

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

OMB No 1545-0052

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation SEVEN C FOUNDATION		A Employer identification number 83-0281196	
Number and street (or P O box number if mail is not delivered to street address) 4292 SOUTH FORK ROAD		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CODY, WY 82414		B Telephone number (see instructions) (307) 587-2051	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 538,087		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	13,596	13,596		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	6,775			
	b Gross sales price for all assets on line 6a 64,123				
	7 Capital gain net income (from Part IV, line 2)		6,775		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	20,371	20,371			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	2,057	2,057		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,335	455		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	4,392	2,512		0
25 Contributions, gifts, grants paid	72,750			72,750	
26 Total expenses and disbursements. Add lines 24 and 25	77,142	2,512		72,750	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-56,771				
b Net investment income (if negative, enter -0-)		17,859			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	8,066	14,027	14,027
	2 Savings and temporary cash investments			
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	11,435	357,032	413,959
	c Investments—corporate bonds (attach schedule)	3,011	68,484	68,365
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	488,962	37,983	41,736
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	511,474	477,526	538,087	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds	511,474	477,526		
30 Total net assets or fund balances (see instructions)	511,474	477,526		
31 Total liabilities and net assets/fund balances (see instructions) .	511,474	477,526		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	511,474
2 Enter amount from Part I, line 27a	2	-56,771
3 Other increases not included in line 2 (itemize) ▶ _____	3	22,823
4 Add lines 1, 2, and 3	4	477,526
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	477,526

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a See Additional Data Table				
b				
c				
d				
e				
(i) F M V as of 12/31/69			(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any
1 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a See Additional Data Table				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	6,775
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	1,038

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	71,750	597,553	0.120073
2015	83,558	119,557	0.698897
2014	82,750	727,822	0.113695
2013	82,896	712,866	0.116286
2012	92,261	681,226	0.135434
2 Total of line 1, column (d)			2 1.184385
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.236877
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 514,379
5 Multiply line 4 by line 3			5 121,845
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 179
7 Add lines 5 and 6			7 122,024
8 Enter qualifying distributions from Part XII, line 4			8 72,750

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 443, with 443 refunded to 2018 estimated tax.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political campaign influence, political expenditures, unrelated business income, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 459 TRACY TERRACE DES PLAINES IL ZIP+4 60016

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.


Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>b 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
<p>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i></p>			
<p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
<p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CORLENE A CATHCART 4292 SOUTH FORK RD 4292 SOUTH FORK RD CODY, WY 82414	PRES 000 00	0	0	0
JAMES A CATHCART 168 WILDWOOD RD 168 WILDWOOD RD LAKE FOREST, IL 60045	VICE PRES 000 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

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		

Total number of others receiving over \$50,000 for professional services. ▶

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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	514,379
b	Average of monthly cash balances.	1b	11,047
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	525,426
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	525,426
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	11,047
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	514,379
6	Minimum investment return. Enter 5% of line 5.	6	25,719

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	25,719
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	357
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	357
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	25,362
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	25,362
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	25,362

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	72,750
b	Program-related investments—total from Part IX-B.	1b	
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		
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	72,750
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 (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	72,750

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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, line 7				25,362
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	58,878			
b From 2013.	48,061			
c From 2014.	48,958			
d From 2015.	77,964			
e From 2016.	43,710			
f Total of lines 3a through e.	277,571			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>72,750</u>				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2017 distributable amount.				25,362
e Remaining amount distributed out of corpus	47,388			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	324,959			
b Prior years' undistributed income Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
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).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	58,878			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	266,081			
10 Analysis of line 9				
a Excess from 2013.	48,061			
b Excess from 2014.	48,958			
c Excess from 2015.	77,964			
d Excess from 2016.	43,710			
e Excess from 2017.	47,388			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of 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

(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)

(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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
NONE

