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As Filed Data -

Return of Private Foundation

OMB No 1545-0052

DLN: 93491287004129

2018

Form 990-PF
Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

A Employee described on number Security Commander Security Command	For	caler	ndar year 2018, or tax year beginn	ing 01-01-20	018	, a	nd er	nding 12-31-	2018		
Bit Control continued (print) Bit Control continued Bit Control cont								A Employer id	entification numbe	er	
11 E BASES AVEUER TO 405; (212) 312 2402 (21	C/	O SEDG	WICK ADVISERS LLC					36-4035204			
City of Itawa, \$25% or province, country, and ZIF or famour pools close Country				to street address) Room/suit	е		B Telephone nu	ımber (see ınstructio	nns)	
## MOUNT PROSPECT, IL 90395 3 Check all that apply Initial return Initial return of a former public charty Dispersion of the program and and the program and the program and the program and the program and and the program and the program and an								(312) 332-3682	2		
First nature Amended return Amended return Address change Name change Section 930(c)(3) exempt private foundation Section 930(c)(3) exempt private				stal code				C If exemption	application is pendii	ng, check here	
Contributions, gift, grants, ct., received (attach schedule) Capital gains or (loss) from sale of assets on line 6a Capital gain net immome (rolps) Capital gain gain gain gain gain gain gain gain	G Ch	eck al	l that apply 🔲 Initial return 🔲 Ir	nitial return of a	former pub	olic charity		D 1. Foreign or	ganızatıons, check h	ere	
Check type of organization Section 501(c(3) exempt private foundation Section 501(c(3) exempt private foundation Section 502(c(3) exempt private for exempt private Section 502(c(3) exempt private foundation Section 502(c(3) exempt pri				Amended return							
Check type of organization Section 497((2)) (In necessor the rambel terrust Fair market value of all assets at end of rever from Part II. (col (c.)) into 15				-						•	
Fair market value of all assets at end of proving method											L
Analysis of Revenue and Expenses (The total of amounts of courses (b), (c), and (c) must be on cash bases					_						
Part Analysis of Revenue and Expenses (the total of amounts in columns (b), (c), and (c) must be on cash bases	of '	ear (f	rom Part II, col (c),	_	⊻ Cash	☐ Accru	ıal				
Analysis of Revenue and Expenses (the otal of analysis of Revenue and Expenses) (the otal of analysis of Revenue and Expenses) (a) Sevenue and expenses per books (c) Adjusted memory recomment (a) Adjusted memory recommend recomment (b) Note memory recomment (c) Adjusted memory recommend recomment (c) Adjusted memory recommend recomme	line	16)	▶\$ <u>15,434,380</u>	her (specify) column (d) must	t be on cash	basis)					
of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal the amounts in columns (b), (c), and (d) may not necessarily equal to account of the amounts in columns (b), (c), and (d) may not necessarily equal to account of the amounts in columns (b), (c), and (d) may not necessarily equal to account of the amounts in columns (b), (c), and (d) may not necessarily equal to account of the amounts in columns (b), (c), and (d) may not necessarily equal to account of the accounts of the account of the ac	Pa	rt I			1		Ī				
2 Chack					expe	nses per	(ь)			purposes	;
Sch 8		1	schedule)	•							
101 102 103 104 105		2		ed to attach							
Sa Gross rents		3		vestments		101	L				
b Net rental income or (loss) 6 Net qain or (loss) from sale of assets not on line 10 6 D Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)		4	Dividends and interest from securities			312,763	3	312,553			
100 100		5a	Gross rents								
b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)		b	Net rental income or (loss)		_						
8 Net short-term capital gain	<u>-e</u>	6a	Net gain or (loss) from sale of assets not o	on line 10		533,445	5				
8 Net short-term capital gain	Rever	b	Gross sales price for all assets on line 6a								
8 Net short-term capital gain		7	Capital gain net income (from Part IV line	2)	-			533 445		+	
9 Income modifications			, ,	·				,			
Description			· -							1	
C Gross profit or (loss) (attach schedule) C C C C C C C C C		10a	Gross sales less returns and allowances								
11 Other income (attach schedule) 25		b	Less Cost of goods sold								
12 Total. Add lines 1 through 11 838,678 838,367		С	Gross profit or (loss) (attach schedule)								
13 Compensation of officers, directors, trustees, etc 40,015 0 40,015 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach schedule) and depletion 19 Depreciation (attach schedule) and depletion 20 Occupancy		11	Other income (attach schedule)		% ∑	-7,631		-7,631			
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 17 Interest 18 Taxes (attach schedule) 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 19 Depreciation (attach schedule) 19 Depreciation (attach schedule) 10 Depreciation (attach		12	Total. Add lines 1 through 11			838,678	3	838,367			
15 Pension plans, employee benefits 16a Legal fees (attach schedule)		13	Compensation of officers, directors, truste	es, etc		40,015	5	0		40	,015
16a Legal fees (attach schedule) 16a Legal fees (attach schedule) 16b Accounting fees (attach schedule) 17c Other professional fees (attach schedule) 18c Other prof		14	• •								
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	es		• • • •								
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ens		,		45.1						
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	<u>x</u>	b	- '				1	· · · · · · · · · · · · · · · · · · ·			
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ve				3		<u> </u>	· · · · · · · · · · · · · · · · · · ·		60	,101
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	a ∃a				06.1		1			1	
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	II St		, , , , ,		<u>-20</u>	20,314	1	20,314			
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	E						1				
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ad					10.292	,			10	281
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	пд					10,202				10	,202
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	e G		•		9	141,393	3	6,050			945
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	틡				-	<u> </u>		·		1	
26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ser:		· -	•		345,987	,	44,246		167	,343
25	Ö	25	-			731,395	5	· · · · · · · · · · · · · · · · · · ·			
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		26		ld lines 24 and		1,077 383	2	44 246		898	.738
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		27				_,5,7,7502		17,240		1 396	,,,,,,
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		а									
c Adjusted net income (if negative, enter -0-)		h		er -0-)		-238,704	+	704 404			
				•			1	/94,121			
	For	_			1		1 (Cat No 11289	 	rm 990-PF (20)1R

