efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

OMB No. 1545-0052

DLN: 93491287002050

2018

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

		ndar year 2018, or tax year beginning 12-01-2	2018	, ar	nd e	nding 11-30-			
TH		indation H D & ARLENE M BRONSTEIN ION				36-3580461	entification numbe	r	
Num C	ber and O BRIAI	l street (or P.O. box number if mail is not delivered to street addres N BLACKLAW 1 S WACKER NO 800	s) Roon	n/suite		B Telephone number (see instructions) (312) 384-6000			
		i, state or province, country, and ZIP or foreign postal code L 60606				C If exemption	application is pendin	g, check here	
	neck ty	I that apply:	n e founda	ation		2. Foreign or test, chec	ganizations, check he ganizations meeting k here and attach co undation status was t n 507(b)(1)(A), chec	the 85% mputation Terminated	
of y	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 372,102 J Accounting method: □ Other (specify) (Part I, column (d) must	✓ Ca st be on		al		ntion is in a 60-montl n 507(b)(1)(B), chec		
Pa	rt 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)	
Reversie	1 2 3 4 5a b 6a	Contributions, gifts, grants, etc., received (attach schedule) Check ▶ ☑ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10		740		740			
Reve	b 7 8 9 10a b c 11	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through 11	92	2,000		2,000	0		
Operating and Administrative Expenses	13 14 15 16a b c 17 18 19 20 21 22 23 24 25 26	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	93	22,877 49,877 59,800		11,426 11,426	0	11,451 38,451 59,800	
	27 a b	Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		-106,937		0	0		

For	m 990-	PF (2018)				Page 2
Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		f year
	1	Cash—non-interest-		(a) Book Value 125,572	(b) Book Value 18,635	(c) Fair Market Value 18,362
	2		rary cash investments			
	3	Accounts receivable	· ·			
			doubtful accounts ▶			
	4	Pledges receivable				
	*	-	doubtful accounts			
	5					
	_		-			
	6		m officers, directors, trustees, and other			
	_	•	s (attach schedule) (see instructions)			
	7		ans receivable (attach schedule)			
	_		doubtful accounts ▶			
Ş	8		or use			
Assets	9		nd deferred charges			
As	10a	Investments—U.S. a	and state government obligations (attach schedule)			
	b	Investments—corpo	orate stock (attach schedule)			
	С	Investments—corpo	orate bonds (attach schedule)			
	11	Investments—land,	buildings, and equipment: basis ▶			
		Less: accumulated o	depreciation (attach schedule) >			
	12	Investments-morto	gage loans			
	13	Investments—other	(attach schedule)	265,288	265,288	353,740
	14	Land, buildings, and	d equipment: basis ▶			
		Less: accumulated	depreciation (attach schedule) ▶			
	15	Other assets (descri	ibe ▶)			_
	16		e completed by all filers—see the			
		instructions. Also, s	ee page 1, item I)	390,860	283,923	372,102
	17	Accounts pavable ar	nd accrued expenses			
	18	• •				
Sè	19					
Ĕ	20		, directors, trustees, and other disqualified persons			
Liabilities	21		er notes payable (attach schedule)			
	22		scribe •			
			Id lines 17 through 22)	0	0	
	23	<u> </u>	- '	0	0	
v.		Foundations that	follow SFAS 117, check here 🕨 🗌			
ce			es 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted				
Ba	25	Temporarily restrict	ed			
Þ	26	Permanently restrict	ted			
Fund		Foundations that	do not follow SFAS 117, check here ▶ ☑			
5		and complete line	== = = = = = = = = =			
	27		principal, or current funds	o	0	
Assets	28	'	urplus, or land, bldg., and equipment fund	0	0	
	29	·	accumulated income, endowment, or other funds	390,860	283,923	
Net	30	- ·	or fund balances (see instructions)	390,860	283,923	
2			nd net assets/fund balances (see instructions) .	390,860	283,923	
	31		, , ,	390,000	203,923	_
	rt IIII		anges in Net Assets or Fund Balances	20 (
1			balances at beginning of year—Part II, column (a), line n prior year's return)	•	d- 1	390,860
2	•	er amount from Part I	• • •		2	-106,937
3			ded in line 2 (itemize) ▶		3	0
4					4	283,923
5			n line 2 (itemize) ▶		5	0
6	Tota	al net assets or fund b	balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	283,923