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

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	72,750
b <i>Approved for future payment</i>				
Total			▶ 3b	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
MDO DFA INVT DIMENSIONS	P	2017-01-20	2017-11-15
MFB NORTHN HI YIELD	P	2009-11-16	2017-11-15
MFC FLEXSHARES TR	P	2017-02-06	2017-11-15
MFB NORTHN FDS SMALL CAP	P	2008-12-19	2017-11-15
MFC FRKLN INVS SECS	P	2017-02-17	2017-11-15
MFB NORTHN FDS SMALL CAP	P	2016-01-01	2017-11-15
MFC S=ISHRES TR MSCI	P	2017-05-16	2017-11-15
MFC SPDR TR UNIT	P	2014-12-01	2017-11-15
MFB NORTHN MID CAP	P	2017-02-22	2017-11-15
MFB NORTHERN MULTI MGR	P	2017-01-19	2017-11-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,020		1,954	66
1,038		1,044	-6
4,481		4,292	189
464		178	286
12,000		12,082	-82
141		111	30
2,261		2,176	85
5,139		4,118	1,021
1,394		1,323	71
2,061		1,779	282

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			66
			-6
			189
			286
			-82
			30
			85
			1,021
			71
			282

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
MFB NORTHN FUNDS EMERG MKT	P	2017-04-20	2017-11-15
MFB NORTHN HI YIELD	P	2017-01-01	2017-11-15
MB NORTH N FDS SMALL CAP	P	2014-01-01	2017-11-15
MFO DFA INVT DIMENSIONS	P	2012-05-02	2017-11-15
MFC FECSHARES TR	P	2013-03-08	2017-11-15
MFC ISHARES TR	P	2016-01-01	2017-01-15
MFB NORTHN MID CAP	P	2016-01-01	2017-11-15
MFB NORTHERN MULTI MGR GLOBAL	P	2016-01-01	2017-11-15
MFB NORTHRN FUNDS EMERGING MKT	P	2009-11-16	2017-11-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,733		3,179	554
15,962		16,089	-127
4,395		4,170	225
480		354	126
533		604	-71
2,878		2,420	458
606		514	92
439		393	46
1,267		568	699

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			554
			-127
			225
			126
			-71
			458
			92
			46
			699

