

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

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

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

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation HOLZHEIMER FUND		A Employer identification number 36-6057163	
Number and street (or P O box number if mail is not delivered to street address) 1145 LINCOLN AVENUE SOUTH		Room/suite	
B Telephone number (see instructions) (847) 433-1129		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code HIGHLAND PARK, IL 60035		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <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		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>292,078</u>		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)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(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)	100,547			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	350	350		
	4 Dividends and interest from securities	7,084	7,084		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	18,828			
	b Gross sales price for all assets on line 6a <u>314,350</u>				
	7 Capital gain net income (from Part IV, line 2)		66,283		
	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	126,809	73,717			
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)	65			65
	b Accounting fees (attach schedule)	4,060			4,060
	c Other professional fees (attach schedule)	2,027	2,027		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,147			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	475	450		25
	24 Total operating and administrative expenses. Add lines 13 through 23	7,774	2,477		4,150
	25 Contributions, gifts, grants paid	61,400			61,400
26 Total expenses and disbursements. Add lines 24 and 25	69,174	2,477		65,550	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	57,635				
b Net investment income (if negative, enter -0-)		71,240			
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	5,015	23,317	23,317
	2 Savings and temporary cash investments	17,984	13,700	13,700
	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)	100,127	131,990	128,925
	c Investments—corporate bonds (attach schedule)	115,773	127,460	125,870
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	199	266	266	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	239,098	296,733	292,078	
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	239,098	296,733		
30 Total net assets or fund balances (see instructions)	239,098	296,733		
31 Total liabilities and net assets/fund balances (see instructions) .	239,098	296,733		

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	239,098
2 Enter amount from Part I, line 27a	2	57,635
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	296,733
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	296,733

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)
1 a SEE ATTACHED - SHORT TERM	P		
b SEE ATTACHED - LONG TERM	P		
c SEE ATTACHED - LONG TERM (NONCOVERED)	P		
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 120,041		120,190	-149
b 156,728		115,909	40,819
c 36,368		11,968	24,400
d			
e			

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	
a			-149
b			40,819
c			24,400
d			
e			

2 Capital gain net income or (net capital loss)	2	66,283
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	3	

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))
2017	83,968	236,315	0.355322
2016	81,132	280,228	0.289521
2015	59,276	335,971	0.176432
2014	62,048	393,022	0.157874
2013	63,048	408,037	0.154515

2 Total of line 1, column (d)	2	1.133664
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.226733
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	297,894
5 Multiply line 4 by line 3	5	67,542
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	712
7 Add lines 5 and 6	7	68,254
8 Enter qualifying distributions from Part XII, line 4	8	65,550

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 calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 30.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, unrelated business income, and substantial contributors. Includes Yes/No columns.

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.

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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. 15

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 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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	250,769
b	Average of monthly cash balances.	1b	51,661
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	302,430
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	302,430
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	4,536
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	297,894
6	Minimum investment return. Enter 5% of line 5.	6	14,895

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	14,895
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	1,425
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,425
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	13,470
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	13,470
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	13,470

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	65,550
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	65,550
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	65,550

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				13,470
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2018				
a From 2013.	43,418			
b From 2014.	43,491			
c From 2015.	42,775			
d From 2016.	67,197			
e From 2017.	73,672			
f Total of lines 3a through e.	270,553			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____ 65,550				
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).				
d Applied to 2018 distributable amount.				13,470
e Remaining amount distributed out of corpus	52,080			
5 Excess distributions carryover applied to 2018 (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	322,633			
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 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				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 2013 not applied on line 5 or line 7 (see instructions).	43,418			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	279,215			
10 Analysis of line 9				
a Excess from 2014.	43,491			
b Excess from 2015.	42,775			
c Excess from 2016.	67,197			
d Excess from 2017.	73,672			
e Excess from 2018.	52,080			

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 2018, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not 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 foundation 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))
ARTHUR HOLZHEIMER

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

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 to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

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
b <i>Approved for future payment</i>				
Total				▶ 3b

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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	Expense account, (e) other allowances
ARTHUR HOLZHEIMER 1145 LINCOLN AVENUE SOUTH HIGHLAND PARK, IL 60035	PRESIDENT/DI 0 50	0	0	0
JANET HOLZHEIMER 1145 LINCOLN AVENUE SOUTH HIGHLAND PARK, IL 60035	SECRETARY/DI 0 50	0	0	0
RONALD A LEWIS 675 N NORTH COURT SUITE 450 PALATINE, IL 60067	TREASURER 0 10	0	0	0
SHERWIN ZUCKERMAN 155 NORTH WACKER DRIVE SUITE 1700 CHICAGO, IL 60606	VICE PRESIDE 0 10	0	0	0
LAURA BERIN 2030 W DICKENS AVENUE CHICAGO, IL 60647	DIRECTOR 0 10	0	0	0
ELLEN HOLZHEIMER 3824 N MOZART STREET CHICAGO, IL 60618	DIRECTOR 0 10	0	0	0