Page **3**

• /	pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 sh	·	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.
1a			B Bollation	+	
				1	1
				1	
(5)	(f)		(g)	(1	h)
(e) Gross sales price	Depreciation allowed		other basis		or (loss)
	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)
а					
b					
С					
d					
e					
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	((1)
(i)	(i)		(k)		h) gain minus
F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69		of col. (i) . (j), if any		less than -0-) or om col.(h))
	as 01 12/31/09	Over cor	. (J), II ally	203363 (111	5111 col.(11))
a b				+	
				+	
d				+	
				+	
e		If gain, also enter in P	nut Time 7	+	
·	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi	ions). If (loss), enter -0	· · }	3	
Part V Qualification	Under Section 4940(e) for Re	aduced Tay on Net	Investment Ir		
	private foundations subject to the se				
	•	calon 15 fo(a) tax on he			
If section 4940(d)(2) applies, l	·				
If "Yes," the foundation does n	ne section 4942 tax on the distributa ot qualify under section 4940(e). Do	not complete this part.	· ·		es 🗹 No
	nount in each column for each year;	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col. (b) divided by c	
2017	122,351		494,348		0.247500
2016	118,300		693,760		0.170520
2015	102,200		904,780		0.112956
2014	89,120		871,107		0.102307
2013	92,974		202,964		0.458081
2 Total of line 1, column (d)		2		1.091364
	o for the 5-year base period—divide				0.240272
	ndation has been in existence if less		3	+	0.218273
	oncharitable-use assets for 2018 from	•			385,747
5 Multiply line 4 by line 3				_	84,198
	ent income (1% of Part I, line 27b)				0
					84,198
	ions from Part XII, line 4 , eater than line 7, check the box in P			 ng a 1% tax rate. Se	98,251 e the Part VI
mod detions.					orm QQ0-PF (20

Pai	990-PF (2018)						- 1	age t
	t VII-B Statements Regar	rding Activities for Whic	ch Form 4720 May Be	Required (continue	d)		_	
5a	During the year did the foundation	pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or other	wise attempt to influence leg	islation (section 4945(e))?	Yes	✓ N	_ ا		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry							
	on, directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							
	(4) Provide a grant to an organiza	tion other than a charitable, e	etc., organization described			Ĭ		
	in section 4945(d)(4)(A)? See	instructions		· ·	✓ N	。		
	(5) Provide for any purpose other	than religious, charitable, sci	entific, literary, or					
	educational purposes, or for th	·		∟ Yes	✓ N	。		
b	If any answer is "Yes" to 5a(1)–(5	:						
	Regulations section 53.4945 or in	a current notice regarding dis	aster assistance? See instr	uctions	•	5b		
	Organizations relying on a current	notice regarding disaster ass	stance check here					
С	If the answer is "Yes" to question!		·					
	tax because it maintained expendi	, , ,		· · 🔲 Yes	\square N	。		
	If "Yes," attach the statement requ	uired by Regulations section 5	3.4945-5(d).					
6a	Did the foundation, during the yea			ıms on				
	a personal benefit contract?			· 🗌 Yes	✓ N	。		
b	Did the foundation, during the yea	r, pay premiums, directly or i	ndirectly, on a personal be	nefit contract?	•	6 b		No
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, w			⊔ res	✓ N	。		
b	If yes, did the foundation receive a	, ,		transaction?		7b		
8	Is the foundation subject to the se			in remuneration or				
	excess parachute payment during	the year?		· · 🔲 Yes	✓ N	。└──		
Par	t VIII and Contractors	Officers, Directors, Tru	stees, Foundation Ma	nagers, Highly Pai	d Emp	loyees,		
FG	and Contractors							
1	List all officers, directors, truste	ees, foundation managers	and their compensation.	See instructions				
	6.3.N	(b) Title, and average	(c) Compensation (If	(d) Contributions to		(e) Exper	se acc	ount,
	(a) Name and address	hours per week	not paid, enter	employee benefit plans	andi		llowand	
		devoted to position	- I			other a	iiowani	
KEITH	D BRONSTEIN	devoted to position OFFICER	-0-)	deferred compensation	on	oulei a	nowan.	
	D BRONSTEIN	devoted to position OFFICER 0.00	- I			oulei a	iiovuii.	C
18705		OFFICER	-0-)		on	oulei a	iiowani	C
18705 SCOT	N 101ST PL	OFFICER 0.00 OFFICER	-0-)		on	other a		0
18705 SCOT ARLEN	N 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN N 101ST PL	OFFICER 0.00	- 0-)		on 0	otrier a	- I owall	0
18705 SCOT ARLEN 18705 SCOT	N 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN N 101ST PL ISDALE, AZ 85255	OFFICER 0.00 OFFICER 0.00	0	deferred compensation	0 0	other a		0
18705 SCOT ARLEN 18705 SCOT SCOT	N 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN N 101ST PL ISDALE, AZ 85255 I A BRONSTEIN	OFFICER 0.00 OFFICER	- 0-)	deferred compensation	on 0	other a		C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255	OFFICER 0.00 OFFICER 0.00 OFFICER 20.00	0 27,000	deferred compensation	0 0 0			C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 I A BRONSTEIN IN 101ST PL IN 101ST PL IN 101ST PL	OFFICER 0.00 OFFICER 0.00 OFFICER 20.00	0 27,000	deferred compensations	0 0 0 0			C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p	OFFICER 0.00 OFFICER 20.00 OFFICER 20.00 aid employees (other than	-0-) 0 27,000 those included on line 1	deferred compensation	0 0 0 f none,	, enter "	NONE	C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Name and address of each employe	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	deferred compensation	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p	OFFICER 0.00 OFFICER 20.00 aid employees (other than	-0-) 0 27,000 those included on line 1	deferred compensation	0 0 0 f none,	, enter "	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 officer	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C
18705 SCOT ARLEN 18705 SCOT 18705 SCOT 2 (a)	IN 101ST PL ISDALE, AZ 85255 IE M BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 IT A BRONSTEIN IN 101ST PL ISDALE, AZ 85255 Compensation of five highest-p Wame and address of each employed more than \$50,000	OFFICER 0.00 OFFICER 20.00 aid employees (other than hours per week devoted to position	-0-) 0 27,000 those included on line 1	.—see instructions). I (d) Contributions to employee benefit plans and deferred	0 0 0 f none,	, enter " e) Expen	NONE.	C C