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ART INSTITUTE OF CHICAGO ART INSTITUTE OF CHICAGO 111 S MICHIGAN AVE 111 S MICHIGAN AVE CHICAGO, IL 60603	NONE	TAX EXEMPT	CIVIC	1,000
BIG BROTHERS BIG SISTERS OF CHCAGO BIG BROTHERS BIG SISTERS OF CHICAGO 560 W LAKE ST 560 W LAKE ST CHICAGO, IL 60661	NONE	TAX EXEMPT	CIV IC	1,000
BUFFALO BILL CENTER OF THE WEST BUFFALO BILL CENTER OF THE WEST 720 SHERIDAN AVE 720 SHERIDAN AVE CODY, WY 82414	NONE	TAX EXEMPT	CIVIC	1,000
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAMP SEA GULL CAMP SEA GULL218 SEA GULL LANDING 218 SEA GULL LANDING ARAPHOE, NC 28510	NONE	TAX EXEMPT	SOCIAL	1,000
CASA DE AMPARO CASA DE AMPARO 325 BUENA CREEK ROAD 325 BUENA CREEK RD SAN MARCOS, CA 92069	NONE	TAX EXEMPT	SOCIAL	2,000
CHARLOTTE COUNTRY DAY CHARLOTTE COUNTRY DAY 1440 CARMEL RD 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	TAX EXEMPT	EDUCATIONAL	1,000
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHICAGO HORTICULTURAL SOCIETY CHICAGO HORTICULTURAL SOCIETY 1000 LAKE COOK ROAD 1000 LAKE COOK ROAD GLENCOE, IL 60062	NONE	TAX EXEMPT	CIVIC	3,000
CHICAGO SYMPHONY ORCHESTRA CHICAGO SYMPHONY ORCHESTRA 212 S MICHIGAN AVE 212 S MICHIGAN AVE CHICAGO, IL 606042508	NONE	TAX EXEMPT	SOCIAL	200
CHRIST MEMORIAL CHURCH CHRIST MEMORIAL CHURCHPO BOX 582 PO BOX 582 HOBE SOUND, FL 33475	NONE	TAX EXEMPT	CIVIC	300
Total 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHURCH OF THE HOLY SPIRIT CHURCH OF THE HOLY SPIRIT 400 E WESTMINSTER RD 400 E WESTMINSTER RD LAKE FOREST, IL 60045	NONE	TAX EXEMPT	SOCIAL	1,000
CITY OF HOPE CITY OF HOPE1500 E DUARTE 1500 E DUARTE DUARTE, CA 91010	NONE	TAX EXEMPT	CIVIC	4,000
CODY RECREATION DISTRICT CODY RECREATION DISTRICT PO BOX1531 PO BOX 1531 CODY, WY 82414	NONE	TAX EXEMPT	CIVIC	100
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLORADO COLLEGE COLORADO COLLEGE 14 E CACHE LA POUFRE 14 E CACHE LA POUFRE COLORADO SPRINGS, CO 80903	NONE	TAX EXEMPT	EDUCATIONAL	3,000
COLORADO SPRINGS FINE ART CENTER COLORADO SPRINGS FINE ART CENTER 30 W DALE ST 30 W DALE ST COLORADO SPRINGS, CO 80903	NONE	TAX EXEMPT	CIVIC	1,500
COLORADO SPRINGS THERAPEUTIC CTR COLORADO SPRINGS THERAPEUTIC CTS 3250 PASEO RD 3250 PASEO RD COLORADO SPRINGS, CO 80909	NONE	EXEMTP	CIVIC	1,000
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMM CHUTCH OF LAKE FOREST LAKE BLU COMM CHURCH OF LAKE FOREST LAKE BLUFF PO BOX 26 PO BOX 26 LAKE BLUFF, IL 60044	NONE	TAX EXEMPT	SOCIAL	1,500
ETHEL WALKER SCHOOL ETHEL WALKER SCHOOL 230 BUSHY HILL RD 230 BUSHY HILL RD SIMSBURY, CT 06070	NONE	TAX EXEMPT	EDUCATIONAL	1,000
EVANS SCHOLARSHIP FOUNDATION EVANS SCHOLARSHIP FOUNDATION ONE BRIAR RD ONE BRIAR RD GOLF, IL 60029	NONE	TAX EXEMPT	EDUCATIONAL	250
Total ▶ 3a				72,750