%,

8,429,421

13,793,967

14,483,546

-689.579

13,793,967

13,793,967

7,708,806

13,555,343

14,483,546

-928.203

13,555,343

13,555,343

2

3

4

5

6

13,793,967

13,555,343

13,555,343 Form 990-PF (2018)

-238,704

80

4,538,707

1,315,517

8,693,219

15,434,380

Less allowance for doubtful accounts ▶ 5 Receivables due from officers, directors, trustees, and other 6 disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts 8 Assets 9 10a Investments—U S and state government obligations (attach schedule) 3,584,518 3,602,765 b c Investments—land, buildings, and equipment basis ▶ _ 11 Less accumulated depreciation (attach schedule) ▶ 12 13 1,356,835 1.356.835

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Temporarily restricted

Unrestricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Permanently restricted . .

Grants payable

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg , and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

14

15

16

17

18

19

20 21

22

23

24

25

28

29

30

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net

2

(a) List and describ 2-story brick wa	yured thase ation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a See Addıtıonal Data Tabl	e				
b					
С					
d					
e					
(a)	(f)	(g)		(1	n)
(e) Gross sales price	Depreciation allowed	Cost or other basis			r (loss)
a See Additional Data Tabl	(or allowable)	plus expense of sal	=	(e) plus (r) minus (g)
•	e				
b					
<u> </u>					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	<u> </u>	9		I)
(i)	(j) Adjusted basis	(k) Excess of col (ı)			h) gain minus less than -0-) or
FMV as of 12/31/69	as of 12/31/69	over col (j), if any			om col (h))
a See Additional Data Tabl		(3),		,	
b					
c					
d					
 e					
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructions :		. }	3	533,445
Part V Qualification	Jnder Section 4940(e) for Re	educed Tax on Net Investm	ent In		
	private foundations subject to the sec				
To optional use by domestic p	invace roundations subject to the sec	ction 4940(a) tax on het investine	iit iiicoii	ie)	
if section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		e period	7 Ye	es 🗸 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before making a	y entrie	s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	;	(d) Distribution rati (col (b) divided by c	
2017	916,594	16,356,0	37		0 056040
2016	795,165	15,222,2	35		0 052237
2015	854,122	16,257,2	10		0 052538
2014	875,953	16,839,2	20		0 052019
2013	892,918	16,301,9	LO		0 054774
2 Total of line 1, column (d)		2		0 267608
	o for the 5-year base period—divide t				0.053530
	ndation has been in existence if less incharitable-use assets for 2018 from		4	 	0 053522
		•		+	16,447,978
5 Multiply line 4 by line 3			5	 	880,329
	ent income (1% of Part I, line 27b)		6	 	7,941
7 Add lines 5 and 6			7	 	888,270
	ions from Part XII, line 4 , . . eater than line 7, check the box in Pa		8	104 to 2 to 5	898,738
instructions	eater than line 7, thetk the box in Pa	art vi, illie ib, alid complete that	part usir	ga 170 tax fate Se	e ule rait VI

Page **6**

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
L	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? \square			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🗸	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (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		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anity and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2

3a 3h

4

5

898.738

7.941

890.797

Form 990-PF (2018)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Page 9

814,458

814.458

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0

orm 990-PF (20	018)	
Part XIII	Undistributed Income	(see instructions)

b Total for prior years

d From 2016. . . .

a From 2013.

e From 2017.

b From 2014. **c** From 2015.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014.

b Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 898,738
 a Applied to 2017, 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).

Distributable amount for 2018 from Part XI, line 7
 Undistributed income, if any, as of the end of 2018
 Enter amount for 2017 only.

102,346 51,824

46 136

40,441 116,868

> 51,824 46,136

40.441

116,868

84.280

Corpus

357,615

84.280

441,895

102.346

339,549

(b)

Years prior to 2017

(c)

2017

(a)



Part XVI-A Analysis of Income-Producing	Activities		T		raye 12
nter gross amounts unless otherwise indicated		usiness income		n 512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
a					
b			1		
d					
e					
f g Fees and contracts from government agencies			1		
Membership dues and assessments					
Interest on savings and temporary cash					
Investments Dividends and interest from securities			14	101 312,763	
Net rental income or (loss) from real estate			14	312,703	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property Other investment income.			14	10,288	
Gain or (loss) from sales of assets other than					
inventory			18	533,445	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
Other revenue					
a FROM K-1 SEP-REAL ESTATE PORT III			14	-17,919	
b					
d					
e					
2 Subtotal Add columns (b), (d), and (e).			0	838,678	
3 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu			1	3	838,678
Part XVI-B Relationship of Activities to the	ne Accomplisi				
ine No. Explain below how each activity for which the accomplishment of the foundation's expression instructions.					
,					
					_