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>				
AMERICAN TRUST FOR THE BRITISH LIBRARY 1000 NORTH WEST STREET SUITE 1200 WILMINGTON, DE 19801	NONE	PUBLIC	CHARITABLE	1,000
AMERICAN HEART ASSOCIATION 208 SOUTH LASALLE STREET SUITE 1500 CHICAGO, IL 60604	NONE	PUBLIC	CHARITABLE	500
AMERICAN FRIENDS OF THE HARLEY FELLOWSHIP 1443 MOUND STREET MADISON, WI 537112221	NONE	PUBLIC	CHARITABLE	5,000
Total ▶ 3a				61,400

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>				
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVENUE SUITE 1210 CHICAGO, IL 60601	NONE	PUBLIC	CHARITABLE	500
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVENUE SUITE 1210 CHICAGO, IL 60601	NONE	PUBLIC	CHARITABLE	500
ADLER PLANETARIUM 1300 SOUTH LAKE SHORE DR CHICAGO, IL 60605	NONE	PUBLIC	CHARITABLE	2,500
Total ▶ 3a				61,400

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

Recipient Name and address (home or business)	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
a <i>Paid during the year</i>				
WFMT500 N ST LOUIS AVENUE CHICAGO, IL 60625	NONE	PUBLIC	CHARITABLE	1,000
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	EDUCATION	CHARITABLE	500
CHICAGO MAP SOCIETY 60 WEST WALTON CHICAGO, IL 60610	NONE	EDUCATION	CHARITABLE	100
Total ▶ 3a				61,400

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>				
UNICEF USA125 MAIDEN LANE 11TH FLOOR NEW YORK, NY 10038	NONE	PUBLIC	CHARITABLE	100
NEWBERRY LIBRARY60 WEST WALTON CHICAGO, IL 60610	NONE	EDUCATION	CHARITABLE	7,500
NATIONAL MS SOCIETY 525 WEST MONROE STREET CHICAGO, IL 60661	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				61,400

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>				
JEWISH UNITED FUND 30 SOUTH WELLS STREET SUITE 5100 CHICAGO, IL 60606	NONE	PUBLIC	CHARITABLE	1,000
THE STANFORD FUND STANFORD UNIVERSITY DEVELOPMENT SVCS PO BOX 20466 STANFORD, CA 94309	NONE	EDUCATION	CHARITABLE	1,000
UNIVERSITY OF SAN FRANCISCO 2130 FULTON STREET SAN FRANCISCO, CA 94117	NONE	EDUCATION	CHARITABLE	500
Total ▶ 3a				61,400

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>				
THE HISTORIC NEW ORLEANS COLLECTION 533 ROYAL STREET NEW ORLEANS, LA 70130	NONE	PUBLIC	CHARITABLE	500
PHILIP LEE PHILLIPS MAP SOCIETY OF THE LIBRARY OF CONGRESS 101 INDEPENDENCE AVE SE WASHINGTON, DC 205401400	NONE	PUBLIC	EDUCATION	2,500
DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK, NY 100015004	NONE	PUBLIC	CHARITABLE	500
Total ▶ 3a				61,400

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>				
LEVENTHAL MAP CENTER BOSTON PUBLIC LIBRARY 700 BOYLSTON STREET ROOM 377 BOSTON, MA 02116	NONE	PUBLIC	CHARITABLE	100
SHEDD AQUARIUM 1200 SOUTH LAKE SHORE DR CHICAGO, IL 60605	NONE	EDUCATION	CHARITABLE	5,000
FIELD MUSEUM OF NATURAL HISTORY 1400 SOUTH LAKE SHORE DR CHICAGO, IL 606052496	NONE	PUBLIC	CHARITABLE	2,500
Total ▶ 3a				61,400

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 HEARING SOCIETY 1444 WEST WILLOW STREET CHICAGO, IL 60642	NONE	PUBLIC	CHARITABLE	500
UNITED WAY OF METRO CHICAGO 333 SOUTH WABASH AVENUE 30TH FLOOR CHICAGO, IL 60604	NONE	PUBLIC	CHARITABLE	500
MENLO COLLEGE1000 EL CAMINO REAL ATHERTON, CA 940274301	NONE	SCHOOL	CHARITABLE	1,000
Total ▶ 3a				61,400