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professiona	services (see instructions). If none, enter "NO	NE".
(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 service	es	0
Part IX-A Summary of Direct Charitable Activities	11 1 1 1 1 1 1 1 1 1 1 1	
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research pape		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	s (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		0
2		
]
All other program-related investments. See instructions.		
3 <u>%</u>		0
Total. Add lines 1 through 3	<u> </u>	0
		Form 990-PF (2018)

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

19,287

19.287

19.287

98,251

98,251

98.251

Form 990-PF (2018)

Income tax for 2018. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

3

4 5

6

1

2

3

4

5

b

Part XII

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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

Part XIIII Undistributed Income (see instruc	ctions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				19,287
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0	
b Total for prior years: 20, 20, 20		0		
3 Excess distributions carryover, if any, to 2018:				
a From 2013 82,978				
b From 2014				
c From 2015				
d From 2016				
e From 2017 97,647				
f Total of lines 3a through e	671,518			
4 Qualifying distributions for 2018 from Part				
XII, line 4: ► \$				
 a Applied to 2017, but not more than line 2a 			0	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
T	-			

78.964

750,482

82.978

667,504

47.508

56,966

386.419

97,647

78.964

Page 9

19,287

Form **990-PF** (2018)

0

t	Iotal of lines 3a through e	
4	Qualifying distributions for 2018 from Part	
	XII, line 4: ► \$ 98,251	
а	Applied to 2017, but not more than line 2a	
b	Applied to undistributed income of prior years	
	(Election required—see instructions)	
С	Treated as distributions out of corpus (Election	

required—see instructions).

5 Excess distributions carryover applied to 2018.

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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 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) . . .

9 Excess distributions carryover to 2019.

Subtract lines 7 and 8 from line 6a.

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. .

same amount must be shown in column (a).)

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

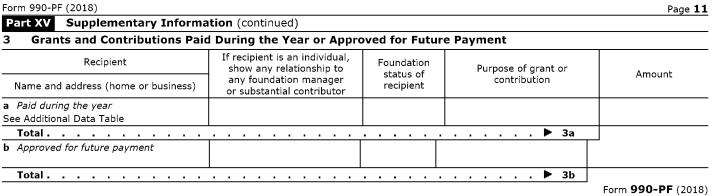
6 Enter the net total of each column as

indicated below:

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

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

factors:



Part XV	I-A Analysis of Income-Producing	Activities				
Enter gross	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
-						
	and contracts from government agencies					
	ership dues and assessments st on savings and temporary cash					
investr	, ,					
	nds and interest from securities			14	740	
	ntal income or (loss) from real estate:					
	-financed property lebt-financed property					
	ntal income or (loss) from personal property					
	investment income					
invento	r (loss) from sales of assets other than					
9 Net ind	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
l1 Other	revenue: REVENUE					2.000
	REVENUE					2,000
	and Add and and and and and and					
	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	' <u> </u>	740 3	2,000 2,740
(See w	orksheet in line 13 instructions to verify calcu	lations.)				,
Part XV	-			-		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
3	NOT APPLICABLE					
	 					