(=0	, 20 /
+4	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Pa	rt XVI		iformation R cempt Organ		ransi	ters To a	and Transact	tions	s and	Relatio	nships With Noi	ncharit	able		
		rganızat	ion directly or i	ndırectly enga			following with 527, relating to				n described in secti	on 501		Yes	No
•	, ,		, , , ,	•	•		empt organizati		_	jarnzacion	٥.	-			
												.	1a(1)		No
	2) Othe											h	1a(2)		No
b 0	ther tra	nsaction	15									Ī			
•	-			•	_								1b(1)		No
							zation					- H	1b(2)		No
-	-											l l	1b(3)		No
•	•		•									l l	1b(4)		No
												h	1b(5) 1b(6)		No No
•	•					-						l l	1c		No
	_			-							vays show the fair r				110
0	f the go	ods, oth	er assets, or se	rvices given b	y the	reporting	foundation If the	he fo	undatio	on receive	d less than fair mar	ket value			
ır	n any tra	ansactio	n or sharing arr	angement, sh	ow in	column (d	i) the value of t	the go	oods, o	ther asse	ts, or services recei	ved			
(a) L	ine No	(b) A	mount involved	(c) Name of	noncha	arıtable exei	mpt organization	1	(d) Des	scription of	transfers, transactions,	, and shar	ıng arraı	ngemen	ts
								1							
								-							
								1							
			•	•		•	d to, one or mo					_	a		
					า 501((c)(3)) or i	ın section 527?				Ll Y	es ⊻	No		
b I	f "Yes," o	•	e the following : Name of organizat			l /1) Type of organiz	ation		1	(c) Description	of rolatio	nchin		
		(a)	varne or organizat	ion		(1	ype or organiz	ation			(c) Description	i oi reiacio	nsnip		
	of r	my knov	alties of perjury, vledge and belie arer has any kn	f, it is true, co	t I ha orrect,	ve examın , and com _l	ed this return, i plete Declaration	includ on of	ding ac prepar	companyı er (other	ng schedules and st than taxpayer) is ba	atement ased on a	s, and all infor	to the l mation	best of
Sig Hei		****	•	_			2019-10-04		,	*****		return	e IRS dı		
							_		—) :			with th below	e prepa	er show	vn
	'	Signati	ire of officer or	trustee			Date		, -	Tıtle		(see ın	str)? 🖸	Z γes [□ _{No}
	ı	Drink	·/Type prepared	c name	Dron	arer's Sicr	nature	-	-			DTIN			
		Frim	:/Type preparer	3 110111E	r ieb	arer's Sıgr	iatui C	ا	Date		Check if self-	PTIN			
			MOTHY N THOM	1DCON							employed ▶ □	١	P00433	870	
Pai	d	''	MOTHT N THOM	IPSON		",",",									
Pre	pare	r _{Firm'}	s name ▶ SE[OGWICK ADVI	SERS	LLC						Comple CT	NI N 47	E17E2	101
Use	e Only	y										Fırm's EI	N ► 4/	-51/52	.91
		Fırm'	s address 🕨 1	11 E BUSSE A	VENU	E SUITE 6	01								
			M	OUNT PROSP	ECT, I	L 60056						Phone no	(312	332-3	3682

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, (b) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation FROM K-1 - IR&M Р FROM K-1 - IR&M Ρ FROM K-1 - REP I Р FROM K-1 - REP II Ρ FROM K-1 - REP III Ρ Ρ FROM K-1 - SEDGWICK STREET FUND LLC FROM K-1 - SEDGWICK STREET FUND LLC Ρ Р FROM K-1 SEP-PRIVATE EQUITY FD 2008 FROM K-1 SEP-PRIVATE EQUITY FD 2008 Ρ FROM K-1 SEP-PRIVATE EQUITY FD 2013 Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) -1,745-10,771 -54 28,526 15,726 -46,194 364,084 -171 113,666 1,881 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 -1,745-10,771 -54 28,526 15,726 -46,194 364,084 -171 113,666 1,881

List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation FROM K-1 SEP-PRIVATE EQUITY FD 2013 Ρ FROM K-1 SEP-PRIVATE EQUITY FD 2016 Ρ FROM K-1 SEP-PRIVATE EQUITY FD 2016 Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Gain or (loss) Cost or other basis (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 52.637

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

			2,379						
			13,481						
Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I									
Complete only for assets show	y the foundation on 12/31/69	Gains (Col (h) gain minus							
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(ı) (k) over col(j), ıf any	col (k), but not less than -0-) or (I) Losses (from col (h))						