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>				
PEOPLE'S COMMUNITY CLINIC 2909 NORTH IH-35 AUSTIN, TX 78722	NONE	PUBLIC	CHARITABLE	1,000
UNIVERSITY OF WISCONSIN FOUNDATION AGS LIBRARY RESEARCH FUND 470 SCIENCE HALL 550 NORTH PARK STREET MADISON, WI 537061404	NONE	EDUCATION	CHARITABLE	15,000
UNIVERSITY OF WISCONSIN FOUNDATION HISTORY OF CARTOGRAPHY PROJECT 470 SCIENCE HALL 550 NORTH PARK STREET MADISON, WI 537061404	NONE	EDUCATION	CHARITABLE	10,000
Total ▶ 3a				61,400

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>				
HISTORY MIAMI - FITZGERALD & KANNER TRUST FOR HISTORIC MAPS 101C WEST FLAGLER STREET MIAMI, FL 33130	NONE	PUBLIC	CHARITABLE	100
Total ▶ 3a				61,400

TY 2018 Accounting Fees Schedule**Name:** HOLZHEIMER FUND**EIN:** 36-6057163

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DEMARCO KINNAMAN LEWIS & CO	4,060			4,060

TY 2018 Investments Corporate Bonds Schedule

Name: HOLZHEIMER FUND

EIN: 36-6057163

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ADVANCED AUTO PARTS INC 5.75% 5/1/20	5,179	5,121
5000 AGCO CORP 5.875% 12/1/21		
6000 AUTONATION INC 6-3/4% 4/15/18		
5000 BECTON DICKINSON & CO 2.133% 6/	5,002	4,971
8000 CBRE SERVICES INC 5% 3/15/23		
5000 CDK GLOBAL INC 3.8% 10/15/19	5,004	4,975
500 DOLLAR TREE INC 5.75% 3/1/23		
5000 EDGEWELL PERSONAL CARE 4.7% 5/1	5,024	4,925
5000 FAMILY DOLLAR STORES INC 5.0% 2	5,173	5,088
5000 FORTUNE BRANDS HOME & SECURI 3%	4,979	4,959
6000 HARRIS CORP	4,964	4,957
5000 HUMTSMAN INTL LLC 4.875% 11/15/	5,100	5,012
6000 INTERNATIONAL GAME 7.5% 6/15/19		
5000 JOHNSON CONTROLS, INC 5% 3/30/2	5,169	5,104
5000 LAB CORP OF AMERICA HLDGS 2.5%		
5000 MASCO CORP 7.125% 3/15/20	5,274	5,223
6000 MOTOROLA SOLUTIONS INC 3.5% 3/1		
8000 NIELSEN FINANCE LLC 4.5% 10/1/2	8,082	7,900
6000 POTLATCH 7.5% 11/1/26		
5000 RITE AID CORP 6.75% 6/15/21	6,071	6,212

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
5000 QVC IN 5.125% 7/2/22	5,075	5,053
6000 SAIC INC 4.45% 12/1/20	5,945	5,955
5000 SHERWIN-WILLIAMS CO 7,25% 4/1/2	5,128	5,088
5000 SINCLAIR TELEVISION GRP 5.37% 4	5,099	4,987
5000 STARBUCKS CORP 2.1% 2/4/21	4,868	4,877
5000 SYMANTEC CORP 3.95% 6/15/22	4,885	4,809
5000 SYNCHRONY FINANCIAL 2.6% 1/15/1	5,010	4,998
5000 TIME WARNER CABLE LLC 8.75% 2/1	5,149	5,028
5000 TREEHOUSE FOODS INC 4.875% 3/15	4,950	4,913
5000 VALMONT INDUSTRIES INC 6.625% 4		
6000 WILLIAM CARTER 5.25% 8/15/21	6,206	5,970
5000 WYNDHAM WORLDWIDE CORP 4.25% 3/	5,066	4,775
200 CAPITAL SOUTHWEST CORP 5.95%	5,058	4,970