	1					

orm 9	90-PF	(2018)										Pa	ge 13
Part	XVI	Information Re Exempt Organi		ansfers	Тоа	nd Transact	tions and I	Relatio	nships With Noi	ncharit	able		
		rganization directly or in than section 501(c)(3)	directly engag							on 501		Yes	No
a Tra	nsfers	from the reporting foun	dation to a no	oncharitab	ole exe	mpt organizati	on of:						
(1)	Cash										1a(1)		No
(2)) Othe	er assets									1a(2)		No
b Oth	ner tra	nsactions:											
		s of assets to a nonchar	•	-							1b(1)		No
		hases of assets from a r		· ·	-						1b(2)		No
		al of facilities, equipmer	*								1b(3)		No
• •		nbursement arrangemen								•	1b(4)		No
		is or loan guarantees.								•	1b(5)		No
		rmance of services or m f facilities, equipment, n			-					•	1b(6) 1c		No No
	-	wer to any of the above								• market v			NO
of t	the goo any tra	ods, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given by ngement, sho	y the repo ow in colu	orting f mn (d)	oundation. If t	he foundation the goods, ot	n receive :her asse	d less than fair mar	ket valu ved.	e	ngemen	ıts
<u>(a) Em</u>	3 140.	(b) ranount involved	(c) Nume of	Horienantas	ne exem	npt organization	(4) 5030	oripcion or	transfers, transactions,	, and shar	ing arrai	igenien	100
	-												
	-+												
	-+												
	_												
	-												
22 To 1	ho fou	Indation directly or indire	actly affiliated	lwith or	rolatoo	l to one or me	ro tax-oxomi	nt organ	izations				
		in section 501(c) (other	•	•		•				ac	No		
		complete the following s		301(0)(3	7, 0, 11	1 30001011 327				C3 <u>L</u>	1110		
D 11	163,	(a) Name of organization			(Ь) Type of organiz	ation	1	(c) Description	of relation	nship		
					`				` .		•		
	Т												
	of r whi	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co			,	_	. ,	_		,		
Sign		*****				2020-10-09	*	****		May th return	ne IRS di	scuss th	nis
Here										with th	ne prepai	er shov	vn
	7	Signature of officer or t	rustee			Date	/ T	itle		below		7 v	п.,
		T							, ·	(see ir	nstr.)?	<u>u</u> Yes	⊸ No
		Print/Type preparer's	name	Preparer'	's Sign	ature	Date			PTIN			
									Check if self-		P00891	719	
		BRIAN BLACKLAW					2020-	10-09	employed ▶ ☐				
Paid -													
Prep Use		The state of the s	US LLP				•			Firm's E	IN ▶42-	-07143	325
		7 1							1				

Firm's address ▶ ONE SOUTH WACKER DRIVE SUITE 800

CHICAGO, IL 606063392

Phone no. (312) 634-3400

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			
HANDS OF HOPE800 HART ROAD 100 BARRINTON, IL 60010	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	250

<u>'</u>			
WOUNDED WARRIOR PROJECT 230 W MONROE ST SUITE 200 CHICAGO, IL 60606	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	2,500

CHICAGO, IL 60606		CHARITABLE ACTIVITIES	
AMERICAN RED CROSS 17TH AND D STREETS NW	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	500

CHICAGO, IL 60606			
AMERICAN RED CROSS 17TH AND D STREETS NW WASHINGTON. DC 20006		SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	500

AMERICAN RED CROSS 17TH AND D STREETS NW WASHINGTON, DC 20006	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	5

WASHINGTON, DC 20006			
		-	

WASHINGTON, DC 20000		
Total	 ▶ 3a	59,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Warne and address (nome or business)	or substantial contributor			
a Paid during the year				
RAVINIA FESTIVAL418 SHERIDAN ROAD		PC	SUPPORT OF RECIPIENT'S	7,500

HIGHLAND PARK, IL 60035		CHARITABLE ACTIVITIES	
CITY OF HOPE 20 N UPPER WACKER DR 1530 CHICAGO II 60606	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	

Name and address (home or husiness)

CITY OF HOPE 20 N UPPER WACKER DR 1530 CHICAGO, IL 60606	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	5,000
JEWISH FEDERATION OF GREATER PHOENIX	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	1,800