52,637 2,379 13,481

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances -0-) (b) devoted to position employee benefit plans and deferred compensation HAROLD F MAYER ٥ **DIRECTOR & VICE** Ω PRESIDENT 6519 CROWN COLONY PLACE 201 10 00 NAPLES, FL 34108 ALISON M SHETTER 0 0 DIRECTOR & SECRETARY 5107 SUNSHINE CANYON DRIVE 1 00 BOULDER, CO 80302 OSCAR H MAYER DIRECTOR 0 1 00 2445 NW WESTOVER ROAD 311 PORTLAND, OR 97210 ALLAN C MAYER JR DIRECTOR 0 0 1 00 PO BOX 491 MANSON, WA 98831 RICHARD A MAYER n n DIRECTOR & TREASURER 340 CHURCHILL STREET 1 00 NORTHFIELD, IL 60093 WENDY MAYER BERRY DIRECTOR 0 1 00 210 CHESTNUT STREET CLINTON, MA 01510 WILLIAM E MAYER DIRECTOR & 0 0 0 PRESIDENT 5 STRATFORD PLACE 1 00 HUNTINGTON, NY 11743 KARLA K RITT ASST SECRETARY 40,015 O 10 00 1288 SUMMIT AVE SUITE 107-134 OCONOMOWOC, WI 53066 OSCAR HENRY MAYER DIRECTOR 0 0 1 00 204 HOWARD STREET RIVERTON, NJ 08077 RICHARD C MAYER 0 0 DIRECTOR 1 00 1750 30TH STREET 220 BOULDER, CO 80301 TIMOTHY N THOMPSON 0 ASST TREASURER 1 00 111 E BUSSE AVENUE 601 MOUNT PROSPECT, IL 60056

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor		
a Paid during the year			
5280 HIGH SCHOOL	NONE	GENERAL	1,000

CILL MONTANADO DOV 0139	NONE	CENEDAL	
531 N FILMORE STREET ENVER, CO 80205			
200 HIGH SCHOOL	NONE	GENERAL	

DENVER, CO 80205			
ACLU MONTANAPO BOX 9138 MISSOULA, MT 59807	NONE	GENERAL	500

MISSOULA, MT 59807	NONE	GENERAL	500
ALBERTINA KERR424 NE 22 AVENUE	NONE	HOUSING	26,600

MISSOULA, MT 59807			
ALBERTINA KERR424 NE 22 AVENUE PORTLAND, OR 97232	NONE	HOUSING	26,60

<u>'</u>			
ALBERTINA KERR424 NE 22 AVENUE PORTLAND, OR 97232	NONE	HOUSING	26,600

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year			
ANTI RECIDIVISM COALITION 448 SOUTH HILL STREET 908 LOS ANGELES, CA 90013	NONE	SUPPORT SERVICES FOR THOSE RECENTLY RELEASED FROM INCARCERATION	1,000

ı				
ı	ARIZONA HUMANE SOCIETY 1521 WEST DOBBINS ROAD PHOENIX, AZ 85241	NONE	GENERAL	3,000
1	ASH FOUNDATION	NONE	SCIENCE OF HEALTH CARE	10.000

1521 WEST DOBBINS ROAD PHOENIX, AZ 85241			·
ASU FOUNDATION 300 EAST UNIVERSITY DRIVE TEMPE, AZ 85281	NONE	SCIENCE OF HEALTH CARE DELIVERY SCHOLARSHIP	10,000

Total		 ▶ 3a	731,395
ASU FOUNDATION 300 EAST UNIVERSITY DRIVE TEMPE, AZ 85281	NONE	SCIENCE OF HEALTH CARE DELIVERY SCHOLARSHIP	10,000
PHOENIX, AZ 85241			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ATTENTION HOMES 1443 SPRUCE STREET BOULDER, CO 80302	NONE	SCHOLARSHIPS, 2018 SLEEP OUT, PINE STREET CAFE	59,312

BABIES OF HOMELESSNESSPO BOX 147 BOTHELL, WA 98041	NONE	GENERAL	2,000
1443 SPRUCE STREET BOULDER, CO 80302		OUT, PINE STREET CAFE	·

BABIES OF HOMELESSNESSPO BOX 147 BOTHELL, WA 98041	NONE	GENERAL	2,000
BAY AREA LYME FOUNDATION 884 PORTOLA AVENUE A7 PORTOLA VALLEY, CA 94028	NONE	GENERAL	1,800

	BOTHELL, WA 98041	HONE	CENTERVIE	2,000
	BAY AREA LYME FOUNDATION 884 PORTOLA AVENUE A7 PORTOLA VALLEY, CA 94028	NONE	GENERAL	1,800
1				

884 PORTOLA AVENUE A7 PORTOLA VALLEY, CA 94028			2,000
Total	 	▶ 3a	731,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BELOIT COLLEGE700 COLLEGE STREET NONE **GENERAL** 10,000 BELOIT, WI 53511

CASEY MIDDLE SCHOOL 1301 HIGH STREET BOULDER, CO 80304	NONE	UN MODEL PROGRAM	1,000
CENTER FOR DISASTER PHILANTHROPY 1201 CONNECTICUT AVE NW 300 WASHINGTON, DC 20036	NONE	HURRICANE HARVEY RELIEF	100

731,395

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NONE **GENERAL** 1,000 CHILDHAVEN316 BROADWAY SEATTLE WA 98122

SEATTEE, WA 90122			
CHILDREN'S HOSPITAL OF WISCONSIN POBOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	FATHERHOOD ENGAGEMENT INITIATIVE IN DANE COUNTY	50,000
BILLINGS WEST HIGH SCHOOL	NONE	GENERAL	1,000

Total		 ▶ 3a	731.395
BILLINGS WEST HIGH SCHOOL 2201 ST JOHNS AVENUE BILLINGS, MT 59102	NONE	GENERAL	1,000
MILWAUKEE, WI 53201			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
CURE DUCHENNE 1400 QUAIL STREET 100 NEWPORT BEACH, CA 92660	NONE	GENERAL	500

recipient

NEWPORT BEACH, CA 92660			
CMSRI12030 SUNRISE VALLEY DRIVE RESTON, VA 20191	NONE	GENERAL	200
CLAYTON EARLY LEARNING	NONE	EMBRACE PROGRAM	40,000