TY 2018 Investments Corporate Stock Schedule**Name:** HOLZHEIMER FUND**EIN:** 36-6057163**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
100 SHS ADAMS EXPRESS CO		
100 SHS MICROSOFT CORP		
15 SHS MICROSOFT CORP		
175 SHS BAKER HUGHES	5,759	3,763
360 SHS BRIGHTVIEW HOLDINGS INC	5,620	3,676
40 SHS BERSHIRE HATHAWAY	5,014	8,167
45 SHS ADVANCED AUTO PARTS		
50 SHS ADVANCED AUTO PARTS	7,988	7,873
50 SHS BRINKS CO.	4,162	3,232
65 SHS CBS CORP	2,232	2,842
675 SHS CAPITAL SOUTHWEST CORP	8,156	12,974
70 SHS AGCO CORP	3,141	3,897
60 SHS CBS CORP	3,509	2,623
255 SHS COMCAST CORP	8,901	8,683
300 SHS CSW INDUSTRIALS		
115 SHS DICK'S SPORTING GOODS	4,107	3,588
40 SHS DOLLAR TREE INC	3,114	3,613
100 SHS HAMILTON BEACH BRAND CL B	1,704	2,346
330 SHS HAMILTON BEACH BRAND CL A	6,937	7,742
45 SHS IBM		
265 SHS JOHNSON CONTROL INT'L	10,444	7,857
210 SHS NEXEO SOLUTIONS INC	1,944	1,804
25 SHS RALPH LAUREN CORP	2,370	2,586
465 SHS SAFEGUARD SCIENTIFICS INC	5,458	4,008
85 SHS SCHEIN HENRY INC	6,025	6,674
230 SHS SCHOLASTIC CORP	8,773	9,260
635 SHS SPARTAN MOTORS INC	6,751	4,591
50 SHS SPIRIT MTA REIT	474	356
100 SHS SPIRIT REALTY CAPITAL INC	4,016	3,525
95 SHS STERICYCLE INC	5,832	3,486

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
95 SHS TREEHOUSE FOODS	4,359	4,817
240 SHS TRINITY INDUSTRIES INC	5,200	4,942

TY 2018 Legal Fees Schedule**Name:** HOLZHEIMER FUND**EIN:** 36-6057163

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SNR DENTON	65			65

TY 2018 Other Assets Schedule**Name:** HOLZHEIMER FUND**EIN:** 36-6057163**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DIVIDENDS DUE FROM PRIVATE BANK	39	47	47
DUE FROM US TREASURY	127	127	127
PURCHASED INTEREST	33	92	92

TY 2018 Other Expenses Schedule**Name:** HOLZHEIMER FUND**EIN:** 36-6057163**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
FILING FEES	25			25
BANK FEES	450	450		
MISCELLANEOUS				

TY 2018 Other Professional Fees Schedule**Name:** HOLZHEIMER FUND**EIN:** 36-6057163

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	2,027	2,027		

TY 2018 Taxes Schedule**Name:** HOLZHEIMER FUND**EIN:** 36-6057163

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES PAID				
EXCISE TAX PAID	387			
PENALTY				
EXCISE TAXES - ESTIMATES	760			

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
HOLZHEIMER FUND

Employer identification number
36-6057163

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization HOLZHEIMER FUND	Employer identification number 36-6057163
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTHUR AND JANET HOLZHEIMER 1145 LINCOLN AVENUE SOUTH HIGHLAND PARK, IL 60035	\$ 100,547	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions)</small>

Name of organization
 HOLZHEIMER FUND

Employer identification number
 36-6057163

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
—	See Additional Data Table	\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____

Name of organization HOLZHEIMER FUND	Employer identification number 36-6057163
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

Additional Data

Software ID:

Software Version:

EIN: 36-6057163

Name: HOLZHEIMER FUND

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	30 SHS BRINK'S CO	<u>\$ 2,439</u>	<u>2018-02-07</u>
<u>1</u>	80 SHS MOTOROLA SOLUTIONS INC	<u>\$ 9,233</u>	<u>2018-06-28</u>
<u>1</u>	30 SHS ADVANCED AUTO PARTS INC	<u>\$ 4,793</u>	<u>2018-11-01</u>
<u>1</u>	40 SHS BECTON DICKINSON & CO	<u>\$ 8,938</u>	<u>2018-03-09</u>
<u>1</u>	50 SHS MOTOROLA SOLUTIONS INC	<u>\$ 5,770</u>	<u>2018-06-28</u>
<u>1</u>	70 SHS CBS CORP CL B	<u>\$ 4,094</u>	<u>2018-11-02</u>
<u>1</u>	25 SHS RALPH LAUREN CORP CL A	<u>\$ 3,333</u>	<u>2018-05-24</u>
<u>1</u>	125 SHS CSW INDUSTRIALS INC	<u>\$ 6,700</u>	<u>2018-08-07</u>
<u>1</u>	80 SHS CSW INDUSTRIALS INC	<u>\$ 4,120</u>	<u>2018-06-14</u>
<u>1</u>	70 SHS CSW INDUSTRIALS INC	<u>\$ 3,752</u>	<u>2018-08-07</u>

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	275 SHS CSW INDUSTIALS INC	<u>\$ 14,162</u>	<u>2018-06-14</u>
<u>1</u>	70 SHS CSW INDUSTRIALS INC	<u>\$ 3,913</u>	<u>2018-08-28</u>
<u>1</u>	40 SHS BECTON DICKINSON & CO	<u>\$ 9,330</u>	<u>2018-06-22</u>
<u>1</u>	125 SHS ADVANCED AUTO PARTS INC	<u>\$ 19,970</u>	<u>2018-11-01</u>