CHICAGO, IL 60606			
JEWISH FEDERATION OF GREATER PHOENIX 12701 N SCOTTSDALE RD	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	1,800

CHICAGO, IL 60606			I
JEWISH FEDERATION OF GREATER PHOENIX	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	1,
12701 N SCOTTSDALE RD			I
SCOTTSDALE AZ 85354			1

PHOENIX		CHARITABLE ACTIVITIES	,
12701 N SCOTTSDALE RD			
SCOTTSDALE, AZ 85254			

12701 N SCOTTSDALE RD SCOTTSDALE, AZ 85254			
Total	 	▶ 3a	59,800

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

USS ARIZONA MEMORIAL 1 ARIZONA MEMORIAL PL HONOLULU, HI 96818	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	1,000
SCOTTSDALE CENTER FOR THE	PC	SUPPORT OF RECIPIENT'S	1,250

SCOTTSDALE CENTER FOR THE PERFORMING ARTS 7380 EAST SECOND STREET SCOTTSDALE, AZ 85251	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	1,250
HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	20,000

59,800

7380 EAST SECOND STREET SCOTTSDALE, AZ 85251		CHARITABLE ACTIVITIES	
HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON, DC 20024	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	20,000

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

Total .

a Paid during the year			
LEUKEMIA AND LYMPHOMA SOCIETY 954 W WASHINGTON BLVD 305 CHICAGO, IL 60607	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	5,000

10,000

59,800

stric/(GO, IE GOOO)			
M SHALOM 340 VERNON AVE GLENCOE IL 60022 GLENCOE, IL 60022	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	
YNN SAGE CANCER RESEARCH	 PC	SUPPORT OF RECIPIENT'S	

GLENCOE, IL 60022		CHARITABLE ACTIVITIES	
LYNN SAGE CANCER RESEARCH FOUNDATION 250 E SUPERIOR STREET 4TH FLOOR	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	5,000

GLENCOE, IL 60022		CHARITABLE ACTIVITIES	
LYNN SAGE CANCER RESEARCH FOUNDATION 250 E SUPERIOR STREET 4TH FLOOR CHICAGO, IL 60611	PC	SUPPORT OF RECIPIENT'S CHARITABLE ACTIVITIES	5,00

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491287002	050
TY 2018 All Other Program Re	lated Invest	ments Schedule		
Name:	THE KEITH D	& ARLENE M BRONSTEIN		
	FOUNDATION			
EIN:	36-3580461			
	Category		Amount	
N/A				0

DLN: 93491287002050

Name: THE KEITH D & ARLENE M BRONSTEIN

FOUNDATION **EIN:** 36-3580461

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

PURPOSE

_ ._

<u>General E</u>	eneral Explanation Attachment							
Identifier	Return Reference	Explanation						
1		990-PF GENERAL FOOTNOTE REGARDING FOUNDATION	THE FOUNDATION ACCOMPLISHES ITS PURPOSE SOLELY THROUGH A PROGRAM OF MAKING CHARITABLE GIFTS. THE FOUNDATION DOES NOT CONDUCT ANY DIRECT CHARITABLE ACTIVITIES OR MAKE ANY PROGRAM RELATED INVESTMENTS. THE FOUNDATION DOES NOT ACCEPT ANY UNSOLICITED APPLICATIONS FOR FUNDS. ALL					

CONTRIBUTIONS OF THE FOUNDATION ARE FOR GENERAL UNRESTRICTED PURPOSES.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491287002050
TY 2018 Investments - Other	Schedule		
Name:	THE KEITH D & AI	RLENE M BRONSTEIN	
	FOUNDATION		
EIN:	36-3580461		
Towns at one of the Cale and the Cale			

Investments Other Schedule 2							
Category/ I	tem	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
GOLD COIN		AT COST	265,288	353,740			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491287002050		
TY 2018 Other Expenses Schedule						
Name:	THE KEITH D &	ARLENE M BRON	STEIN			
	FOUNDATION					
EIN:	36-3580461					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
OTHER EXPENSES	9,488	4,744	0	4,744		
CREDIT CARD/BANK FEES	4,100	2,050	0	2,050		

4,825

4,439

25

2,412

2,220

2,413

2,219

25

FEES TO IDS CANADA

STATE FILING FEES

PAYMENTS TO SAFESTORE LTD

Name: THE KEITH D & ARLENE M BRONSTEIN

FOUNDATION

Description

Other Income Schedule

MISC REVENUE

EIN: 36-3580461

2,000

2,000

Net Investment

Income

Adjusted Net Income

Revenue And **Expenses Per Books**