RESTON, VA 20191	NONE	GENERAL	200
CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING BOULEVARD	NONE	EMBRACE PROGRAM	40,000

RESTON, VA 20191			
CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING BOULEVARD DENVER, CO 80205	NONE	EMBRACE PROGRAM	40,000

CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING BOULEVARD DENVER, CO 80205	NONE	EMBRACE PROGRAM	40,000
Total		 ▶ 3a	731,395

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CURE CMD1621 W 25TH STREET 623 SAN PEDRO, CA 90732	NONE	GENERAL	500
CURE SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	GENERAL	500

ELK GROVE VILLAGE, IL 60007	NONE	GENERAL	500
DENVER CENTER FOR PERFORMING ARTS 1101 13TH STREET DENVER CO. 80204	NONE	GENERAL	4,810

DENVER CENTER FOR PERFORMING ARTS 1101 13TH STREET DENVER, CO 80204	NONE	GENERAL	4,810
DENVER, CO 00204			

Total .

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

,			
EMPOWER MT2300 REGENT STREET 101 MISSOULA, MT 59801	NONE	GENERAL	500
EQUAL JUSTICE INITIATIVE	NONE	GENERAL	1,000

JAL JOSTICE INITIATIVE COMMERCE STREET NTGOMERY, AL 36104	NONE	GENERAL	
DM K-1'S	NONE	FROM K-1'S	

MONTGOMERCE STREET MONTGOMERY, AL 36104			
FROM K-1'S 111 BUSSE AVENUE SUITE 601	NONE	FROM K-1'S	23

FROM K-1'S 111 BUSSE AVENUE SUITE 601	NONE	FROM K-1'S	23
MOUNT PROSPECT, IL 60056			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year			
FIRST FREEDOMSPO BOX 1816 NEW YORK, NY 101131816	NONE	GENERAL	250
FRIENDLY HOUSE 2617 NW SAVIER STREET	NONE	GENERAL	2,500

ENDLY HOUSE 17 NW SAVIER STREET RTLAND, OR 97210	NONE	GENERAL	
HEALING CLINIC DO PENNSYLVANIA AVE NW 300	NONE	GENERAL	

Total .

PORTLAND, OR 97210			
GW HEALING CLINIC 2100 PENNSYLVANIA AVE NW 300 WASHINGTON DC, DC 20037	NONE	GENERAL	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HIAS PENNSYLVANIA 2100 ARCH STREET PHILADELPHIA, PA 19103	NONE	HEALTH AND MEDICAL SERVICES	40,000
HYDE PARK NEIGHBORHOOD CLUB	NONE	MATCH UPI AND ATHLETICS	2,500

<u>'</u>			
HYDE PARK NEIGHBORHOOD CLUB 5480 SOUTH KENWOOD AVENUE CHICAGO, IL 60615	NONE	MATCH UP AND ATHLETICS PROGRAMMING	2,500
I SING FIRST BAPTIST CHURCH OF PALO ALTO 305 CALIFORNIA AVENUE	NONE	GENERAL	1,000

731,395

CHICAGO, IL 60615		PROGRAMMING	
I SING FIRST BAPTIST CHURCH OF PALO ALTO 305 CALIFORNIA AVENUE PALO ALTO, CA 94301	NONE	GENERAL	1,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

- · - · - · - · · · · · · · · · · · · ·			
ITHACA COLLEGE953 DANBURY ROAD ITHACA, NY 14850	NONE	GENERAL/ITHACA NATURAL LANDS	1,500
JUVENILE DIABETES RESEARCH FOUNDATION ROCKY MOUNTAIN	NONE	GENERAL	1,000

DUNDATION ROCKY MOUNTAIN HAPTER 727 BRYANT STREET 380 ENVER, CO 80211	NONE	GENERAL
VENILE DIABETES RESEARCH	NONE	GENERAL

CHAPTER 2727 BRYANT STREET 380 DENVER, CO 80211			
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR	NONE	GENERAL	

2727 BRYANT STREET 380 DENVER, CO 80211			
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR	NONE	GENERAL	12,5

2727 BRYANT STREET 380 DENVER, CO 80211			
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	GENERAL	12,500

26 BROADWAY 14TH FLOOR NEW YORK, NY 10004			
Total	 	> 3a	731,395

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
LAFAYETTE COLLEGE307 MARCKLE HALL EASTON, PA 18042	NONE	GENERAL	500

ASTON, PA 18042		
HE LIVING DESERT 1900 PORTOLA AVENUE NLM DESERT, CA 92260	NONE	GENERAL

THE LIVING DESERT 47900 PORTOLA AVENUE PALM DESERT, CA 92260	NONE	GENERAL	25,000
LYMELIGHT FOUNDATION INC	NONE	GENERAL	750