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EVERGLADES FOUNDATION EVERGLADES FOUNDATION 18001 OLD CUTLER RD 18001 OLD CUTLER ROAD PALMETTO BAY, FL 33157	NONE	TAX EXEMPT	CIVIC	500
FIELD MUSEUM OF NATURAL HISTORY FIELD MUSEUM OF NATURAL HISTORY 1400 S LAKE SHORE DR 1400 S LAKE SHORE DR CHICAGO, IL 60605	NONE	TAX EXEMPT	SOCIAL	1,000
FIRST TEE OF GREATER CHARLOTTE FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	TAX EXEMPT	CIVIC	1,000
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNTAIN VALLEY SCHOIOL FOUNTAIN VALLEY SCHOOL 6155 FOUNTAIN VALLEY SCH 6155 FOUNTAIN VALLEY SCH SECURITY, CO 80911	NONE	TAX EXEMPT	EDUCATIONAL	2,000
FRIENDS OF CHEYENNE CANYON FRIENDS OF CHEYENNE CANYON PO BOX 60275 PO BOX 60275 COLORADO SPRINGS, CO 80906	NONE	TAX EXEMPT	CIVIC	1,000
FRIENDS OF HISTORIC GENESEE THEATRE FRIENDS OF HISTORIC GENESEE THESTRE 203 N GENESEE 203 N GENESEE WAUKEGAN, IL 60085	NONE	TAX EXEMPT	CIVIC	1,000
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FUND FOR BABSON FUND FOR BABSON 231 FOREST ST 231 FOREST ST BABSON PARK, MA 02457	NONE	TAX EXENOT'	EDUCATIONAL	500
HOBE SOUND COMMUNITY CHEST HOBE SOUND COMMUNITY CHEST PO BOX 511 PO BOX 511 HOBE SOUND, FL 33475	NONE	TAX EXEMPT	CIVIC	500
HOPE WAY HOPE WAY 1717 SHARON ROAD W 1717 SHARON ROAD W CHARLOTTE, NC 28210	NONE	TAX EXEMPT	CIVIC	1,000
Total 				72,750
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOSPICE & PALLIATIVE CARE HOSPICE & PALLIATIVE CARE 1420 E 7TH ST 1420 E 7TH ST CHARLOTTE, NC 28204	NONE	TAX EXEMPT	MEDICAL	1,000
HOTCHKISS SCHOOL HOTCHKISS SCHOOL11 INTERLAKEN RD 11 INTERLAKE RD LAKEVILLE, CT 06039	NONE	TAX EXEMPT	EDUCATIONAL	1,000
HUMANE SOCIETY OF COLORADO SPRINGS HUMANE SOCIETY OF COLORADO SPRINGS 610 ABBOT LANE 610 ABBOT LANE COLORADO SPRINGS, CO 80905	NONE	PUBLIC	CIVIC	1,500
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INSTITUTE FOR ETHNO MEDICINE INSTITUTE FOR ETHNO MEDICINE 3214 N UNIVERSITY AVE 3214 N UNIVERSITYH AVE PROVO, UT 84604	NONE	TAX EXEMPT	HEALTH	500
J FIELD FOUNDATON J FIELD FOUNDATIONPO BOX 5 PO BOX 5 WHITESTONE, VA 225780005	NONE	EXEMPT	CIVIC	300
JUPITER IMEDICAL CENTER FOUNDATION JUPITER MEDICAL CENTER FOUNDATON 1210 SOUTN OLD DIXIE HGWY 1210 SOUTH OLD DIXIE HGWY JUPITER ISLAND, FL 334587299	NONE	TAX EXEMPT	MEDICAL	1,000
Total ▶				72,750
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUPITER ISLAND GARDEN CLUB JUPITER ISLAND GARDEN CLUB PO BOX 1410 PO BOX 1410 JUPITER, FL 334751410	NONE	TAX EXEMPT	MEDICAL	200
JUPITER ISLAND HISTORICAL SOCIETY JUPITER ISLAND HISTORICAL SOCIETY PO BOX 938 PO BOX 9389 HOBE SOUND, FL 33475	NONE	TAX EXEMPT	SOCIAL	150
JUPITER ISLAND MEDICAL CLINIC JUPITER ISLAND MEDICAL CLINIG 100 ESTRADA SQUARE 100 ESTRADA SQUARE HOBE SOUND, FL 33455	NONE	PUBLIC	MEICAL	1,000
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KENAN FLAGER BUSINESS SCHOOL KENAN FLAGER BUSINESS SCHOOL BOX 3490 MCCOLL BLDG BOX 3490 MCCOLL BLDG CHARLOTTE, NC 27599	NONE	TAX EXEMPT	EDUCATION	1,000
LAKE COUNTY COMMUNITY FDN LAKE COUNTY COMMUNITY FDN 114 S GENESSEE ST 505 114 S GENESSEE ST 505 WAUKEGAN, IL 60085	NONE	TAX EXEMPT	CIVIC	1,500
LAKE FOREST ACADEMY LAKE FOREST ACADEMY 1500 W KENNEDY RD 1500 W KENNEDY RD LAKE FOREST, IL 60045	NONE	TAX EXEMPT	EDUCATIONAL	1,000
Total ▶				72,750
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAKE FOREST GARDEN CLUB LAKE FOREST GARDEN CLUBBOX 868 BOX 868 LAKE FOREST, IL 60045	NONE	TAX EXEMPT	CIVIC	1,000
LAKE FOREST OPEN LANDS LAKE FORESTG OPEN LANDS 350 N WAUKEGAN RD 350 N WAUKEGAN RD LAKE FOREST, IL 60045	NONE	TAX EXEMPT	CIVIC	250
LURIE CHILDRENS HOSPITAL LURIE CHILDRENS HOSPITAL 225 E CHICAGO AVE 225 E CHICAGO AVE CHICAGO, IL 60611	NONE	TAX EXEMPT	HEALTH	1,000
Total 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAKE A WISH FOUNDATION MAKE A WISH FOUNDATION 3230 EL CAMINO REAL 3230 EL CAMINIO REAL IRVINE, CA 92602	NONE	TAX EXEMPT	SOCIAL	1,000
MALTZ JUPITER THEATRE DEVELOP OFF MALTZ JUPITER THEATRE DEVELOP OFF 1001 INDIANTOWN RD 1001 INDIANTOWN RD JUPITER, FL 33477	NONE	TAX EXEMPT	SOCIAL	1,100
MIDWEST PALLIATIVE & HOSPICE CTR MIDWEST PALLIATIVE & HOSPITCE CTR 2050 CLAIR CT 2050 CLAIR CT GLENVIEW, IL 60025	NONE	TAX EXEMPT	MEDICAL	500
Total ▶				72,750
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MYERS PARK UNITED METHODIST CHURCH MYERS PARK UNITED METHODIST CHURCH 1020 PROVIDENCE ROAD 1020 PROVIDENCE ROAD CHARLOTTE, NC 28207	NONE	TAX EXEMPT	SOCIAL	2,000
NORTH CHICAGO COMMUNITY PARTNERS NORTH CHICAGO COMMUNITY PARTNERS 855 SKOKIE HIGHWAY 855 SKOKIE HIGHWAY LAKE BLUFF, IL 60044	NONE	TAX EXEMPT	SOCIAL	1,000
NORTHWESTERN LAKE FOREST HOSPITAL NORTHWESTERN LAKE FOREST HOSPITAL 660 N WESTMORELAND RD 660 N WESTMORELAND RD LAKE FOREST, IL 60045	NONE	TAX EXEMPT	HEALTH	2,000
Total ▶				72,750
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHWESTERN UNIV FEINBERG SCH MEDI NORTHWESTER UNIV FEINBERG SCH MEDI 420 EAST SUPERIOR ST 420 EAST SUPERIOR ST CHICAGO, IL 60611	NONE	TAX EXEMPT	EUDATIONAL	1,000
ORANGE COUNTY RONALD MCDONALD HSE ORANGE COUNTY RONALD MCDONALD HSE 383 S BATAVIA ST 383 S BATAVIA ST ORANGE, CA 92868	NONE	TAX EXEMPT	MEDICAL	1,000
PARK COUNTY LIBRARY PARK COUNTY LIBRARY 1500 HEART MTN RD 1500 HEART MTN RD CODY, WY 82414	NONE	SOCIAL	EDUCATIONAL	500
Total 3a				72,750


