets			16(3)	1	Х
(4	l) Rei	mbursement arrange	ments				. 1b(4)	<b> </b>	Х
(5	5) Loa	ins or loan guarantees	s				. 1b(5)		×
							. 1b(6)		X
		•	_		•	• • • • • • • • • • • • • • • • • • • •		لـــــــــــــــــــــــــــــــــــــ	Х
						umn (b) should always sho			
						the foundation received les			
						the goods, other assets, or			
(a) Line	no	(b) Amount involved	(c) Name of nor	ncharitable exempt organization	N/A	lion of transfers transactions and sh	aring arra	ingemer	115
		N/A	<u>-</u>		N/A				
				·	-				
	$\dashv$		-						
			<del></del>				-		
						· · · · · · · · · · · · · · · · · · ·			
	_							<del></del>	
		<del></del>							
•	_								
	_		·						
2- 1-	100	facinadation dispatiti o	- indicable offile	atad with as related to a	no or more !:	ov everet ereenzetees			
		•	•	ated with, or related to lo on 501(c)(3)) or in section		· •		es X	No
		" complete the follow		on sor(c)(s)) or in section	321				,
		(a) Name of organization		(b) Type of organization		(c) Description of relation	ıshıp		
						· · · · · · · · · · · · · · · · · · ·			
						ements and to the best of my knowled	ige and b	elief it i	is true
Sian	COLLECT	and complete Declaration of p	Mecales (other than taxt	ayer) is based on all information of whic	n preparer nas any kr		10		
Sign		1 roccus 4	Liles	N 11/1/2018		May the If	reparer s		
Here	Şıgn	ature of officer or instee	7	Date	Title	See instruction	ns X	Yes	No
		(V	,						
		Print/Type preparer's name	е	Preparer's signature	[0	Date Check if	PTIN		
Paid		BRIAN A KAYMAN		16		11/01/2018 self-employed	P005	03917	7
repa	rer	Firm's name MIL	LER, COOPER	& CO., LTD.		Firm's EIN ► 36-2	89737	12	
Jse O	nly	Firm's address ▶ 175	1 LAKE COOK	ROAD, SUITE 400					
			RFIELD, IL	<u> </u>	60015	Phone no 84 / - 2	<u>65-5</u> (	200	
						F.	m 990	-PF	2017)

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

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

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

OMB No 1545-0047

2017

Employer identification number Name of the organization LUNDBECK US CHARITABLE FUND 82-3778277 Organization type (check one) Section: Filers of: 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 501(c)(3) exempt private foundation Form 990-PF1 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

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

Name of o	organization LUNDBECK US CHARTTABLE FUND		Employer identification number 82-3778277
Part I	Contributors (see instructions) Use duplicate copies of	Part I if additional space is n	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LUNDBECK PHARMACEUTICALS LLC  6 PARKWAY NORTH BLVD	\$ 5,000,000.	Person X Payroll Noncash
	DEERFIELD, IL 60015		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization LUNDBECK US CHARITABLE FUND

Employer identification number

	•	82-3	778277
Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule E	i (Form 9	90. 990-EZ.	or 990-PF) (2017	'ነ

Page 4

Name of o	rganization LUNDBECK US CHARITABLE	PUND		Employer identification number
Part III	Exclusively religious, charitable, etc., o	ontributions to organ	izations descr	82-3778277 ibed in section 501(c)(7), (8), or
	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	e year from any one as completing Part III, o year (Enter this inform	<b>contributor.</b> Center the total of	omplete columns (a) through (e) and f exclusively religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer of	gift	<del></del>
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, and a	ZIP + 4	Relations	ship of transferor to transferee
			<del></del>	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	t .	(d) Description of how gift is held
		<u></u> ·		
		(e) Transfer of g	gift	
	Transferee's name, address, and a	IP + 4	Relations	ship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of o	gift	
	Transferee's name, address, and 2	<u> </u>	Relations	hip of transferor to transferee
	L	1		

Λ	ጥጥ ለ	CHMENT	1
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# FORM 990PF, PART VII-A, LINE 8B - EXPLANATION OF NON-FILING

THE FOUNDATION DOES NOT CONDUCT ACTIVITIES WITHIN DELAWARE. COPY OF FEDERAL FORM 990-PF IS REQUIRED ONLY IF THE NON-PROFIT IS A PRIVATE FOUNDATION WITH ACTIVITIES CONDUCTED IN THE STATE OF DELAWARE

# 7002NL 4116 11/13/2018 9:07:06 AM V 17-7.2F

PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

FORM 990PF,

# NAME AND ADDRESS

LUNDBECK PHARMACEUTICALS LLC 6 PARKWAY NORTH BLVD DEERFIELD, IL 60015

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ATTACHMENT

FORM 990PF, PART VIII - LIST OF	LIST OF OFFICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 3	, ,
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
SALLY BENJAMIN YOUNG 6 PARKWAY NORTH BLVD DEERFIELD, IL 60015	PRESIDENT 1.00	.0	.0	·	
DOUGLAS WILLIAMSON 6 PARKWAY NORTH BLVD DEERFIELD, IL 60015	VICE PRESIDENT 1.00	· O	Ö	·	
THOMAS FORRESTER 6 PARKWAY NORTH BLVD DEERFIELD, IL 60015	SECRETARY 1.00	Ċ	·	·	
AMY MILLER 6 PARKWAY NORTH BLVD DEERFIELD, IL 60015	DIRECTOR 1.00	Ö	· 0		
JODY MCKEOWN 6 PARKWAY NORTH BLVD DEERFIELD, IL 60015	TREASURER 1.00	·	·	· 0	
	GRAND TOTALS	0.	0.	0.	