PALM DESERT, CA 92260			
LYMELIGHT FOUNDATION INC 1229 BURLINGAME AVENUE 205	NONE	GENERAL	750
BUBLINGAME CA 04010			

LYMELIGHT FOUNDATION INC 1229 BURLINGAME AVENUE 205	NONE	GENERAL	750
BURLINGAME, CA 94010			

1229 BURLINGAME AVENUE 205 BURLINGAME, CA 94010		
Total	 3a	731,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
MARY LIN EDUCATION FOUNDATION 586 CANDLER PARK NE ATLANTA, GA 30307	NONE	GENERAL	1,000
MONTESSORI SCHOOL OF ENGLEWOOD	NONE	INFUSING TRAUMA-SENSITIVE	50,000

recipient

MONTESSORI SCHOOL OF ENGLEWOOD 6936 S HERMITAGE AVENUE CHICAGO, IL 60636	NONE	INFUSING TRAUMA-SENSITIVE PRACTICE AND SOCIAL- EMOTIONAL SUPPORT	5
•			

6936 S HERMITAGE AVENUE CHICAGO, IL 60636	NONE	PRACTICE AND SOCIAL- EMOTIONAL SUPPORT	30,000
MAYBELLE CENTER FOR COMMUNITY 121 NW SIXTH AVENUE	NONE	GENERAL	1,250

CHICAGO, IL 60636		EMOTIONAL SUPPORT	
MAYBELLE CENTER FOR COMMUNITY 121 NW SIXTH AVENUE PORTLAND, OR 97209	NONE	GENERAL	1,250

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

GENERAL

3a

7.500

2,500

731,395

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

40 RYAN COURT 200 MONTEREY, CA 93440	ING NE	02/12/01/2	
NORTHWESTERN MEMORIAL	NONE	GENERAL	

NONE

MONTAGE HEALTH FOUNDATION

Total .

OUNDATION 51 EAST HURON 3-200 HICAGO, IL 60611	NONE	GLNLINE	
REGON COMMUNITY FOUNDATION	NONE	TECHNICAL ASSISTANCE	

CHICAGO, IL 60611			
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL 100 PORTLAND, OR 97205	NONE	TECHNICAL ASSISTANCE SUPPORT FROM THE BUILD INITIATIVEWORKFORCE DEVEL OPMENT INITIATIVE	40,000

C/11C/(GO,1L GOOTI			1
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL 100 PORTLAND, OR 97205	NONE	TECHNICAL ASSISTANCE SUPPORT FROM THE BUILD INITIATIVEWORKFORCE DEVELOPMENT INITIATIVE	40,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

OUNCE OF PREVENTION FUND 33 WEST MONROE STREET 2400 CHICAGO, IL 60603	NONE	EDUCARE BEST PRACTICES INITIATIVE	50,000
a Paid during the year			

CHICAGO, IL 60603			
PALY SPORTS BOOSTERS 50 EMBARCADERO ROAD PALO ALTO, CA 94301	NONE	SOCCER	1,000
PARTNERS IN HEALTH	NONE	GENERAL	2,500

50 EMBARCADERO ROAD PALO ALTO, CA 94301	NONE	SOCCEN	1,000
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215	NONE	GENERAL	2,500

PALO ALTO, CA 94301			
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215	NONE	GENERAL	2,500
Total		 ▶ 3a	731.395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
PENNSYLVANIA SPCA 350 EAST ERIE AVENUE PHILADELPHIA, PA 19134	NONE	GENERAL	1,000

'			
PEOPLE'S MUSIC SCHOOL 931 W EASTWOOD AVENUE CHICAGO, IL 60640	NONE	GENERAL	1,1
THE PHOENIX SYMPHONY	NONE	TICKETS FOR TROOPS PROGRAM	25,

PEOPLE'S MUSIC SCHOOL 931 W EASTWOOD AVENUE CHICAGO, IL 60640	NONE	GENERAL	1,000
THE PHOENIX SYMPHONY ONE NORTH FIRST STREET SUITE 200 PHOENIX AZ 85004	NONE	TICKETS FOR TROOPS PROGRAM	25,000

931 W EASTWOOD AVENUE CHICAGO, IL 60640			
THE PHOENIX SYMPHONY ONE NORTH FIRST STREET SUITE 200 PHOENIX, AZ 85004	NONE	TICKETS FOR TROOPS PROGRAM	25,000

THE PHOENIX SYMPHONY ONE NORTH FIRST STREET SUITE 200 PHOENIX, AZ 85004	NONE	TICKETS FOR TROOPS PROGRAM	25,000
Total		 ▶ 3a	731,395

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVE 6TH FLOOR CHICAGO, IL 60603	NONE	GENERAL	1,000
PORTLAND CHILDRENS MUSEUM - OPAL	NONE	GENERAL	500

PORTLAND CHILDRENS MUSEUM - OPAL SCHOOL 4015 SW CANYON ROAD PORTLAND, OR 97213	NONE	GENERAL	500
PRINCE OF PEACE ABBEY	NONE	GENERAL	500

PORTLAND, OR 97213			
PRINCE OF PEACE ABBEY 650 BENET HILL ROAD	NONE	GENERAL	500

PORTLAND, OR 9/213			
PRINCE OF PEACE ABBEY 650 BENET HILL ROAD OCEANSIDE, CA 92058	NONE	GENERAL	500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor		
a Paid during the year			
PROVIDENCE HEALTH AND SERVICES 6410 NE HALSEY STREET 300	NONE	GENERAL	750

PORTLAND, OR 97213			
PROVIDENCE - ST MEL SCHOOL 119 S CENTRAL PARK BOULEVARD CHICAGO, IL 60624	NONE	EARLY CHILDHOOD EDUCATION PROGRAM / GENERAL	40,000