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RAVINIA FESTIVAL RAVINIA FESTIVAL 418 SHERIDAN RD 418 SHERIDAN RD HIGHLAND PARK, IL 60035	NONE	TAX EXEMPT	SOCIAL	4,000
SARAH LAWRENCE COLLEGE SARAH LAWRENCE COLLEGE 1 MEAD WAY 1 MEAD WAY BRONXVILLE, NY 10708	NONE	TAX EXEMPT	EDUCATIONAL	1,000
SOUTH COUNTY OUTREACH SOUTH COUNTY OUTREACH 23501 RIDGE ROUTE 23501 RIDGBE ROUTE LAGUNBA HILLS, CA 92653	NONE	TAX EXEMPT	SOCIAL	1,000
Total 3a			▶	72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST PATRICK'S CHURCH ST PATRICK'S CHURCH 950 W EVERETT ROAD 950 W EVERETT ROAD LAKE FOREST, IL 60045	NONE	TAX EXEMPT	CIVIC	1,000
THE CRADLE THE CRADLE2049 RIDGE RD 2049 RIDGE RD EVANSTON, IL 60201	NONE	TAX EXEMPT	SOCIAL	1,000
THE GORTON FOUNDATION THE GORDON FOUNDATION 400 E ILLINOIS ST 400 E ILLINOIS ST LAKE FOREST, IL 60045	NONE	TAX EXEMPT	CIVIC	1,000
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VALLEY SCHOOL ASSOC VALLEY SCHOOL ASSOC 3570 S FORK RD 3570 S FORK RD CODY, WY 82424	NONE	TAX EXEMPT	EDUCATIONAL	200
WEST PARK HOSPITAL WEST PARK HOSPITAL 707 SHERIDAN AVE 707 SHERIDAN AVE CODY, WY 82414	NONE	TAX EXEMPT	HEALTH	500
WING HAVEN GARDEN & BIRD SANCTUARY WING HAVEN GARDEN & BIRD SANCTUARY 248 RIDGEWOOD 248 RIDGEWOOD CHARLOTTE, NC 28209	NONE	TAX EXEMPT	CIVIC	2,000
Total 				72,750
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WOMAN'S BOARD CATHOLIC CHARITIES WOMANS BOARD CATHOLIC CHARITIES 671 LEWIS AVE 671 LEWIS AVE WAUKEGAN, IL 60085	NONE	TAX EXEMPT	SOCIAL	1,000
WOODLANDS ACAD OF THE SACRED HEART WOODLANDS ACAD OF THE SACRET HEART 763 E WESTLEIGHT RD 763 E WESTLEIGHT RD LAKE FOREST, IL 60045	NONE	TAX EXEMPT	EDUCATIONAL	1,000
WOUNDED WARRIOR PROJECT WOUNDED WARRIOR PROJECT 230 W MONROE ST 230 W MONROE ST CHICAGO, IL 60606	NONE	TAX EXEMPT	CIVIC	3,500
Total ▶ 3a				72,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WTTW SATELITE COUNCIL WTTW SATELITE COUNCIL 5400 N ST LOUIS 5400 N ST LOUIS CHICAGO, IL 60625	NONE	TAX EXEMPT	SOCIAL	200
YELLOWSTONE ASSOCIATION FDN YELLOWSTONE ASSOCIATION FDN PO BOX 117 PO BOX 117 YELLOWSTONE NATL PARK, WY 82190	NONE	TAX EXEMPT	CIVIC	500
Total ▶				72,750
3a				