PROVIDENCE - ST MEL SCHOOL 119 S CENTRAL PARK BOULEVARD CHICAGO, IL 60624	NONE	EARLY CHILDHOOD EDUCATION PROGRAM / GENERAL	40,000
RECOVERY FOUNDATION 5005 UNIVERSITY AVENUE 100	NONE	GENERAL	1,000

	119 S CENTRAL PARK BOULEVARD CHICAGO, IL 60624		PROGRAM / GENERAL	,
,	RECOVERY FOUNDATION 5005 UNIVERSITY AVENUE 100 MADISON, WI 53705	NONE	GENERAL	1,000
1				

731,395

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DEFLICE AND IMMICRANT CENTED FOR INONE CENERAL 1 000

EDUCATION AND LEGAL SERVICES 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	GENERAL	1,000
SACRED PORTION CHILDRENS OUTREACH	NONE	GENERAL	100

CAN DIECO CAINTO DACEDALI	NONE	CENEDAL	1 000
PO BOX 11486 BOZEMAN, MT 59719			
SACRED PORTION CHILDRENS OUTREACH	NONE	GENERAL	100
'			

PO BOX 11486 BOZEMAN, MT 59719			
SAN DIEGO SAINTS BASEBALL 5300 HICKMAN FIELD DRIVE SAN DIEGO CA 92111	NONE	GENERAL	1,000

SAN DIEGO SAINTS BASEBALL 5300 HICKMAN FIELD DRIVE SAN DIEGO, CA 92111	NONE	GENERAL	1,00
Total		▶ 3a	731,395

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 40,000

SAVANNAH EARLY CHILDHOOD FOUNDATION 40 MODENA ISLAND DRIVE SAVANNAH, GA 31411	NONE	EARLY LEARNING COLLEGES OF PARENT UNIVERSITY & SYSTEMS DEVELOPMENT	
CCDIDDC MEDCY LIOCDITAL	NONE	CENEDAL	

SCRIPPS MERCY HOSPITAL FOUNDATION 1275 CAMPUS POINT COURT CPB217 SAN DIEGO, CA 92121	NONE	GENERAL	
			i
DAVANINAII, GA SITII			i

SCRIPPS MERCY HOSPITAL FOUNDATION 4275 CAMPUS POINT COURT CPB217 SAN DIEGO, CA 92121	NONE	GENERAL	2,450
SHRINERS HOSPITAL FOR CHILDREN	NONE	GENERAL	4,000

4275 CAMPUS POINT COURT CPB217 SAN DIEGO, CA 92121			
SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DRIVE	NONE	GENERAL	4,000

SAN DIEGO, CA 92121			
SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DRIVE	NONE	GENERAL	4,000
TAMPA FL 33607			

5/4/ 512007 6/7 52121			1
SHRINERS HOSPITAL FOR CHILDREN	NONE	GENERAL	4,0
2900 N ROCKY POINT DRIVE			l
TAMPA, FL 33607			

Total	▶ 3a	731 395
TAMPA, FL 33607		

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Foundation status of recipient

Purpose of grant or contribution

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

NIONE

COLINDADO ALIBLIBALWAY

3075 ADELINE STREET 120

BERKELEY, CA 94703

Total .

NORTH AUBURN, WA 98002	INOINE	FAMILY SERVICES TEAM	1,000
THORNE NATURE EXPERIENCE 1466 N 63RD STREET BOULDER, CO 80303	NONE	COLLECTIVE IMPACT PROJECT	50,000
THROUGH THE LOOKING GLASS	NONE	SCHOOL READINESS FOR	50.000

TEAM BUILDING FOR CUILD AND

▶ 3a

CHILDREN OF DISABLED

PARENTS

1 000

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

a Paid during the year

Recipient S - Grants and Contributions Paid During the Year or Approved for Future Payment

Foundation status of recipient status of recipient or substantial contributor

TRANS LIFELINE101 BROADWAY 311 OAKLAND, CA 94607	NONE	GENERAL	1,000
PUGET SOUND HONOR FLIGHT PO BOX 434 GRAPEVIEW, WA 98546	NONE	GENERAL	1,000

PO BOX 434 GRAPEVIEW, WA 98546			·
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 946120976	NONE	LEGAL SERVICES PROJECT	40,000
1			

Total .

Recipient If recipient is an individual, show any relationship to status of status of

any foundation manager

or cubetantial contributor

Name and address (home or business)

1227 N PEACHTREE PARKWAY 202 PEACHTREE CITY, GA 30269

Total .

	or substantial contributor		
a Paid during the year			
VERA COURT NEIGHBORHOOD CENTER 614 VERA COURT MADISON, WI 53704	NONE	GENERAL	1,000
A VOICE FOR CHOICE 530 SHOWERS DRIVE 7404 MOUNTAIN VIEW, CA 94040	NONE	GENERAL	200
WORLD MERCURY PROJECT	NONE	GENERAL	300

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year YALE UNIVERSITYPO BOX 2038 NONE GENERAL 5.000 NEW HAVEN, CT 065212038

YELLOWSTONE BOYS & GIRLS RANCH 2050 OVERLAND AVENUE BILLINGS, MT 59102	NONE	THERAPEUTIC FOSTER CARE PROGRAM	1,000
YMCA CAMP OCKANICKON 1303 STOKES ROAD MEDFORD, NJ 08055	NONE	FINANCIAL NEEDS OF CAMPERS	1,000

Total . .

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TY 2018 Accounting Fo	ees Scho	edule			
	Name:	OSCAR G	& ELSA S MAYER	FAMILY FOUNDATION	N
		C/O SEDG	WICK ADVISERS	LLC	
	EIN:	36-403520	04		
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

5,500

Purposes

56,000

Category	Amount	Net Investment Income	Adjusted Net Income	D f

61,500

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491287004129
TY 2018 Investments Corporat	te Stock Sched	ule
Name:	OSCAR G & ELSA S	MAYER FAMILY FOUNDATION

C/O SEDGWICK ADVISERS LLC

EIN: 36-4035204

Investments Corporation Stock Schedule				
Name of Stock		End of Year Book Value	End of Year Fair Market Value	
BLACKSTONE PARTNERS OFFSHORE FD LTD		1,125,000	1,802,777	
POINTER OFFSHORE LTD		1,150,000	1,439,136	
IR&M INTER FUND LLC		1,327,765	1,296,794	

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Y 2018 Investments - Other	Schedule				
Name:	OSCAR G & ELSA	S MAYER FAI	MILY FOUNDATION		
	C/O SEDGWICK A	DVISERS LLC			
EIN:	36-4035204				
restments Other Schedule 2					İ
Name:	OSCAR G & ELSA C/O SEDGWICK A				_1

DIN. 02401207004120

DO NOT DROCECC

Investments Other Schedule 2 Category / Item Listed at Cost or FMV Book Value End of Year Fair Market Value MUTUAL FUNDS AT COST 1,356,835 1,315,517

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TY 2018 Other Assets Schedule

Name: OSCAR G & ELSA S MAYER FAMILY FOUNDATION

DLN: 93491287004129

C/O SEDGWICK ADVISERS LLC

EIN: 36-4035204

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
	Book value	Value	market value
SEP - REAL ESTATE PORTFOLIO I	126,990	30,721	9,120
SEP - PRIVATE EQUITY FD 2008	573,523	476,363	672,814
SEP - REAL ESTATE PORTFOLIO II	237,912	135,451	186,764
SEDGWICK STREET FUND LLC	6,551,239	6,107,596	6,779,864
SEP - PRIVATE EQUITY FD 2013	355,652	309,085	355,009
SEP - REAL ESTATE PORTFOLIO III	437,426	302,988	308,249
SEP - PRIVATE EQUITY FD 2016	146,679	250,890	281,468
SEP - REAL ESTATE PORTFOLIO IV	0	95,712	99,931

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TY 2018 Other Expenses Schedule					
Name:	OSCAR G & ELS	SA S MAYER FAMI	LY FOUNDATION		
	C/O SEDGWICK ADVISERS LLC				
EIN:	36-4035204				
Other Expenses Schedule					
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	935	0		935
PHONE/PARKING/SUPPLIES/MISC	10	0		10

	Books		Purposes
INSURANCE	935	0	935
PHONE/PARKING/SUPPLIES/MISC	10	0	10
NONDEDUCTIBLE PORTFOLIO EXPENSES	134,398	0	0
FROM K-1 IR&M INTER FUND LLC	1,991	1,991	0
FROM K-1 SEP PRIVATE EQUITY FUND 2008	1,933	1,933	0
FROM K-1 SEP PRIVATE EQUITY FUND 2013	1,958	1,958	0

FROM K-1 SEP PRIVATE EQUITY FUND 2016

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TY 2018 Other Income Schedule

Name: OSCAR G & ELSA S MAYER FAMILY FOUNDATION

DLN: 93491287004129

C/O SEDGWICK ADVISERS LLC

EIN: 36-4035204

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM K-1 SEP REAL ESTATE PORT I	0	0	0
FROM K-1 SEP PRIVATE EQUITY FUND 2008	3,653	3,653	3,653
FROM K-1 SEDGWICK STREET FUND LLC	356	356	356
FROM K-1 SEP PRIVATE EQUITY FUND 2013	5,939	5,939	5,939
FROM K-1 SEP-REAL ESTATE PORT III	131	131	131
FROM K-1 IR&M INTER FUND LLC	626	626	626
FROM K-1 SEP-PRIVATE EQUITY FUND 2016	-372	-372	-372
FROM K-1 SEP-REAL ESTATE PORT IV	-45	-45	-45
FROM K-1 SEP-REAL ESTATE PORT III	-17,919	-17,919	-17,919

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TY 2018 Other Increases Schedule						
Name:	OSCAR G & EL	SA S MAYER FAMILY FOUNDA	TION			
	C/O SEDGWIC	CK ADVISERS LLC				
EIN:	36-4035204					
	escription		Amount			
OTHER INCREASE				80		

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TY 2018 Other Professional Fees Schedule					
Name: OSCAR G & ELSA S MAYER FAMILY FOUNDATION C/O SEDGWICK ADVISERS LLC EIN: 36-4035204					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT CONSULTING FEES	20,201	10,100		10,101	
CHARITY CONSULTING FEES	50,000	0		50,000	

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TY 2018 Taxes Schedule				
	e: OSCAR G & ELSA S MAYER FAMILY FOUNDATION C/O SEDGWICK ADVISERS LLC N: 36-4035204			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES WITHHELD ON DIVIDENDS	1,593	1,593		0
FEDERAL ESTIMATED TAX PAYMENT	10,000	10,000		0
FOREIGN TAXES - FROM K-1S	8,721	8,721		0