TY 2017 Investments Corporate Bonds Schedule**Name:** SEVEN C FOUNDATION**EIN:** 83-0281196**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME	68,484	68,365

TY 2017 Investments Corporate Stock Schedule**Name:** SEVEN C FOUNDATION**EIN:** 83-0281196

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY INVESTMENTS	357,032	413,959

TY 2017 Investments - Other Schedule**Name:** SEVEN C FOUNDATION**EIN:** 83-0281196**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE FUNDS	AT COST	9,581	9,778
COMMODITIES	AT COST	28,402	31,958
FLINT HILLS SELECT MGRS RECEIVABLE	AT COST		

TY 2017 Other Increases Schedule**Name:** SEVEN C FOUNDATION**EIN:** 83-0281196

Description	Amount
CORRECT BEG. OF YEAR TAX BASIS	22,823

TY 2017 Other Professional Fees Schedule**Name:** SEVEN C FOUNDATION**EIN:** 83-0281196

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK AGENCY FEES	2,057	2,057		

TY 2017 Taxes Schedule**Name:** SEVEN C FOUNDATION**EIN:** 83-0281196

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX PORTFOLIO	455	455		
US GOV'T EXCISE TAX PYMTS	1,080			
US GOV'T EXCISE TAX ESTIMA	800			